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# CONTACT

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THE JOURNAL OF THE SOCIETY OF UNITED STATES NAVAL FLIGHT SURGEONS



# The Society of United States Naval Flight Surgeons

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The Society of United States Naval Flight Surgeons is a nonprofit organization founded in 1976 by Capt. Frank H. Austin, Jr. Its purpose is to advance the science, art, and practice of aerospace medicine and the mission of the United States Navy and United States Marine Corps; to foster professional development of its members; to enhance the practice of aerospace medicine within the Navy and the Marine Corps; to strengthen professional and fraternal ties; and to optimize the solidarity and professional standing of Naval Flight Surgeons and other aerospace medicine professionals.

**Contact** has historically been published quarterly by the Society in January, April, July and October. Its original intent was information flow from the Naval Aerospace Medical Institute to Flight Surgeons in the fleet. It has evolved into a publication featuring articles on Aerospace Medicine, Aerospace Safety, and news from around the fleet, including personal updates on members. The views expressed within this Journal are those of the individual authors and are not necessarily those of the Society of United States Naval Flight Surgeons, the Department of the Navy, the Defense Health Agency, the Department of Defense, nor the United States Government.

**Article and photo submissions** to the Journal are gladly accepted from any member or non-member at any time of the year. Expect six weeks lead time for consideration for inclusion in the next issue. Articles should be related to Aerospace Medicine, including clinical vignettes (case reports), research, or quality improvement projects. Please be aware that if submitted research involves human or animal subjects, we require documentation of IRB or IACUC approval. Other personal anecdotes, news, promotions, retirements, marriages, births and obituaries will also be considered. All text submissions should be sent via e-mail attachment to the Chief Editor. Digital photographs should be submitted in jpeg high resolution format. It is imperative that submissions clearly indicate the author's full name, rank, corps, current title and duty assignment, e-mail, return mailing address and telephone number. Correspondence, photos, and all article submissions should be sent to the Chief Editor.

**Membership** in the Society is open to all Aeromedical Officer (AMO) graduates of the Naval Aerospace Medical Institute. Dues are \$25 per year, or \$375 for a lifetime.

### **ABOUT THE COVER PHOTO:**

Artist Eric Vorm is a medical service corps officer and aerospace experimental psychologist. His PhD is in human-computer interaction from Indiana University. He served with the U.S. Marine Corps during Operation Iraqi Freedom.

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# NEWS FROM THE FRONT

## From the Editor

CAPTAIN WILLIAM MANN, MD, MPH

Hello, US Naval Flight Surgeons!

It has been over five years since the Society of United States Naval Flight Surgeons has published an issue of our journal. It is fitting that we resurrect *Contact* on the centennial of both carrier aviation and Naval flight surgery.

For this issue, we have provided a reprint of the original December 8, 1977 SUSNFS Newsletter (page 19) which later became known as *Contact*, a historical snapshot of both Naval flight and Naval flight surgery, as well a few original articles and photos from the fleet.

Pictured on the right are the Society's logo (top), the original 1922 naval flight surgeon wings (middle) and our centennial patch which incorporates past and present wings (bottom) for sale at our online store.

Going forward we want input from a wide range of Naval flight surgeons. All of us have had interesting and unusual experiences while we served on active duty in the fleet. The stories range from funny to tragic, from medical happenings of scientific interest to non-medical events, from aviation occurrences to just daily life incidents. Your stories would be of interest to other flight surgeons and we request that you send them to us for publication in *Contact*.

Doc "U-da" Mann



# NEWS FROM THE FRONT

## From the President

COMMANDER ALLEN HOFFMAN, MD, MPH

Membership of the Society of United States Naval Flight Surgeons,

My fellow flight docs, it is a privilege and honor to be writing the President's letter for this special Centennial Naval Flight Surgeons edition of *Contact*. Our society has existed only 46 years, but our fraternity of Naval Flight Surgeons started 100 years ago on the 29th of April 1922. Five Navy Medical Corps officers graduated that day from the School for Flight Surgeons and today 6,779 have since graduated and been designated as Naval Flight Surgeons. The requirement for a Naval Flight Surgeon as a physician who not only practices the art of medicine, but also the art of flying, was established on the 30th of December 1922. Rear Admiral Moffett wrote in a letter that day, "This Bureau [of Aviation] is convinced that the only way a medical officer can acquire the feeling of ease and comfort in the air, and the desired knowledge of the art of flying, is by undergoing the course of flight training."

This year your society has celebrated this momentous centennial starting at the United States Naval Aeromedical Conference (USNAC) and ending with this special edition of *Contact*. At USNAC, we sponsored a lecture on the history of Naval Flight Surgeons by CAPT Walter W. Dalitsch III. In May, we celebrated at the Aerospace Medical Association's annual scientific meeting by unveiling our official centennial patch design and offering merchandise specifically produced for the SUSNFS



membership and all those who celebrate with us. In September, your society was invited and participated in our first ever HOOK!

The Tailhook Association graciously invited us and were so impressed with our involvement that they have invited us back indefinitely and asked us to expand our contributions to include aeromedical consultation

services for both active duty and civilian aviators. At HOOK'22, we also unveiled and displayed the 100 Years of U.S. Naval Flight Surgeons timeline. This 82-inch-long graphic was compiled and produced in collaboration with the Bureau of Medicine and Surgery historian, Andre Sobocinski. It highlights many of the contributions and firsts of Naval Flight Surgeons and a copy was donated to the Naval Aviation Museum in Pensacola, FL, to be on display and a part of their permanent collection. In December, we provided a limited edition three-inch coin as a keepsake for SUSNFS members and those who share our spirit of fraternity. Finally, we have published this special edition of *Contact* and hope the contents will be treasured memories for years to come.

It may not seem like 100 years have passed since the first set of U.S. Navy Flight Surgeon wings of gold were placed onto the uniform of a Navy physician, but when you look at the timeline of Naval Flight Surgeons (pages 30-38), you start to

# NEWS FROM THE FRONT

realize all the momentous contributions and dedicated service our few have laid at the altar, in service of our great country. Some, like CDR Eric Liljencrantz, gave their all, and many have dedicated entire careers to keeping Naval Aviators up and flying. At HOOK'21, I was vividly reminded of the impact we make as lieutenant Flight Surgeons when Admiral Paparo first saw me, left a group conversation, and came over to talk. I had not seen him since our BADMAN days in CAG FIVE deploying on the USS KITTYHAWK (CV 63) some 15 years prior. The chance we have to influence an aviator's health and potentially their career is second to none. The chance we have to affect a culture of aviation safety is second to none. The chance we have to make a lifelong impact is second to none. You never know; that aviator sitting on your exam table may become the Chief of Naval Operations some day. In the next 100 years, may we continue to remember we wear wings of gold not to show that we have the ability to gear up and fly, but to let Naval aircrews know we are their advocate and will tirelessly work to keep them flying.

Your society salutes all of you and each of your unique and individual contributions to Naval Flight Surgery over the years. From talking with many of you, I know you take great pride in putting on a flight suit each day or placing a Naval Flight Surgeon wings pin on the lapel of your suit jacket when giving a lecture. You should be proud, and proud of those who have gone before you. Don't forget to take the extra time to mentor those who are just starting out at their first duty station, in their first squadron, or with their first aviation medicine patient. Those extra moments will

pay untold dividends not only in their life, but in the countless lives of the aircrew they will serve over a career. I would ask each society member as 2022 draws to a close to take a moment, find your wings, your first squadron patch, or your Naval Flight Surgeon Designation letter, and think how you have contributed to the fraternity of Naval Flight Surgeons over the past 100 years. This is our collective history, and may we start the next 100 years by the light of the past, while we navigate the future of aerospace medicine in the Navy and Marine Corps.

Cheers to our Centennial and FLY NAVY!  
Roy Allen "Cocktor" Hoffman  
SUSNFS President  
Naval Flight Surgeon #5445



On the flight deck of the CHARLES DE GAULLE (R91) off the coast of Libya

# NEWS FROM THE FRONT

## From the Specialty Leader

CAPTAIN ROBERT J. KRAUSE,, MD, MPH

### Out with the Old and In with the New!

I hope everyone had a great holiday season and after a quick break that everyone is ready to hit the New Year running in 2023. After almost 4 years as Specialty Leader for Aerospace Medicine and Flight Surgery I recently turned over to CDR Matthew Doubrava following a successful Graduate Medical Education (GME) Selection Board. CDR Doubrava will surely lead us in the right direction over the next 3 years but he needs all our help to maintain the strength of the community.



pile on top of that, Navy GME began to transition to a more streamlined “straight-through” training. This has resulted in some trepidation within the Flight Surgeon community as well as those in the UMO community. There are also external factors to include the economy, civilian opportunities, and family considerations that are going on as well, so we have all been extremely busy as

well as your senior leaders to sort it all out in order to maintain a flexible and resilient medical force.

There have been many changes within the Military Health System and Navy Medicine over the past 3 years and as a community that is heavily invested in operational medicine, we see how that directly impacts the fleet operators, both the good and the bad. During this time, most of us have transitioned to GENESIS, DHA has implemented a flurry of changes, divestitures hit us hard at the same time as the DHA transition, and then we rolled into COVID. At the same time, we have continued to deploy worldwide and support both the Navy and Marine Corps at the deck plate level caring for our personnel. We also began a medical transition that is fleet orientated to combat future medical problems in the Pacific and worldwide. To

All of that may sound pretty rough, but there is a light at the end of the tunnel. We sustained through COVID, GENESIS will finish roll out in the next few months, and it looks like the divestitures will be pushed further back and hopefully rescinded. What does this all mean? It means more training spots will be back for specialists and adding back billets that Navy Medicine was actively planning to cut. This is a good thing! The divestitures have been generally misunderstood and many though, including myself. DHA was supposed to bail us out with hiring providers and ancillary staff. But when the divestitures did not go through, DHA never got money or authorization to hire replacements for

# NEWS FROM THE FRONT

those billets that were planned in advance to be phased out. DHA's budget is flat and the Navy spent the money they thought they were getting with the divestitures to build up the Fleet, resulting in Navy Medicine being caught in the middle. This is a vast oversimplification of that problem, but I wanted to convey that all of the concerns in the MTFs are not the direct result of the DHA and things will hopefully begin to improve.

So how do we move forward and what is the outlook for the future of our community? The most essential part is to provide the highest quality of care to your Sailors and professionalism to your leaders in the Fleet. Everything in medicine has changed, so we need to change with it and that may mean how you spend your time and effectively use it to manage YOUR patients as well as continue to fly and provide safety oversight and council to your COs. Work through your Senior Regional Flight Surgeons and BSO-18 flight surgeons and recommend changes, but also understand that the "system" has its own constraints. With more residency trained physicians moving back into flight surgeon roles, there will be new ideas and more experience. This changes the clinical depth and strength of the community and as we move forward. A new balance will be achieved between "GMO Flight Surgeons" and Flight Surgeons with prior residency training. It has yet to be seen how to utilize resources with this new balance. In regards to the "GMO Flight Surgeon", it is not going away and ultimately I think we will always have GMOs. We also will not have 100% straight-through training in every community, at least not anytime soon. Smaller specialties like Neurosurgery will be

straight through as well as many surgical specialties. Most of the other specialties will allow the ability to return to training, but it will be competitive.

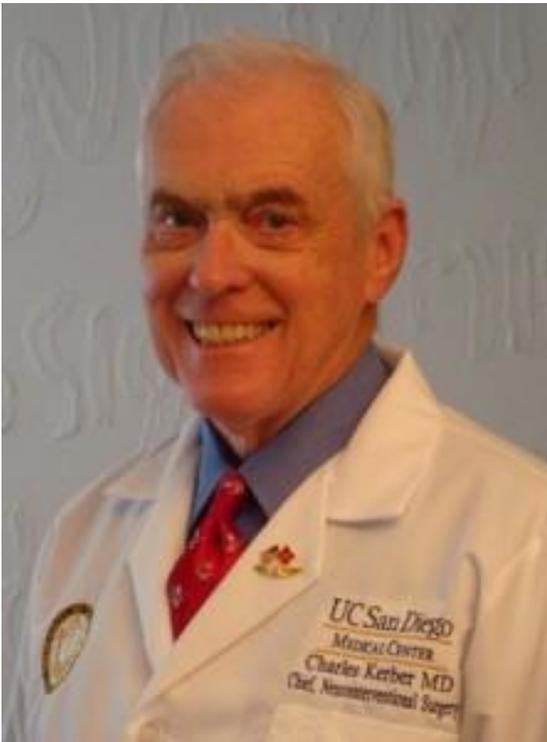
If you feel frozen out, there are options like RADS to NADDS as well as separating from service and then coming back on active duty, if that is your passion. Requests were also made this year for more Medical Corps Officers, but it didn't make the cut. BUMED leadership thinks we have a good standing for the next several years to gain more positions which brings with it the ability to have more training spots in GME. The demand for flight surgeons is not going anywhere so the community is strong as well as the need for Aerospace Medicine Specialists (AMS). The Residency in Aerospace Medicine (RAM), led by CAPT Jonathan Elliot, is also the strongest it has been in the past 10 years and there is a demand for AMS as the next space race continues to heat up in the commercial sector. Leaders in Navy Medicine are heavily comprised of prior Flight Surgeons and Aerospace Medicine Specialists and we continue to promote to O5 and O6 at an extremely high rate. This shows our value, and that demand continues to be there for our community. The future looks bright, but it will take all hands to get there as we move through the next several years. I appreciate all the hard work everyone has done with me as Specialty Leader and thank you for allowing me to lead the community. I look forward to working with many of you in the future as I transition to my next set of orders in the summer of 2023.

Cheers!! -Biff



# FLIGHT SURGEON IN THE SPOTLIGHT

Charles William Kerber, MD



factors that were the cause of most aircraft accidents. Yes, we know that all of those solved problems were team efforts, but nonetheless, I have seen flight docs in the forefront of the problem solving process during my 60+ years of practice. We may not have been the highest profile part of the team, but we certainly did consistently and effectively bring humanism to the engineers' cold approach.

Today, in our job, not only do we keep pilots in the air, we get to take care of their families, meet some really interesting people, and see large parts of the world. What a life.

I joined the Navy to see that world. Orders put me on the old Essex, CVS 9, trying to figure out how to neutralize the Russian submarine threat. It was the height of the Cold War, and real general quarters happened frequently. I admit that, despite the freezing water, the remarkable effectiveness of the Russian submarines, and, above all, the lack of liberty ports in the Arctic, that cruise was exciting.

Then came some of the best times. NAMI in Pensacola in the 60s? It didn't get any better than that. Good teachers, a good DI, a good Marine pilot instructor, then finally, a solo in December 1963. It was then off to Cherry Point, to join VMA 533.



Our diamond anniversary? Imagine that.

A hundred years of figuring stuff out, helping others, keeping pilots in the air, increasing flight safety . . . I could go on with the AvMed community's – our community's – accomplishments.

First, in the 20s, we solved the hypoxia problems of high-altitude flight. Then, in the 30s, studied the physiology of high G, and did something about the problem. Next, though it's difficult to be certain of the exact history, I think we also get major credit for helping make cockpits crash worthy (main research at Texas A&M). Then came cockpit design, placement of dials and gauges and switches that work the way the human mind perceives information. Then we began to work out the human

Cherry Point was great duty, but unfortunately one day a pilot buddy in the front seat of a TV-2 made a series of errors on takeoff, lost the airplane, and I ejected. Good seat (yes, really, really painful) but came down in the fireball. Thankfully, no fractures, so I was able to get away from the fire. My friend did not. Then I got to spend the next many months in Bethesda. By the way, it is a really bad idea for a doctor to be a patient.

We did not have intensive care or burn units back then, so all of the really sick guys in the entire Navy were brought to Bethesda and placed on a thirty-bed ward staffed with a few extra nurses and corpsmen. They called it the E Ward. You may wonder why. I had lots of operations, lots of skin grafts, reconstruction – all that proving to me that Navy surgery was simply outstanding. Bill Trier, my surgeon, never gave up.

We patients in that ward, despite one of us dying on regular occasions, provided the most intense support to each other, gathering at the sickest guy's bed every evening. As compassionate as we were, we were not politically correct. An F-8 driver who had his eye shot out was Popeye. Another guy caught under a moving vehicle was Scrape. From there the call signs got unprintable. How insensitive we were. Can you imagine that behavior today?

During the fourth month, two important happenings: first, I realized I had become addicted to morphine. A certain morning, the nurse came around with a smile and a syringe in hand. "No thanks. I don't like what this is doing to my head." And that was it. Those who tell you that withdrawal

is exquisitely awful are lying. I felt really bad for three days, then nothing. The second was that I got to be ambulatory again. The first day, just standing caused interesting physiologic changes, and I lay down quickly. Okay, fell down. But kept at it, and by the end of the week could walk to the end of the hallway. From that point on, it was all reconstruction, now going better because I was back in positive nitrogen balance.

The next milestone, during my twentieth month of hospitalization, was to appear before a board, and, after some discussion, I was politely thanked for my service, my chart stamped Maximum Hospital Benefit Achieved. Truth is, walking out of that room was both wonderful and scary at the same time.

Interesting story, but not the point of this note. The point is about the future. Our future as flight surgeons, and your future as an individual.

What's next for our profession during our second hundred years? Though I have been remarkably unsuccessful at predicting my future – or any future for that matter – every indication is that our culture will continue to be strong – and our future bright. When I see what the gals and guys can do today, then compare that to my time on active duty, I am simply in awe. Why should that trend not continue?

On the other hand, for you personally, a certain change is inevitable. Whether it's after next year or twenty-four years, you will leave the Navy. And that leaving is a huge life change. You will leave a disciplined, rule-based but complex society, and enter a world of disorder. Here's the critical piece of info: In leaving active duty, no matter the

amount of time you have spent on active duty, you will be at the very apex of your medical career. Now what?

The good news: you can continue your aviation activities as much as you wish. The bad news, getting out entails facing a great unknown. The biggest question I am asked at happy hours and conventions is will I be able to compete? An important question, isn't it?

My post Navy story may shed some light for you, but first. . .

Write down the four or five most important things you wish to accomplish the rest of your career. Say lots of money, a powerful position, a good family life, an interesting job, a good climate, and so on. Don't bother with the category improve the world, because you have already checked that box by going into medicine. Having written your goals down, pick your top three.

Now back to my story. Medically boarded out at age 29, I was really not sure what to do, but had a pretty good idea which of those categories I wanted. Long story short, I was able to become a Professor of Radiology and Neurosurgery at the University of Oregon Health Science Center, the University of Pittsburgh, and finally, since 1980, at the University of California San Diego. And I have continued to fly.

It may help you to look back over my career and analyze the factors that helped. First, hard work. Lots of it. But, face it, all of us work hard, or we wouldn't have gotten where we are. Then there is luck. Again, we all have luck, mostly good but sometimes bad. Most important for my success beyond those factors was the influence of my DI, a few kindly fellow officers, and, above all, my Marine flight instructor – Mike Paydo, the man who, in the cold skies of western

Florida pounded the principles of the NATOPS manual into my temporal lobe, even on those flights when he was sure I was brain-dead.

Those NATOPS principles made the difference for me. For example, at this point in my career I have done more than twenty thousand cases. I began each one, as our manual directs, by making a plan, then a backup plan, communicated the plan to the staff, used my checklists, then afterwards, quietly debriefed myself.

You too have learned those habit patterns, which is what makes you so formidable when you leave active duty. And that brings me to my final good news: There is not one in a hundred physicians who will be able to compete with you. That is because of your skills, your self-discipline, and the powerful habit patterns you learned in aviation medicine.

Happy diamond anniversary to us all. Won't our future be interesting?

Regards, Chuck



## Biography



Charles William Kerber was born in the hills and hollows of the Appalachian Mountains of Western Pennsylvania in 1936. Chuck graduated from the University of Pittsburgh with honors in chemistry and then completed medical school there in 1962. While in medical school, he joined the Navy. Following a surgical internship at the University of Pittsburgh Health Center Hospitals, he made one cruise in the North Atlantic as a GMO on the USS ESSEX (CVS 9). He then completed Flight Surgeon training at the Naval Aerospace Medical Institute on NAS Pensacola in 1964. His first squadron was with the Marines of VMA-533 who flew the Douglas A-4C Skyhawk. Following a flight mishap and low-level ejection from a TV-2 (two seat version of the P-80 Shooting Star), he left Naval service and completed a residency in Diagnostic Radiology at the University of Pittsburgh Health Center Hospitals in 1968, and a NIH Fellowship in Diagnostic Neuroradiology at the University of California San Francisco University Hospitals in 1971. He holds a specialty certification in Diagnostic Radiology and subspecialty certification in Neurointerventional Surgery and is currently licensed in the state of California. Highlights from Chuck's academic appointments and clinical positions include Professor at University of Pittsburgh School of Medicine and University of Oregon Health Science Center, Director of Neuroradiology at Presbyterian/University Hospital in Pittsburgh, and presently as an Emeritus Professor, Neurosurgery and Radiology, University of California San Diego. North Island and Miramar Flight Surgeons will want to attend those lectures.

Dr. Kerber has been at the forefront of Diagnostic Neuroradiology as a physician, businessman, and inventor. Starting in 1975, he has been the founder or co-founder of Pittsburgh Medical Research Inc.,

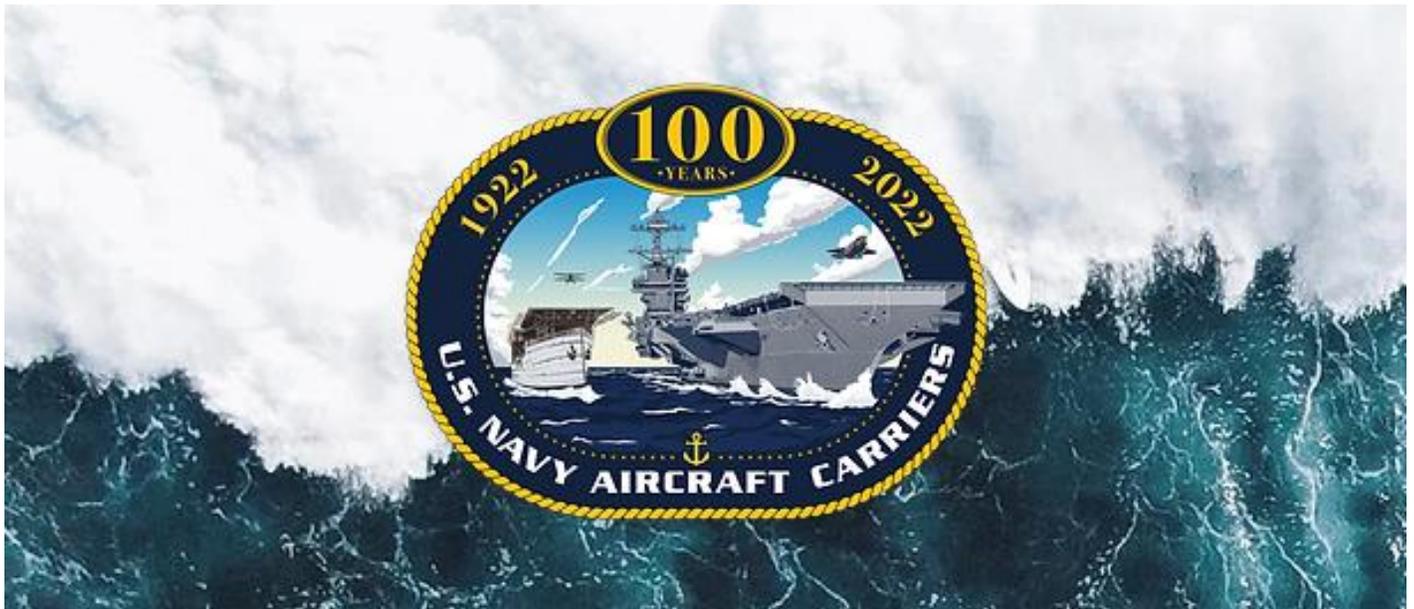
Biodyne Inc., PROHOLD Medical Technologies Inc., and then Provasis Medical Technologies Inc. which was sold to Boston Scientific Corporation in 2003. He founded of his current company in 2004, VALOR Medical LLC, where they design and develop a cyanoacrylate endovascular treatment device as a platform technology to treat cerebral berry aneurysm and arteriovenous malformations. He holds five patents: four in the U.S. and one in Australia. He has published 133 medical journal articles and authored 16 medical books and chapters.

Chuck is an author outside of medicine as well and you can find his 2016 book "An American Boyhood, growing up in another time and another place" on Amazon books under his name as author. He is working on his second book, so look for it later in 2023! His other non-medical publications include 13 works ranging from a 1966 article in American Rifleman to the recent "Women in Combat" found in the Marine Corps Gazette so go check it out.

If you ask him what publication he is the proudest of, he will tell you the one about the first human intracranial catheterization. He made the catheter in his basement, then treated a comatose patient with a brain AVM. He is also fond of his second invention which was the actual cyanoacrylate embolic material that is still used today (truFil). His third invention was the Polyvinyl Alcohol (PVA) foam particles used unchanged today to do all kinds of embolizations, the most recent prostate artery embolization. This last invention of PVA foam was sold to COOK Inc., and this has allowed Chuck to continue to pursue his love of flying in his very own L-39C Albatros. A Czechoslovakian high-performance jet trainer that he describes as the most wonderful plane he has ever flown and holds a type rating in it. Only in America!

# 1922-2022: 100 YEARS OF CARRIER AVIATION

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The beginning of aviation medicine began with the to the discovery of gas laws when man had our first flights using lighter than air gases. Over the next few hundred years, it has advanced to what we know as the practice of preventive medicine to keep our aviation community safe as they travel into the atmosphere. A summary of their history is below:

- 1783: French science teacher Jean-François Pilâtre de Rozier (1754–1785) and the Marquis d'Arlandes make the first manned free balloon flight.
- 1785: Boston military surgeon and scientist John Jeffries (1744–1819) is the first physician aloft when he crosses the English Channel in a balloon flight with French inventor Jean-Pierre Blanchard (1753–1809).
- 1785: Pilâtre de Rozier (1754–1785) and Pierre Romain are first aviation human fatalities when their balloon plummets from 1500 ft near Wimereux in the Pas-de-Calais.
- 1875: French scientists Gaston Tissandier, Joseph Croce-Spinelli and Théodore Sivel reach an altitude of 28,000 ft in their balloon using oxygen in sheepskin bags provided by physiologist Paul Bert (1833–1886). Running out of oxygen, Croce-Spinelli and Sivel become first aviation fatalities due to hypoxia, while Tissandier provides the mishap report.
- 1878: Paul Bert (1833–1886), the “Father of Aviation Physiology,” publishes *La Pression barometrique*, the first extensive studies on hypoxia using the altitude chamber.
- 1908: U.S. Army purchases its first dirigible.
- Sept. 1908: Navy Lieut. George C. Sweet (1877–1953) serves as the official Navy observer for the Wrights’ demonstration of flight for the U.S. Army.
- Sept. 1908: Lieutenant Frank Lahm becomes the first U.S. Army officer to fly in an airplane.
- 17 Sept. 1908: 1Lt Thomas E. Selfridge dies in an airplane crash.
- 3 Nov. 1909: Lieut. George C. Sweet (1877–1953) is the first Naval officer to fly a heavier-than-air aircraft.
- 1910: U.S. Navy Capt. Washington Irving Chambers (1856–1934) meets with aviation pioneer Glenn Curtiss (1890–1958) to discuss possibility of aircraft aboard Navy ships.
- 14 Nov. 1910: Eugene Ely (1886–1911) flies a four-cylinder Curtiss biplane off the flat, wooden decks of the USS Birmingham.
- 1911: Lt. Benjamin D. Foulois, the pilot commanding the small aviation detachment in San Antonio, TX, draws up aeromedical regulations for the U.S. Army.

# NAVAL FLIGHT SURGEON'S HISTORY

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- Feb. 1912: The U.S. War Department prepares a medical exam to evaluate military pilot candidates.
- 8 Oct. 1912: The U.S. Navy Bureau of Medicine and Surgery issues first physical standards for Naval Aviation candidates.
- Jan. 1913: U.S. Naval Aviators conduct winter demonstration maneuvers and rides in Cuba.
- 1914: Dr. Adna G. Wilde (1885–1977) serves as surgeon for the Signal Corps Aviation School at North Island, CA.
- 1916: The Surgeon General of the U.S. Army approves 1Lt (Dr.) William R. Ream to participate in flying duties.
- 1916: While serving as surgeon to the 3rd Aero Squadron, 1Lt (Dr.) Ralph P. Greene receives orders to “perform observations of human beings while participating in flight,” becoming the first U.S. medical officer ordered to flying duty. Dr. Greene later serves as the 2nd president of the Aerospace Medical Association.
- 1917: U.S. Army Lt. Col. Theodore C. Lyster (1875–1933) serves as first Chief Surgeon of the Army Signal Corps as America enters the First World War. That December he observed medical support of aviation units at the front lines.
- 19 Jan. 1918: The U.S. Army Air Service establishes its “Medical Research Laboratory and School for Flight Surgeons” at Hazelhurst Field, Long Island, NY.
- 11 Mar. 1918: The term “flight surgeon” is officially adopted by the U.S. Army Air Service Medical Research Laboratory.
- 24 Aug. 1918: Major (Dr.) William R. Ream is killed when his aircraft stalls on landing in Illinois.
- May 1918 or May 1919: The U.S. Army graduates its first class of flight surgeons (sources disagree on the exact date).
- 1918: Army Flight Surgeon Col. Isaac H. Jones (1881–1956) publishes his book *Equilibrium and Vertigo* that explores this aspect of flight physiology.
- 19 Mar. 1921: The Medical Research Laboratory is damaged by a significant fire and reconstituted the following year as the “School of Aviation Medicine.”
- 29 April 1922: Five U.S. Navy lieutenants graduate from the School of Aviation Medicine as flight surgeons [click on the photo to the right for a larger view]. Lt. Bertram Groesbeck, Jr. (1894–1968), is first U.S. Naval medical officer to receive wings as a Naval Aviator.
- 1923: Navy Flight Surgeon Lt. Victor S. Armstrong is assigned as first Chief of Aviation Medicine Division for the U.S. Navy.
- 18 May 1925: The Air Corps Physiologic Research Laboratory at Wright Field, Dayton, OH, investigates hypobaric states, hypoxia, and the effects of centrifugal force on pilots.
- 1926: The U.S. Army’s School of Aviation Medicine moves from Long Island to Brooks Field, TX.
- 1926: Dr. Louis H. Bauer, head of U.S. Army School of Aviation Medicine, publishes a textbook entitled *Aviation Medicine*.
- 1927 to 1936: U.S. Navy Flight Surgeons are trained at the Navy Medical School at Bethesda, MD.
- 1927–1934: Dr. William Ocker (1880–1942) develops an instrument flying course for the U.S. Army Air Corps. In 1930 he publishes an article on “blind flying” (Instrument flight) in the *Journal of Aviation Medicine*.
- 7–8 Oct 1929: The Aero Medical Association holds its first meeting in Detroit, MI.
- 1929: The Division of Aviation Medicine is established at the U.S. Navy Bureau of Medicine and Surgery.
- 1929: Lt. Frederick Ceres is the first U.S. Navy medical officer to make a parachute jump.
- Mar. 1930: The first issue of *The Journal of Aviation Medicine* is published by the Aero Medical Association.
- 1931: The U.S. Army School of Aviation Medicine moves to Randolph AFB, TX.
- 1932: U.S. Army aviators Maj. William C. Ocker (1880–1942) and First Lt. Carl J. Crane (1900–1982) publish their textbook *Blind Flying on instrument flight*. Their research is assisted by Army Flight Surgeons Col. Isaac H. Jones (1881–1956) and Capt. David A. Myers (1876–1957).
- 1936: The first day of the annual meeting of the Aero Medical Association is held aboard USS *Lexington* in Texas.
- 1937: U.S. Army Flight Surgeon Col. (Ret.) Isaac H. Jones publishes *Flying Vistas: The Human Being as seen through the Eyes of the Flight Surgeon*.
- 1937: The first real oxygen mask is invented by U.S. Naval medical personnel. It consists of a painter’s mask, tube, and an oxygen-filled cylinder. Prior to this, aviators drew oxygen into their mouths via a straw.
- 1939: Dr. Harry Armstrong publishes his textbook *Principles and Practice of Aviation Medicine*.
- Nov. 1939: The U.S. Navy establishes its own School of Aviation Medicine at Pensacola, FL. Five naval flight surgeons graduate from the school on 30 Nov. 1940.
- 1940s: U.S. Navy Flight Surgeon Cmdr. John R. Poppen (1893–1965) helps develop an anti-G suit at the Medical Research Section of the Bureau of Aeronautics.

# NAVAL FLIGHT SURGEON'S HISTORY

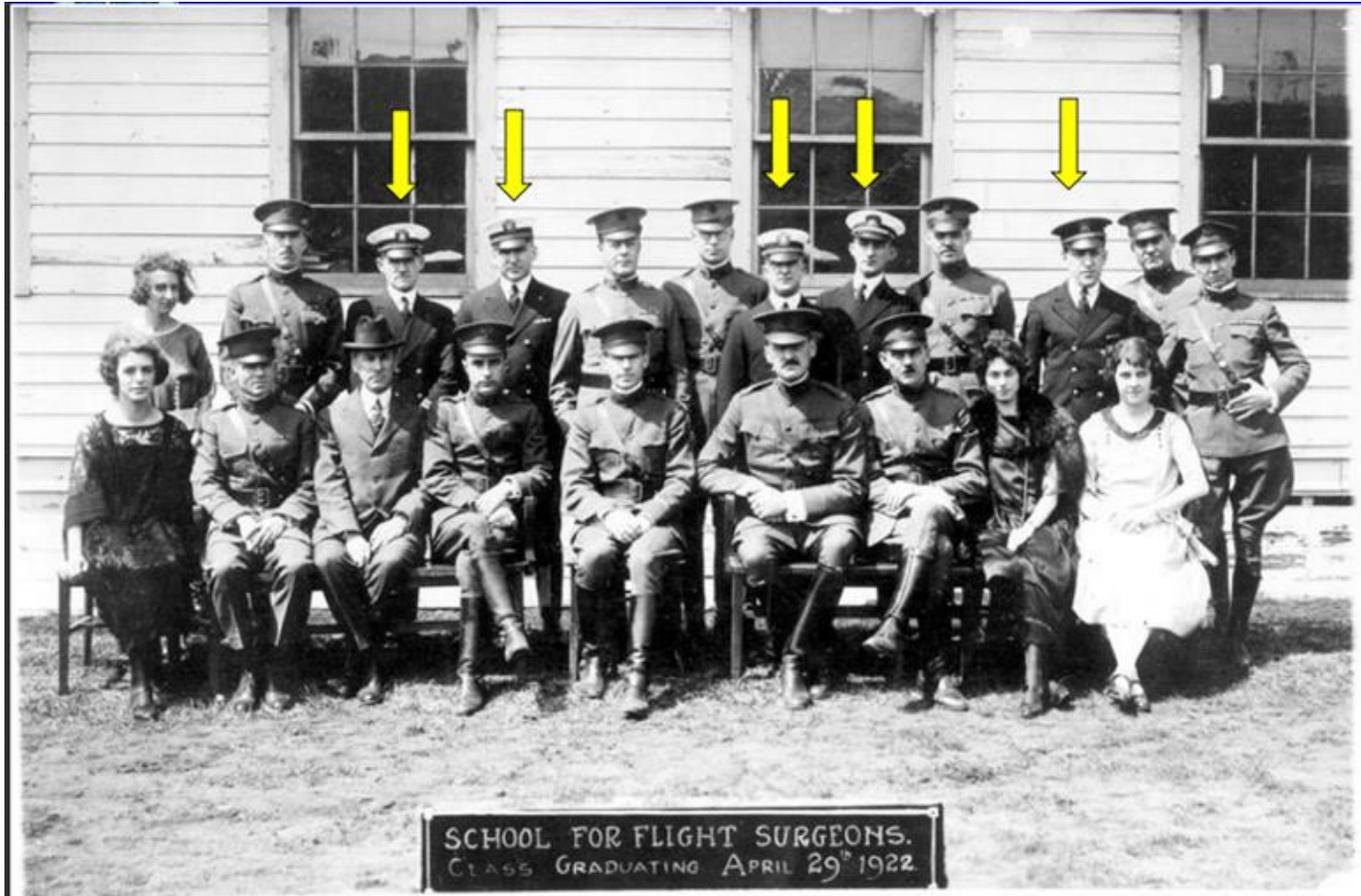
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- 1940: Ross McFarland, known for physical standards and altitude physiology, is commissioned in the U.S. Naval Reserves.
- Aug. 1941: Hollywood releases the movie *Dive Bomber*, starring Errol Flynn as a Navy Flight Surgeon researching the problem of “black out,” or G-induced loss of consciousness. The movie is loosely based on the work of Navy Flight Surgeon Capt. John R. Poppen (1893–1965).
- 1942: Requirements are established for Aviation Medical Examiners to change their designation to Flight Surgeons.
- June 1942: The first set of U.S. Navy Flight Surgeon wings is hurriedly fabricated by the Dental Department at the Naval Air Station in Pensacola, FL.
- Nov. 1942: Lt. Col. (Dr.) William R. Lovelace makes the first aircraft flight using pressure breathing. The following year Dr. Lovelace performs the highest altitude parachute jump ever attempted at that time (40,000 ft/12,192 m) while serving as president of AsMA.
- 1945: The U.S. Navy's School of Aviation Medicine graduates more than 1500 flight surgeons during World War II. Of those, 21 were also designated as Naval Aviators.
- 15 Oct. 1946: The Secretary of the Navy renames the school as the U.S. Naval School of Aviation Medicine and Research. It is administered under the Naval Air Training Command with Capt. Louis Iverson as officer-in-charge.
- 18 Sept. 1947: The U.S. Air Force separates from the U.S. Army.
- 1948: The Berlin Airlift resupplies European populations after a Soviet blockade severs access by rail and water routes.
- 1949: British Flight Surgeon and former Wing Commander, Royal Air Force Volunteer Reserve, Kenneth G. Bergin publishes *Aviation Medicine: Its Theory and Application*.
- 1950–1953: Air rescue of wounded combat troops is established as an integral part of U.S. fighting forces.
- 1954: The Aero Medical Association celebrates its 25th anniversary.
- 1955: Aerospace Medicine is designated a board-certified specialty within the American Board of Preventive Medicine.
- 1955: The U.S. Navy establishes a residency in aerospace medicine.
- Oct. 1957: During the International Geophysical Year, Russia launches Sputnik 1, the first artificial Earth satellite.
- Jul. 1964: The Coriolis Acceleration Platform and Vestibular Unit is dedicated at the U.S. Navy School of Aviation Medicine.
- 1965: The first class of U.S. Navy physiologists completes flight training. Graduates are named Rhodes, Bird, and Smith.
- 1981: Ken Gillingham's video about G-LOC and the anti-G straining maneuver is mass produced for use in our APTUs.
- Oct. 1995: Developed by Navy Flight Surgeon Capt. Angus Rupert, the Tactile Situation Awareness System (TSAS), using tactile skin stimulators in a vest and seat pan, shows promise in significantly mitigating spatial disorientation in flight. The first flight of TSAS in the T-34 fixed-wing trainer was this month, and the program continued for a total of seven flight tests.
- 1 Feb. 2003: U.S. Navy Flight Surgeons Capts. David M. Brown (dual designator) and Laurel S. Clark (Flight Surgeon) are killed when Space Shuttle Columbia explodes on re-entry during STS-107.

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- Wilde AG. Letter to Maj. Gen. (Ret.) Benjamin D. Foulois, 22 Jan. 1963, from the Benjamin D. Foulois papers in the Library of Congress, Manuscript Division, Box 6, Folder 29. Washington (DC): Library of Congress; n.d.

# 1922 GRADUATING FLIGHT SURGEONS!



First class at the Army School of Aviation Medicine to include Navy Medical Officers as Student Flight Surgeons. The class convened on or about 08 November 2021 and graduated on 29 April 1922.

Back row, left to right: Lieut. Louis Iverson (3rd), Lieut. Carl J. Robertson (4th), Lieut. Victor S. Armstrong (7th), Lieut. Page O. Northington (8th), Lieut. Julius F. Neuberger (10th). Note that LT Neuberger apparently forgot his, and borrowed an Army officer's cover to wear with his SDBs.



# 2022 GRADUATING FLIGHT SURGEONS!



Front Row L to R: LT Jordana Herr, LT Makala Bascome, LCDR Matthew Milstein (APA), LT Rikki Longmore, LT Marilyn Kimbrough, LTJG Kate O'Leary (APA), LT Sydney Dishman, LT Sarah Sanders (# 6778), LT Jasmine Vecchio, USCG APA LCDR, LT Alexa Weckbach, LT Frank Migliarese, LT Lydia Truong, LT Kelsey Hunt, LCDR Mary Vance (USCG Physician), LT Gwendolyn Hardy

Back Row L to R: LT Joseph Wendt, LT Katie Bathon, LT Reina Lopez, LT Nicholas Hoo, LT John Fawcett (APA), LT Benjamin Chadek-Feeley, LT Charles Curtis, USCG APA LT (I believe LT Maxwell Kaczmarek) , LT Matt Ferguson, LT Kaia Jystad, LCDR Ravi DeSilva (USNR), LT Avery Briggs, LT Jacob Warren, LT Rachel Ruda, LT Jim Le



# CELEBRATE THE CENTURY

The Naval Flight Surgeons celebrate their centennial this year.



# First Issue of Contact

Society of U. S. Navy Flight Surgeons



NEWSLETTER

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Vol. I, No. 1

Washington D. C. 20372

December 8, 1977

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8 Decemeber 1977

*Dear Members,*

*This letter is being written after much deliberation to inform you of my desire to resign the office of President of the Society, effective 31 December 1977. I have tried to find time to function as your President, and representative to the Aerospace Medical Association during my residency in psychiatry. However, I find it impossible for me to do so.*

*I have long felt that the "can do" attitude in an environment of lack of sufficient energy resources and interest to do the job correctly only leads to further deterioration of the situation. Therefore, I believe it to be in the best interests of the Society, my patients, and my residency program to stop spreading myself so thin.*

*I hope you will accept this resignation in the interest of the Society. My best wishes for your continued progress under the leadership of Captain Gil Webb your Vice President.*

*Regretfully,*

*WW Simmons*

W. W. SIMMONS

Captain, Medical Corps

U. S. Navy

# First Issue of Contact

## NOTE FROM SECRETARY-TREASURER

In the past, a Flight Surgeons' Newsletter has been officially published for a time, and then cancelled because of funding constraints. They have always been read with interest by Flight Surgeons in the field, and served a useful purpose in transmitting information.

This newsletter, published through the Society of U. S. Navy Flight Surgeons, is intended to accomplish a similar purpose, to provide a means of passing information of professional interest to members in the field.

As members of the Society, your inputs are solicited for future issues of this publication. Through your interest and contributions, the content can be made of interest and value to individuals working in the field.

Your participation and contributions to the newsletter will be gladly received. Send them to me, the Secretary-Treasurer, or to Ms. Linda Roth. We request submissions be typewritten and double-spaced.

Captain R. Paul Caudill, MC, USN  
Force Medical Officer, Code 018  
COMNAVAIRLANT  
Norfolk, VA 23511  
Phone:Autovon 690-7028  
Area Code (804) 444-7028

Ms. Linda Roth  
Bureau of Medicine & Surgery  
Code 51  
Navy Department  
Washington, D.C. 20372  
Phone:Autovon 294-4361  
Area Code (202)254-4361

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### AEROSPACE MEDICINE DIVISION ROSTER

Autovon 294-  
Area Code (202) 254-

Aerospace Medicine Division.....Capt M.G.Webb...4361  
Aeromedical Safety Operations  
Liaison/Aerospace Medicine Physiology.....Capt J.Wenger...4359  
Aerospace Medicine Operation/Detailing....Capt G.Matthews.4390  
Physical Qualifications.....CDR J.Black.....4297  
Aerospace Psychology.....CDR F.Gibson....4236  
Aerospace ?????? .....Capt .....4767

# First Issue of Contact

## C.M.E. Quiz

The following brief exercise is meant to function as a trial balloon, a "test-hop", if you will. Reader's inputs are desired, and will determine whether this C.M.E. effort is continued, expanded, or eliminated. So let's have at it, pro or con. Our desire is to provide a useful service. Send replies to Dr. Caudill. Quiz answers on page 7.

1. Directions: Match the lettered heading to the most appropriate numerical phrase.

- |  |                               |
|--|-------------------------------|
| 1. Shipboard void                            | A. Beryllium                  |
| 2. Hepato-renal toxicity                     | B. Chlorobromomethane ("CBM") |
| 3. Degreasers' flush                         | C. Mesothelioma               |
| 4. Cellulube                                 | D. Anoxia                     |
| 5. Thick, orange liquid                      | E. Chlorinated Hydrocarbons   |
| 6. F-14 Tomcat                               | F. Tetrachloroethylene        |
| 7. Asbestos                                  | G. Trichloroethylene          |
| 8. Pyrolization hazard                       | H. CI-2                       |
| 9. Aircraft engine fire                      | I. Styrofoam                  |
| 10. Fatality in freshly cleaned sleeping bag | J. Phosphate, ester base      |

II. Multiple Choice: Choose one response.

11. Myocardial irritability is a recognized hazard of
- (a) Toluene diisocyanate
  - (b) Halogenated hydrocarbons
  - (c) Irritant inorganic gases
  - (d) Metal fumes
  - (e) CI-2
12. Naval aircraft fire extinguisher pyrolization products are apt to include all the following except
- (a) Phosgene
  - (b) Hydrogen Cyanide
  - (c) Hydrogen Chloride
  - (d) Carbon Monoxide
  - (e) Hydrogen Bromide

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13. Aviation toxic effect is a function of its
- (a) high vapor pressure
  - (b) low vapor pressure
  - (c) flash point
  - (d) renal toxicity
  - (e) neurotoxicity
14. Smoke additive (CI-2) is not presently used in naval aircraft due to its ability to induce
- (a) delayed pulmonary edema
  - (b) hemolytic anemia
  - (c) bone marrow depression
  - (d) tremors, staggering, incoordination
  - (e) acute pneumonitis
15. Presently used naval aircraft finishes are largely
- (a) phosphate, ester base
  - (b) teflons
  - (c) borane compounds
  - (d) polyurethanes
  - (e) polystyrenes
16. Acute Beryllium pneumonitis
- (a) usually progresses to chronic, progressive pulmonary disease
  - (b) is associated years later with a high incidence of lung cancer
  - (c) usually resolves spontaneously in several months
  - (d) is frequently associated with nasal septal perforation
  - (e) is frequently complicated by delayed pulmonary edema
17. Severe bronchospasm frequently occurs with repeated challenge by
- (a) beryllium salts
  - (b) free silica
  - (c) diisocyanates
  - (d) tricresyl phosphate
  - (e) cellulose vapors
18. Chronic exposure to free silica ( $\text{SiO}_2$ ) results in
- (a) diffuse pulmonary fibrosis
  - (b) delayed pulmonary edema
  - (c) increased incidence of lung cancer
  - (d) nodular pulmonary fibrosis
  - (e) a recurrent asthma-like syndrome

# First Issue of Contact

19. Carcinoma of the upper respiratory tract is a recognized hazard of
- (a) Nickel carbonyl
  - (b) TCE
  - (c) Welding operations involving chromium
  - (d) Asbestos fibers larger than 3 microns
20. Lead toxicity is associated with all of the following except
- (a) colic
  - (b) arthralgia
  - (c) pulmonary edema
  - (d) encephalitis
  - (e) RBC stippling

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## Aeromedical Safety Officer (AMSO)

The AMSO program has been established by means of BUMEDINST 5100.11. This program is designed to provide additional expertise to support the Naval Aviation Safety Program.

Operational experience and graduation from an Aviation Safety Officer course at the Naval Postgraduate School, Monterey, CA, are requirements for officers participating in this program. The AMSO team: flight surgeons, aviation physiologists, and aviation experimental psychologists, provides to major commands and sub units the framework for an overall aeromedical safety program with the primary emphasis on aircraft accident prevention. This will be accomplished by means of improved aeromedical surveillance, correlating and integrating training, and acting as facilitators for improving aviation life support systems. The program provides an advanced level of aircraft accident investigation and analysis expertise for use by local aircraft mishap boards, and board membership when no local flight surgeon assets exist. AMSO officers will be available for consultation for aeromedical problems of flight personnel.

Further information may be obtained by contacting Captain J.E. Wenger, MC, USN, Head, Aeromedical Safety Program, BUMED, Code 51A, autovon 294-4359

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## FLIGHT SURGEONS' MANUAL

A revision of the Flight Surgeons' Manual has just been completed and is in the final editing phase. It is expected that the revised manual will be ready for distribution within the next several months. Anyone who wishes the manual to be sent to other than your official address, please notify NAMI

# First Issue of Contact

## VULNERABILITIES IN MEDICAL PRE-ACCIDENT PLANS

Capt E. J. Colangelo, MC, USN

I'd like to share with you some interesting perceptions gained from reading Medical Officer's Reports at the Naval Safety Center. At times there are indications that the initial phases of the medical investigations of aircraft mishaps are disjointed and sporadic, if not frankly confused. Occasionally records suggest that the Flight Surgeon was not notified of the accident early enough to make essential observations. Difficulties in transportation, coordination, and administration prevent the Flight Surgeon member of the aircraft mishap board from fully participating in the investigation, especially when travel or other obstacles arise.

Safety surveys confirm the impression gained from the Medical Officer's Reports that at times medical portions of preaccident plans fail to provide remedies for these problems. Reporting custodians sometimes note that their understanding of the procedure to obtain a Flight Surgeon member of the board is simply to call the closest dispensary where the medical member is promptly assigned. It may be hard to find an identifiable mechanism for providing a Flight Surgeon when the dispensary staff is depleted and unable to respond. The remedy of requesting assistance from the chain of command to whatever level controls the Flight Surgeon assignments is seldom invoked. There are instances when the name submitted to the Safety Center as the Flight Surgeon board member (to satisfy the requirements of the telephone report) does not truly identify the functional medical member of the board. The Navy's intent is to have a comprehensive medical investigation which takes priority over all other assigned duties for the medical member. This does not always happen.

Incomplete or compromised medical studies limit the effectiveness with which the Navy can act to solve human error problems.

"Garbage in means garbage out." It's a vicious circle.

This situation must be corrected. The following suggestions will yield great benefits if heeded and implemented.

a. Each aviation unit's pre-accident plan must be reviewed carefully. Medical deficiencies must be identified and corrected.

b. The appropriate line commander must be apprised of the predictable difficulties that will ensue if the problems defined are not remedied.

c. We, as practitioners of aviation medicine, must act to insure that our "patient", (the aviation mishap), is examined thoroughly and completely as soon after the acute episode as is practicable.

d. This examination, as in good clinical practice, must consider the history and overall environment of the "patient" as well as the acute episode itself.

e. The continuity of the medical study must be maintained within the purview of the assigned Flight Surgeon board member. A better result is likely to ensue from a study which is conducted by the Flight Surgeon member of the board who will generally be the most knowledgeable Flight Surgeon (with respect to that unit's operational aviation medicine).

# First Issue of Contact

f. A feedback loop exists which must be exercised. It is between the medical member of the accident board and the Safety Center. Each Flight Surgeon is invited and encouraged to call the Naval Safety Center, Autovon 690-7343, to discuss problems relating to accident investigation or prevention. This should provide a better opportunity to gain any understanding that other similar cases may have provided and to enlist other support as needed from the Safety Center.

Let me submit that the medical investigation of aircraft accidents and the interpretation of the findings respect to performance factors, injuries, and life support equipment represent the few truly distinctive activities that characterize the specialty of aviation medicine. To allow this to be taken lightly or done in other than our best professional form is a disservice to the specialty and the Navy.

## NAMI NOTES

By the time that this initial issue of the resurrected Flight Surgeons' Newsletter hits the streets, Student Flight Surgeon Class 77-3 will be well into the final phase of its training and attempt to master the systems and controls of the T-2C Buckeyes of TRARON FOUR at Sherman Field. Having finished land and sea survival in later October, the class completed its operational field trip in early November, visiting the following locations: NATC Patuxent River, NADC, Warminster, USS EISENHOWER (CVN-69), NAS Oceana, EPMU-2, Norfolk, and MCAS Cherry Point. Regretfully, engine trouble in our C-131 precluded our scheduled visit to the Naval Safety Center.

Shortly before the field trip, the class received and selected billets, and the newly designated flight surgeons should be reporting for duty soon after their 21 December 1977 graduation. The breakdown is as follows:

LT Carol Algier--VP-18, Moffet Field  
LT Richard Carpenter--2nd MAW, Cherry Point  
LCDR Ivan Choi-- VP-40, Moffett Field  
LT Rebecca deVillers--VP-23, Brunswick  
LT John Gibbs--CVW-7, Oceana  
LT Kieth Haden--1st MAW  
LT William Hamilton--CVW-3, Cecil Field  
LT Bob Kendrick--1st MAW  
LT Booker T. Keyes--CVW-1, Oceana  
LT Thomas Kitts--1st MAW  
LT Kim McMillin--VRF-31, Norfolk  
LT Richard Pantera--CVW-9, Lemoore  
LT William Schaffer--CVW-6, Oceana  
LCDR Bob Skipworth--USS Lexington (CVT-16)

# First Issue of Contact

LT Ziaul Haq, Pakistani Navy, and LT Arthur von der Harten, Royal Netherlands Navy, will be returning home for assignment.

Recent information from TRAWING-SIX, confirmed by NATC, is that SFS 77-3 may be one of the last classes to train in the T-2C aircraft. The new T-34C turboprop trainer is close to joining the Training Command and could be with us shortly after the first of the new year. This development is seen as a definite plus, for it would once again allow our student Flight Surgeons the opportunity to solo, a milestone virtually impossible to attain in the T-2C given the syllabus time allotted. Thus it would appear that the necktie trimming ceremonies will once again be in vogue.

Speaking of VOGÉ (actually "vozh), second year Aerospace Medicine Resident, Vicki Voge, completed testing and interviews at NASA's Manned Spacecraft Center in Houston for Mission Specialist selection in late August of this year. Of the 20 candidates in the Life Sciences group, Vicki was one of the eight ladies. The several groups of Mission Specialists have, to this point, been narrowed down to 140 candidates, from which fifteen will make the final cut in January 1978.

During the weekend of 4-5 November 1977, NAMI hosted fifty-one G.M.E. I Medical Officers from east and west coast hospitals who had expressed interest in Naval Flight Surgeon training. Following an official welcome by CAPT H. S. Trostle, C.O. NAMI, the group was introduced to the NAMI staff, residents, and members of SFS Class 77-3. During subsequent tours of TRARON 10, TRARON 4, Land and Sea Survival, the staff and students mingled freely with our guests, answering questions and giving personal assessments of Naval Flight Surgeon training and practice. Saturday evening was highlighted by a seafood buffet, for which our guest speaker was RADM Paul Rucci, MC, USN, CINCLANT FLEET Medical Officer, who spoke of the rewards and opportunities of early operational experience for all Medical Officers. Sunday morning was spent aboard LEXINGTON (CVT-16) following which the group boarded two C-118 aircraft for their long flights home. Accompanying the east coast contingent, in addition to RADM Rucci, were Captains M. G. Webb, and J. E. Wenger of BUMED. The west coast group was joined by Captain Jerald Felder and CDR Clyde McAllister, both of whom are Aerospace Medicine Residents in the M.P.H. program at U.C.L.A. The interest and enthusiasm by such a busy and informative weekend should have a very positive effect in future class inputs.

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## C.M.E. QUIZ ANSWERS

- |    |      |     |       |
|----|------|-----|-------|
| I. | 1. D | II. | 11. B |
|    | 2. E |     | 12. B |
|    | 3. G |     | 13. A |
|    | 4. J |     | 14. D |
|    | 5. H |     | 15. D |
|    | 6. A |     | 16. C |
|    | 7. C |     | 17. C |
|    | 8. I |     | 18. D |
|    | 9.   |     | 19. A |
|    | 10.  |     | 20. C |

# First Issue of Contact

To Captain:  
Dan Day  
Dean McKnight

To Commander:  
Lou Bernhardt

To Lieutenant Commander:  
Jim Gessler  
Pat Hutton

Many of our members were also selected for residency training. This year, 30 flight surgeons were selected for residencies and fellowships. Last year there were 22. Members of the Society who were selected are:

Lou Bernhardt - Radiology  
John Blanch - ENT  
Bill Buckendorf - Cardiology  
Bill Elam - Radiology  
George Hill - Aerospace Medicine  
Pat Hutton - Orthopedics  
Neil MacIntyre - Pulmonary Medicine  
Dean McKnight - Radiology  
Jane McWilliams - Pathology  
Bill Richmond - Internal Medicine  
Ken - Anesthesiology  
Dennis Wright - Neonatology

Selection opportunity varied greatly. The most difficult was dermatology, where there were 42 applicants for 8 positions. Jim Karr was selected as an alternate. Our congratulations to all.

*Gil*

Gil Webb

# First Issue of Contact

## A T T E N T I O N

time is almost upon us again when our NROTC Midshipman will

Acitivities for pre-commssioning and flight physicals.

midshipmen will be motivated towards a career in aviation, and should be questioned as to this possibility. Only those interested in aviation should have a flight physical examination. It is imperative that a complete and thorough flight physical examination and a complete history be taken and evaluated. An average of 50-60% if tge aviation physical examinations last year had to be returned for completion of the history form (SF-98). Statements of no use to this office are, "All positive answers reviewed - none considered disqualifying", - "Allergies, Hayfever, sinusitis - not disabling." These types of statements make it virtually impossible to evaluate a candidate for the aviation community.

Closer attention must also be made to the use of contact lenses by the candidates. Candidates for student naval aviator must read and sign the appropriate statement referring to contact lenses in block #8 of the SF 93 (Report of Medical History). For the proper terminology of this statement refer to the Manual of Medical Department Chapter 15 article 67(2).

Your cooperation will be gratefully appreciated by this office, the candidates, NROTC units, the medical facilities that have to complete the incomplete physical. This procedure should not stop with the NROTC Midshipmen but be applied to all physicals leading to a designation in the aviation community.

BUMED, Code 511  
Physical Qualifications Section

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## BILLET AVAILABLE FOR FLIGHT SURGEONS

Any flight surgeon approaching his release from acitve duty date (RAD) or his projected rotation date (PRD) may request a permanent change of duty if he agrees to remain at his new duty station for at least one year in the continental United States of the BUPERS required tour at overseas bases. Many reserve flight surgeons in receipt of release from active duty orders are eligible for transfer to a vacant billet of their choice if they agree to extend their active duty in accordance with the above.

For specific details about any billet, all interested flight surgeons are encouraged to contact Capt G. W. Matthews, Code 511, BUMED, Washington, D. C. 20372 or call Autovon 294-4361 or Area Code (202) 254-4361. Since this newsletter only goes to members of the Society, please feel free to show this list to fellow flight surgeons who are not members.

## BILLETS AVAILABLE

, Quantico, VA.  
, Bremerton, WA.  
Hospital,

# First Issue of Contact

MAG-31, Beaufort, SC.	1st MAW, Okinawa
NAS Guantanamo Bay	NADC, Westminster, PA.
, Atlanta, GA.	Naval Safety Center, Norfolk, VA.
Key West, FL.	Oceana, VA - CVW-3
Jacksonville, FL.	CVW-8
	NAS, Norfolk, VA - -12
	EPMU #2 (AMSO)
	NRMC, Rota, Spain
Cecil Field, FL. CVW-	Miramar, CA. - VF-121
CVW-	VF-124
CVW-	CVW-15
CVW-	North Island, San Diego, CA.
3rd MAW, El Toro, CA.	HC-3
VX-4, Point Mugu, CA.	EPMU #5 (AMSO)
NAF, Sigonella, Sicily	NAS, Cubi Point
NAS, New Orleans, LA.	USS Eisenhower (CVN-69)
Brunswick, ME. - VP-11	USS Nimitz (CVN-68)
VP-44	USS JFK (CV-67)
Moffett Field, CA. -VP-8	USS America (CV-66)
VP-44	USS Independence (CV-62)
Lemoore, CA. - VA-122	USS Forrestal (CV-59)
VA-127	USS Constellation (CV-64)
CVW-11	USS Midway (CV-41)
NAS, Fallon, NV.	
MCAS, Futema	

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Bob Hughes reports a couple of "saves" in RAG training. Within a short period of time two RAG students were before Field Naval Aviation Evaluation Boards because of inability to perform safely in night CARQUALS. Each had 20/20 vision, but with small refractive errors. Although advised by his consultant that correction of the small errors would probably not help, he insisted on these two gents getting spectacles. Each subsequently was top man in his CARQUAL group. Bob feels that although each was able to pick up the ball, the glasses converted a fuzzy ball to a clear one, eliminating preoccupation regarding a clear ball, and resulted in a better scan and a much smoother approach. He now screens all new students for small refractive errors, and prescribes spectacles for 15-20%.

\*\*\*\*\*

Please notify the Society of any change in address.  
Send changes to BUMED, Code 51. Attention: Ms. Roth.

\*\*\*\*\*

# SUSNFS-BUMED Flight Surgeon Timeline



**29 April 1922**  
The first five Navy physicians trained in aviation medicine graduate from the Army School of Aviation Medicine, Mitchell Field, NY.

**1923**  
LT Victor S. Armstrong becomes the first Chief of the Aviation Medicine Division at BUMED.

**1924**  
LCDR John C. Adams is assigned as the first flight surgeon aboard our first aircraft carrier USS Langley (CV-1).

**1924**  
First qualifications for Navy flight surgeons.

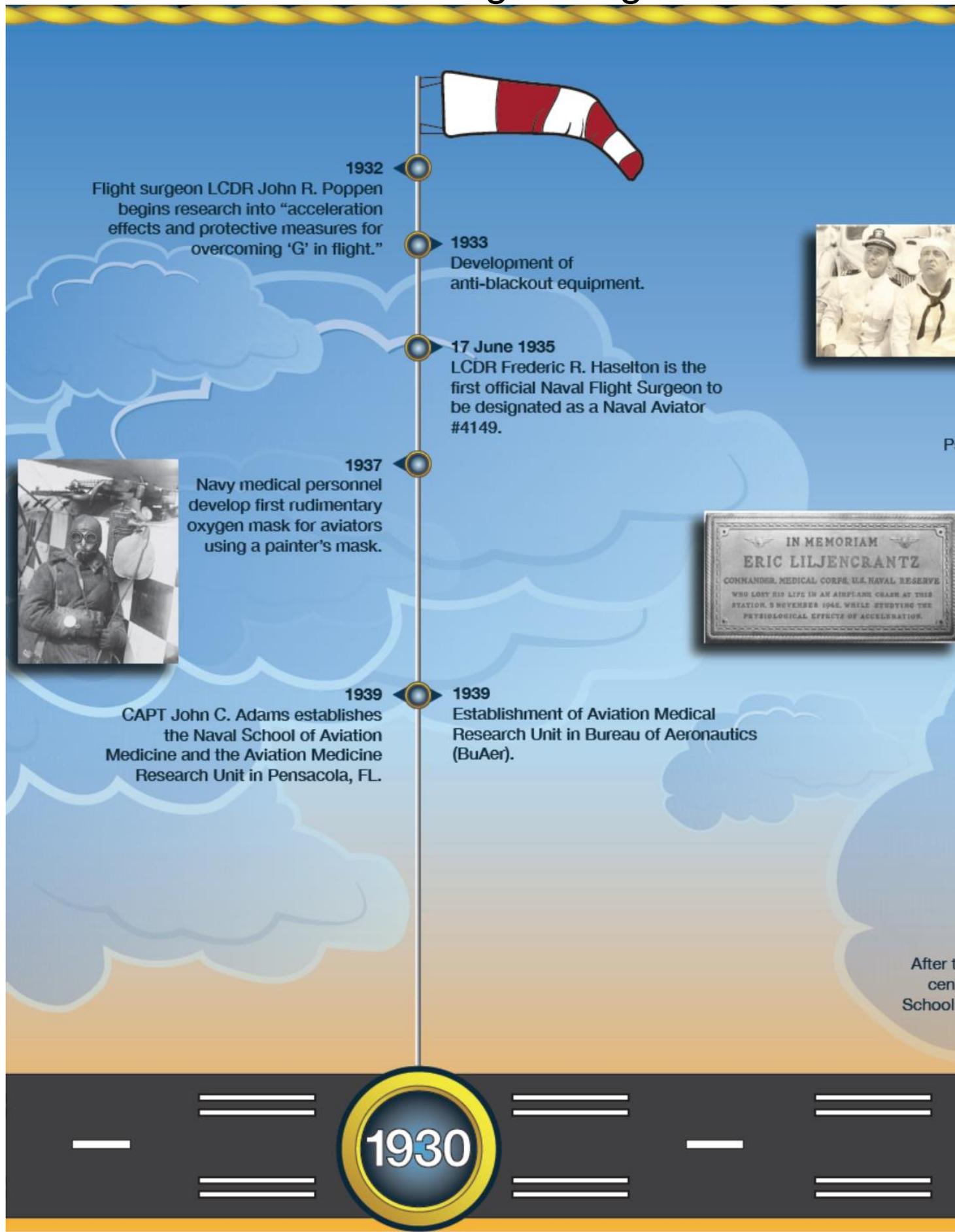
**1927**  
Establishment Aviation Section of the Naval Medical School in Washington, D.C.

**1929**  
Flight surgeon LT Frederick Ceres is the first U.S. Navy medical officer to make a parachute jump.

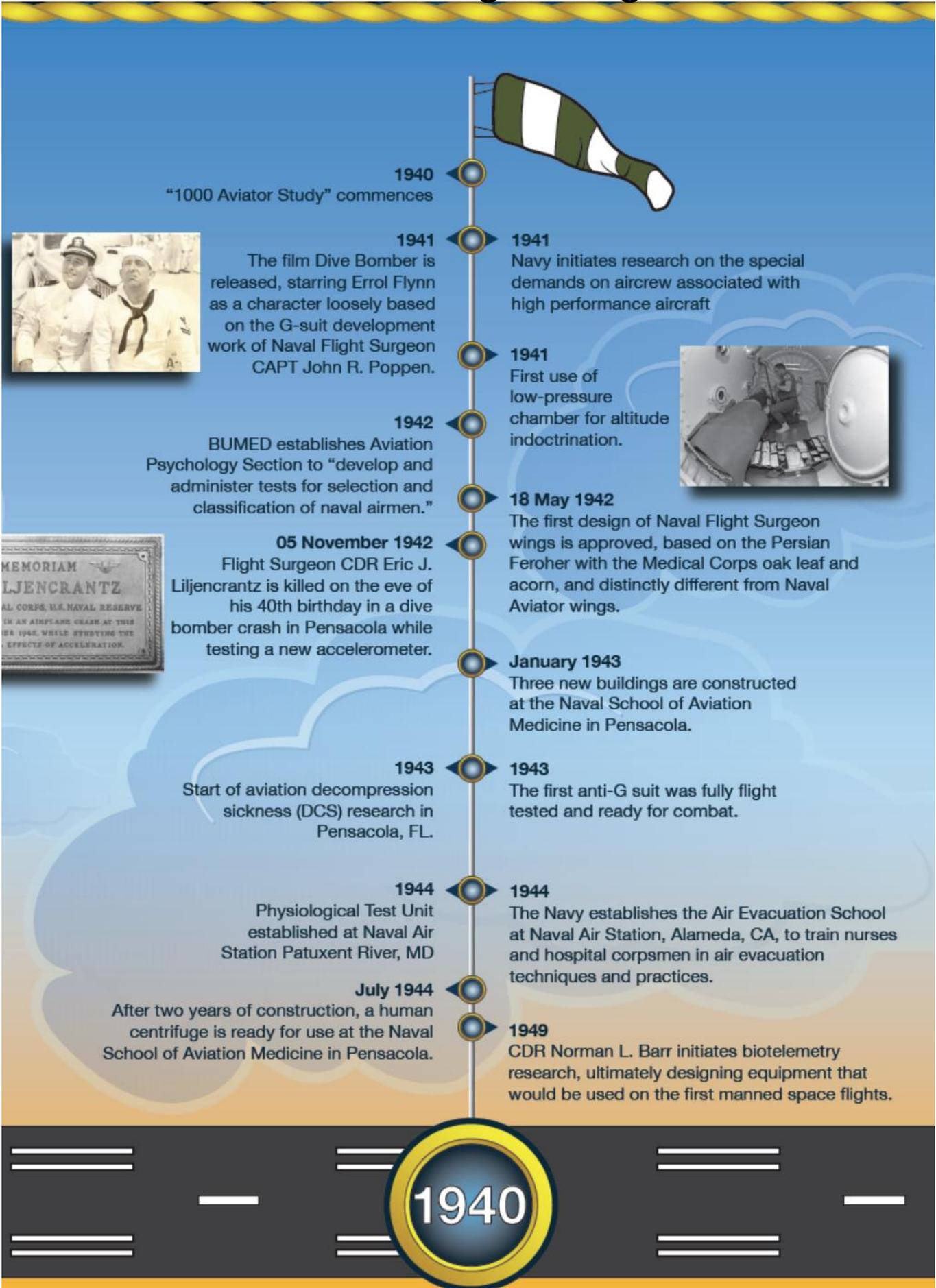
**15 December 1929**  
Naval flight surgeons are among 29 aviation medical examiners who met to establish the Aero Medical Association.



# SUSNFS-BUMED Flight Surgeon Timeline



# SUSNFS-BUMED Flight Surgeon Timeline



# SUSNFS-BUMED Flight Surgeon Timeline



**1950**

The world's most powerful human centrifuge makes its debut at the Johnsville Naval Air Development Center (NADC) in Johnsville, PA.

**1952**

Navy Aviation Medical Acceleration Laboratory is commissioned in Johnsville, PA.

**10 August 1952**

The original design of Naval Flight Surgeon wings are replaced by the current wings, a style more closely resembling Naval Aviator wings.

**1956**

Naval Flight Surgeon CAPT Richard B. Phillips helps establish professional carrier aviation organization Tailhook.



**1957**

LCDR Frank Austin becomes first Navy flight surgeon to graduate Test Pilot School.

**1958**

Naval School of Aviation Medicine develops a "space capsule" that was successfully used in the suborbital flight of the squirrel monkey "Gordo."



**1958**

Naval School of Aviation Medicine constructs the Slow Rotation Room (SRR) to simulate the motion environment of a rotating orbital station.

**1959**

The Naval Toxicology Unit (forerunner of today's EHEL) is established at Bethesda, MD.

**1959**

Seven of NASA's Project Mercury astronauts participate in centrifuge training at Navy Aviation Medical Acceleration Laboratory. The Navy's Mark IV full pressure suit is used in this program.

**28 May 1959**

Squirrel monkey "Miss Baker" from the Naval Aerospace Medical Center (NAMC) in Pensacola rides a Jupiter AM-18 into space.



**1950**

# SUSNFS-BUMED Flight Surgeon Timeline



**1961**  
Record breaking Stratolab V balloon flight is conducted over the Gulf of Mexico.

**1962**  
LTs Norvelle Curry and Robert Floyd become first African American Naval flight surgeons.



**1964**  
The Coriolis Acceleration Platform and Vestibular Unit is dedicated at the U.S. Navy School of Aviation Medicine.

**1965**  
Flight Surgeon CAPT Joseph P. Kerwin becomes the first physician selected for astronaut training.

**1965**  
Naval School of Aviation Medicine is renamed the Naval Aerospace Medicine Institute (NAMI).

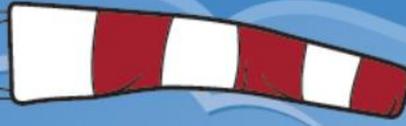
**1968**  
First publication of Naval Flight Surgeons Manual.



**1968**  
Naval Flight Surgeon CDR Frank H. Austin, Jr. introduces the first methods for classifying human factors in Naval Aviation mishaps.

1960

# SUSNFS-BUMED Flight Surgeon Timeline



**1970**

The Naval Aerospace Medicine Institute (NAMI)'s research laboratory is re-designated the Naval Aerospace Medical Research Laboratory (NAMRL).

**1971**

Establishment of a Naval Aerospace Medical Research Laboratory Detachment (NAMRLD) at the NASA Michoud Assembly Facility, New Orleans, LA.

**1972**

Naval Flight Surgeon CAPT Robert E. Mitchell establishes the Repatriated Prisoner of War (RPOW) study in Pensacola, FL.

**25 May 1973**

Skylab, the first US space station, is launched with CAPT Joseph P. Kerwin aboard. Kerwin earned the distinction as first American physician in space.



**December 1973**

LTs Jane McWilliams and Victoria Voge are winged as the first female Navy flight surgeons.



**1974**

The Naval Aerospace Medical Research Laboratory (NAMRL) in Pensacola, FL, is established as a separate command from the Naval Aerospace Medical Institute (NAMI).



**1975**

28 flight surgeons graduate from jet flight training Squadron Four, Naval Air Station Pensacola, Florida. They are the first class of surgeons to graduate flight training.

**1976**

Flight surgeon CAPT Frank H. Austin, Jr. establishes the Society of U.S. Naval Flight Surgeons, including its regular journal Contact.

**1980**

Naval Flight Surgeon CAPT Frank E. Dully, Jr., develops his talk "Sex and the Naval Aviator."

**1985**

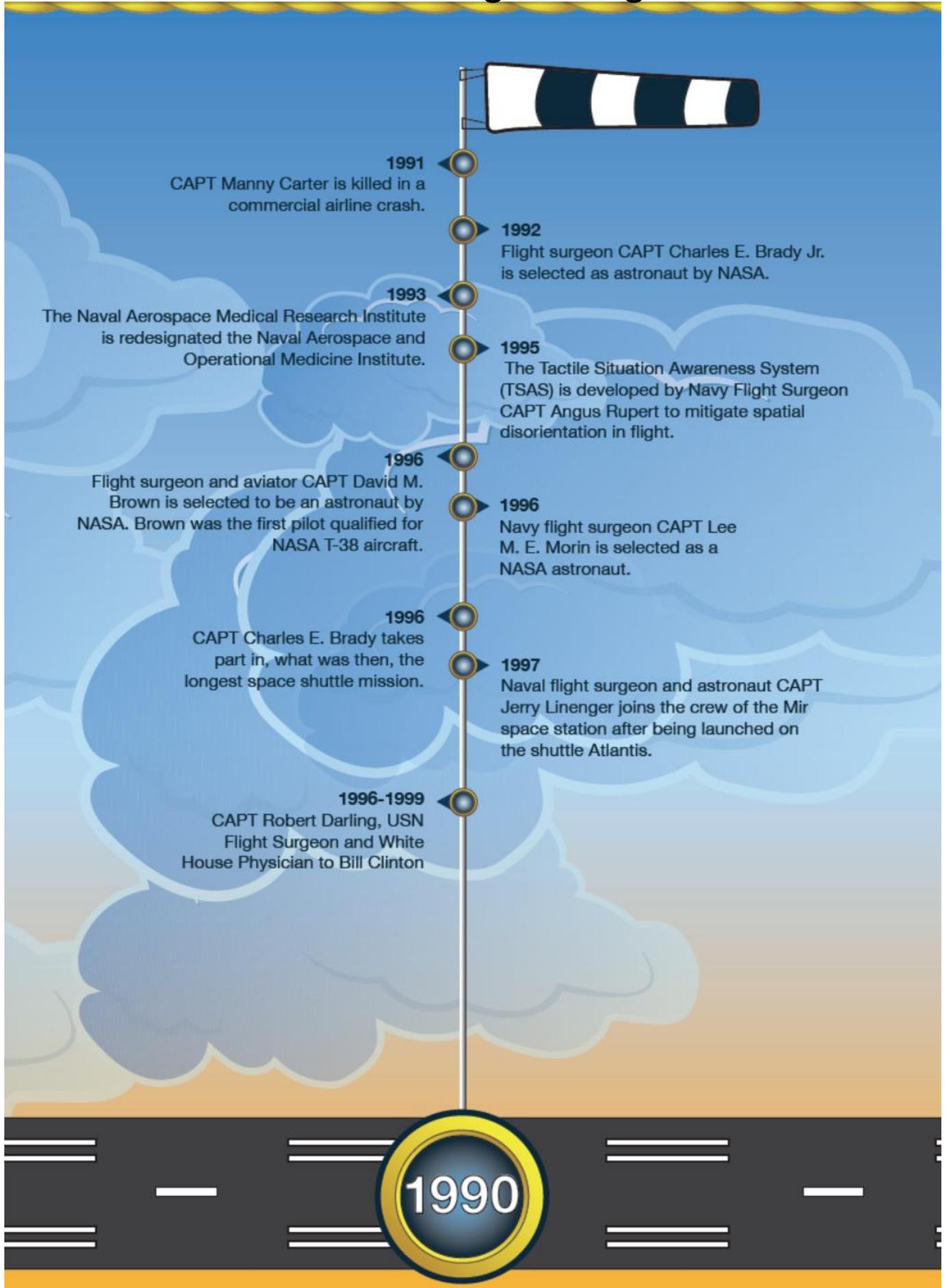
Flight surgeon and aviator CAPT Sonny "Manny" Carter, Jr., is selected as NASA astronaut.

**1989**

CAPT Robert Mitchell is awarded Honorary Naval Aviator #21 in 1991.

1970  
1980

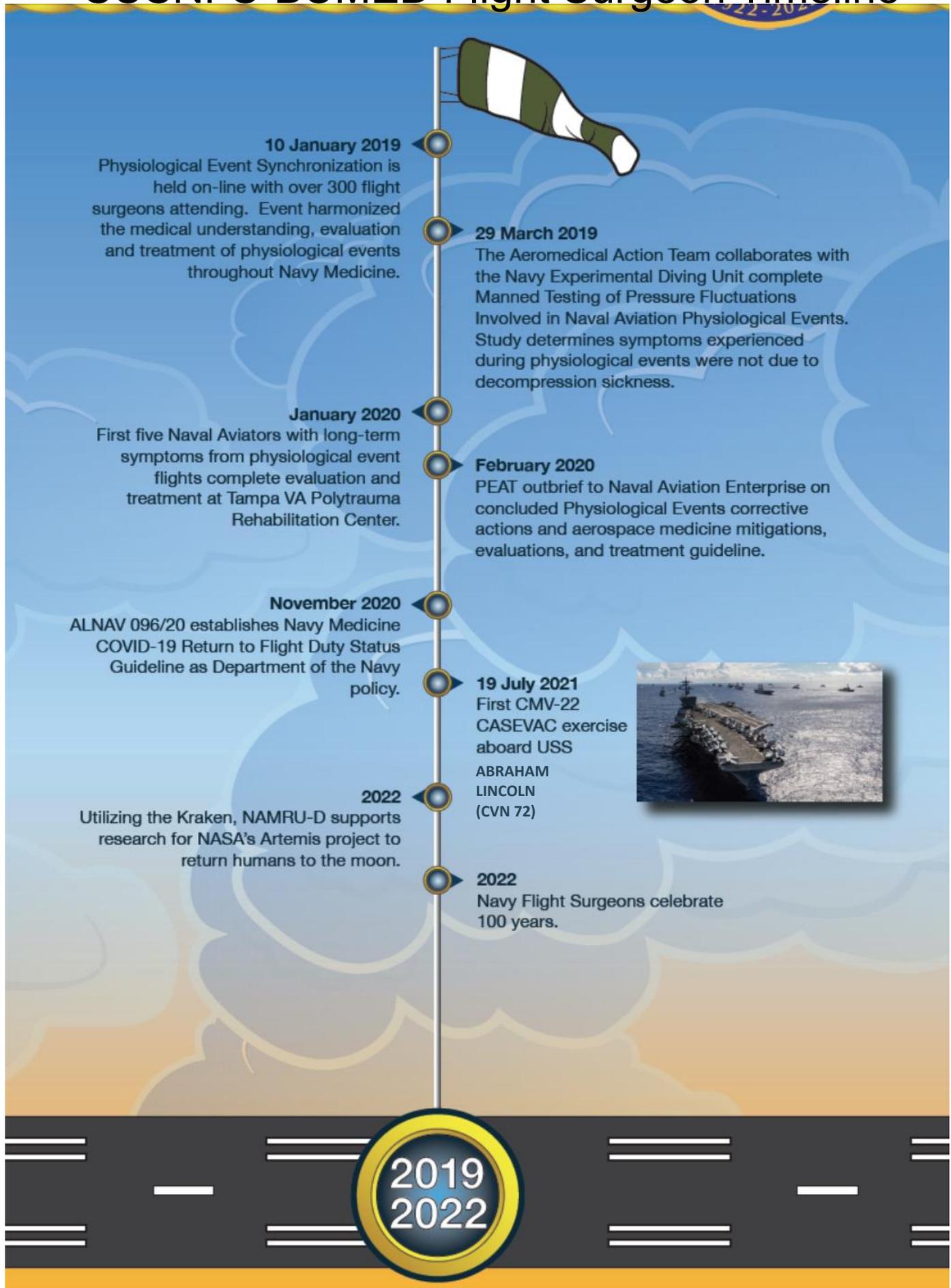
# SUSNFS-BUMED Flight Surgeon Timeline

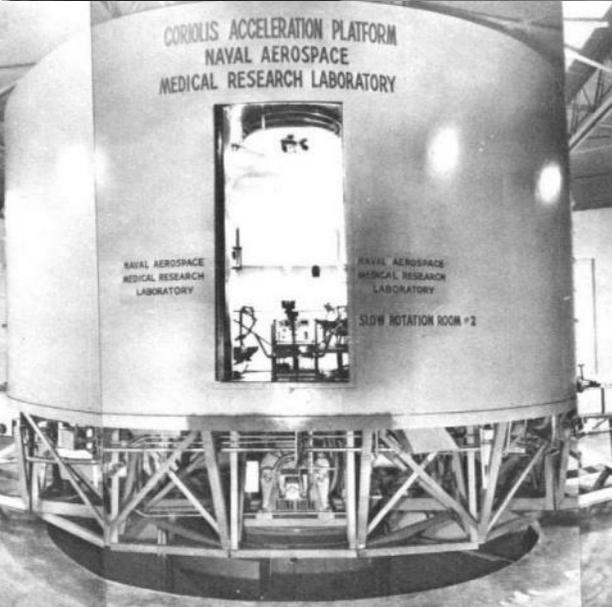
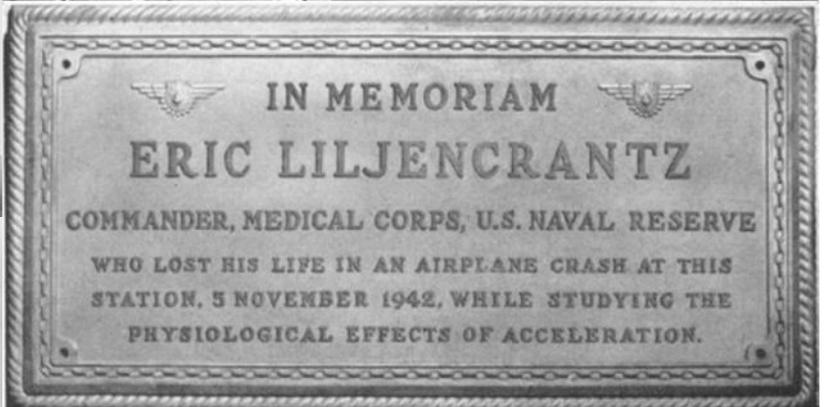
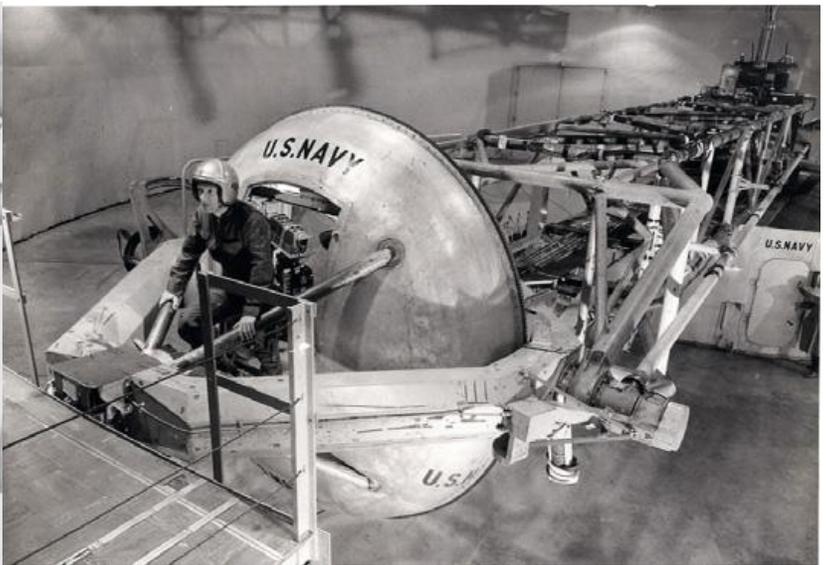


# SUSNFS-BUMED Flight Surgeon Timeline



# SUSNFS-BUMED Flight Surgeon Timeline







# SUSNFS WANTS YOU!

**SUSNFS WANTS YOU AS A MEMBER:** Membership in the Society is open to all Naval Flight Surgeons ... Navy Medical Corps Officers who have graduated from the School of Aviation Medicine/ Naval Aerospace Medical Institute (NAMI), and graduates from allied countries.

**MEMBERSHIP IN SUSNFS IS SPECIAL.** Why? There are multiple reasons. First, every member earned a medical degree to become a physician. Every member volunteered for the Navy, then applied to NAMI in Pensacola, then earned gold Flight Surgeon Wings, then served in the fleet or Marine Corps. Many differing career paths followed. Some continued with active-duty careers while others opted for civilian lives. Specialty choices spread across the spectrum of medicine. Geographical locations are widely dispersed around the nation and around the world.

Yet those common bonds persist for a lifetime. Every time a physician meets another physician there is an unspoken understanding between the two. It is the respect and admiration for knowing that the other physician had the intelligence, the ability and the motivation to achieve that MD or DO degree. A similar respect and understanding exists among Naval Flight Surgeons for similar reasons. There is a shared understanding of Naval aviation from the inside and there is a special bond from having experienced flying with the Navy or Marines including various exposures to danger and risks on active duty that most non-flight surgeon physicians do not share. It is small-group identity at its finest.

- *Stay involved in your flight surgeon community.*
- *Receive Contact, official journal of the Society of U.S. Naval Flight Surgeons.*
- *Get discounts on SUSNFS merchandise.*

Annual Dues are \$25.00 and Lifetime Dues are \$375.00.

Send: 1) name, address, email, telephone, and other contact info,  
2) when you were at NAMI (years and flight surgeon class),  
3) highest rank achieved and  
4) your check to: SUSNFS, Box 33008, NAS Pensacola, FL 52508-3008.

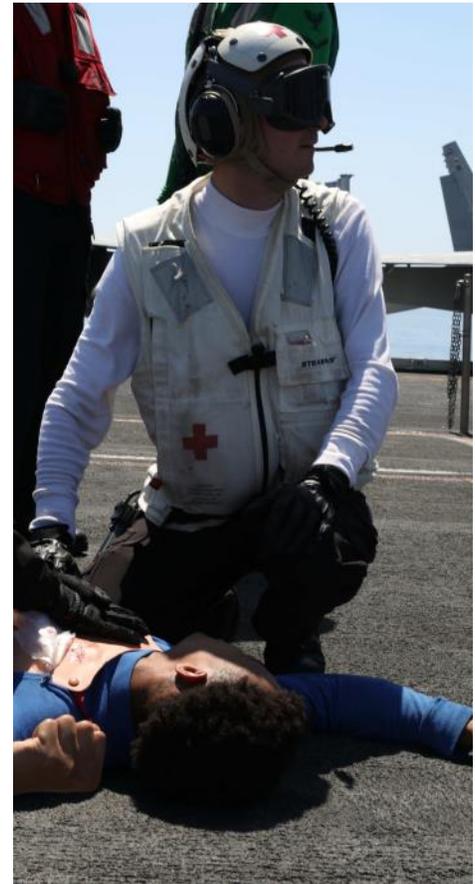
Memberships are also available online at: [www.susnfs.com](http://www.susnfs.com)



# REMEMBERING THE FALLEN, TRAINING FOR THE



USS CARL VINSON (CVN 70) swung past the Arizona Memorial on the way back to San Diego following their WestPac deployment over eighty years after the Pearl Harbor Attack.



HM2 Watkins USS BUSH (CVN 77)



HM2 Mitchell USS BUSH (CVN 77), mass casualty drill

# THE GREATER THE STORM, THE BRIGHTER THE RAINBOW

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Among the many long days of deployment for the men and women on USS CARL VINSON (CVN 70). A rainbow on the flight deck during PT made for a happy day.

# AEROSPACE MEDICINE ASSOCIATION 92ND ANNUAL MEETING RENO, NEVADA, MAY 22—27, 2022

The Society of U.S. Naval Flight Surgeons was well represented in Reno this past Spring for the Aerospace Medicine Association scientific meeting.

## *Congratulations to the following 2022 winners!*

- **Robert E. Mitchell Lifetime Achievement Award**
  - 2018: CAPT (Ret.) William A. McDonald
  - 2019: CAPT Walter W. Dalitsch
  - 2021: CAPT Edwin Y. Park
  - 2022: CAPT G. Merrill Rice
- ***Richard E. Luehrs Award for Operational Flight Surgeon of the Year***
  - 2018: LT Alicia McClintock
  - 2019: LT Erik A. Kumetz
  - 2020: LT Yusof Becker
  - 2021: LT Phillippe Warren
  - 2022: TBD
- ***Captain Bruce W. Jackson Award for Reserve Flight Surgeon of the Year***
  - 2018: CDR Joseph E. Allen
  - 2019: CAPT Billy R. Ledbetter
  - 2020: CDR Jennifer A. Murr
  - 2021: CDR Lance L. Davis
  - 2022: TBD
- ***Sonny Carter Memorial Award***
  - 2018: CAPT Matthew Rings
  - 2020: LT Michael Natali
  - 2021: CDR Allen Hoffman
  - 2022: CAPT Paul J. DeMieri
- ***Ashton Graybiel Award***
  - 2018: Dr. Charles A. Dejohn
  - 2021: LT Alicia C. Smith
  - 2022: LCDR Sadie M. Henry
- **Cornelius N. “Fritz” Koppo-John R. “Rick” Garmeson Aerospace Medicine Technician (AVT) of the Year Award**
  - 2018: HM2 Frederick Turner
  - 2019: HN Diega E. Magana
  - 2020: HM1 Marilyn McCormick, HM3 Roshelle Hodges
  - 2021: HM1 Robert Harbaugh, HM3 Tu Tran
  - 2022: TBD

# SUSNFS STORE

Your society merchandise team has been working hard to update and restock the on-line store at [www.susnfs.com](http://www.susnfs.com). There are many items for you to celebrate and remember this special centennial year. The centennial patch and t-shirt are there. We also created custom whiskey glasses with the centennial logo on one side and our society emblem on the other side. No self-respecting flight surgeon doses medicinal brown water without one.



SUSNFS members have access to a coupon for a special discount through the member's section at [www.susnfs.com](http://www.susnfs.com). You'll find these in the top navigation menu section "Member Pages" - > "Coupons."



# SUSNFS STORE

Finally, working closely with Vanguard, we commissioned a special Centennial 3-inch coin that comes in a wood display box. It also comes with a brass plate you can have custom engraved if you intend to give one as a present or personalize it for display. The coins are serial number stamped 1-100, which means only 100 were made. Due to their limited supply, coins will be available first to current members at \$40 plus shipping cost based on address. These special coins are NOT available at the online store at this time. Orders will be handled by your Board of Governors via private email [rallenhoffman@gmail.com](mailto:rallenhoffman@gmail.com). When ordering, indicate which serial# you would like, and preferentially provide a ranked order of at least three serial# options in case your preferred number has already sold. Coin numbers 1 and 100 are unfortunately not available for sale. The sooner you order, the sooner you can reserve your first choice of serial number. Please provide the shipping address to calculate shipping cost. An invoice with online payment options will be sent to your email on file or please provide the email address you want the invoice sent to if your information on [SUSNFS.com](http://SUSNFS.com) is not up to date.



Item	Cost
Whiskey Glass	\$20.00
Centennial Patch	\$10.00
Centennial T-Shirt	\$25.00
Centennial Coin	\$40.00

## FLIGHTS AND GROUND EVENTS

# Blue Angels

### 2023 SHOW SCHEDULE

#### **MARCH**

11 | NAF EL CENTRO, CA  
18-19 | NAS POINT MUGU, CA  
25-26 | BARKSDALE AFB, LA

#### **APRIL**

1-2 | LAKELAND, FL  
15-16 | NAS KEY WEST, FL  
22-23 | MCAS BEAUFORT, SC  
29-30 | FORT LAUDERDALE, FL

#### **MAY**

6-7 | CORPUS CHRISTI, TX  
13-14 | SCOTT AFB, IL  
20-21 | SEYMOUR JOHNSON AFB, NC  
24 & 26 | USNA, ANNAPOLIS, MD  
27-28 | LONG POND, PA

#### **JUNE**

10-11 | SMYRNA, TN  
17-18 | COLUMBUS, OH  
24-25 | NORTH KINGSTOWN, RI

#### **JULY**

1-2 | OKLAHOMA CITY, OK

8 | PENSACOLA BEACH, FL  
15-16 | DULUTH, MN  
22-23 | MILWAUKEE, WI

#### **AUGUST**

5-6 | SEATTLE, WA  
12-13 | BILLINGS, MT  
19-20 | NEW CENTURY, KS  
26-27 | LINCOLN, NE

#### **SEPTEMBER**

2-4 | TORONTO, ON, CANADA  
16-17 | NAS OCEANA, VA  
23-24 | MCAS MIRAMAR, CA  
30-1 | MCMINNVILLE, OR

#### **OCTOBER**

7-8 | SAN FRANCISCO, CA  
14-15 | GRAND JUNCTION, CO  
21-22 | JACKSONVILLE BEACH, FL  
28-29 | GREENFIELD, IN

#### **NOVEMBER**

3-4 | NAS PENSACOLA, FL



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# US NAVAL AEROMEDICAL CONFERENCE 2023

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Plans are underway to resume an in-person U.S. Naval Aeromedical Conference (USNAC) in 2023. USNAC is an annual conference put on jointly between the Naval Aerospace Medical Institute and the Society of U.S. Naval Flight Surgeons for aeromedical and operational physicians and medical personnel in the Navy, Army, Air Force, and Coast Guard as well as international physicians.

The conference will have plenary sessions and four main tracks: Aeromedical Clinical Professional, Aeromedical Scientist (Naval Aerospace Experimental Psychologist & Naval Aerospace & Operational Physiologist), Carrier Senior Medical Officer, and Aeromedical Support Specialists (military & civilian).

The conference is designed to update aeromedical personnel on current policies & procedures, relevant research, lessons learned, and medical practice updates, with the primary objective being to advance the mission of military providers of aerospace and operational medicine.

Prior to the pandemic, the conference had grown to more than 250+ participants from across all of Navy medicine. Last year’s conference was held virtually, and we are excited to be moving forward with plans for an in-person conference in 2023; however, final approval is still pending. The back-up plan is to hold another virtual conference.

Speakers in the past have included Navy Medicine Leadership, Naval Safety Command, aeromedical sub-specialists (ophthalmology, neurology, otolaryngology, internal medicine, psychiatry, and orthopedics), NASA researchers, and representation from European Allies.

USNAC 2023 scheduled at the Naval Air Station Pensacola, Florida. Check the conference website frequently for updates [www.usnac.info](http://www.usnac.info).

Continuing medical education credits will be provided at minimal cost to the government.

A poster session/competition will be held. See [www.usnac.info](http://www.usnac.info) for more information.

**Naval Aerospace Medical Institute  
Pensacola, Florida  
For current information:  
[www.usnac.info](http://www.usnac.info)**

# FLIGHTS AND GROUND EVENTS



**Hook '23 is scheduled  
for August 24-26  
Nugget Hotel  
Reno, NV**



**Naval Helicopter Association Symposium is  
scheduled for May 15-19 in Southern CA**



**AEROSPACE MEDICAL  
ASSOCIATION**

**The Aerospace Medical Association's  
93rd Annual Scientific Meeting  
Scheduled May 21-25, 2023  
Sheraton New Orleans Hotel in New Orleans, LA  
Registration will open in January, 2023**

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[www.twitter.com/SUSNFS](https://www.twitter.com/SUSNFS)



# THE POWER OF NATURE

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Photo from the VP-40 Fighting Marlins currently operating out of Keflavik, Iceland under the northern lights. Charles "Goose" Curtis, DO, LT, MC (FS), USN, VP-40 "Fighting Marlins", NAS Whidbey Island



Sailors aboard USS GERALD R. FORD (CVN 78) prepare for flight ops 10/8/2022 while transiting a storm. The carrier is underway on its first deployment to conduct ops & training alongside NATO allies in the Atlantic

# WE NEED STORIES AND INFORMATION ABOUT YOU

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Share your whereabouts and your experiences.

## “Where and What” About You:

Did you just get an advanced degree in some field of expertise? If on active duty, did you change duty stations? Did you get a promotion? Did you achieve some recognition? Have you transitioned to civilian life? Do you have a new specialty? What and where is your practice situation? Did you have children or change family situation? Did you move into a new home? Do you have a new hobby or activity? Please share your information. We need “Where and What” from you to publish in *Contact*. Your friends and colleagues will enjoy hearing about you and you will enjoy reading about them.

## Your Experiences:

All of us have had interesting and unusual experiences while we served on active duty in the fleet. The stories range from funny to tragic, from medical happenings of scientific interest to non-medical events, from aviation occurrences to just daily life incidents. Sharing your special knowledge might prevent an accident. It might save lives. It might improve the health and safety of flight crew and others.

Short, long or in-between .... we can use them all. We can edit and/or polish your material if you like. We can publish photographs, drawings and graphs. Although we are not a scientific journal per se, we want to disseminate useful scientific information to others who can learn from it.

Did you survive a close call or know the details of one? Did you treat some unusual medical case? Did you do clinical research? Did you have a particularly successful medical incident? Did you have a specific situation where your training at NAMI was very valuable? Did you get into difficulty for some reason either as a physician or as a naval officer? Did you “get-away-with” some shenanigan?

Your stories would be of interest to other flight surgeons and we request that you send them to us for publication in *Contact*.

**Share the Unusual!**



**The Society of United States Naval Flight Surgeons**  
 Post Office Box 33008  
 Naval Air Station Pensacola, Florida 32508-3008

E-mail: [susnfs.fl@gmail.com](mailto:susnfs.fl@gmail.com)

Contact is the Journal of the Society of United States Naval Flight Surgeons.

The Society of U.S. Naval Flight Surgeons (SUSNFS) was founded in 1976 to:

- Advance the science, art, and practice of Aerospace Medicine and the mission of the United States Navy.
- Foster professional development of its members and enhance the practice of Aerospace Medicine within the Navy.
- Strengthen professional and fraternal ties, optimize the solidarity and professional standing of Naval Flight Surgeons and other aerospace medicine professionals.

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**Article and photo submissions** to the Journal are gladly accepted from any member or non-member at any time of the year. Expect six weeks lead time for consideration for inclusion in the next issue. Articles should be related to Aerospace Medicine, including clinical vignettes (case reports), research, or quality improvement projects. Please be aware that if your research involves human or animal subjects, we require documentation of IRB or IACUC approval. Other personal anecdotes, news, promotions, retirements, marriages, births and obituaries will also be considered. All text submissions should be sent via e-mail attachment (see below for guidelines). Digital photographs should be submitted in jpeg high resolution format. It is imperative that submissions clearly indicate the author's full name, rank, corps, current title and duty assignment, e-mail, return mailing address and telephone number. Correspondence, photos, and all article submissions should be sent to the Chief Editor via the e-mail address given above.

**SUSNFS Publishing Guidelines: Submit articles to [susnfs.fl@gmail.com](mailto:susnfs.fl@gmail.com)**

Type	Characters (incl spaces)	Words
Feature Article	9,000 – 12,000	1,500 – 2,000
News/Anecdote	3,000 – 6,000	500 – 1,000
Upcoming events	1,500 – 3,000	250 – 500
Personal update	600 – 1,500	100 – 250
Single column	3,000	500

References should be in this format and numbered consecutively as they appear in the text.