

A history of the implementing and evolving of
Medical Instruction and Medical Training
given to USAF Pararescuemen from 1947 to 2000

The USAF Pararescueman's most basic purpose is to be a vigorous, highly motivated, first responder rescue specialist, trained to enter any small or large scale incident area regardless of location and numbers of injured by the most practical rapid response method (parachute, helicopter, surface) to provide care for up to 48 hours when immediate casualty evacuation isn't practical.¹

The medical capability USAF Pararescuemen provide exists to deliver competent, semiprofessional emergency medical and survival knowledge to distressed persons in any geographic location and operational environment. USAF Pararescuemen are expected to provide this level of care for up to 48 hours and perhaps longer, when immediate casualty is not practical.² "Treatment provided begins on arrival at an incident site and is continued until the patient is released to definitive medical treatment facilities. The medical treatment objective should be that the patient is returned to safety in better condition than when Pararescuemen arrived."³

The required medical training and medical qualifications to perform such operational utilization dates back to January and February 1946 when the commander of the Air Rescue Service of the Air Transport Command (an amalgamation of Navy and Army air transport commands) proposed and requested establishing pararescue teams not assigned to other duties in the performance of its mission. Although the first Pararescue teams were mission ready in November 1947 and the MOS 3338P (Pararescue) MOS being requested NLT December 1947. Few if any historical records of specific medical training given to members of pararescue teams prior to 1949 are available. What is available suggests training emphasized jumping in as a small surgical team to give medical aid and carrying litter patients out on foot.⁴ Apparently the lack of documentation results from the USAF Pararescue Specialty not being part of the Air Force Medical Service, it being a very small in member numbers specialty and most of the Air Force Medical Service thinking or believing USAF Pararescue was a new medic capability only emerging in 1964.⁵

It was quickly determined in 1947 the fact a military member was a qualified jumper or medic didn't necessarily make him a good candidate for rescue and survival training or for performing duties on a pararescue team. Military members in second or subsequent enlistment having background of military activities, experience and ruggedness to perform such specialized duties were the types carefully screened for, selected and put into training to learn to perform Pararescue duties.⁶ Most of the original Pararescuemen of 1947, 1948, and 1949 were combat airborne or infantry veterans of WWII who already had significant training and experience. Records indicate enlisted men in training to becoming Pararescuemen obtained their entry-level medical skills and proficiencies by attending technician medical (409MOS) and technician surgical (861MOS) courses as early as 10 September 1947.⁷

Historic records indicate a small core group of WWII veteran Para-Docs and pilot-physicians were providing intensive OJT and lectures in latest techniques in advanced

first aid, minor surgery, and the use of new life-saving drugs. The records only indicate medical and surgical training is a requirement.

Formal training courses and schools didn't exist until December 1949 (2156th Air Rescue Unit /Technical Training Unit -Rescue and survival courses) and April 1949 (USAF School of Aviation (Pararescue Medical Aid Course at Gunter AFB Alabama-subsequently moves to Sheppard AFB Texas).⁸ It should be noted completing these courses didn't necessarily mission qualify an individual as a member of a pararescue team.

The Air Force School of Aviation curriculum of the 1949 Pararescue Medical Aid course was 220 hours of lecture and applicatory exercises. The curriculum subject area emphasis is Air Evacuation (4hrs), Dentistry (15hrs), Global Preventive Medicine (15hrs), Internal Medicine (17 hours), Medical Administration 3 hours), Neuropsychiatry (10 hours), Ophthalmology (7 hours), Otorhinolaryngology (13 hours), Pharmacology (11 hours), Physiology (22 hours), and Surgery (108hrs).⁹ This three-month course compresses to a four-week advanced follow-on course for enlisted Pararescuemen with the first class convening in November 1952.¹⁰ Students among other activities studied anatomy by dissecting preserved cats and removal of foreign objects from the cornea of pig's eyes.

Force of probability suggests the small core group of WWII veteran Para-Docs and/or pilot-physicians flight surgeons who were members of the first Pararescue teams were significantly influential in determining the initial qualification medical training required for award of Pararescue AFSC from 1947 to about 1956. These medical doctors also went on to become important contributors to developing many medical innovations in aerospace medicine, space medicine and emergency medicine during the 1950s, 1960s, 1970s, and 1980s.

Major physician/medical doctor players 1947-1950 (the list may not be complete): Captain Pope B. Holliday (para-doctor); Captain Randall W. Briggs (para-doctor/pilot-physician); Captain Robert Goulding (para-doctor); Colonel Don Flickinger (School of Aviation Medicine); Major Charles H. Roadman (School of Aviation Medicine); Captain A.G. Lewis (Assistant of the Surgeon, Air Rescue Service and Chief Medical Instructor in the Rescue Survival School); Major Frank Perri; Major Victor Young; Lt Charles Beal (5th Rescue Sgdn-MacDill AFB); Lt Holbrook Bonny (Rescue Sgdn B-Hamilton AFB); Lt Robert Wiese (para-doc); Captain Burt Rowan (para-doc/pilot-physician); Stanley Bear (para-doc); Lt. Amos Little (para-doc assigned to 2nd AF Search and Rescue), Major Wallace Brannon, and Rufus Hessberg (para-doc).

Practical application of emergency medical treatment and analysis combat medical activities provided by Pararescuemen in combat operations in the ongoing Korean War and other operations around the world resulted in the Air Rescue Service compiling necessary data for purpose of compiling a Medical Training Manual. This manual, when

published in 1952, will prescribe the required class lectures and applicatory medical treatments exercises necessary to sustain pararescue team medical skills and medical proficiencies. The manual will include lectures of anatomy, physiology, minor surgery, major emergency aid, evacuation (air and ground), biological and chemical warfare, and the treatment of atomic injuries.¹¹

Studies by agencies such as the Air Rescue Service and the USAF Arctic Desert Tropic Information Center (ADTIC) had conclusively determined by 1955 in the case of serious injured survivor or survivors in a hostile environment immediate rescue and recovery response is necessary. Critically injured survivors of any incident usually die within the first 24 hours if not given emergency medical care and survival assistance. The percentages of rescued survivors are 68% during the first 24 hours with significant factor differences of nighttime, weather, elevation, and climate and oceanographic potentially effecting survivability in hostile environment probabilities in each specific incident.

The turmoil of force reduction immediately following the Korean War shuts down the original Pararescue School on 24 December 1953.¹² Although the School of Aviation Medicine continues to provide entry into Pararescue specialty medical training, mediocrity began to creep into the training until 1967. Contributing cause was increasing operational need for more numbers of Pararescuemen appearing during 1964 resulted for the first-time the seeking of volunteer applicants for pararescue duties by seeking potential applicants from among the recruits going through Basic Military Training and the only required formal medical course instruction being a four-week course conducted by the USAF Medical School.¹³ The instruction given at the USAF Medical School of Aviation Medicine Healthcare Sciences (Air Training Command) focused on doing health examination and clinic care more so than doing surgical procedures and providing emergency medical aid and treatments in the austere field environment. The novice pararescuemen were to get on the job advanced medical training and instruction at their first operational unit of assignment.

Escalating combat activities in Southeast Asia activities soon overwhelmed in-unit OJT training methods as the numbers of new Pararescuemen needed to support the war effort after 1964 began increasing. By 1967 significant numbers of inadequately medically trained Pararescuemen arriving at operational units unable to sufficiently OJT train them was noticeable.¹⁴ Significantly contributing to the problem was “Host base medical personnel could not be depended upon to provide the direct professional supervision of the pararescue medical program”.¹⁵

A few carefully chosen Flight Surgeons with perhaps strong support from the original para-docs remaining on active duty began reviving and invigorating the initial entry and continuing education medical training pararescuemen were receiving in 1967. Captain Clifford J. Buckley, USAF MC FS, serving as the command surgeon for the Air Rescue and Recovery Service (ARRS) instituted multiple solutions that improved the medical training and medical proficiencies of Pararescuemen that had deteriorated since 1952.¹⁶

One solution being the Pararescue School (48th ARRSg/Training) reestablished during the 1963-1964 winter months at Eglin AFB gained responsibility during 1967/8 to give

additional medical training to pararescue students after they completed the four week course conducted by the USAF Medical School. Concurrently decided is the minimum primary level of medical treatment instruction is being within the scope of knowledge of nurse anesthetist, flight nurse qualified. This individual with an administrative assistant AFSC 90650 and two experienced Pararescue instructors formed the initial nucleus of the medical instruction and training provided at the Pararescue School.¹⁷ A Live Tissue Training laboratory allowing opportunities to perform applicatory emergency surgical and medical treatments became part of the medical training curriculum and an operational reality in January 1968.¹⁸

A second solution involved the establishing of a 7-level Medical refresher course. This course was one-week course giving comprehensive medical treatment instruction to include Live Tissue Training laboratory requirement to perform applicatory emergency surgical and medical treatments on to enable students to sustain full knowledge and proficiency in all aspects of medical treatment required for successful accomplishment of Pararescue mission responsibilities.¹⁹ Course prerequisites is satisfactory completion of Pararescue/Recovery Specialist Course 92330-1 or its equivalent, a minimum two years field experience as an operational pararescueman, a minimum of one year service retainability, and as directed by MM 50-1 and HQ ARRS.²⁰ HQ ARRS and subsequently 23rd AF (became AFSOC in 1993) policy was “advanced emergency medical training will be obtained thru attendance of course 11570-1, as outlined in AFM 50-5, Vol II. Every operational pararescueman, 5-level, and above, obligated to serve more than 4 years active federal military service must attend this course at least every 4 years”.²¹ The last 7-level medical training course happened in September 1994. Medical skills sustainment became a unit level responsibility with units determined the best way for assigned pararescuemen to maintain qualification.

A third solution in March 1968 reestablished the ARRS Staff Surgeon position and put in-place in a realistic staff detail list for validating and establishing Office of the Staff Surgeon, ARRS. The grade structure and staffing authorizations approved under this action provided adequate and necessary supervisory direction for aeromedical and USAF pararescue medical programs supporting both combat and noncombat missions. Validated authorizations included positions of Staff Surgeon, Lt Col, AFSC P93560 and Pararescue Medical Branch SMSgt, AFSC A92390. The Staff Surgeon’s many duties included being Director of Pararescue Medical Programs with the experience Pararescue Senior NCO as Chief of the Pararescue Medical Division having primary duties to provide detailed pararescue knowledge and experience for the Surgeon ARRS.²² Air Force restructuring of its organizational structure and force reductions resulted in physician Director of Pararescue Medicine Programs relocating to the Pararescue School and the SNCO Chief of Pararescue Medical Operations position relocating to HQ ACC/SGX during February 1993. Eventually Air Combat Command becoming lead command proponent for Pararescue medical programs relies on a Flight Surgeon to act as a consultant medical director to the Surgeons staff rather than a full-time staff officer position on the ACC Surgeon’s staff.

A fourth solution was the design and contents list for a standardized medical kit specifically for use on all ARRS helicopters that became available to ARRS combat unit in SEA in February 1967.²³

AFP 161-18 Flight Surgeons Guide, 27 December 1968 chapter concerning “Aeromedical Aspects of the Aerospace Rescue and Recovery Service” had an outline of the emergency medical care instruction host base flight surgeons flight were responsible to give pararescuemen on a recurring basis. The published curriculum outline put into AFP 161-18 has design purpose to give the pararescueman a complete medical training review in each twelve calendar month period.²⁴

Low probabilities to encounter with and have exposure to treating large volume of trauma patients during clinic training rotations at military hospitals and clinics after the Southeast Asia conflicts ended encouraged obtaining such training from civilian hospitals and emergency medical services during the 1970s.²⁵ Formal Training Affiliation Agreements approved by ARRS/SG, MAC/SG, and USAF/SGHXP with civilian hospitals and trauma centers such as Deaconess Hospital, Spokane Washington.²⁶

Emerging new operational legal environment resulting from the Military Assistance to Safety and Traffic (MAST) program (1969) and Public Law 93-154 “EMS Systems Act of 1973” was becoming a concern to the air rescue in-land search and rescue mission USAF Pararescue supported. The National Registry of Emergency Medical Technicians (result of recommendations of President Johnson’s Committee on Highway Safety) established in 1970 to unify training standards and exam and certification of Emergency Medical Technicians on the national level became connected to the EMS Systems Act as the means to ensure properly trained response EMS medical aid is available. The resulting affect was lack of appropriate level of EMT certification began limiting clinical training opportunities in civilian hospitals and trauma centers to do large bore I.V. catheter insertions, intubation and other emergency medical procedures at civilian hospitals and clinics because of liability concerns. The obtaining and sustaining appropriate level of EMT certification to perform Pararescue medical duties was becoming increasingly unavoidable.

Although the MAST program more than encouraged military members who provide medical support for the transport of other than active duty member patients to be National Registry Emergency Medical Technician-Ambulance certified during the early 1970s; the Department Of The Air Force didn’t implement any official policy of military medics must have EMT certifications until 3 March 1987.²⁷ This official Air Force policy was force by DOD implementation of DODD 6000.10 “Emergency Medical Services” 18 September 1986. The Twenty-Third AF (MAC)/CC (became AFSOC in 1993) directs all USAF Pararescuemen will obtain and sustain EMT certification on 27 April 1989.²⁸ Many USAF Pararescueman had taken personal initiative to get civilian EMT certification during the 1970s.²⁹ Others beginning in 1981 took advantage of option to get EMT-Basic and Paramedic certification the USAF Pararescue School made available to those desiring the certification. The numbers of pararescuemen obtaining this certification combined with the advance level of medical instruction to qualify military members to perform pararescue duties results in the USAF Pararescue School being the

first enlisted military course to be able to be a certifying school for paramedics. The Aerospace Rescue and Recovery Service proudly puts out media release in December 1981 that The State of New Mexico officially sanctions the USAF Pararescue School, operated by the Military Airlift Command, as a certifying school for paramedics.³⁰

The Pararescue Recovery Specialist Course-Medical (course number 3AZR92330-4 weeks) School of Health Care Sciences (ATC), Sheppard AFB Texas is discontinued in September 1975. This course began as the Air Rescue Specialist Course at Gunter AFB Alabama in 1952 moved to Sheppard AFB during 1966. The course had become so deficient in study of anatomy, physiology and instructing in basic medical skills during the 1970s due to emphasis on doing medical physical examinations in the clinic environment and no presences of physician or nurse instructors to provide the appropriate level of emergency medical instruction that it was no longer an effective or efficient course. This medical instruction integrates into the Pararescue Apprentice Medical Course at the USAF Pararescue School (MAC). Although paramedic certification still wasn't officially required to perform pararescue duties the September 1994 graduates of the USAF Pararescue School were all nationally certified as Emergency Medical Technicians-Paramedic.

Concurrently the increase in malpractice suits during the 1970's besides having deleterious effect on the Defense Department's medical corps was also putting scrutiny on Pararescue medical training programs and the providing of emergency medical treatments USAF Pararescue personnel performed off of military installations and outside of Federal medical treatment facilities and clinics. The potential perils of malpractice claims arising had high probability as the USAF Pararescue personnel due to SAR and MAST mission utilization were as likely to be treating civilians as they were active duty military personnel. The Department of the Air Force Office of the Judge Advocate put out guidance in February 1987 concerning prudence of giving tasks to medical technicians that may be in conflict with local civilian standards of practice. It was acknowledge that although apparent conflict existed between Air Force requirements regarding use of unlicensed technicians and civilian standards of care the Air Force will deal with the problem of defending unlicensed personnel in court provided these personnel have proper training and experience.³¹ It should be noted during the late 1970s and early 1980s the "official" describing of the level of medical aid Pararescuemen are instructed and trained to provide advanced from being that of a highly trained and experienced IDMT³² to "the pararescueman is functioning as a physician extender. In the event no physician guidance is immediately available, the pararescueman will provide treatment as best indicated by his training and experience and in accordance with the directive of this regulation."³³

Turmoil of 1989-1993 force structure reductions and Air Force reengineering of its organizational structure. The reorganization move lead command responsibilities for Pararescue programs from Air Mobility Command (AMC) to Air Combat Command (ACC) and put the USAF Pararescue School out of mission oriented AMC and under training oriented Air Education and Training Command (AETC). The reengineering of organizational structure also had decentralizing collateral consequences of putting disorder and uncertainty into Pararescue's medical training programs to include

significant question if the pararescueman should be medical trained and qualified. If the PJ was to provide more than simple buddy-care level medical aid the question extended should the certification level be EMT-Basic, EMT-Intermediate, EMT-Wilderness, or EMT-Paramedic. This resulted in the Pararescue School getting completely out of providing medical instruction to Pararescuemen. The 7-level medical course ended in September 1994. Required entry-level medical training for award of Pararescue Specialty (AFSC) transferred to the Special Operations Forces Medical Skills Sustainment Program (SOFMSSP) at Ft Bragg during the period from 1995 to 2000. The Pararescue Medical Apprentice Course restarts at the USAF Pararescue/Combat Rescue Officer School, Kirtland AFB in 2000. The Pararescue medical apprentice course consists of four weeks, two days Pararescue EMT-Basic block of instruction followed with a twenty-four weeks Pararescue EMT-Paramedic block of instruction. Successful completion of both is required for award of entry level Pararescue AFSC; successful completion requires EMT-Basic certification and EMT-Paramedic certification. After initial certification, continued certification is mandatory to retain award of Pararescue AFSC and to perform Pararescue duties.³⁴

The Pararescue medical training program is unique in sophisticated instructional process not so much from being complex instruction and training; but from the operational environment put into and utilization of enlisted military members having only high school education and their military training to access patient's injuries and provide advanced treatments and procedures to save life being unique. Consequently, the instruction and training continuum of medical aid and treatments given each USAF Pararescueman has always emphasized the optimal means of diagnosis and treatment utilizing available devices, medications, and available medical supplies to implement evaluation and treatment procedures to save life and not the level of EMT certification.

From the inception of USAF Pararescue medical capabilities in 1947, the medical capability goal of USAF Pararescue is to provide immediate medical aid at the incident scene and during transportation of the survivors and victims' to definitive medical care. The operational continuum extended from providing medical and survival aid to active duty military members wounded on the battlefield to civilian survivors and victims' found in the doing of unpredicted Search and Rescue (SAR)³⁵ operations and in the military's national security medical response to national emergency, or major U.S. domestic disaster. The hazardous situational unpredictably operationally risky SAR and disaster environment encountered in rescuing and recovering victims and survivors requires other skills, knowledge and abilities resulting in the USAF pararescueman not simply being a medic.

¹ DEPARTMENT OF THE AIR FORCE. AFP 161-18, Aerospace Medicine, Flight Surgeon's Guide. 27 December 1968. (Chapter 17 Aeromedical aspects of the Aerospace Rescue and Recovery Service).

² DEPARTMENT OF THE AIR FORCE. AFP 161-18, Aerospace Medicine, Flight Surgeon's Guide. 27 December 1968. (Chapter 17 Aeromedical aspects of the Aerospace Rescue and Recovery Service).

³ DEPARTMENT OF THE AIR FORCE- MILITARY AIRLIFT COMMAND. ARRSR 55-11 Pararescue Operational Regulation. 1 December 1977. (Chapter 2 Organization and Function, paragraph 2-5).
DEPARTMENT OF THE AIR FORCE- MILITARY AIRLIFT COMMAND. ARRSR 55-11 Pararescue

Operational Regulation. 15 June 1980. (Chapter 1 Function, paragraph 1-4 Pararescue capabilities, (5) c. Emergency Medical Evaluation/Treatment).

⁴ UNITED STATES AIR FORCE SCHOOL OF AEROSPACE MEDICINE. Flight Surgeon Support to United States Fliers in combat. May 2003 (36-37 and 44).

⁵ UNITED STATES AIR FORCE SCHOOL OF AEROSPACE MEDICINE. Flight Surgeon Support to United States Fliers in combat. May 2003 (78 and 97).

UNITED STATES AIR FORCE. Project Corona Harvest-Change to AFM 172-3 (H-43) to include Pararescue (A921X0B). 15 February 1967

⁶ HQ AIR RESCUE SERVICE. First annual Pararescue competition for the Don Flickenger Trophy. 3 December 1954. (14)

⁷ AIR RESCUE SERVICE. Historical Report. 1 July to 31 December 1947. (14-28)

⁸ AIR RESCUE SERVICE (MATS). Historical Data. 1 July-31 December 1951.

⁹ USAF SCHOOL OF AVIATION MEDICINE. Annual History, Volume 8, 1 July 1948 to 30 June 1949. (38-41 Pararescue Medical Aid Course).

¹⁰ AIR RESCUE SERVICE (MATS). Historical Data. 1 July-31 December 1952. (43).

¹¹ AIR RESCUE SERVICE (MATS). Historical Data. 1 July-31 December 1951. (22)

¹² HQ AIR RESCUE SERVICE. First annual Pararescue competition for the Don Flickenger Trophy. 3 December 1954. (14)

¹³ UNITED STATES AIR FORCE. Project Corona Harvest Medical aspects of the Aerospace Rescue and Recovery Service in Southeast Asia 1964-1968. 30 December 1968.

¹⁴ UNITED STATES AIR FORCE. Project Corona Harvest-End of Tour Trip Report, MSgt Farrior, Pararescue Training NCO. 11 December 1969.

UNITED STATES AIR FORCE. Project Corona Harvest-Pararescue/Recovery Technician Course Curriculum 92370—1 and course curriculum. 26 March 1968.

UNITED STATES AIR FORCE. Project Corona Harvest Medical aspects of the Aerospace Rescue and Recovery Service in Southeast Asia 1964-1968. 30 December 1968.

¹⁵ UNITED STATES AIR FORCE. Project Corona Harvest Medical aspects of the Aerospace Rescue and Recovery Service in Southeast Asia 1964-1968. 30 December 1968.

DEPARTMENT OF THE AIR FORCE. Flight Surgeon's Guide. Brooks AFB TX; January 1992. (Chapter 17 Aeromedical aspects of the Aerospace Rescue and Recovery Service).

¹⁶ UNITED STATES AIR FORCE SCHOOL OF AEROSPACE MEDICINE. Flight Surgeon Support to United States fliers in combat. May 2003 (97 - 98).

¹⁷ UNITED STATES AIR FORCE. Project Corona Harvest Medical aspects of the Aerospace Rescue and Recovery Service in Southeast Asia 1964-1968. 30 December 1968.

¹⁸ UNITED STATES AIR FORCE. Project Corona Harvest Medical aspects of the Aerospace Rescue and Recovery Service in Southeast Asia 1964-1968. 30 December 1968.

¹⁹ UNITED STATES AIR FORCE. Project Corona Harvest-Pararescue/Recovery Technician Course Curriculum 92370—1 and course curriculum. 26 March 1968.

²⁰ UNITED STATES AIR FORCE. Project Corona Harvest Medical aspects of the Aerospace Rescue and Recovery Service in Southeast Asia 1964-1968. 30 December 1968.

²¹ DEPARTMENT OF THE AIR FORCE- MILITARY AIRLIFT COMMAND. ARRSR 55-11 Pararescue Operational Regulation. 1 December 1977. (Chapter 16 Medical Training, paragraph 16-6).

DEPARTMENT OF THE AIR FORCE- MILITARY AIRLIFT COMMAND. ARRSR 55-11 Pararescue Operational Regulation. 15 June 1980. (Chapter 9 Pararescue Medical Training, paragraph 9-10).

-
- ²² UNITED STATES AIR FORCE. Project Corona Harvest Medical aspects of the Aerospace Rescue and Recovery Service in Southeast Asia 1964-1968. 30 December 1968.
- ²³ UNITED STATES AIR FORCE. Project Corona Harvest Medical aspects of the Aerospace Rescue and Recovery Service in Southeast Asia 1964-1968. 30 December 1968.
- ²⁴ DEPARTMENT OF THE AIR FORCE. AFP 161-18 flight surgeons guide. 27 December 1968. (chapter 17).
- ²⁵ DEPARTMENT OF THE AIR FORCE- MILITARY AIRLIFT COMMAND. ARRSR 55-11 Pararescue Operational Regulation. 1 December 1977. (Chapter 16 Medical Training, paragraph 16-4.b.(3) Establishment of a clinical training program).
DEPARTMENT OF THE AIR FORCE- MILITARY AIRLIFT COMMAND. ARRSR 55-11 Pararescue Operational Regulation. 15 June 1980. (Chapter 9 Pararescue Medical Training, paragraph 9-5.b.(3) Establishment of a clinical training program).
- ²⁶ DEACONESS HOSPITAL. Pararescue Hospital Continuing Education Certificate. (Form used from 1975-1980).
DEPARTMENT OF THE AIR FORCE. TDY order, medical training, T-240. 4 February 1976.
DEPARTMENT OF THE AIR FORCE. TDY order, medical training, T-1938. 1 November 1976.
- ²⁷ HEADQUARTERS MILITARY AIRLIFT COMMAND. EMT certification of Pararescue personnel. Letter to 23 AF/CC from HQ MAC Command Surgeon, 17 April 1989.
- ²⁸ HEADQUARTERS MILITARY AIRLIFT COMMAND. EMT certification of Pararescue personnel. Letter to 23 AF/CC from HQ MAC Command Surgeon, 17 April 1989.
AIR RESCUE SERVICE. Subject: 171-1, EMT-B, BLS, message 111500Z Jan 91. 11 January 1991.
AIR RESCUE SERVICE. Subject: Emergency Medical Technician (EMT) certification requirement, parameters, CME Documentation, message 281848Z Mar 91. 28 March 1991.
- ²⁹ NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS. Emergency Medical Technician-Ambulance, certificate number 36094. 19 June 1975. (Issued to John Cassidy; an active duty PJ who got clinical training there).
- ³⁰ DEPARTMENT OF THE AIR FORCE, AROSPACE RESCUE AND RECOVERY SERVICE. Rescue Review. December 1981. (5).
- ³¹ DEPARTMENT OF THE AIR FORCE, OFFICE OF THE JUDGE ADVOCATE. Duties performed by unlicensed nursing personnel. (?) February 1987.
- ³² DEPARTMENT OF THE AIR FORCE, HQ AEROSPACE RESCUE AND RECOVERY SERVICE. ARRSR 160-34 Emergency Medical Treatment. 1 July 1974 (v)
- ³³ DEPARTMENT OF THE AIR FORCE, HQ MILITARY AIRLIFT COMMAND. Pararescue Emergency Medical Treatment. 7 March 1986. (1)
- ³⁴ DEPARTMENT OF THE AIR FORCE. Air Force Enlisted Classification Directory (AFECD). 2006 thru 2012
DEPARTMENT OF THE AIR FORCE. Career Field Education and Training Plan (CFETP) 1T2XX. 15 November 2005 thru 15 May 2008.
- ³⁵ NATIONAL SEARCH AND RESCUE COMMITTEE. United States National Search and Rescue Supplement to the International Aeronautical and Maritime Search and Rescue Manual. May 2000. (2-4, 2-5, 2-6, 5-1, 6-3, 6-4, 6-10).