DESERT RESCUE: THE PARACHUTE MEDICAL TEAM

BY

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INTRODUCTION

Paradoxically enough, in the Middle East, as part of the desert search and rescue organization, the Army travel by air to the objective—e.g., a crashed aircraft—and then, together with their patients, are rescued by the Royal Air Force, who arrive by the land route.

The Parachute Medical Team, staffed by personnel of 16th Independent Parachute Brigade Group, is thought to be the only team of its kind ever to be formed in the British Army. The French Army have a similar team operating in the Sahara Desert, and it was used in 1952 when a Hermes made a forced landing there after running out of fuel. The United States Army has a very elaborate team.

The Royal Air Force maintains a world-wide search and rescue organization which includes ground, mountain and sea rescue units, by which medical aid can be rushed to the injured within a reasonably short time. The Middle East presents a difficult problem as most flying, both civilian and service, is done over desert and very sparsely populated land which will not support life, even temporarily. The few roads are of indifferent quality and the going for wheeled vehicles is difficult. Delay in these regions antagonistic to life may well be fatal to the unattended, waterless and exposed casualty. The Parachute Medical Team exists to provide aid during the interval between the sighting of the wreck from the air and the arrival of the ground rescue team, which may have to toil through miles of soft sand and other difficulties.

BEGINNINGS

The Royal Air Force appreciated the uses of such a unit to augment their existing desert rescue organization. Thus in 1949 two parachute teams were formed, based on Aden and Fayid respectively, staffed entirely by R.A.F. personnel, including nursing sisters. These teams were eventually discontinued because of training difficulties and replacement of trained parachutists.

In the spring of 1952 the Royal Air Force requested that a parachute medical team be made available on call to them from 16th Independent Parachute Brigade Group and this was readily agreed to. The original team, formed by a Parachute Field Ambulance, consisted of one medical officer and three nursing orderlies, each carrying a parachutist's kitbag, with further supplies in two C.I.E. containers slung under the aircraft for dropping. Equipment tables had to be worked out from first principles, and it was of interest, at a later date when details of the former R.A.F. teams' equipment became available, to discover
how similar the teams were. The Army team was lighter, as the R.A.F. carried more shelter, a greater variety of drugs, and even an airborne operating table.

**THE PRESENT TEAM**

To be effective a parachute medical team must be able to go into action very rapidly, be able to save life and give adequate first aid. The present team is a compromise between speed on the one hand, which means simplicity, lightness, and the involvement of as few people as possible, and on the other hand the need to have sufficient to deal with all foreseeable injuries to those in the crashed aircraft, whether a single-seater fighter or a crashed airliner.

The composition of the team is as follows (see Plates 1 and 2):
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R.A.M.C. ... Medical officer ... 1
   Corporal ... 3
   3 Privates ... 4
Royal Signals ... Corporal ... 3
   2 Signalmen --

Total ... 8

Equipment is carried in seven parachutists' equipment containers (carried on the man) and in four C.L.E. containers (3 medical, 1 signals) (see Plate 3). The medical officer performs the duties of stick commander and is responsible for all the team. An R.A.F. despatcher assists him in the selection of the dropping zone.

The mechanism of wireless is not particularly well suited to the insults of parachuting, and to ensure efficient communications all equipment is duplicated. The second signalman in the team is, in fact, only included because a man is the safest vehicle for parachuting wireless equipment.

Equipment

The cases most likely to require urgent treatment are those of burns, fractures, lacerations, exposure and shock. The essential basic items to deal with these are fluids, morphine, splints, antibiotics, dressings, shelter and food. A require-

Plate 3. A general view of the contents of the three C.L.E. containers
ment for at least minor surgery must also be met. All ranks in the team each carry two filled water-bottles, and distributed throughout the rest of the equipment are a further seven water-bottles and two 4½-gallon water jerricans. Each man also carries a bottle of Dextran, and a padded pannier in one of the containers carries a further six bottles of Dextran and glucose saline (see Plate 3). Morphine is carried in the form of tubonics. Three Thomas splints, supplies of Krämer wire, and plaster of Paris are also carried. Any painful fractures, lacerations, etc., would be immobilized in plaster of Paris or a combination of splints and plaster (e.g., the Tobruk splint) because of the necessarily rough going in the desert on the return journey.

A modified surgeon’s roll is carried and also chloroform, pentothal and local anaesthetic.

One of the greatest problems in the care of the injured and ill in the desert is the provision of shade. The team carries only one bivouac, but it requires twelve parachutes to bring it and its equipment down and these, together with the wreckage and empty containers, would supply ample and efficient cover. The three stretchers in the equipment would be used as beds for the worst cases. As will be seen later, once the team is on the ground it is in constant wireless communication with a patrolling aircraft above it, and requests for further reinforcements can be quickly sent to base.

Each member of the team carries a 24-hour ration pack and in the C.L.E. containers are two ten-man “compo” ration packs. Each man has a “Tommy cooker,” and a stove and fuel are dropped in one of the containers.

**PROCEDURE**

The team is normally on call by H.Q., R.A.F. Group, through H.Q., 16th Independent Parachute Brigade Group, and during periods of intensive flying, or when a V.V.I.P. (e.g., our Colonel-in-Chief in 1953) flight is taking place, it lives at the take-off airfield. The R.A.F. maintain a stand-by Valetta aircraft fitted out for the parachuting role and with the requisite container beams, etc., at this airfield.

On call forward the medical personnel in the team with their equipment move off in unit (Parachute Field Ambulance) transport, collect the Signals personnel, and proceed to the take-off airfield one hour distant. There they are met by an A.C.O. (airfield control officer) with the parachutes, and he has already arranged for the R.A.F. armourers to be ready to “bomb-up” the C.L.E. containers. The aircraft is ready to take off within half an hour of the arrival of the team.

The aircraft flies at optimum searching height until the accident is sighted, when it flies low to find out as much as possible about the crash—e.g., if there are any survivors—and to select (the R.A.F. parachute jumping instructor and the medical officer) the most suitable dropping zone. At this stage a smoke canister is thrown out and this gives information about the ground wind speed and direction.

The medical officer and a nursing orderly jump first and examine the position
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on the ground. If there are any injured in need of help, a green Very cartridge is fired by the nursing orderly and the remainder of the team jump. On the other hand, if medical aid is not required, a red Very light is fired and the containers only are dropped in order to supply those on the ground with food and water. In either case the aircraft continues to orbit the area until relieved by another aircraft, and so on until the arrival of the R.A.F. ground rescue team. The aircraft also relays any demands for re-supply.

SUMMARY

The Army Parachute Medical Team is an example of inter-service cooperation. It is formed by personnel and equipment from 16th Independent Parachute Brigade Group (23rd Parachute Field Ambulance and 16th Independent Parachute Brigade Group Signal Squadron), and is one of the units in the Royal Air Force desert rescue organization.

The function of the team is to save life during that possibly critical period between the location of a desert air crash and the time the R.A.F. ground rescue team arrives. It is always at three hours' notice except during periods of intensive flying, when it is resident at the take-off airfield. It consists of a medical officer, four other ranks, R.A.M.C., and three other ranks, Royal Corps of Signals. Equipment is carried on the man in containers, equipment, parachutist and in C.L.E. containers dropped by the pilot of the aircraft. The equipment includes medical supplies, food, water, and wireless.

The team is equipped to deal with shock, exposure, burns and fractures and to do minor surgery. It relies upon an R.A.F. ground rescue team to extricate its patients and itself from the desert.

Although devised to serve crashed aircraft, the Parachute Medical Team can equally well be used for any distant, inaccessible desert accident where the country is inhospitable, time is precious and roads are bad and few.

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