



The Society of U.S. Naval Flight Surgeons Newsletter

Volume XXII, Number 3

July 1998

President's Column

PRESIDENT'S COLUMN

My discussions with many of you during the Aerospace Medical Association meeting in Seattle clearly indicated that the Society of U.S. Naval Flight Surgeons has numerous opportunities and responsibilities during the coming year. They include but are not limited to:

- Increasing the enrollment and participation of lieutenants and lieutenant commanders in our Society
- Developing a program whereby we recruit top quality residents for our new training program for naval flight surgeons. We must recruit our fledglings from medical students studying at the Uniformed Services University of the Health Sciences (USUHS), civilian medical schools, intern training in military and civilian programs, and military and civilian physicians already board-certified in another specialty.
- Helping to further develop the new program for training our flight surgeons, to include open discussion of the number, type, and location of clinical specialists required to support the training program as well as the opportunity for using distance learning.
- Developing a "fellowship" whereby graduates of the new RAM program, after serving tours as junior flight surgeons in the Fleet, receive the training they will need as senior medical officers in CVs/CVNs and in other leadership positions thereafter.
- Ensuring that the SAMS (SNAP Automated Medical System) and JTMI (Joint Theater Medical Information System) meet the operational require-

ments of Navy and Marine Corps units by incorporating upgrades to both systems that are recommended by medical officers and hospital corpsmen assigned to those units.

- Articulating a definition of "medical readiness" and the list of "mission essential tasks," which must be successfully executed to accomplish the same.

Society members have volunteered to serve as action officers for these initiatives. They will prepare position papers for publication in the next issue of *The Newsletter* in anticipation of receiving further input from you.

I believe our nation is confronted with a "strategic pause," similar to what it experienced between World War I and World War II. The megalithic Soviet Union has col-

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The Society of U.S. Naval Flight Surgeons is a non-profit organization. Its purpose is to advance the science, art, and practice of aerospace medicine and the mission of the U. S. Navy and the U. S. Marine Corps; to foster professional development of its members; and to enhance the practice of aerospace medicine within the Navy and the Marine Corps.

Membership is open to all graduates of the Naval Operational Medicine Institute. Associate memberships are available. Dues are \$15.00 per year, or \$225.00 for a lifetime. Contact the Treasurer at the address above for more information on joining the Society.

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lapsed. The Cold War is over. The future has great promise, but is dominated by multi-polar uncertainty and fraught with danger, as recent developments in the former Yugoslavia, the Arabian Gulf, and the China-India-Pakistan axis attest. Naval flight surgeons have much to do as the leaders in Naval Operational Medicine.

The naval flight surgeons that we produce in the near and distant future must continue to be **the** aeromedical safety experts of naval aviation. They must also be well grounded in traditional preventive and clinical medicine. They must be able to support naval operations during peacetime and through the full spectrum of missions other than war, terrorist attack, and conflict. That is, naval flight surgeons must continue to be what they have been since their inception: the preeminent force underlying medical readiness in the Fleet.

Jerry W. Rose

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News from BUMED

Special thanks and best wishes go to VADM Harold Koenig who retired on 30 June 1998. As Surgeon General, VADM Koenig's vision and enthusiasm for flight surgery has led to a more robust community of career flight surgeons primed to be in the lead in helping to solve the incredibly daunting problems facing naval aviation and navy medicine. The flight surgeon community is justifiably proud of Honorary Flight Surgeon #0001 and is indebted to him for his leadership.

My thanks go, also, to CAPT Dave Hiland and CAPT Wayne Dickey. Dr. Hiland has been relieved of his duties as the Director, Aerospace Medicine, Bureau of Medicine and Surgery (MED-23) and is now serving as the Director of Plans and Operations at the Naval Environmental Health Center (NEHC) in Norfolk, VA. His presence at MED-23 is sorely missed. He is already making a significant, positive impact at NEHC because of his practical, operational focus. CAPT Dickey has

now suited up as XO at NOMI. His aerospace physiology expertise and good nature will be missed here.

Welcome aboard to CAPT (sel) Bob Matthews and CAPT Charlie Barker. CAPT (sel) Matthews has reported as the Aerospace Physiology community leader. CAPT Charlie Barker will soon be detaching from USS ENTERPRISE (CVN 65) where he has been serving as the Senior Medical Officer. He will report to the Bureau of Medicine and Surgery (BUMED) in August as Deputy Director, Aerospace Medicine.

The 69TH Annual Scientific Meeting of the Aerospace Medical Association (AsMA) was as interesting and informative as always. The program sessions were excellent, and the informal discussions produced much lively exchange and fostered many new ideas. During the meeting at the Navy Luncheon, we recognized our type command flight surgeons of the year and the Luehrs Award winner, LT Troy Anderson. Unfortunately, however, there were only a small number of junior flight surgeons attending the meeting. This trend has been noted over the last several years. Factors contributing to this unwelcome trend include: operational tempo, scarce TAD funding, and "competition" for attendance by the Combined Operational Aeromedical Problems (COAP) Course. It is up to the senior people in the community to get the junior folks to at least one of these Aerospace Medicine oriented meetings each year. If the junior flight surgeons do not go to the COAP Course, they should go to the AsMA scientific meeting.

Here is the latest from the Medical Education Policy Council (MEPC). As many of you may know, the MEPC recommends policies on graduate medical education issues to the Surgeon General. The MEPC last met 24-25 June 1998. What follows are the recommendations affecting flight surgery and Aerospace Medicine that are being forwarded to the Surgeon General:

- At the December 1998 GME Selection Board, MED-23 will participate in selecting at least four fourth year medical students who will complete—without interruption—a transitional year followed by a one year program of study culminating in the receipt of a master of public health degree and, finally, a practicum year in Aerospace Medicine. At the end of the three years, participants will be eligible to participate in the Certifying Examination of the American Board of Preventive Medicine leading to certification as a specialist in Aerospace Medicine. In addition, approximately eight physicians who are currently in their first year of post graduate medical education will be selected to start the Residency in Aerospace Medicine at the PGY-2 (MPH) year. Opportunities for selection for straight-through training will increase up to 24 by 2004.
- The MEPC acknowledged that the Bureau of Naval Personnel (PERS-4415) projects that this year the aerospace medicine community will require at least 70 physicians in their first year of post graduate medical education to be selected for training as flight surgeons, 24 physicians to be selected for the Residency in Aerospace Medicine at PGY-2, and 20 specialist volunteers for initial training or additional tours as flight surgeons.
- The initiative to transition to a Medical Corps wherein all physicians are residency trained must be done fairly. The population of first year residents going to operational tours before completing their graduate medical education (GME) must be comparable to those selected for uninterrupted training on the basis of quality and clinical competence. Those going to operational tours first must continue to have a competitive advantage for selection for GME.
- A one week, individually tailored flight surgeon refresher course for specialists is available at NOMI.
- Individually tailored primary care refresher training must be developed for specialists returning to operational tours.
- Individually tailored specialty refresher training must be developed for specialists returning to specialty billets after operational tours.
- There can be no "firewall" dividing specialties into "operational only" and "MTF only."
- The long-term plan for GME must be driven by the desired structure of the Medical Corps fifteen or more years from now. Recruiting efforts must aim to

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“shape the force” by providing a population of applicants for GME with career goals that are compatible with Navy GME training requirements.

Our president, CAPT Jerry Rose, focused on recruiting and mentoring in his remarks at the AsMA Meeting. The future health of naval aviation depends on a vigorous Aerospace Medicine community. Our obligation as leaders is to recruit and train the officers who will guide our community into the future. We must take every opportunity to recruit medical students, first year residents, and physicians in other specialties for either flight surgery or the residency in Aerospace Medicine. More importantly, however, we must take care of our own junior flight surgeons. Every lieutenant and lieutenant commander flight surgeon needs to know that we will do everything we can to get them into the GME program of their choice, that we value their experience and view them as our candidates of choice for the residency in Aerospace Medicine.

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From The Secretary

Our Society is indebted to our out-going Secretary-Treasurer, LCDR Ed Feeks, for his hard work and dedication during his year as Secretary-Treasurer for SUSNFS. He spent many hours, not only in the day-to-day business, but also in physically transporting SUSNFS displays and goods for sale to meetings. His professional dedication will be sorely missed as he leaves to relieve CAPT Charlie Barker as SMO on the *Enterprise*. In fact, it now takes two of us to do the job LCDR Feeks and his predecessors once did. The Society has approved changes to the bylaws creating separate Secretary and Treasurer offices. In other business, the Society approved free one-year subscriptions to the Newsletter for all finalists in the Leuhrs Award in addition to a free luncheon ticket to the annual Society May meeting. The

Society wishes to encourage participation and attendance by our junior flight surgeons. Please do your best to enable their attendance. Telephone, fax and e-mail address are listed below. I am honored to serve where so many distinguished leaders in aerospace medicine served before and work with the fine leaders of our Society today.

At the annual Society meeting, held in Seattle in conjunction with the annual meeting of the Aerospace Medical Society, the membership voted to reduce the Lifetime Membership fee to \$225. Now is your chance to make a lifetime commitment and save in the process! During the coming year the Society will explore methods to increase timely dissemination of information to members via our web page (<http://www.aerospacemed.org>) while minimizing the financial impact on the organization. Expanding the web electronic library, archiving of old issues and indexes of the Society Newsletter and increasing the forum (listserv topics) can make breaking news, current references and historically important information more accessible to the membership. To that end, expect a questionnaire in the next newsletter, soliciting member opinion on a range of topics to help up in this area. We are fortunate to have the talents of LT Paul Antony, a member of the 1999 RAM class, working with the Secretary's guidance, as we expand the usefulness of our web site.

The web page can play an important role also in our efforts at recruiting RAM prospects from medical school, internship, college NROTC programs, the Naval Academy, and yes, even from our active duty line officers. The Navy Recruiting Command offers 25 full medical school scholarships annually to NROTC members, and another 15 annually to Academy graduates. Additional full scholarships are available to Navy line officers to attend medical school. Our program is available to outstanding enlisted via the BOOST program, a prep school for enlisted leading to NROTC scholarships. I don't believe any other specialty is actively pursuing these avenues for their prospects and it is a great opportunity to widen our field of prospects. Each year many of these applicants express an interest in aerospace medicine and the flight surgeon program.

As of 1 July 98, eleven (yes, eleven) new RAMs reported aboard. They represent the first class of the new,

expanded edition of the Residency in Aerospace Medicine and the varied backgrounds from which the Navy will draw in the future. SUSNFS will benefit from the perspectives of a spectrum which ranges from first-time naval service to seasoned, board-certified clinical specialists/operational flight surgeons. Their first impressions and experiences will be useful in honing our system for maximal aeromedical support of Naval Aviation.

At the Society Board of Governors meeting in May a new initiative to better fund our annual outstanding Flight Surgeon monetary awards was discussed. The Society encourages the membership to donate funds for deposit into trust accounts which will generate perpetual funding for current and expanded outstanding Naval Flight Surgeon awards, such as the Ashton Graybiel Award, the Richard E. Luehrs Award, the Sonny Carter Memorial Award, and the Lifetime Achievement in Naval Aerospace Medicine Award in honor of CAPT (Ret.) Robert E. Mitchell. Donations will allow expansion of the program while removing the costs from the operating budget of the Society. They are a great vehicle for honoring those in Naval aerospace medicine who have

touched your life or personified ideals we all wish to further.

We have received our first such donation, honoring CAPT (Ret.) Mitchell, reported in this issue of the Newsletter. Our heritage is rich with individuals, past and present, who can be honored and memorialized in this way. Give it serious thought and help preserve the best in our history for those who follow, while helping motivate and reward our finest young flight surgeons.

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(U.S. Navy Photo)

From the Treasurer

Well, ladies and gentleman, this is my first column as SUSNFS Treasurer. I am happy to serve you and hope that I can do the job that LCDR Ed Feeks did during his time in this position. There is a lot to do, and it is an exciting job.

As one of his last acts as Treasurer, LCDR Feeks arranged to have a display case put in the schoolhouse to display SUSNFS goods permanently to the Student Naval Flight Surgeons. We are hoping the display case will serve as a constant reminder to the students that SUSNFS exists, and encourage membership and sales of goods. One of my first projects will be to put SUSNFS goods in the case and ensure that it is in a highly visible position for the students. As I am sure you expect, we will continue to fund a SUSNFS welcome aboard reception for each Student Naval Flight Surgeon Class as they arrive at NOMI.

The Annual Combined Operational Aeromedical Problems course is planned for February, 1999. I will be working closely with CDR Terry Puckett to ensure that this is a success.

Please let us know if you move or change your e-mail address. We work hard to make sure that the SUSNFS address and e-mail database is up to date in order to send you timely information.

Please check the label on your newsletter to know when your dues expire. As always, dues expire in May. If you are in arrears, please pay up!

Finally, we have T-shirts, polo shirts, running shorts, mugs, necklaces, tie pins, ties, and yes, refrigerator magnets for the asking. Send us your order and we will fire off your goods! For those of you who did not have a chance to order *The Ultimate Flight Surgeon Handbook* C.D., we now have them available. This C.D. ROM is a compilation of as many Aeromedical References that we could find from the triservices and the FAA.

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Clinical Notes from ENT

Claritin® and Allegra® Now Legal..... Thousands Celebrate!

For those of you who attended the ENT update at the Problems Course in Sandestin this year, the meaning of this headline should be clear. In the past, many of your allergic aircrew members were almost certainly sneaking off to civilian physicians for antihistamine treatment because waivers for the use of these medications simply were not allowed in the Navy.

For several years, the Air Force had been granting waivers for the use of Seldane® (Terfenadine) in their non-rated aircrew members. These waivers were rescinded after alarming reports began to appear of cardiac rhythm disturbances involving patients who combined Seldane® with any of several other drugs. Most of these waivers were eventually rewritten to allow for the use of Claritin® (Loratadine), a newer non-sedating antihistamine with none of the cardiac problems associated with Seldane®, but the waivers were still limited to enlisted aircrew members.

The Army was more liberal—even allowing their pilots to use Seldane®. When all the adverse publicity hit, instead of banning the drug, the Army just stopped authorizing its use in new patients. Current users could continue to take Seldane® as long as their flight surgeons were aware of the risks. Claritin® then became the antihistamine of choice.

Meanwhile, the Naval Operational Medicine Institute was still reluctant to approve any antihistamine use. Although there was a large body of literature to support the fact that Claritin® and Allegra® (Fexofenadine) did not cause a decrement in one's ability to perform complex tasks, there was still a nagging question: could these drugs cause side effects in the face of mild hypoxia, such as might occur in an aircraft at altitude? An attempt was made to answer this question by comparing subject performance on the NovaScan™ while taking Claritin®, Benadryl® (Diphenhydramine HCl), and placebo at both sea level and at 10,000 feet in the altitude chamber. An unfortunate glitch in the NovaScan™ software invalidated the results of the study. Not long afterwards,

however, a study from the Netherlands did show that there was no statistically significant difference between subject performance with either Claritin® or placebo at altitude. Now, we were ready to take some firm recommendations to the Aeromedical Advisory Council (AAC).

To the surprise of some, and to the delight of many others, the AAC voted unanimously in early 1998 to authorize the use of both Claritin® and Allegra® in ***all personnel performing duty in a flying status***. (Allegra® is essentially the same drug as Seldane®, being one of its metabolites, but it has none of the cardiac effects of its parent). The new policy was fine-tuned and received approval from the Aeromedical Division at the Bureau of Medicine and Surgery (BUMED) very shortly after the AAC meeting. The official message went out on 13 April 1998 and things have not been the same since.

In case you think taking Claritin® is now the equivalent of taking an occasional Motrin® (Ibuprofen), it is not. Here is what needs to be done to keep everything legitimate.

First, you should be reasonably certain that your patient does, indeed, have either seasonal or perennial allergies. This does not mean that consultation with an allergist is required, just that some indication must exist in the patient's history that his or her symptoms could be due to allergies. If a symptomatic patient has never had treatment or has previously used only over-the-counter medications, it is best to try topical nasal steroid sprays and/or cromolyn first. If the nasal examination is unremarkable and a Waters' view of the sinuses shows no evidence of acute or chronic sinusitis, these patients will not need a waiver according to the allergic rhinitis policy approved in 1997. A subsequent waiver for the use of antihistamines does not change the fact that the patient's original diagnosis of allergic rhinitis was not considered disqualifying (NCD).

Since many patients already carry the diagnosis of allergic rhinitis and may still have a waiver for it, you do not have to get the Waters' view of the sinuses again to add an antihistamine to the treatment. However, a separate antihistamine waiver is required. What documentation will the Physical Qualifications Department (Code 42) look for in any waiver request.

1. Other treatment (usually topical nasal steroids) has failed to adequately control symptoms.
2. The member has no side effects from the medication in the first seven days of use (*The member should be grounded during the trial period*).
3. The medication has alleviated the symptoms.

Fortunately, these requirements are not onerous, especially since this is a one-time requirement. Also, the seven-day grounding period applies only to the first time the medication is used. Subsequent usage does not require grounding—unless the member switches to the other antihistamine; then another seven-day grounding is necessary.

I hope the new policy has a positive impact on the Fleet. At the very least, aircrew members with incomplete symptom relief on nasal steroids now have another route to feeling better. ***This*** should nearly eliminate the temptation for them to skulk off to civilian doctors to get these medications. Most importantly, aircrew members no longer have any reason to buy over-the-counter medications—virtually all of which cause some degree of sedation. Some of you may recall the horrendous flight deck crash of an EA-6B on USS NIMITZ (CVN 68) in 1980. The pilot had extremely high blood levels of a sedating antihistamine. One cannot help thinking that this was a contributing factor in the mishap.

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Code 42 Perspective

We are endeavoring to process requests for waivers expeditiously. We now have only one resident in Aerospace Medicine assigned to the Physical Qualifications Department at the Naval Operational Medicine Institute, but we expect some help by the end of the summer. Please bear with us.

The past few months have seen some interesting changes. You should hear about some of them through official channels soon. The bad news is that some of the most progressive changes will take some time to make their appearance in the Manual of the Medical Department (MANMED). All the new updates to the *Aeromedical Reference and Waiver Guide* are posted on the NOMI web site.

We are planning a change in the evaluation requirements for renal lithiasis. Data now available supports the contention that the majority of cases of renal lithiasis are one-time events. A metabolic evaluation will help identify those individuals who are at increased risk of forming additional stones. With that in mind, there will be changes in the required metabolic evaluation including some additional tests on the 24-hour urine collection. Some of the tests currently required will be eliminated. The good news is that a full metabolic evaluation will not be required every year!

There have also been some changes to the required evaluation for allergic rhinitis. In addition, Claritin® (Loratadine) and Allegra® (Fexofenadine) have been added to the flight surgeon's armamentarium. See the update from our Otorhinolaryngology specialist, CDR Jay Phelan, which appears in this issue. Note that the use of these two new drugs will require a waiver. This is necessary so that we can track usage.

CDR Steve Schallhorn (flight surgeon, aviator, and corneal surgeon) in San Diego started a PRK study group in February 1998. The study is examining the effects of hypoxia, hypobaric exposure, G forces, night vision,

glare, and haze in flight surgeons, physiologists, naval flight officers, and enlisted aircrew members who have undergone PRK. The USAF is assisting in this year-long study. Please note that the study group is full. Furthermore, PRK, RK, and LASIC are still considered disqualifying; personnel who undergo these procedures will be found not physically qualified (NPQ) for duty involving flight operations (DIFOPS). Keep watching the web site or contact us for the latest information.

We are currently making the transition to a new version of MICRO 88. It is still in testing, but will include a new, short form for reporting annual physical examinations. Please, please, please ensure that all reports of physical examination (SF 88) are sent to us in hard copy with a floppy disk attached or sent to us in hard copy and also electronically. This summer, we will begin returning reports of physical examination that are not also sent together with a floppy disk or electronically. Too much time is wasted adding information to the database manually. Finally, we are planning to change from the microfiche system to computer scanning for all the records currently on file.

Within the next few months, the building in which the Physical Qualifications Department is located will be closed for renovation. The Department will set up shop in trailers and the time required for the move will result in a delay in completing some of the initiatives mentioned above.

It's pretty exciting here at NOMI these days. We are facing many changes and challenges, but we will continue to make every effort to answer the mail regularly. Keep those cards and letters coming.

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News From NASA



Congratulations to CDRs Lee Morin, Dave Brown, and Laurel Clark, who have successfully completed their training, and are now no longer astronaut candidates, but fully qualified astronauts. The syllabus lasted nearly twenty-two months, and included:

- water and land survival, which they received as student flight surgeons and did not have to repeat.
- a FAM syllabus in the T-38 back seat for Lee and Laurel that included ten instructional flights, and a full type-qualification for Dave in front seat.
- general training for the international space station program.
- Russian language training.
- initial extravehicular activity (EVA) training in the Neutral Buoyancy Laboratory.
- by far the lengthiest portion, Shuttle systems, including classroom, single system trainers, and multisystem trainers.

As ambitious as the syllabus is, they, like their classmates, also had “real jobs” in various NASA offices, dealing with such issues as payloads and habitability, life sciences, and many others. They also had to meet their flight time requirements in the T-38 on an ongoing basis.

We were also delighted to see Dave Brown’s name on the FY 99 captain’s list. Lee Morin was selected last year. The Society is certainly proud of these three doctors, and wishes them all the best.

Edmond F. Feeks
LCDR MC USN



(NASA photo)

CDR Lee Morin



(NASA photo)

CDR Dave Brown



(NASA photo)

CDR Laurel Clark

Of Microbes and Molecules or What is CBR/E, Anyway?

Nukes are out. Chemical and biological warfare are in. While sounding somewhat reminiscent of a fashion statement, chemical and biological (CB) weapons are anything but “fashionable” and the requirement to train military personnel in CB warfare is rapidly becoming a priority issue. At the recent Navy Environmental Health Center (NEHC) conference held in San Diego, CA, both RADM Engel and RADM Nelson spoke about CB warfare and the critical role training will play in properly dealing with a CB incident – both in terms of incident response and medical management of the CB casualties. Additionally, I am sure that you are all aware of Secretary of Defense Cohen’s comments regarding anthrax and his “visual aid” of a ten pound bag of sugar as he discussed the potential effectiveness of anthrax exposures on the general population. While many of us are aware of the potential use of CB weapons, the common mentality is “it will not happen here” or “it certainly will not happen to me.” Both of these attitudes are incorrect, as attested to by the nerve agent incident in the Tokyo subway. Furthermore, both of the attitudes can lead to a seriously mismanaged situation and, thereby, result in needless loss of life.

One of the primary roles of CB weaponry is as an instrument of terror. Presently, the CB arena is a very large unknown to most of the population. As most of you know, fear of the unknown is a very significant factor in warfare. The panic and mayhem that ensues from a surprise attack can contribute significantly to the damage caused by the attack as the direct effects of the weapon used. Proper management can help reduce levels of panic and, therefore, helps reduce the number of casualties.

While many of you may have received CBR training, it probably did not focus on the medical management of casualties. Additionally, most of you are probably not familiar with the “E” aspect of casualty causation. This represents those casualties resulting from exposure to pesticides, heavy metals, biological materials, and radioactive materials that persist in the environment long after use or disposal. While the specific “agents” may not,

themselves, be warfare agents, their method of action; that is, their biochemistry, may be very similar to or identical to the biochemistry of certain warfare agents. This has led to the development of the environmental (E) portion of our training that is becoming an item of greater concern as more and more chemicals are making their way into the environment and causing exposures.

Both Navy Environmental Preventive Medicine Unit Number Five (NEPMU-5) and NEPMU-2 are establishing chemical, biological, radiological, and environmental (CBR/E) training teams whose focus is to provide training to our fleet medical personnel in the medical management of CBR/E casualties. The teams are still very much in the developmental phase and course dates and quotas are being handled with a great deal of “flexibility” at this time. However, be assured that our primary goal is to provide training in the medical management of CBR/E casualties to our fleet medical personnel. As the CBR/E Training Team Leader at NEPMU-5, I will be happy to answer any questions you might have and to provide you with additional information as it becomes available. The preferred method of communication is e-mail so that I will have a record of your request. If e-mail is unavailable to you, please feel free to call me. My telephone number is (619)556-9810. My FAX number is (619)556-8448.

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RAM's Corner

Arrivals and Departures



(U.S. Navy photo)

Arrivals

The arrival of July has heralded a significant increase in the number of aerospace medicine residents here at NOMI. Under the leadership of our new residency director, CAPT Mike Valdez, the U.S. Navy Residency in Aerospace Medicine has begun its initial expansion phase. CAPT Nick Davenport has arrived as the assistant residency director for this larger class. Our new Chief Resident is CDR David Gillis. The new senior class includes CDR David Gillis, CDR Robert Frick, CDR Frank Chapman, LCDR Paul Rocereto, LCDR David Wilcox (Canadian Navy) and CAPT Tarek Sardana (Canadian Air Force). The new RAMs come from a variety of locales and with varying levels of experience. Reporting from Johns Hopkins are CDR Louis Valbracht, LCDR Jamin McMahon, LT David Gibson, and LT Brian Wells. CDR Frank Chapman is coming from a tour as flight surgeon for the U.S. Naval Test Pilot School at Patuxent River, Maryland. LCDR Edwin Park is reporting from George Washington University. LCDR Bradley Smith is coming from Loma Linda University. LT Paul Antony is from Pensacola and LT Jose Troche is reporting from Tulane. LT Timothy O'Hara comes to us from the University of South Florida and LT Matthew Clark has arrived after completing his academic phase at Harvard. Welcome to our incoming RAMs!



(U.S. Navy photo)

Departures

Congratulations and best wishes for continued success to the most recent graduates from the Navy's residency program in Aerospace Medicine. CAPT Nils Erikson has detached from the Naval Operational Medicine Institute (NOMI) where he served as the Chief Resident. He will be reporting as the Senior Medical Officer (SMO) in USS DWIGHT D. EISENHOWER (CVN 69), relieving CAPT Dwight Fulton. CDR Nicholas Webster detached from the Institute in April 1998 and reported for duty as the SMO in HARRY S. TRUMAN (PCU 75). He relieved CAPT David Yacavone. CAPT Natalie Willenberg was relieved as the SMO in USS ABRAHAM LINCOLN (CVN 72) by CDR Bruce Christen and CAPT Charlie Barker will soon be relieved as the SMO in USS ENTERPRISE (CVN 65) by LCDR Edmond Feeks. CDR Christopher Armstrong who was the SMO in USS JOHN F. KENNEDY (CV 67) prior to entering the residency program, will be detaching from NOMI in late August. He will report to MCAS New River, NC in late September to relieve CDR John Heil as the Director, Naval Branch Medical Clinic and Group Medical Officer, Marine Aircraft Groups 26 and 29.

The Editors

The Ultimate Flight Surgeon Handbook CD-ROM: What a Deal!

The Society currently has available a remarkable compilation of aeromedical reference material on CD ROM. Main Table of Contents Includes:

U.S. Navy CD-Home Page Index

- 1) U.S. Navy Flight Surgeon Manual
- 2) U.S. Navy Flight Surgeon's Pocket Checklist
- 3) U.S. Navy Flight Surgeon's EpOp Complete Text
- 4) 1998 U.S. Navy Flight Surgeon's Waiver Guide
- 5) Manual of the Medical Department-Chapter 15
- 6) NOMI Aviation Psychiatry Textbook
- 7) Lee Morin Crash Analysis Program (which can be installed or run from the CD)
- 8) Mishap Database (Zip file, Not generally supported or required, but a good organizer)
- 9) Naval Aviation Medicine Power Point Presentations:
 - a. History of Naval Aviation (16 slides)
 - b. Decompression Sickness (59 slides)
 - c. The Military Aviation Medical Examiner (FAA Program: 35 slides)
 - d. Shipboard Management of the Acute M.I-ACLS (36 slides)
 - e. Operational Contact Lens Program (90 slides)
 - f. Controlled Flight Into Terrain (16 slides)
 - g. Human Factors Analysis and Classification System (HFACS: 41 slides)
 - h. Human Factors in Naval Aviation Safety Brief (39 slides)
 - i. Human Factors Councils and Human Factors Boards (29 slides)
 - j. Taxonomy of Unsafe Operations, a Human Factors Approach to Accident Investigation (26 slides)
 - k. NACES Ejection Seat (20 slides)
 - l. SJU-56 Ejection Seat (19 slides)
 - m. G-Tolerance Improvement Program (48 slides)
 - n. Vestibular System and Motion Sickness Made Simple (14 slides)
 - o. Visual Problems Associated with Aviation (36 slides)
 - p. What Everyone Should Know About Sleep, Napping and Circadian Dysrhythmia (19 slides)
 - q. Stress and Human Performance (28 slides)
 - r. Operational Risk Management- Indoc Training (23 slides)

U.S. Army CD-Home Page Index

- 1) U.S. Army Medical Management of Chemical Casualties Handbook
- 2) U.S. Army Go Book
 - a. Medical Products for Supporting Military Readiness (Vaccines and Drugs)
- 3) U.S. Army Center for Health Promotion and Preventive Medicine
 - a. Basic Course in Occupational Medicine
- 4) Army Field Manuals (Adobe Acrobat -included)
- 5) Army Regulations (IBM Bookreader- included)
- 6) 1998 CAD Risk Calculator and Tracking Program
- 7) 1998 ARMS Checklist
- 8) AAMA Help Files 101
 - a. AR 40-8
 - b. AR 40-501
 - c. Aeromedical Technical Bulletins (ATB's)
 - d. Aeromedical Policy Letters (APL's)
- 9) FM 1-111 Aviation Brigades
- 10) Powerpoint Training and Support Packages (TSP)
 - a. Altitude Physiology (100 slides)
 - b. Vision (82 slides)
 - c. Night Vision Review (33 slides)
 - d. Noise and Army Aviation (82 slides)
 - e. Noise and Vibration in Army Aviation (90 slides)
 - f. G-forces (44 slides)
 - g. Aviation Toxicology (41 slides)
 - h. Aviation Medicine Orientation (53 slides)
 - i. Stress and Fatigue (51 slides)
 - j. Spatial Disorientation Review (33 slides)
 - k. Aviation Protection Equipment (26 slides)

U.S. Air Force CD-Home Page Index

- 1) 1995 Flight Surgeon's Guide

FAA CD-Home Page Index

- 1) Title 14 Part 67 Summary of Changes
- 2) Full Part 67 Medical Standards and Certification for all classes

The CD can be ordered from the attached order form on page 14 of this issue. The price is \$16.00 for members and \$20 for non-members of the Society.

The Editors

NOMI Class # 98002 Graduates

Congratulations to the Flight Surgeon / Aviation Physiology Class Number 98002 which graduated from NOMI on May 22, 1998.

Name	Command Reporting To
LT Lorimel Arab.....	3 rd MAW UNITS NAS, MIRAMAR, CA
LT Richard Bellers.....	AVGROSSUPELE MARWINGSUPGRU, 29 PALM, CA
LT Jerry Berman.....	NAVWPN TESTRON POINT MUGU, CA
LT Brian Braithwaite.....	MARINE AIR GROUP 13, YUMA, AZ
LT Douglas Bunting.....	2 ND MAR AIR WING FMF LANF, CHERRY PT, NC
LT Ralph Butler.....	2 ND MAR AIR WING FMF LANT, CHERRY PT, NC
LTJG David Buzzetti.....	NAVOPMEDINST DET EAST NORFOLK, VA
LT Christopher Cieurzo.....	VP 8, BRUNSWICK, ME
LT Tony Clinton.....	HC 5, AGANA GUAM
LT JG Richard Folga.....	NAVOPMEDINST DET WEST, SAN DIEGO, CA
LT Pamela Frei.....	MARINE AIR GROUP 13, YUMA, AZ
LT Michael Hallenbeck.....	MARINE AIR GROUP 13, YUMA, AZ
LT Sean Harap.....	COM CVW 1 DET, CECIL FIELD, FL
LT Timothy Hastings.....	HMT 302 NAVY DET, JACKSONVILLE, NC
LT Suezane Holtzclaw.....	MARINE AIR GROUP 39, CAMP PENDLETON, CA
LT Reid Holtzclaw.....	3 RD MAW UNITS NAS, MIRAMAR, CA
ENS Christopher Jabs.....	NAVOPMEDINST ASTC JACKSONVILLE, CECIL FIELD, FL
LT Susan Jay.....	AWAITING ORDERS
LT Kelly Johnson.....	AWAITING ORDERS
LTJG Christopher Jones.....	NAVOPMEDINST ASTC, LEMOORE, CA
LT Kim Denny.....	VAQ 129 SEA DUTY COMP, WHIDBEY ISLAND, WA
LT Henry Kim.....	COM CVW 9, LEMOORE, CA
LT Joseph Martin.....	3 RD MAW UNITS NAS, MIRAMAR, CA
LT William Patton.....	MAG 29 MCAS, NEW RIVER, NC
LT JG Micky Phillips.....	AWAITING ORDERS
LCDR Judith Richmond.....	VFA 125, LEMOORE, CA
LT Mark Schmidheiser.....	CVW 8 DET, OCEANA, VA
LT Alfred Shwayhat.....	3 RD MAW UNITS NAS, MIRAMAR, CA
LT Mary Spolyar.....	MAG 31, BEAUFORT, SC
LT Mark Staudacher.....	NAVSUPPFAC DIEGO GARCIA
LT James Stepenosky.....	MAG 26 MCAS, NEW RIVER, NC
LT Stephen Vargo.....	MAG 26 MCAS, NEW RIVER, NC
LTJG Meredith Yeager.....	AWAITING ORDERS
LT Timothy Ziolkowski.....	COM CVW 1 OCEANA, VIRGINIA BEACH, VA

The Editors



(U.S. Navy photo)

Letters to the Editor

Having just retired after a 42 year affair of the heart, body, and soul with the Navy and Naval Reserve, I wish to initially say best of all things to all my compatriots and friends who have so enlivened this journey. Your unique personalities, wit, humor, joy, and even flailing failures on the way to victory, have been the epitome of camaraderie and memories of friends fast.

In 1982, I rejoined the active duty ranks, coming from the wonderful, but ever demanding world of private practice, to the Naval Aerospace Medical Institute's school of budding flight surgeons. This small class of 17 individuals from different walks of life and countries was an eclectic and electric group that banded together immediately for a marvelous and creative six months of training, fellowship, and successful launching into the Navy's flight surgeon realm. Each one of us has gone on to serve our nation with dedication, honor, and dignity, and has brought a fresh light into the work and lives of those with whom we worked.

The one outstanding quality of the vast majority of the people I've rubbed shoulders with in the Navy has been their sincerity. Patriotism, dedication, concern for humanity, and a true love of life are other traits common to all. What an honor and privilege to have been allowed to work, fly, play, and sweat with all these individuals, and a reminder to all of you to spend each moment of each day in living life to its fullest, by giving as much as possible to those around you. Time flies faster than we do, and the memories left each of us is what remains of our lives, both in our own memory banks, and that of those we have associated with, so go out and build memories as they are the only lasting monuments most of us will ever construct.

To all the fine men and women of naval aviation, aerospace medicine, undersea medicine, and all other disciplines I've been so blessed to serve with, thank you for your presence, vitality, and all that you have taught me. From the POW's I've known and worked with, the pilots, aircrew, shipmates of all skill, rank, and rate, and the many dedicated hospital corpsmen, to my mentors and teachers, thanks for everything.

It's been a grand and wonderful time in this Navy, and

now its on to even more adventures. It all begins again with a 4400 mile bicycle ride (self supporting) from Anacortes, WA to Bar Harbor, ME. Then I plan to return to Hawaii where I'll work part time as a family physician while following up on other opportunities in the international arena. God Bless, and count your blessings daily. Aloha.

Robert D. Knudson
 CAPT MC USN (Retired)
 MKnu0311@aol.com
 47-114 Kaimalilo Place
 Kaneohe, HI 96744

CAPT Robert E. Mitchell Honored

In the first of what is hoped will be many such donations, the Society has received an anonymous \$1,000 for establishment of a trust funding the Lifetime Achievement in Naval Aerospace Medicine Award, given annually in honor of CAPT Robert E. Mitchell, the beloved and enduring symbol of the best in Naval Aerospace Medicine. Received from a grateful flight surgeon who served under CAPT Mitchell early in his Naval career, the donation will help fund the annual cash award presented each year at the Society annual meeting held in conjunction with the Aerospace Medical Association.

CAPT Mitchell, who served in many positions of leadership in aerospace medicine with both Navy and Marine air forces, received designation as Honorary Naval Aviator #21 by the Chief of Naval Operations, the only medical officer so designated. He received the first Lifetime Achievement in Naval Aerospace Medicine Award, established in his honor. CAPT Mitchell is also known for his extensive work with returned prisoners of war and the A Thousand Aviator @ Study. The Captain R.E. Mitchell Prisoner of War Center was dedicated at NOMI earlier this year.

The Editors



The Society of U.S. Naval Flight Surgeons

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 NAS Pensacola, FL 32508-3008

Telephone: (850) 452-4501; FAX (850) 452-2708

Address Change, Subscription/Membership Renewal, Price List, and Order Form (1 July 1998)

#	ITEM	PRICE		SUB-TOTAL
	<i>(Indicate Size and Color Where Appropriate)</i>	<i>Non-Member/Member</i>		
___	T-shirt:SUSNFS "FS - Yesterday and Today" (M, L, XL)	18.00	14.00	_____
___	T-shirt:SUSNFS "Leonardo" (M, L, XL, XXL)	18.00	14.00	_____
___	T-shirt: FS Wings (children's XS, S, M; adult S, M, L, XL)	18.00	14.00	_____
___	Tank Top Shirt: SUSNFS "Leonardo" (M, L, XL)	16.00	13.00	_____
___	Running Shorts: (Blue with Gold SUSNFS Logo) (M, L, XL)	16.00	13.00	_____
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___	Sweat Shirt: FS Wings (M, L, XL)	30.00	26.00	_____
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___	Sweat Pants: NAOMI Logo (S, L, XL)	15.00	15.00	_____
___	Sweat Pants: FS Wings (S, M, L, XL)	24.00	20.00	_____
___	Polo Shirt c/ FS Wings (M, L, XL) (Navy Blue, White)	35.00	28.00	_____
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___	FS Wings Women's Bow Tie	10.00	8.00	_____
___	FS Wings 'Skrunchie'	10.00	8.00	_____
___	Travel Mug c/ SUSNFS Logo	6.00	5.00	_____
___	CD: The Ultimate Flight Surgeon Handbook	20.00	16.00	_____
___	Naval FS Pocket Reference to Mishap Investigation	15.00	10.00	_____
___	Sweetheart FS Wings Necklace, 14K Gold/Diamond Chip	200.00	160.00	_____
___	Petite Sweetheart FS Wings Necklace, 14K Gold/Diamond Chip	150.00	120.00	_____
___	Sweetheart 14K Gold Physiologist/Psychologist Wings Necklace	50.00	40.00	_____
___	Full Size 14K Gold Flight Surgeon Wings	240.00	192.00	_____
___	Mess Dress 14K Gold Flight Surgeon Wings	160.00	128.00	_____
___	Refrigerator Magnet: FS Wings (price includes shipping)	2.00	1.50	_____
	SUBTOTAL			_____

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For all items (do not include refrigerator magnet): \$4.00 for 1st item, \$1.00 each additional item _____

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Correction

The 1 April 1998 issue of the *Newsletter* contains an article entitled "Confessions of a Senior Medical Officer" by Frank E. Dully, Jr., MD, MPH. The article reads, in part, "we logged just over 3000 patient visits, the fleet average at the time." The article should have read "we treated just over 3000 cases of sexually transmitted disease, the fleet average at the time." We regret the error. F.H.J.

Aeromedical Problems Course

Mark your calendars now! The 2nd Annual Combined Operational Aeromedical Problems Course is scheduled for 22-26 February 1999 at the Pensacola Grand Hotel in Pensacola, Florida. Details will be published in the October 1998 issue of *The Society of U.S. Naval Flight Surgeons Newsletter*.

The *Ultimate Flight Surgeon CD-ROM*

IS NOW AVAILABLE

A Tri-Service and FAA Aeromedical Reference

available through SUSNFS

See enclosed order form

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The views expressed are those of the individual authors and are not necessarily those of the Society of U.S. Naval Flight Surgeons, the Department of the Navy, or the Department of Defense.

This Newsletter is published quarterly by the Society on the first of January, April, July and October of each year. Material for publication is solicited from the membership and should be submitted via computer file on floppy disk or e-mail attachment in Rich Text Format or MS Word ©.

Submissions should clearly indicate the author's return address and phone number. All submissions should reach the Editor one month prior to the scheduled date of publication. Correspondence should be sent to:

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