

# Society of U. S. Naval Flight Surgeons



P.O. Box 33008  
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**VOL. XVII, NO. 3**

**NEWSLETTER**

**JULY 1993**

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## **PRESIDENT'S COLUMN**

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It is an exceptional honor to be able to represent all Naval Flight Surgeons (active duty and retired) during the 1993-94 term as President. My personal gratitude to Captain Bob Hain for his leadership over the last year and for providing me with an easy transition. Our organization is enjoying unprecedented: strength (both with membership and financially) due to the superb efforts put forth by LCDR Glenn Merchant as the Secretary/Treasurer.

Having just returned from the Aerospace Medical Association convention in Toronto, Canada I can attest that it was a culmination of a year-long effort to produce yet another outstanding meeting. As usual the Navy/Marine Corps medical team was represented with an outstanding turnout of active duty and retired Flight Surgeons. Professional presentations during the assembly by "our own" (in particular Captain Dave Yacavone, CDR John Clark, Maj. Bob Banks -just to name a few) further accentuated the Naval presence in a sea of international aviation medicine experts.

The traditional annual Navy luncheon on Monday was well attended with Captain Charlie Bercier as keynote speaker. His metaphor-filled presentation was particularly poignant and relevant to today's challenges in operational medicine. Captain Bercier's retirement and change-of-command ceremony was held at NAMI on 18 June 1993. Sincerest wishes for "fair winds and following seas" are extended to him. A generic "thank you" could never express the gratitude and respect we all have for his life-long commitment to Naval Aerospace and Operational Medicine. Also at the luncheon, the annual Luehr's Award was presented to LT Kris Belland, the finalist from COMNAVAIRPAC; the Ashton Graybiel Award was presented to CDR Jon Clark; and the Sonny Carter Award was presented to CDR Vince Musache. Congratulations to all of these well deserving recipients!

Congratulations are also in order for the new slate of officers for 1993-94: Vice President (President-elect) — Captain Gary Reams. Board of Governors: Senior Member —CDR Bruce Bohnker, Junior Member — LCDR Rick Beane, Emeritus Member - RADM Dan Lestage.

In closing, during this coming year it is my desire to improve SUSNFS' position in its ability to provide its members better access to information pertinent to operational medicine issues, "networking" opportunities, professional advancement, and recruitment of flight surgeons and residents in Aerospace Medicine, to name a few. Please call me any time (DSN-582-4049; COM-919-466-41049) if any of you have any recommendations.

CAPT L. EDWARD ANTOSEK  
MC, USN

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## **SECRETARY-TREASURER NOTES**

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Much of what follows is old news to those members who were able to attend the annual business meeting recently held in Toronto. Unfortunately, for a large percentage of the Society, distance and/or funding limited attendance to 80, less than a quarter of the total membership. For the majority who were unable to attend, what follows may be of some interest.

First, financially we are in great shape. Dues remain \$15 per year and more than cover the costs of running the Society, which include publishing this newsletter, providing plaques and honorariums to our four annual award winners, and miscellaneous expenses such as stationary and postage.

While we have money in the bank, capital outflow is still a problem. Each newsletter published costs approximately 16 cents per page, with recent issues costing as

much as \$2.25 per issue. Even a non-math major like me can see that at least \$10.00 of your dues goes to newsletter alone. Problem is, delinquent members still receive newsletters while we try to figure out what the heck they are doing. "No sweat," you say. "Drop them like a hot Mk 82 on downtown Bagdad." Problem is our constitution won't let us drop a member until their dues are in arrears for at least one year.

Again, all of us non-math types can figure that it is going to cost us. And cost us it does! Last year alone we spent over \$500 mailing newsletters to members that we later dropped. The solution is obvious - amend the constitution. The Board of Governors is working on that as we speak. Before the next business meeting there will be an amendment proposal that recommends limiting delinquent members to **one, and only one** newsletter after their dues go in arrears. Until that time you can help us save some money. Pay your dues on time, and send address changes as they occur.

Every little bit helps. To date 234 of our members are in arrears (with respect to dues), including 63 individuals whose last correspondence to us was *sometime in 1991!* Check your address label. If it says "92" you are now two years delinquent!

While Captain Hain and Captain Antosek have been generous in their praise of my efforts, I have to note that now, as in the past, it has always been a team effort. The reason our treasury is healthy is past secretary-treasurers did great work, including Dave Shiveley, John Nickle, and Mike Valdez. Same is true of the Board of Governors.

As new officers join the Board, we say good-bye to several hardworking, energetic members, including Captains Mary Anderson and E.J. Sacks. We will miss their experience and enthusiasm. Captain Sacks may be "retiring" (again), but take the word of someone who tried to keep up with him for a three month rotation ("Faster Glenn, you've got to move faster") his gyros won't be running down anytime this millennium!

Finally, for those frustrated few trying to reach me, I will be doing Internal Medicine for the next three months. That number is DSN 922-4349. A better bet is to call me at home (904-432-6948). Either way, when you do call, leave **your home number**. I'll get back to you as soon as I can. (If you think I'm hard to find, try calling yourself sometime.)

Keep the ball in the middle,

LCDR GLENN MERCHANT  
MC, USN

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## AWARDS COMMITTEE

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Congratulations to the 1993 Flight Surgeons of the Year! They are as follows:

NAVAIRLANT - LCDR James M. Merritt, MC,  
USNR

FMFLPINT - LT Robert A. Skidmore, MC, USNR

NAVAIRPAC - LT Kris M. Belland, MC, USN

FMFPAC - LT Kevin G. Mitts, MC, USN

1st MEB - LT Mark G. Hoffman, MC, USNR

CNATRA - LT Edmund F. Feeks, MC, USNR

These six winners were judged by a panel of experienced Flight Surgeons for the *Richard E. Luehrs Memorial Award* and the recipient was **LT Kris M. Belland, MC, USN**. Bravo Zulu!

This year the Board of Governors presented the *Sonny Carter Memorial Award* to **CDR Vince Musache, MSC, USN**. Named after CAPT Manley L. "Sonny" Carter, MC, USN, the award will be presented annually to that Flight Surgeon, Aerospace Physiologist, or Experimental Psychologist who has made the greatest effort to improve teamwork between our three aerospace communities.

The winner of the third annual *Dr. Ashton Graybiel Memorial Award* for "Outstanding Publication" by an operational Flight Surgeon was **CDR Jon Clark, MC, USN**. Congratulations Jon! This award is open to all operational Flight Surgeons and publications to be submitted for consideration for '94 should be sent to:

SUSNFS Awards Committee  
c/o CAPT Jim Baggett, MC, USN  
P.O. Box 33008  
NAS Pensacola, FL 32508-3008

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## CODE 42 PERSPECTIVE

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As NAMI Code 42 (BUMED-236), I work closely with the Specialty Advisor for Aerospace Medicine to the Surgeon General, BUMED-23. The specialty advisor has recently changed from CAPT Hain to CAPT Dalton (formerly NAMI Code 03). CAPT Hain was directly responsible for the expedient response by BUMED to Aeromedical Advisory Council recommended policy changes. We should all be appreciative of his untiring efforts which allowed us to more rapidly implement these changes and allowed you to upgrade your practice of aerospace medicine.

Many of the proposed changes come from your recommendations. Your continued efforts in this regard are most welcome. We endeavor to be responsive to proposed changes which will enhance your service to the fleet, while maintaining high aeromedical standards in the interest of aviation safety.

A disturbing issue continues to be the number of examinations we review which demonstrate oversight of discrepancies in either completeness of examination, or conformance to standards. Micro-88 along with the FAX support of standards and ICDA codes will enable you to avoid many of these pitfalls. The few minutes it takes the Flight Surgeon and AVT to review the patient summary sheet which can be produced via Micro-88 saves invaluable time for Code 42, your aviation medicine department, and most importantly, the aviators we support. Do not ignore these valuable tools!

**AIG Messages.** Three AIG messages on Aeromedical Issues have now been released. Topics included were immediate changes to BUMEDINST 5300.8, the new birth month window for annual aviation physical examinations, Famotidine, ACE inhibitors, new FBS standard, carrying of an extra pair of spectacles, and contact lens use by USN tactical aviators who use "Cats Eye" NVG's. The following date-time groups pertain:

NAVAEROSPMEDINST 021300Z FEB 93

NAVAEROSPMEDINST 191335Z APR 93

NAVAEROSPMEDINST 211300Z MAY 93

**BUMEDINST 5300.8.** The frequency of physical examination submission following a diagnosis of either alcohol abuse or dependence has been reduced. A complete aviation physical examination should be submitted at initial grounding, i.e., at the time of diagnosis. The next submission should be the initial waiver request per the guidelines of BUMEDINST 5300.8. Once the waiver has been granted by either BUPERS or CMC, submission is only required annually during the birth month window. This does not eliminate the requirement for **close** Flight Surgeon follow-up, but does eliminate the requirement for submission of a complete examination every three months, clearly an excessive requirement.

**Annual flight physical examinations.** Per OPNAVINST 3710.1 P (General NATOPS) the window for annual flight physical examinations remains at 60 days, however, the window is now from the first day of the month preceding the birth month until the last day of the birth month. Aeromedical clearance notices (NAVMED 6410/2) shall now reflect an expiration date of the last day of the birth month.

Famotidine use will be considered for a waiver on a case-by-case basis. However, an aviator is still down during the time of active peptic ulcer disease. ACE inhibitors will generally be considered as a class of drugs, with the following maximum daily doses: Captopril 150 mg, Enalapril 50 mg, and Lisinopril 40 mg. Enalapril and Lisinopril are preferred, as they are once a day medications. The member should be grounded for three to five days while initiating therapy. Two weeks after the start of therapy, a BUN, creatinine, and electrolytes should be checked. A diagnosis of hypertension is a CD, and requires a request for a waiver, regardless of the treat-

ment regime. The use of Hydrochlorothiazide as a first line drug is discouraged, in accordance with the present standard of medical practice.

**Fasting blood sugar.** The standard for Fasting Blood Sugar has changed from 110 mg%. The new standard is 125 mg%. Therefore, an oral GTT is not required unless the FBS is greater than 125 mg%. Refer to the "Aeromedical Quick Reference" for the proper performance and interpretation of the oral GTT.

**Contact lens use by Class I aviators.** Use of contact lenses in tactical Naval aviation personnel required to wear "Cats Eye" type Night Vision Goggles is under consideration by OPNAV. At the time of this writing the use of contact lenses for USN Class I personnel is not authorized. However, expect to see OPNAV directive adopting a contact lens policy for USN Class I aviators similar to USMC policy. Watch message traffic closely for implementation of this new policy.

Additional issues which you can anticipate seeing in the near future are SVT, work-up of valvular heart disease, EKG interpretation and disposition of various anomalies, and final resolution of BUMEDINST 5300.8A (Rehabilitation of Alcohol Dependent/Abuser Aircrew). Valid questions have been raised regarding the proper aeromedical disposition of those diagnosed as alcohol abusers prior to the current instruction, or those diagnosed as alcohol dependent prior to the 1987 version of the instruction. BUPERS, CMC, and BUMED will be coordinating the revision of BUMEDINST 5300.8, and will include specific guidance in this regard.

You should now be familiar with the replacement to the old "Pinksip." The "Reviewer Request" letter is addressed to the individual aviator, via their CO. A response to this letter is required within 30 days. If no response is received, a message is sent to the member's command. The message requires a response within 10 days. Your facility is a "Copy to" on the letter, and is an info addressee on the message. It is requested that you and your facilities strive to obtain this information for the aviator as expeditiously as possible. When neither of these queries is answered, Code 42 makes a recommendation to BUPERS (or CMC, as appropriate) of "NPQ, No Waiver, due to an incomplete physical examination." The date of disqualification will normally be NLT 10 days from the time the message was released. It is realized that there will be occasions when either due to operational commitments or non-availability of appointments for consults, more time may be required before the information may be transmitted to NAMI-42. In the event this is the case, it is requested that NAMI-42 at least be advised by memo or phone call that this is the case. Without this input, we are obligated to proceed with the time-frame as outlined above. Please assist your aviators by returning the information ASAP.

CDR C.J. NICKLE  
MC, USN  
CODE 42, NAMI

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## FROM THE FLEET

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### FNAEB AEROMEDICAL EVALUATIONS

As a member of the COMNAVIAIRLANT FNAEB review panel, I read all Flight Surgeon inputs as well as chain of command endorsements. Some are quite good, but others could be improved. First, the Flight Surgeon report should be typed/word processed (including spell checked!). The handwritten evaluation on legal paper is a poor reflection on the involved Flight Surgeon. Neatness and format count immensely.

Second, the Flight Surgeon should ensure a quality evaluation and consultations. Ask specifically about alcohol, financial and marital problems. It is embarrassing to find out that the aviator is presently going through a divorce when the Flight Surgeon's evaluation two months ago said he was "happily married." Any history of behavioral infractions needs to be reviewed at length, especially DUIs or liberty incidents. If a psychiatric evaluation is felt warranted, my personal opinion is that such evaluations should be accomplished at NAMI. The "routine" psychiatric evaluation from the local hospital is not likely to identify underlying problems. If deployed, the CV/CVN SMO should conduct the psychiatric evaluation.

Thirdly, the Flight Surgeon should make a clear statement in the summary about "PQ and AA DIACA SGI" or "PQ and AA DIF Class II." This is a place for commitment so don't be wishywashy about it. Justify this conclusion since it has immense importance.

Finally, the Flight Surgeon should recommend what he feels is justified, but should understand the effects of the downsizing Navy. Retraining a pilot in a different aircraft or platform is expensive. Even returning a pilot to the RAG competes with a pool of aviators awaiting training. Aviators who five years ago might have received a second (or third) chance may now be out of the cockpit for good. This is the reality in which we practice and must be considered. In summary, the Flight Surgeon involvement in the FNAEB/FNFOEB process is an important part of aeromedical practice, and warrants the highest quality of care.

CDR BRUCE BOHNER  
MC, USN  
AIRLANT FORCE MEDICAL OFFICER

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## RAM'S CORNER

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Does your command or facility currently provide Federal Aviation Administration physicals for selected individuals? If so, recent FAA policy changes will directly affect you. In FAA Order 8520.20 released by the Federal Air Surgeon on 8 May 92, military Flight Surgeons

performing FAA examinations are required to be individually designated as Aviation Medical Examiners. This differs from the previous policy which allowed non-designated Flight Surgeons to perform FAA examinations using the AME serial number assigned to that particular military medical treatment facility. The requirement for each examining facility to maintain its designation remains unchanged under the new policy.

To facilitate compliance with the new FAA Order, military Flight Surgeons have been granted an extension of 30 September 93 to comply with the new guidelines as follows:

#### 1. **Military Flight Surgeons must be individually designated.** Initial designation requires:

a. attendance at a medical certification standards and procedures workshop. If a FS is unable to attend a workshop prior to the 30 September deadline, applicants must contact the FAA Manager, Aeromedical Education Division to make necessary arrangements pending completion of a workshop or completion of a computer-based instruction package currently under development.

b. application for designation with the FAA. Effective 1 May 93, military Flight Surgeons may request individual Aviation Medical Examiner designation directly from the FAA. Applicants must notify their respective Surgeon General's representative [CAPT Conrad Dalton, BUMED MED-23), commercial (202) 653-1341 or DSN 294-1341] that AME designation has been requested. AME application forms can be obtained by calling Mrs. Bobby Ridge at (405) 954-4832, 4831, or 4257. Completed AME application forms and supporting documentation must be submitted to:

Melchor Antunano, M.D.  
Manager, Aeromedical Education Division  
FAA, MMAC, CAMI, AAM-400  
P.O. Elox 25082  
Oklahoma City, Oklahoma 73125  
Commercial (405) 954-6206

#### 2. **Military Flight Surgeon AME designation will be renewed annually** and requires annual submission of the AME ID card provided by the FAA, annual participation in Aviation Medicine Continuing Medical Education, and adequate performance as an AME.

#### 3. **Examining facilities will continue to be required to have an identifying AME serial number.** This, in turn, requires that:

a. at least one staff member from the designated/ applying military medical facility must also attend a workshop to qualify,

b. facilities currently not designated must submit formal application for designation following the same guidelines, for FS designation application, and

c. designated facilities will be required to have at least one staff person assigned at all times who has been to a staff workshop within the preceding three years.

While the new requirements may initially appear complicated and arduous, application and renewal of AME and facility designations are in fact quite simple, and, hopefully, will not disrupt the flow of FAA examinations provided by your facility.

TERRYL PUCKETT  
LCDR, MC, USN  
RESIDENT, AEROSPACE MEDICINE

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## THE "PUSH PULL EFFECT"

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Those who attended the Naval Aeromedical Problems Course held at NAMI last fall may recall a presentation on the "push-pull effect." The presentation described the theoretical hazard of reduced +Gz tolerance after preceding 0 Gz or -Gz acceleration stress. This possible hazard was termed the "push-pull effect" and the presentation also described plans for definitive research on this problem. As a result of generous support by the Commanding Officer and staff of the Naval Aerospace Research Laboratory in whose plant the research was done, this research has progressed well, and preliminary findings were presented at the Aerospace Medical Association Annual Scientific Meeting in Toronto on 26 May 1993 (1). The purpose of this article is to describe progress to date and briefly summarize findings of operational importance.

As planned, human volunteers were subjected to various degrees of -Gz to +Gz acceleration stress in order to test the hypothesis that preceding 0 Gz or -Gz reduces +Gz tolerance. The experimental method was developed over two months and human subject experimentation was conducted during March-April 1993. Analysis of the accumulated data, encompassing three separate experimental protocols, is currently underway.

The first experiment exposed 12 subjects (6 males, 6 females) to +2.25 Gz for 15 seconds following either +1 Gz, 0 Gz, -1 Gz or -2 Gz for 10 seconds. An objective indication of cardiovascular tolerance to the +2.25 Gz stress for each preceding condition was obtained by measuring beat-to-beat blood pressure (BP) at the level of the clavicle using the Finapres non-invasive finger monitor. Subjective assessment of +Gz tolerance was also obtained using subject reports of peripheral or central vision loss during the +2.25 Gz stress exposure.

Figure 1 summarizes some early findings. In this figure, mean systolic BP for all subjects during the 15 seconds at +1 Gz has been normalized at 0 and is represented by the upper plot. The lower three plots illustrate the differences in systolic BP from the normalized data for each of the other three preceding conditions (0 Gz, -1 Gz, -2 Gz). Viewed hydrostatically, the observed reduction in BP represents reduced +Gz cardiovascular tolerance (2).

As shown in Figure 1, the magnitude and duration of +Gz tolerance reduction is proportional to the magnitude of thl3 preceding -Gz. When -2 Gz preceded +2.25 Gz for example, BP reduction was maximal at 2 seconds is equivalent to about 1.3 G loss of tolerance (2). Subjective assessment of light loss by subjects at +2.25 Gz following -2 Gz confirmed this +Gz reduction: 50% of subjects experienced gray-out at +2.25 Gz.

While 1.3 G reduction in tolerance for several seconds may not seem significant, various individuals demonstrated considerably greater losses of +Gz tolerance. Figure 2 shows the systolic BP of one subject at +2.25 Gz following -1 Gz for 10 seconds. In this case, systolic BP dropped to 12 mmHg at 6 seconds and did not completely recover until the end of the run. The subject also experienced gray-out starting at 8 seconds. When the plot in Figure 2 was compared with this subject's systolic BP during +2.25 preceded by +1 Gz, it was determined that Gz tolerance was reduced by more than 3 Gz.

This research project remains active. Although conclusions and recommendations are not yet finalized, the obvious implications of these preliminary findings to aviation as prompted an early communication of results. A full presentation of final results, including the effect of time variations under -Gz and the role of the strain maneuver is planned for this year's Naval Operational Problems Course. Formal scientific reports will follow.

This research has confirmed that preceding 0 Gz or -Gz reduces +Gz tolerance. Further investigation will determine the extent of this problem as well as measures needed to reduce or eliminate risk to aircrew.

R.D. BANKS, CF  
RESIDENT OF AEROSPACE MEDICINE  
JUNE 1993

**Figure 1.** Change in systolic BP when 0 Gz or -Gz precedes +2.25 Gz compared to +1 Gz preceding. The latter condition is represented by the normalized data at 0. The decreases in BP at each of the three other plots represent reduced Gz tolerance.

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## NAMI TRAINING NEWS

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Student Flight Surgeon Class 93002 graduated on 24 June 1993 and headed out to the fleet. Congratulations to LT Damian DeRienzo, recipient of the Fox Flag; LT Todd House, the Surgeon General's Award recipient; and LT Russell Shilling as the MSC Award winner.

Along with the new Flight Surgeons departure, six Residents in Aerospace Medicine (RAMs) are also heading to new assignments:

CAPT Art Hawley	3rd Marine Aircraft Wing
CDR Jack Mills	USS Washington (CVN-73)
LCDR Jeff Brinker	USS Vinson (CVN-70)
LCDR Jerry Scholl	USS Roosevelt (CVN-71)
LCDR Rick Beane	USS Independence (CV-62)
Major Bob Banks	CF Defence and Civil Institute of Environmental Medicine (DCIEM) -Toronto

We will be shortly welcoming four 2nd year Residents in Aerospace Medicine to NAMI who are completing the 1992-93 Masters in Public Health year, they are:

CAPT Don Sprague	San Diego State
CDR Dean Bailey	Tulane
LCDR Lou Gilleran	Tulane
LCDR Jay Dudley	Harvard

The Flight Surgeon Selection Committee meets 29 November to 3 December 1993 in conjunction with the convening of the Graduate Medical Education Selection Board. Those of you interested in a exciting career in Aerospace Medicine need to apply ASAP. Give me a call for more information and an interview. If prospective applicants interested in Flight Surgery come to your attention, the guidelines for submitting their applications are set forth in BUMED NOTICE 1520 dated 11 May 1993.

The Training Directorate wants to hear from you, particularly, if you have observations that will help us make our training more relevant to what you have to face in the fleet. Please feel free to write or call. Captain Anderson, LCDR Matthews, and I are anxious to hear from you and promise an answer to any letter we receive (DSN 922-2457).

CAPT F.H. JENKINS  
MC, USN  
CODE 32, NAMI

### ASSIGNMENTS FOR NAVAL FLIGHT SURGEON / PHYSIOLOGIST / PSYCHOLOGIST CLASS 93002

#### FLIGHT SURGEONS

LT Michael J. Battaglia	3rd MAW, EI Toro
LCDR Jerry F.X. Cushman	VF-43, NAS Oceana, VA
LT Damian P. DeRienzo	VP-17, NAS Barbers Point, HI
LT Andrew P. Desjardins	MAG-26, MCAS New River, NC

**Figure 2.** Systolic BP in one subject at +2.25 Gz for 15 seconds following -1 Gz for 10 seconds. This subject experienced gray-out at 8 to 11 seconds after onset of the +2.25 Gz.

#### REFERENCES:

1. Banks RD, Ruper AH. Physiological effect of -Gz to +Gz transitions in flight (abstract). 64th Annual Scientific Meeting Program, May 23-27, 1993.
2. Leverett SD, Whinnery JE. (1985) **Biodynamics: sustained acceleration.** In, Fundamentals of Aerospace Medicine, edited by R.L. Dehart, pp 202-249. Philadelphia, Lea and Febiger.

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## MUSEUM REQUEST

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SUSNFS has recently been contacted by two museums requesting assistance acquiring aviation medicine artifacts.

The National Museum of Naval Aviation aboard NAS Pensacola, as well as the Alfred E. Cunningham Memorial Museum of Marine Corps Aviation, have expressed an interest in creating displays dedicated to the practice of aviation medicine. Both museums lack sufficient material to present an aerospace medical display at this time, so they are soliciting artifacts from all practitioners of aviation medicine.

While construction of the Cunningham Museum, to be located adjacent to MCAS Cherry Point, NC, is not scheduled to begin until this fall, the museum director is eager to begin display design now. SUSNFS has volunteered to help collect historical articles to aid both museums.

To help ensure a reasonable distribution, we ask that you send **any items** that you think might be of interest to SUSNFS, noting which museum you desire the material to go to if you have a particular interest. Any item will be of great use.

Please send them to:

SUSNFS

P.O. Box 33008

NAS Pensacola, FL 32508-3008

LT Michael G. Dickinson Naval Air Reserves  
NAS Norfolk, VA

LT Marco Garcia Branch Clinic New Orleans, LA

LCDR Edward R. Gillett Return to Selected Reserves

CDR Elwood W. Hopkins Neurology, NAMI

LT Louis T. House MAG-31, MCAS Beaufort, SC

LT Kevin J. Kempf TRAWING 4, NAS Corpus  
Christi, TX

LCDR Harry C. McDonald Return to Selected Reserves

LT Richard E. Manos 3rd MAW, MCB Camp  
Pendleton, CA

LT Dominic N. Mastruserio NAF Andrews, MD

LCDR Paul V. Rocereto MAG-29, MCAS New River, NC

LT Jeffery A. Ruterbusch VP-16, NAS Jacksonville, FL

LCDR Raymond G. Spaw Physical Exams (Code 26),  
NAMI

LT Bruce T. Thompson MAG-29, MCAS New River, NC

LT Stephen B. Whiteside TRAWING 4, NAS Corpus  
Christi, TX

LT Johnny Won VP-4, NAS Barbers Point, HI

**INTERNATIONAL FLIGHT SURGEONS**

LT Vittorio Zelano Italian Navy

LCDR Frank Krimphove German Navy

**AEROSPACE PHYSIOLOGISTS**

LTJG Rebecca L. Bates APTD, NAS Lemoore, CA

LCDR Mitchell C. Brown Ophthalmology, NAMI

ENS Sean Leland Aviation Physiology (Code 31),  
NAMI

LTJG Jonathan P. Wilcox APTD, NAS Patuxent River, MD

**AEROSPACE EXPERIMENTAL PSYCHOLOGISTS**

LT Russell D. Shilling Naval Training Systems  
Command, Orlando, FL

**RECENT AEROSPACE BILLET CHANGES**

CAPT R.E. Hain Commanding Officer NAMI

CAPT C.I. Dalton BUMED-O23

CAPT F.H. Jenkins Director of Training, NAMI

CAPT Ron Lentz AIRPAC Force Medical Officer

CAPT Jim Fraser AIRLANT Force Medical Officer

CAPT Art Hawley 3rd MAW SMO

CAPT Myron Almond CODE 14, Naval Safety Center

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## 1993 NAVY AEROMEDICAL PROBLEMS COURSE

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The 1993 Aeromedical Problems Course will be held 7 through 10 December at the Conference Center at the Naval Air Station, Pensacola. This week was chosen as the best one available to avoid conflicts with other scheduled courses and events. Hopefully, TAD funding will be available to you if you plan early.

To assist you in planning, we have included a reproducible registration form in this issue which we hope you will use at your earliest opportunity to ensure a slot for you at the meetings and the BOO. We will remind you again in the October issue of the Newsletter, but you are urged to submit your registration as early as possible.

The tentative theme for the 1993 Problems Course is Refugee Medicine; however, we expect to address a broad range of topics of relevance to fleet Flight Surgeons, Aviation Medical Examiners, Aviation Medical Safety Officers, Aerospace Physiologists, Aerospace Experimental Psychologists, Aerospace Medical Technicians, Aerospace Physiology Technicians, and medical researchers who serve the Naval forces. We would appreciate any suggestions you may have and would be delighted to have you volunteer if you have something which may be of interest. ENS Chargois, LCDR Matthews, CAPT Anderson, or myself stand ready to assist you in planning for the course.

CDR L. MORIN  
MC, USN  
COURSE DIRECTOR

## ADDRESS CHANGE

NAME \_\_\_\_\_ RANK \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OPTIONAL:

DUTY STATION \_\_\_\_\_ BILLET \_\_\_\_\_

PHONE (W) \_\_\_\_\_ (H) \_\_\_\_\_

Send to:

Society of U.S. Naval Flight Surgeons  
P.O. Box 33008  
NAS Pensacola, FL 32508-3008

### -- EDITORIAL POLICY--

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

This Newsletter is published quarterly by the Society on the first of January, April, July and October. Material for publication is solicited from the membership and should be typed **double spaced**, reaching the Editor at least one month prior to the scheduled date of publication. Unsigned material will not be considered.

Correspondence should be addressed to:

**CAPT F. H. Jenkins, MC, USN**  
**Editor, SUSNFS Newsletter**  
**P.O. Box 33008**  
**NAS Pensacola, FL 32508-3008**

## 1993 AEROMEDICAL PROBLEMS COURSE REGISTRATION FORM

Name: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_

NAME AS YOU WOULD LIKE IT TO APPEAR ON THE CERTIFICATE

Duty station: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Make checks payable to:  
*Aeromedical Problems Course*

Do you need a BOQ/BEQ reservation?  Yes  No

Course registration fee (mandatory) \$5.00

Coffee & donuts/fruit for the week - Officers \$15  \_\_\_\_\_

Coffee & donuts/fruit for the week - AVT/APTs \$8  \_\_\_\_\_

Tuesday evening Officers' social \$8  \_\_\_\_\_

Tuesday evening AVT/APT dinner \$10  \_\_\_\_\_

Wednesday evening officers' banquet \$25  \_\_\_\_\_

Total enclosed: \_\_\_\_\_

**Mail to:** Problems Course (Code 32), Naval Aerospace Medical Institute  
220 Hovey Rd., NAS Pensacola, FL 32508-1047