

# Society of U. S. Naval Flight Surgeons



Naval Aerospace Medical Institute, Code 32  
Naval Air Station, Pensacola, FL 32508-5600

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**VOL. XV, NO. 1**

**NEWSLETTER**

**JANUARY 1991**

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## PRESIDENT'S COLUMN

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### Current Musings

#1 Happy New Year! The celebrations are over and now we're left with a few extra pounds and some new resolutions. In the coming year "may the trail rise up to meet you, the wind always be at your back, and God hold you in the palm of his hand."

#2 The unfinished business with Iraq should be acted on soon. Those of you "on the line" may have some important lessons learned for the rest of us. Keep our Society's Newsletter in mind as a means to impart these.

#3 I attended some AsMa Committee meetings in November and am looking forward to the May Scientific Meeting in Cincinnati. A message will hit the street in February concerning nominations for the prestigious Luehr's Award for the outstanding operational Flight Surgeon. This award will be presented at the Navy Luncheon.

#4 In the October 1990 Newsletter, I mentioned points of contact for those considering a career in Aerospace Medicine. I neglected to include several key players with the Reserve Force:

CAPT Ted Borgman  
4th MAW Surgeon  
Commercial (504) 897-3387

CDR Bill Whitehead  
COMNAVAIRRESFOR  
AV 363-6308

#5 Congratulations to our newly selected Residents in Aerospace Medicine (RAMs). We had a top group of applicants with the following selections:

FY 91      CDR G.G. Reams (CAPT Select)  
              LCDR P.G. Merchant  
              LCDR J.R. DeVoll  
              LT T.L. Puckett (LCDR Select)  
              LT J.E. Lamar (LCDR Select)

FY 92

Pre-selects  
LCDR D.A. Bailey  
LT J.S. Dudley (LCDR Select)

Those of you interested in the residency should call me and set up an interview.

CAPT C. I. DALTON, MC, USN

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## SECRETARY-TREASURER'S NOTES

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Hey Howdy! Just a short column this time around. Hope those of you still at home in America had a safe and happy Thanksgiving and Christmas. For our fellow Flight Surgeons stationed in the Middle East, I hope the postal system was well greased and that letters and packages made it to y'all for the Holidays so you could have a piece of home while serving faithfully. Speaking of the postal system, I can only guess that the Newsletter is being forwarded to those of you in Theater. I've received no notice from anyone that it isn't, but please, if anyone of our membership knows of a problem, let me know ASAP.

This is the 3rd Newsletter of our Fiscal year, and I'd like to quickly remind y'all that dues are payable in April upon receipt of the 4th Newsletter. Also, don't forget about the Annual AsMA Meeting which is being held in Cincinnati, Ohio, 5-9 May. Put it on your calendar and try to attend. You receive good CME credit, great Aero-medical Scientific updates, and it's a fine time with old friends.

In closing, let me say that the public support for Operation Desert Shield remains high, no matter what you hear in the Media. The Military, and in particular the Navy, recognizes and respects the fine job our Flight Surgeons are doing on a daily basis in the Middle East. I salute you all! Keep the troops flying cool and keep the Windex fresh on your NVG's.

LCDR DAVE SHIVELEY, MC, USN  
NAMI (Code 32R)

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## NOMIATIONS FOR SUSNFS OFFICERS

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It is time once again to start thinking about who you would like to see represent you in the Society for next year. It was originally intended to entertain nominations for offices during the aeromedical problems course in October, but travel restrictions and developing international events dictated a change in plans. Therefore, your input is solicited at your earliest possible convenience, preferably while still fresh in your mind.

New officers to be elected in May will be: Vice President, Senior Member of the Board of Governors, Junior Member of the Board of Governors and Emeritus Member of the Board of Governors. (The Sec'y/Treas. office is now a two year position). If you would like to see your own name in one of these offices, please feel free to volunteer.

If you are wondering why I am chairing the Nominating Committee again, it is because Steve Hart (who was appointed last May) found that his schedule at ICAF prevented him from being at the convention in May. So, by default, I am it, and I need your input.

CDR G. G. Reams, MC, USN  
NAMI ACADEMICS, AV 922-2457

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## CODE 42 SPEAKS

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Let's talk Local Board of Flight Surgeons. Local Boards are an excellent mechanism for returning an individual to flight status while a waiver is pending. They are best used for conditions which are normally waived for which you have reasonable expectations for a positive outcome of the waiver request. It is **NOT** a good idea to hold a Local Board and return to flight status someone who has a condition which we do not normally waive. Nor is it prudent to hold a Local Board and return someone to flight status sooner than the guidelines in the Flight Surgeon's Quick Reference Guide without discussing the matter with Code 42 and/or the appropriate NAMI clinical department first (eg. returning a pilot with 85% vertebral compression fracture to SG I ejection seat aircraft 30 days post-injury or an alcohol dependent NFO to flight status 1 week post-ARS). As I've said in the past, a Local Board is not an excuse to do "dumb things". At least call and run a questionable case by us before you hold the board.

It has been over a year since the proposed revision of MMD Chapter 15, and it is still "pending". I don't have any idea when it will hit the streets, but I'm as anxious to see it as you are. Meanwhile, continue to use the last revision of the Flight Surgeon's Quick Reference (Sept. 1988) as your physical standards gouge. Significant

changes to the Quick Reference Guide have been published in the SUSNFS Newsletter as Aeromedical Advisory council actions. I know that this is not an ideal format to disseminate changes, but it is all we have right now. I am working with BUMED on a message format to get changes out and hopefully will have something soon.

Hopefully things in the Gulf will be resolved soon (peacefully). If not, those of you who are there now may be able to discuss those waiver packages with me face-to-face. In the meantime, be careful out there and keep those cards and letters coming!

CAPT R. A. WEAVER, MC, USN  
NAMI CODE 42

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## RAMs CORNER

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### BOGEY! BROKEN GARAGE DOOR AT 9 O'CLOCK

Two years ago a Chinese Commercial Airliner was successfully hijacked from the Mainland to Taiwan. The Taiwanese Government kindly returned the pilot to the Chinese government. Upon return to his Homeland, this pilot's salary, BAQ, BAS, and VHA were taken away for 6 months, and he was also grounded for 6 months. Late last summer another Chinese Commercial Airliner was hijacked. The pilot did not give into the Hijacker's demands and attempted to land the aircraft back in China. A struggle ensued between the pilot and hijacker while the pilot was trying to land the plane. The plane crashed and 150 plus people were killed. This was the same pilot who was successfully hijacked 2 years previous.

This story was related to a group of RAM's at an FAA Seminar in October. Were there extra stress factors for this pilot? Was his coping mechanism at Military Power, or at a lower setting? Was his ability to compartmentalize and leave that 6 month penalty out of the cockpit, compromised? You bet your bippy!

Human Factors play **some** role in over 90% of our aircraft mishaps. Stress in the cockpit is **normal**. Our Pilots handle "outside" stress with a good, intact coping mechanism and an uncanny ability to compartmentalize. If outside stress exceeds the pilots ability to cope, then the result is a smoking sand dune. At this point in time an unprecedented number of Navy and Marine Corp. Aviators are deployed in Operation Desert Shield. Any extra "outside" stress? Threat of flying in a Chemical Warfare environment, loss of a fellow aviator, an odd letter from a spouse and you can't call home to talk about it, a child at home who is sick, a tree limb smashed into your garage door at home and your wife doesn't have the ready funds to fix it, and I could go on and on. I'm sure you get the picture!

We, as Flight Surgeons, take care of highly charged

sky-warriors. But these warriors are also humans, acutely susceptible to emotion. The Flight Surgeon must keep his finger constantly on the emotional pulse of the squadron. Do this by sticking close to the C.O., X.O., and OPS Officers on personal issues. Your insight as a Doctor on these issues is invaluable. At A.O.M.'s, talk about Human Factors, Stressors, and what emotional conflict can do. Encourage a dialogue in this area between you and your pilots. I know it's not an easy thing to do. Our aviators consider themselves **physically and psychologically infallible** (and this is part of what makes them the **best**). But do it you must, because the return of a saved life, or a saved aircraft, is a worthy return on your efforts indeed.

LCDR DAVE SHIVELY, MC, USN  
Resident, Aerospace Medicine

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## SOUR GRAPES TURNED TO WINE

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*The following letter is in response to a letter appearing in the Newsletter of the Uniformed Services Academy of Family Physicians. I do not have permission to print the original letter but feel that the response is fairly "free standing." My understanding is that a blizzard of mail was created responding to Lt Col Delagarza, USAF, MC.*

*Editor*

Bradley J. Dawkins, M.D.  
11403 Ashley Drive  
Rockville, MD 20852-2445

Dear Dr. Dawkins:

I am writing this letter in response to LCOL Delagarza's "Letter to the Editor" in our last issue of the newsletter. In the U.S. Navy (USN), we have many family practitioners who were flight surgeons. In our program at NAS Jacksonville we have one staff physician and three residents who wear their wings proudly. In the USN, most of us did not have the pleasure or choice to finish our residency. We were told during our internship that we would be flight surgeons, undersea medicine doctors, or general medical officers (GMO's). My internship class was 100% out to operational billets so this letter is on behalf of all my fellow family practice/flight surgeons and our current naval flight surgeons out with the fleet.

I find it shocking that the USAFP newsletter would even print his letter, especially now during this stressful time when our forces are increasing in numbers over in the Middle East. Our fellow medical corps officers (flight surgeons and GMO's) need our support now more than ever. I was once out there and I know what a major hassle it is trying to get advice, consultation or help from

hospital physicians with attitudes like LCOL Delagarza's. Our last update from the office of the Chief of Naval Operations, Medical Corps, stressed to all fellow medical corps colleagues that we have to have harmony between hospital based and operational based physicians. The USN is now trying to promote operational medicine.

It is interesting when someone makes mass generalizations like, "all family practitioners are. " or "all flight surgeons are. " or "all D.O.'s are. ". To me, that lacks insight into the big pictures. We are professionals and can see through that just like poor quality medical research. His quote, "I have never met an excellent family practitioner who is also a flight surgeon", is very disturbing. Dr. Delagarza, I would like to introduce you to Captain-selectee Keith W. Haden. I agree that there are some flight surgeons who are weaker in clinical medicine than others. The stronger ones are usually the ones that did a family practice internship and got training in all areas of medicine, but let us not forget that many flight surgeons have only completed one year of graduate medical education along with their aviation medical training. In the family practice community there are some physicians who are stronger in hospital/inpatient medicine than others.

I don't know about the Air Force or the Army but in the Navy our six-month school at NAMI is excellent GME. Our extra training in ENT, Ophthalmology, Psychiatry, Aviation Physiology, preventive medicine, and occupational medicine is the best GME offered anywhere. I think that the family practitioner who is a flight surgeon in the Navy has an extra bonus over someone that went three years straight through the residency. A flight surgeon in a busy active duty sick call learns very quickly when he has to see 30 to 40 patients in one day.

I am proud of my flight surgeon wings and my brown shoes and wear them everyday with pride. I know there is some jealousy out there about flight pay, trips to nice places and time away from the clinic, and how the line always finds funds for CME when hospital budgets cannot. But again, you must remember that deployments (6 months in the 10 on a carrier), work-ups, mishap investigations, and out time away from families is no joy-ride either.

My dream has always been to become a family physician and my dream will soon be realized. I am glad I got the opportunity to do a tour as a flight surgeon and if I had to do it all over again I would choose the same pathway. Hopefully, after completion of my residency training, I will have the opportunity to practice in an aviation family practice environment. Once a Naval flight surgeon - always a Naval flight surgeon!

JEFFREY L. KELLOGG  
LCDR, MC, USN, FS  
Third-year Family Practice Resident  
Naval Hospital, Jacksonville, FL

**CAPTAIN JAMES O. HOUGHTON, MC, USN (FS)  
MEMORIAL FUND**

Captain Houghton was born in Littlefield, Texas, in 1942. He attended undergraduate school at Union College, Nebraska, and received a Bachelor of Arts degree in chemistry in 1964. In 1967, Captain Houghton entered the Navy as an Ensign. He earned the Doctor of Medicine degree in 1968 from Loma Linda University, California, and completed a rotating internship at the Philadelphia Naval Hospital in 1969. In 1970, Captain Houghton was designated a Naval Flight Surgeon.

Captain Houghton's initial operational tours were served with the First and Third Marine Air Wings in Santa Ana, California; DaNang, Republic of Vietnam, and Futenma, Okinawa. Following duty at the Naval Air Station, Alameda, California, he received a Master of Science degree in preventive medicine from the Ohio State University in 1974. Captain Houghton's subsequent assignments included: the Naval Aerospace Medical Institute, Pensacola, Florida; Senior Medical Officer on the USS ORISKANY and the USS MIDWAY; Director of Clinical Services at the Naval Hospital, Key West, Florida; Flight Surgeon conducting research in acceleration physiology at the Naval Air Development Center, Warminster, Pennsylvania; Special Assistant for Aerospace Medicine to the Naval Air Systems Command, Washington, DC; and Program Manager for Aerospace Medicine/Human Performance at the Naval Medical Research and Development Command, Bethesda, Maryland. Captain Houghton served as Commanding Officer of the Naval Aerospace Medical Research Laboratory from 6 June 1985 through 16 June 1988.

Captain Houghton was a Diplomate of the American Board of Preventive Medicine, a Fellow of the American College of Preventive Medicine, and an Associate Fellow of the Aerospace Medical Association.

Captain Houghton assumed command of the Naval Aerospace Medical Research Laboratory, Naval Air Station, Pensacola, Florida, on 6 June 1985. Captain Houghton died 16 June 1988 in a traffic accident in Pensacola, Florida. He was scheduled to detach to the Naval Medical Command in Washington, DC in July of 1988.

Captain Houghton was dedicated to the concepts of academic excellence and continuing education. Although

he had no children of his own, he personally assumed the educational expenses for several members of his family making it possible for them to fulfill their scholastic goals. In this spirit, the Captain Houghton Memorial Award for academic excellence will be presented this year to the Junior Naval Reserve Officers Training Corps (JNROTC) cadet with the highest grade point average at each of the Pensacola, Florida area high schools. Each cadet will receive a personalized award and a certificate. The high school JNROTC units will receive engraved brass plates, designating selected cadets, that will be displayed on a larger plaque in the JNROTC area. The awards will be presented in an official ceremony at the high school and will be given the widest publicity.

If you would like to support this memorial to be given to an outstanding cadet, please send your contribution to: The Captain Houghton Memorial Fund, c/o Secretary/ Treasurer, Society of U.S. Naval Flight Surgeons, Naval Aerospace Medical Institute (Code 32), Naval Air Station, Pensacola, FL 32508-5600.

THANK YOU FOR YOUR CONTRIBUTION AND GOOD WILL!

C. A. DEJOHN, D.O.  
CHAIRMAN, CAPTAIN HOUGHTON  
MEMORIAL FUND

**-- EDITORIAL POLICY--**

The views expressed are those of the individual authors and not necessarily those of the Society of U.S. Naval Flight Surgeons.

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