

## Army Air Forces Medical Services In World War II

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### Journal of Aviation Medicine

Advances in trauma care have accelerated over the past decade, spurred by the significant burden of injury from the wars in Afghanistan and Iraq. Between 2005 and 2013, the case fatality rate for United States service members injured in Afghanistan decreased by nearly 50 percent, despite an increase in the severity of injury among U.S. troops during the same period of time. But as the war in Afghanistan ends, knowledge and advances in trauma care developed by the Department of Defense (DoD) over the past decade from experiences in Afghanistan and Iraq may be lost. This would have implications for the quality of trauma care both within the DoD and in the civilian setting, where adoption of military advances in trauma care has become increasingly common and necessary to improve the response to multiple civilian casualty events. Intentional steps to codify and harvest the lessons learned within the military's trauma system are needed to ensure a ready military medical force for future combat and to prevent death from survivable injuries in both military and civilian systems. This will require partnership across military and civilian sectors and a sustained commitment from trauma system leaders at all levels to assure that the necessary knowledge and tools are not lost. A National Trauma Care System

defines the components of a learning health system necessary to enable continued improvement in trauma care in both the civilian and the military sectors. This report provides recommendations to ensure that lessons learned over the past decade from the military's experiences in Afghanistan and Iraq are sustained and built upon for future combat operations and translated into the U.S. civilian system.

### **History of the Armed Forces Medical Services, India**

Obesity and overweight pose significant challenges to the armed forces in the United States, affecting service members (including active duty, guard, and reserve components), veterans, retirees, and their families and communities. The consequences of obesity and overweight in the armed forces influence various aspects of its operations that are critical to national security. On May 7, 2018, the National Academies of Sciences, Engineering, and Medicine, held a workshop titled "Understanding and Overcoming the Challenge of Obesity and Overweight in the Armed Forces." Speakers examined how obesity and overweight are measured in the armed forces and how they affect recruitment, retention, resilience, and readiness; discussed service-specific issues related to these problems and highlighted innovative strategies to address them through improved nutrition, physical activity, and stress management; and offered perspectives from outside of the armed forces on approaches to prevent and treat obesity. They also discussed the challenges and opportunities related to overcoming the concerns posed by obesity and overweight in the armed forces, military families, and their communities, including potential cross-sector opportunities. This publication summarizes the presentations and discussions from the workshop.

### **The Army Air Forces in World War II.: Men and planes**

### **Textbooks of Military Medicine, Pt. 1, Warfare, Weaponry, and the Casualty**

The U.S. Department of Defense (DoD) faces short-term and long-term challenges in selecting and recruiting an enlisted force to meet personnel requirements associated with diverse and changing missions. The DoD has established standards for aptitudes/abilities, medical conditions, and physical fitness to be used in selecting recruits who are most likely to succeed in their jobs and complete the first term of service (generally 36 months). In 1999, the Committee on the Youth Population and Military Recruitment was established by the National Research Council (NRC) in response to a request from the DoD. One focus of the committee's work was to examine trends in the youth population relative to the needs of the military and the standards used to screen applicants to meet these needs. When the committee began its work in 1999, the Army, the Navy, and the Air Force had recently experienced recruiting shortfalls. By the early 2000s, all the Services were

meeting their goals; however, in the first half of calendar year 2005, both the Army and the Marine Corps experienced recruiting difficulties and, in some months, shortfalls. When recruiting goals are not being met, scientific guidance is needed to inform policy decisions regarding the advisability of lowering standards and the impact of any change on training time and cost, job performance, attrition, and the health of the force. Assessing Fitness for Military Enlistment examines the current physical, medical, and mental health standards for military enlistment in light of (1) trends in the physical condition of the youth population; (2) medical advances for treating certain conditions, as well as knowledge of the typical course of chronic conditions as young people reach adulthood; (3) the role of basic training in physical conditioning; (4) the physical demands and working conditions of various jobs in today's military services; and (5) the measures that are used by the Services to characterize an individual's physical condition. The focus is on the enlistment of 18- to 24-year-olds and their first term of service.

### **The Journal of the Indiana State Medical Association**

Textbook of Military Medicine, Pt. 1, Warfare, Weaponry, and the Casualty. Specialty editors: Franklin D. Jones, et al. Addresses the multiple mental health service provided by the military during peacetime.>"

### **Air Force Combat Units of World War II**

### **Understanding and Overcoming the Challenge of Obesity and Overweight in the Armed Forces**

### **The Medical Department**

The current wartime environment, rising health care costs, and an increased focus on joint operations have led to recommendations for Military Health System transformation. Lessons learned in the civilian and government sectors hold importance for transforming the way in which MHS identifies and develops health care officers with high leadership potential for senior executive positions.

### **The Struggle for Air Force Independence, 1943-1947**

### **Army Air Forces Medical Services In World War II**

## **Air Force; the Official Service Journal of the U.S. Army Air Forces**

## **Army, Navy, Air Force Journal**

## **Integration of the Armed Forces, 1940-1965**

## **1980 Census of Population**

## **Medical Support of the Army Air Forces in World War II**

During World War II, the air over the continental United States was a virtual third front. The little-known statistics are alarming: the Army Air Forces lost more than 4,500 aircraft in combat against Japanese army and naval air forces in the war. During the same time, the AAF lost more than 7,100 aircraft in the United States to accidents in training and transportation. Such accidents claimed the lives of more than 15,530 pilots, crewmembers and ground personnel, and the stories of their deaths are largely forgotten. This work chronicles the 6,350 known fatal AAF aircraft accidents that occurred in the continental United States from January 1941 through December 1945. Each crash summary, based on official records, provides details such as crash location and cause, the people involved and the type and number of aircraft. An aircraft serial number index, a record of AAF aircraft still listed as missing, crash statistics and a directory of AAF stations in the United States are included.

## **Information Letter. Army Air Forces Convalescent-Rehabilitation Training Program**

## **War Neuroses**

Problems stemming from the misuse and abuse of alcohol and other drugs are by no means a new phenomenon, although the face of the issues has changed in recent years. National trends indicate substantial increases in the abuse of

prescription medications. These increases are particularly prominent within the military, a population that also continues to experience long-standing issues with alcohol abuse. The problem of substance abuse within the military has come under new scrutiny in the context of the two concurrent wars in which the United States has been engaged during the past decade--in Afghanistan (Operation Enduring Freedom) and Iraq (Operation Iraqi Freedom and Operation New Dawn). Increasing rates of alcohol and other drug misuse adversely affect military readiness, family readiness, and safety, thereby posing a significant public health problem for the Department of Defense (DoD). To better understand this problem, DoD requested that the Institute of Medicine (IOM) assess the adequacy of current protocols in place across DoD and the different branches of the military pertaining to the prevention, screening, diagnosis, and treatment of substance use disorders (SUDs). Substance Use Disorders in the U.S. Armed Forces reviews the IOM's task of assessing access to SUD care for service members, members of the National Guard and Reserves, and military dependents, as well as the education and credentialing of SUD care providers, and offers specific recommendations to DoD on where and how improvements in these areas could be made.

### **1990 Census of Population and Housing**

### **Air Force Officer's Guide**

### **Medical Support of the Army Air Forces in World War II**

Air Force officers of all ranks, from cadets to generals, both active duty and reserves, will find this revised edition essential reading for a successful career.

### **Assessing Fitness for Military Enlistment**

### **An Equal Burden**

### **Hospitals**

An Equal Burden is the first scholarly study of the Army Medical Services in the First World War to focus on the roles and

experiences of the men of the Royal Army Medical Corps (RAMC). Though they were not professional medical caregivers, they were called upon to provide urgent medical care and, as non-combatants, were forbidden from carrying weapons. Their role in the war effort was quite unique and warranting of further study. Structured both chronologically and thematically, *An Equal Burden* examines the work that RAMC rankers undertook and its importance to the running of the chain of medical evacuation. It additionally explores the gendered status of these men within the medical, military, and cultural hierarchies of a society engaged in total war. Through close readings of official documents, personal papers, and cultural representations, Meyer argues that the ranks of the RAMC formed a space in which non-commissioned servicemen, through their many roles, defined and redefined medical caregiving as men's work in wartime.

## **Catalog**

### **Department of Defense Chemical, Biological, Radiological, and Nuclear Defense Program Annual Report to Congress 2004**

The Medical Department: Medical Service in the War Against Japan is the third and concluding volume on the overseas activities of the U.S. Army Medical Department during World War II. In the Asian-Pacific theaters of operations Army medical personnel supported troops in a variety of remote disease-ridden environments, burdened by vast distances, diverse climates, and almost insoluble logistical problems. This study recounts how the Army's senior medical officers pooled their talents with the scientific knowledge of the day to overcome these obstacles and, in the process, realized significant advances in military medicine. In the course of the long, grueling war against Japan these dedicated professionals developed new drugs and techniques for preventing and controlling disease, fielded hospitals and units uniquely equipped to support jungle and island fighting, and perfected amphibious medical support. The story of these developments, as well as of the planning and organizing of theater medical services, provides practical lessons for military students and military leaders of all ranks.

### **The Armed Forces of the United Kingdom, 2014-2015**

### **The Medical Department**

### **Acronyms, Initialisms & Abbreviations Dictionary**

## **Substance Use Disorders in the U.S. Armed Forces**

### **The Army Air Forces in World War II.: Services around the world**

This book has been published at regular intervals during the last 20 years, and the latest 2014 2015 addition is the one that deals with the most far reaching changes the UK Armed Forces have gone through for a generation. Although the UK's Armed Forces

### **With Courage: The U.S. Army Air Forces in World War II**

"Integration of the Armed Forces, 1940-1965" by Morris J. MacGregor. Published by Good Press. Good Press publishes a wide range of titles that encompasses every genre. From well-known classics & literary fiction and non-fiction to forgotten—or yet undiscovered gems—of world literature, we issue the books that need to be read. Each Good Press edition has been meticulously edited and formatted to boost readability for all e-readers and devices. Our goal is to produce eBooks that are user-friendly and accessible to everyone in a high-quality digital format.

## **A National Trauma Care System**

### **Proceedings of the International Assembly of the Inter-state Post-Graduate Medical Association of North America**

### **Fatal Army Air Forces Aviation Accidents in the United States, 1941-1945**

This history summarizes the Army Air Forces (AAF) medical achievements that led to the creation of the Air Force Medical Service in July 1949. When the United States entered World War II, our nation's small aviation force belonged to the U.S. Army and relied on the Army medical system for support. The rapid expansion of the AAF and the medical challenges of improved aircraft performance soon placed great strain on the ground-oriented Army medical system. By the end of the war, the AAF had successfully acquired its own medical system oriented to the special needs of air warfare. This

accomplishment reflected the determined leadership of AAF medical leaders and the dedication of thousands of medical practitioners who volunteered for aviation medical responsibilities that were often undefined or unfamiliar to them. In the face of new challenges, many American medics responded with hard work and intelligence that contributed greatly to Allied air superiority.

## **Air Force**

### **Medical Support of the Army Air Forces in World War II**

**Defense health care quality assurance process needed to improve force health protection and surveillance.**

### **National Library of Medicine Catalog**

This Annual Report of the Department of Defense (DoD) Chemical, Biological, Radiological, and Nuclear (CBRN) Defense Program, or CBRNDP, provides information in response to several reporting requirements. First, this report is provided in accordance with 50 USC 1523. (The complete reporting requirement is detailed at annex K.) This report is intended to assess: (1) the overall readiness of the Armed Forces to fight in a chemical-biological warfare environment and steps taken and planned to be taken to improve such readiness; and, (2) requirements for the chemical and biological warfare defense program, including requirements for training, detection, and protective equipment, for medical prophylaxis, and for treatment of casualties resulting from use of chemical and biological weapons. This report supplements the DoD Chemical and Biological Defense Program FY05 President's budget, February 2004, which has been submitted to Congress.

### **Developing Military Health Care Leaders**

### **The Royal Air Force Medical Services**

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