Society of U. S. Naval Flight Surgeons

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VOL. XVII, NO. 4 **NEWSLETTER** **OCTOBER 1993**

PRESIDENT'S COLUMN

Since the last Newsletter many significant developments have occurred. Change of Command at the Naval Aerospace and Operational Medical Institute was executed in the highest traditions of the Naval Service on 18 June 1993. Captain Charlie Bercier was relieved of command by Captain Bob Hain. Captain and Mrs. Bercier were traditionally “piped over” as he entered into the realm of retirement as a civilian. He was presented with a Marine Corps officer’s sword as a gift from a “very grateful Corps.” The keynote speaker, RADM Higgins, brought home the multitude of accomplishments credited to Captain Bercier’s tenure as CO. Best of luck to Captain Hain as he undertakes the challenging task of controlling the NAMI helm.

I would like to encourage as many Flight Surgeons, ASMO’s, and A VT’s to plan to attend the annual Aeromedical Problems Course. The dates have been changed this year to 7-10 December 1993 in order to avoid conflicts with other meetings and board examinations for the Residents in Aerospace Medicine. Details of this exciting event will be detailed in this newsletter. This is your opportunity to gain CME credits, to be updated regarding new knowledge and procedures in aviation medicine, and to enjoy the camaraderie of fellow Flight Surgeons, AVT’s, and ASMO’s. Each year the enthusiasm for attendance continues to grow - be a part of the action!

The challenges presented to all of us with the dynamic changes in the world coupled with base closures and force draw-downs have not changed the op-tempo for our aviators, sailors, and Marines. As preventive medicine specialists we need to be ever mindful of the stresses placed on all of us; continue to be actively involved in monitoring flight hours, sleep patterns, dietary and personal habits. Be a vital source of advice to the command regarding preventive medicine issues and aeromedical decisions.

In closing, I would like to wish Captain E.J. Sacks “fair winds and following seas” AGAIN, as he launches the **Ell Capitan** over the horizon for a well-deserved retirement. His retirement ceremony was held at the Naval Aviation Museum on 30 September 1993. This “right of passage,” I’m sure, will not be viewed as a loss to our community but as a continued source of knowledge, advice, sea stories, and anecdotes about his experiences as a Lieutenant Flight Surgeon when John Paul Jones was an ensign! (He has the cruise books to prove it, too.) Dependable and loyal beyond the call of duty, Captain Sacks is truly an institution.

CAPT L. EDWARD ANTOSEK
MC, USN

SECRETARY-TREASURER NOTES

For the past hour I’ve been watching President Clinton try to sell the country on his vision of the future (regarding health care). His crystal ball must have cable, because mine, normally CAVU, is down to 200' and a half (with the ceiling getting lower everyday). The draw down is in full swing and our ranks are being thinned. Commitments have not changed, so the operational demands on our smaller forces are ever increasing. The risks our aviators face in this “era of peace” are as great as ever. Yesterday the Commandant grounded all of Marine Aviation due to the recent rash of mishaps, including one that took the life of LCDR Dale Phillips, MC, USNR.

Normally I would use this column to cajole (some would say harass) each of you to support the Society by paying your dues on time and notifying us of address changes before the post office does. This time I think we need to ask: *What can the Society do for you?*

Before answering, you should have some idea on what is going on behind the scenes at NAMI and within the

leadership of the Society. At our first meeting in Toronto, the new Board of Governors' main issue was finding ways of providing more services to our members. Steps are underway to rewrite the Flight Surgeon's Handbook as well as to support the publication of a series of Aeromedical "canned briefs" that you could use at AOM's or safety standdowns. We are looking at video taping the Aeromedical Problems Course for distribution to those of you unable to attend. Captain Hain's article covers NAMI's recent "Near Death Experience" regarding flight training for student Flight Surgeons. In his column, the Skipper mentioned CNET's zero-based training review. Fortunately, medical training programs were ultimately exempted from this process, meaning that NAMI was spared (this time!) from massive reductions that could have crippled our program. Recognizing that the potential for future attacks still exists, Captain Haln directed the staff to conduct an internal review of how we train Flight Surgeons, and what improvements could be made to produce even better Flight Surgeons in the future (I know it's hard to believe that anyone could be better than you). "So what?" you're asking yourself. "I'm out of NAMI and I'm not going back."

The "so what" is this place is **HOPPING!** An *Ad Hoc Committee* under the direction of Captain Baggett has been formed. Each of the Department Heads is a member and the RAMS are represented by Dean Bailey and myself. Every aspect of F S training, from selection to graduation and beyond, is fair game. The Schools' Command curriculum is under review and each Environmental, Operational, and Clinical lecture is being examined to justify its requirement to you, NAMI's operational representative to the Fleet. Everyone is dusting off their pet peeve, so ideas are moving faster than an Air Wing flyoff at the end of a cruise. Not wanting to keep all the fun to ourselves, we want your ideas too! Does one lecture (or more) stand out more as being particularly good or bad? Is there a subject that you wished you'd known more about before you had to face it in your squadron? Have you discovered a shortcut, an idea, or a problem that needs attention? We know you have. The only way we can respond to your needs, now and in the future, is if you share them with us.

President Clinton has a vision of the future. Do you? Take a few moments to jot you r ideas down and put them in the mail **today!** Send them to SUSNFS, to one of the RAMS, or one of the Staff. Share this Newsletter with your Corpsmen. They work within the same system, and have some pretty good ideas on what's broken and how to fix it. There's no guarantee that your pet peeve will go away, but I can guarantee that if no one knows about it, it won't get fixed. Major improvements are going to happen. Get excited! Get involved! Be a part of the future, by helping us shape it today.

TALLYHO!

LCDR GLENN MERCHANT
MC, USN

AWARDS COMMITTEE

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 anually 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. B,ox 33008
NAS Pensacola, FL 32508-3008

CODE 42 PERSPECTIVE

As NAMI Code 42 (BUMED-236), I work closely with the Specialty Advisor for Aerospace Medicine to the Surgeon Gl3neral, BUMED-23. The specialty advisor has recently changed from CAPT Hain to CAPT Dalton (formerly NAMI Code 03). CAPT Hain was directly responsibl13 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 vvelcome. 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: Captopril150 mg, Enalapril50 mg, and Lisinopril40 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 treatment 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 interpretaltion of the oral GTT.

Contact lens use by Class I aviators. Use of contact lenses in Itactical 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 fluture are SVT, work-up of valvular heart disease, EKG interpretation and disposition of various anomaliesi, and final resolution of BUMEDINST 5300.8A (Rehabilitiation 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 “Pinkslip.” The “Reviewer Request” letter is addressecl 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 informaticln 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-framle as outlined above. Please assist your aviators by returning the information ASAP.

CDR C.J. NICKL.E
MC, USN
CODE 42, NAMI

FROM THE FLEET

FNAEB AEROMEDICAL EVALUATIONS

As a member of the COMNAVAIRLANT 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 psyciatric 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 BOHNKER
MC, USN
AIRLANT FORCE MEDICAL OFFICER

RAM'S CORNER

Does your command or facility currently provide Federal Aviation Administration physicals for selected individuals? If so, recent FAA policy changes will directly effect you. In FAA Order 8520.20 released by the Federal Air Surgeon on 8 May 92, military Flight Surgeons performin!g 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 Examinerdesignation 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 mu~,t 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. **Examinling 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.

TERRY L. PUCKETT
LCDR, MC, USN
RESIDENT, AEROSPACE MEDICINE

THE "PUSH PULL EFFECT"

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 deg rees of -Gz to +Gz acceleration stress in order to test the hypothesis that preceding 0 Gz or -Gz reduces +Gz tolerance. The experi mental 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 equivaleint 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 experiencl3d 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 res,earch 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 +2.2!5 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.

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.

MUSEUM REQUEST

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

NAMI TRAINING NEWS

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 shorly 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, iif you have observations that will help us make our training more relevant to what you have to face in the fleet. Plealse 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, El 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

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

1993 NAVY AEROMEDICAL PROBLEMS COURSE

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 avai lable 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 nneetings 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 rang4~ 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