

'Doctors Flew on Bombing Raids'

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Two military physicians have charged that some of their medical colleagues have actively participated in dozens of bombing raids over southeast Asia, in violation of international law, military regulations and the Hippocratic Oath.

The two military physicians, both of whom still are on active duty in the Air Force, specifically said that some air force flight surgeons had operated weapons systems aboard F-4 Phantom jets on bombing and strafing missions against enemy targets in South Vietnam and Laos. The surgeons were carried as "backseaters" aboard the two-man fighter-bomber jets, the doctors said.

The allegations were made within the past ten days by one doctor in a personal visit and by the other in a letter to the office of Senator Harold E. Hughes (Dem-Iowa), who is a member of the Armed Services committee. Both officers provided their names to the senator but requested that they not be made public.

It was unclear how widespread they alleged the unauthorized practice to be, although Hughes said he had been provided with the names of "more than a half-dozen" other air force physicians, who would further document the allegations.

Colonel C. E. Raisor, a special assistant to Lieutenant General Robert A. Patterson, the air force surgeon general, said he was extremely "dubious" about the allegations. "I don't think any combat pilot would put a novice in the rear seat," he said. "It doesn't make sense."

He added, however, that "under no circumstances would a doctor have any right to put himself in the position" of participating in a bombing raid, although many flight surgeons do accompany pilots on noncombat missions in combat zones.

Raisor said that his office had asked officials in the Seventh Air Force head-

quarters in Saigon to investigate the charges.

In the letter released by Hughes, the air force doctor said "the physicians I am aware of flew at least 30-60 missions each from Thailand in the period 1970-72. A significant number of these missions involved flight surgeons flying combat sorties as backseaters."

A Pentagon spokesman said that the back-up man in the F-4 jet usually serves as navigator and also controls the elaborate computer and radar mechanism that triggers the aircraft's bombs and rockets, although both responsibilities can be assumed by the pilot if necessary.

"I cannot testify how widespread this practice is," the letter said, "but its existence seems to be common knowledge among United States Air Force physicians and pilots."

"In at least one instance related to me by the individual involved," the doctor wrote, "the flight surgeon was urged prior to his combat flight not to carry his identification and Geneva Convention cards, both of which are stamped with a red cross and the word 'medic' and which would presumably identify him as a physician if he were to be captured."

Physicians are especially exempted from combat duty

under the 1949 Geneva Convention which provides that medical personnel "shall be respected in all circumstances" as long as they are "exclusively engaged in the search for, or the collection, transport or treatment of the wounded or sick."

Military training manuals said by Hughes' office to be used by the air force also state that medical personnel cannot use arms against enemy forces except for personal defense or protection of patients.

Hughes said that the air force doctor who visited his office to report combat flying by doctors had supplied two possible motives: the personal desire of many of the flight surgeons to participate in the destruction of suspected enemy targets in southeast Asia, and the demand—allegedly made by some wing commanders in southeast Asia—that flight surgeons should fly in combat to "get to know" their men better.