PRESIDENT’S COLUMN
Brigadier General Bruce Green

What a difference three months makes! This summer I made the move from TRANSCOM/AMC to the 59th MDW. Over the past 25 years I’ve had 14 assignments in the United States Air Force, and as I said last quarter, “some things just don’t change.” As a young (pre-RAM) flight surgeon early in my career, I saw first hand the challenges of balancing operational requirements with providing quality medical care to our aviators and their families, while at the same time, developing and maintaining joint synergy with our sister services and civilian counterparts. I quickly came to realize the importance and need for strong leadership within the Air Force medical community.

While the building is much bigger, and I don’t seem able to fly nearly as much, in many ways being at Wilford Hall Medical Center is an extension of those early days. Ops tempo for our medics remains high in support of the Big Air Force down range. Daily as I walk the halls, I am reminded just how important good health care delivered by blue suitors is to our beneficiaries. At this time, my staff is busy negotiating new TRICARE contracts under T-Nex, while simultaneously, I see emerging partnerships with our sister services and with the civilian sector. Forging these bonds will be essential to our ability to deliver coordinated and quality operational and peacetime medical care on a global scale. We do a great job, but we can’t do it alone.

I encourage you to celebrate where we’ve been and how far we have come in aviation medicine over the past century of flight as we now look forward to the future and new challenges. This upcoming anniversary gives our society a moment to pause and reflect on the foundations of aerospace medicine. Many thanks to Lt. Gen. Coolidge (AFMC/CV) for his vector to us as a flyer and line commander. General Coolidge has been and remains a staunch supporter of Team Aerospace, and has provided to us the mantra: “Keep me healthy, keep me ready, keep me safe … and do whatever it takes to accomplish the mission.” Flight surgeons have excelled at balancing operational support downrange with peacetime care at home, while advancing our tools of the trade with a vigorous aeromedical research program.

Air Power doesn’t happen without dedicated medical support; a medical team led by you ... the flight surgeon. Your charge may be leading a medical team of 5400 professionals at a fixed stateside MTF or a three-man SME team hunkered down in a tent far forward in austere conditions. Either way, as flight surgeons, we bring something special to the fight ... a credibility that comes with being part of the mission while caring for those who make the mission happen. As I said, even after 25 years, the more things change, the more they stay the same. Stay tuned for more….Air Power!
Vector From The Line

Lieutenant General Charles H. Coolidge, Jr.

Lt. Gen. Charles H. Coolidge, Jr. is vice commander, Headquarters Air Force Materiel Command, Wright-Patterson Air Force Base, Ohio. The general graduated from the U.S. Air Force Academy in 1968 and has served in various operations and staff positions throughout his career. In operations, he served as a flight commander, operations officer, squadron commander, wing vice commander, wing commander, and director of operations and logistics. He has commanded three Air Force wings and served on the staffs of four major air commands. He also served on the Joint Staff and was the Joint Staff representative to the U.S.-U.S.S.R. Standing Consultative Commission, which met biannually in Geneva. The general is a command pilot with approximately 4,000 flying hours and is a lifelong proponent of aerospace medicine.

The following excerpts are taken from an address given at the Aerospace Medicine Summit in April 2003 at the request of Lt. Gen. Taylor.

I have been a “customer” of aerospace medicine docs for a long time and on many levels. I can speak to you as:

- A patient (my family and I have enjoyed some really great care over the years)
- A pilot and senior leader in the outfit that is supposed to be making the most cutting edge tools and weapons
- A commander of big installations with complex missions at home and deployed

This is the vector I want you to take because the operator’s needs are pretty clear:

- Keep me healthy, keep me ready, keep me safe.
- That includes the guys left at home to surge operations during a war.
- Take care of my family so I don’t have to worry about them while I’m deployed.

Be there (whether in deployed operations or at home)... wherever and whatever it takes – to accomplish the mission. I want all flight docs to be dedicated to the support of the operator – in the clinic, on the flightline, on the battlefield and in the back shop. Measure their success in their support.

Thank you for the great support over the span of my 35-year flying career and thanks for this wonderful opportunity to meet with you. You ARE MY HEROES and have my unqualified support to “be all you can and must be” as our medical force enabler. Aerospace Medicine is not only important, it is critical!
There is always a need for flight surgeons. If you aren’t yet a flight surgeon and you’d like to join the ranks, make sure that you get a flying class II physical, and that you have your security clearance (secret is fine). Arrange to attend the Aerospace Medicine Primary Course and bring your boss into the loop about your desire to pursue flight medicine. Depending on the Manning within your current career field, making the transition could require some time and patience. Be persistent (without being a pest), and do such a great job in your current position that you get rewarded with a flight surgery opportunity.

Once you’re a flight surgeon (the following is good advice even if you’re not a flight doc):

1. Do your best possible work at your current job. If you get this step wrong, the rest doesn’t matter.
2. Talk to your boss/SGP about your performance, and your career goals. Discuss assignment possibilities: both position and location.
3. Log on to the Assignment Management System (AMS) on the AFPC website (www.afpc.randolph.af.mil). Sign in and prepare/update your preference worksheet (PW). Without a PW, your assignments officer (AO) will not know where you want to go.
   a. Do not list locations where you would not want to be assigned
   b. List enough locations to give your AO some flexibility in making the best match for you
   c. Make sure to enter comments if you have specific needs or unusual circumstances. Be sure to list your joint spouse status if you are married to an active duty member. Absolutely mention any humanitarian or medical issues that should come to the attention of your AO.
4. When you submit or change your PW, consider sending an email to your AO so that he/she will know to look it over.
5. Feel free to call your AO to discuss your preferences and any additional unique issues. You can reach AFPC/DPAMP at DSN 665-2641.
6. Understand that the needs of the Air Force must be met and that those needs may drive “last minute” changes in spite of the best preparation and communication. Everyone in the system works hard to avoid this sort of turbulence, but sometimes it just happens.

EDITORIAL POLICY & INFORMATION FOR AUTHORS

The views expressed in this publication are those of the individual authors and not necessarily those of the Society of USAF Flight Surgeons or any other rational group of intelligent individuals. The FlightLines newsletter is published when there are enough submissions to fill at least eight pages. Material (cool photos and interesting articles) for publication may be submitted by e-mail. An electronic picture (.tif or .jpg preferred at 300dpi) of yourself to be placed with your article would be appreciated. The editors reserve the right to edit material prior to publication due to space limitations. Submissions should be constructive and of general interest. Name withheld upon request but must be included with submission.
Assignment System Pitfalls
Pat Storms, Colonel, USAF, MC, FS
RAM 2005

Prior to starting my RAM training, I had the opportunity to spend a couple of years as Chief of Physician Utilization at the Air Force Personnel Center (AFPC). I was responsible for the assignments of physicians up to the rank of Lt Colonel, and I had a chance to see what an officer can do to enhance or impede the possibility of getting an assignment in their preferred location. Here are some common pitfalls:

**Being so focused on your next job, that you don’t pay attention to your current job.**

Don’t look so far forward that you ignore the important work that needs to be done today. You do not enhance your chance to gain rank and responsibility by doing a crummy job with present duties.

**Failure to bring your boss into the assignment deliberation process.**

Not only is your boss a great source of mentorship and insight into future assignment prospects, but to work an assignment without bringing your boss into the loop could leave them with an unexpected vacancy. Leaving your boss in a bind is never a wise career move.

**Failure to submit a preference worksheet (PW).**

I was amazed when an officer told me that he refused to submit a PW because then AFPC couldn’t give him an assignment (!). Your PW is your voice in the assignment system. If you don’t submit one, you are telling your assignments officer (AO) that you have no assignment preferences and would be pleased to go absolutely anywhere they would like to send you. Is that really the message you’re trying to send?

**Submitting an incomplete or inaccurate PW.**

Your assignment needs may change over time. Make sure that you update your PW as needed. Just be aware that each time you change your PW, your Sq/CC has to go into the system and validate the changes. Making weekly changes to your PW risks annoying your CC and leaves the impression that you really don’t know what you want. Think about the changes you want to make, discuss them with your boss, and then make your updates.

Some individuals list only one location in their preferences, thinking that if that location isn’t available then AFPC can’t move them (not true). Listing only a single location suggests that if you can’t go to your lone pick, you’d be equally happy anywhere else. Make sure you give your AO some flexibility in finding the best match for you. Other officers list the same location six times, thinking that this adds emphasis. Actually, listing a location several times only limits your ability to record your preferences.

Make sure that you do NOT list locations where you would not care to go. Some officers hate to see blank spaces on the form and just fill them in for completeness. If you list a location as a preference and you’re matched to that location, that is seen as a “win” at AFPC.
Assignment System Pitfalls (cont)

Failure to use the “comments” section.

If you have a unique situation that demands special attention, be sure that you specify your needs in the comments section of the PW. Also make sure that you mention joint spouse issues, cross-service spouse issues, and anything else that will give your AO the information he/she needs to take your special needs into account. Notifying your AO of special needs only after an assignment RIP hits your hands is the wrong way to do business, since it may not be possible to turn that assignment off once you have a RIP.

Failure to call your AO on the phone.

If you have a situation that should be dealt with in one-on-one conversation, call your AO on the phone and discuss it. You can reach Physician Utilization at DSN 665-2641, and your call will be forwarded to the appropriate AO. You’ll find your AO to be interested in your needs and receptive to a discussion of how best to meet those needs while ensuring that the needs of the Air Force are met as well.

Waiting until the last minute to mention humanitarian or medical issues.

This is a huge mistake! The turmoil caused by springing a “last minute” humanitarian or medical problem will definitely impact you and your family. Think ahead and make sure your AO is aware of any medical or humanitarian issues well before it’s time for you to get an assignment. Working the issue in advance will ensure that your special needs are met to the greatest extent possible.

Working your own assignment outside of normal channels.

By directly communicating with facility commanders and attempting to “cut your own deal”, you subvert the system and risk impacting not only your assignment, but also the assignments of many other officers. If your AO feels that direct communication between you and your potential commander is needed, he/she will assist you in arranging that communication.

Failure to leave yourself open to unexpected possibilities.

You can find success and happiness in the most unexpected places. There were several occasions in which an officer initially expressed displeasure at their assignment, only to call back later and state that it was the best assignment they ever had. One huge advantage that the Air Force offers is the chance to go places and do things that you would never envision in a civilian occupation. Sometimes going with the flow is the best way to find fulfillment.

The assignment system exists to meet the needs of the Air Force by supplying qualified officers to locations that need their unique talents, and doing so in a timely fashion. It is often possible to meet the needs of the Air Force while simultaneously meeting your own personal desires, and all of the people at AFPC work hard to make that perfect match happen for you. Submitting a PW and communicating with your AO is the best way
Forty Years Later:
John F. Kennedy Speech at USAFSAM

November 21, 2003 marks the 40th anniversary of the dedication of the Aerospace Medicine Division at Brooks Air Force Base, Texas by President Kennedy. The President’s tour included visits with four airmen undergoing a month long oxygen test in the altitude chamber. He reinforced his administration’s commitment to aerospace medical research and its contributions to the manned American space program. His speech to 10,000 was the last public address before his assassination in Dallas the following day. This fall the Brooks City Base community is planning a ceremony commemorating the events, and the museum at Brooks’ Hangar 9 contains exhibits detailing the President’s visit. We reprint President Kennedy’s speech here in its entirety.

GRESS TO THE UNITED STATES
JOHN F. KENNEDY at
DEDICATION CEREMONY OF THE NEW FACILITIES OF THE SCHOOL OF AEROSPACE MEDICINE OF THE AERO-SPACE MEDICAL DIVISION
BROOKS AIR FORCE BASE, TEXAS
NOVEMBER 21, 1963

Mr. Secretary, Governor, Mr. Vice President, Senator, Members of the Congress, members of the military, ladies and gentlemen.

For more than three years, I have spoken about the New Frontier. This is not a partisan term, and it is not the exclusive property of Republicans or Democrats. It refers instead to this nation’s place in history, to the fact that we do stand on the edge of a great new era filled with both crises and opportunity, an era to be characterized by achievements and by challenge. It is an era which calls for action, and for the best efforts of all those who would test the unknown and the uncertain in every phase of human endeavor. It is a time for pathfinders and pioneers.

I have come to Texas today to salute an outstanding group of pioneers—the men who man the Brooks Air Force Base School of Aerospace Medicine and the Aerospace Medical Center. It is fitting that San Antonio should be the site of this Center and this School as we gather to dedicate this complex of buildings. For this city has long been the home of the pioneers in the air; it was here that Sidney Brooks, whose memory we honor today, was born and raised. It was here that Charles Lindbergh and Claire

November 21, 1963 at the dedication of the Aerospace Medicine Division at Brooks AFB by President John F. Kennedy. Also shown are Maj. Gen. Theodore C. Bedwell Jr., AMD/CC, Mrs. Kennedy, and Vice President Johnson

Special thanks to Lt. Col. John Stea and Dr. Edward Alcott from Brooks City Base for providing the context for this historical event.
Chennault and a host of others, who in World War I and World War II and Korea, and even today, have helped demonstrate American mastery of the sky, trained at Kelly Field and Randolph Field, which form a major part of aviation history. And in the new frontier of outer space, while headlines may be made by others in other places, history is being made every day by the men and women of the Aerospace Medical Center without whom there could be no history.

Many Americans make the mistake of assuming that space research has no value here on earth. Nothing could be further from the truth. Just as the wartime development of radar gave us the transistor and all that it made possible, so research in space medicine holds the promise of substantial benefit to those of us who are earthbound. For our effort in space is not, as some have suggested, a competitor for the natural resources that we need to develop the earth, it is a working partner and a co-producer of these resources. And nothing makes this clearer than the fact medicine in space is going to make our lives healthier, and happier here on earth. I give you three examples.

First, medical space research may open up new understanding of man’s relation to his environment. Examination of the astronauts’ physical and mental and emotional reactions can teach us more about the differences between normal and abnormal, about the cause and effects of disorientation, in metabolism which could result in extending the life span. When you study effects on our astronauts of exhaust gases which can contaminate their environment, and seek ways to alter these gases so to reduce their toxicity, you are working on problems similar to those we face in our great urban centers which themselves and being corrupted by gases and which must be cleared.

Second, medical space research may revolutionize the technology and the techniques of modern medicine. What ever new devices are created, for example, to monitor our astronauts—to measure their heart activity, their breathing, their brain waves, and their eye motions at great distances and under difficult conditions, will also represent a major advance in general medical instrumentation. Heart patients may even be able to wear a light monitor which will sound a warning if their activity exceeds certain limits. An instrument recently developed to record automatically the impact of acceleration upon astronauts’ eyes, will also be of help to small children who are suffering miserably from eye defects, but are unable to describe their impairment. And also by the use of instruments similar to those used in Project MERCURY, this nation’s private as well as public nursing services are being improved, enabling one nurse now to give more critically ill patients greater attention than they ever could in the past.

Third, medical space research may lead to new safeguards against hazards common to many environments. Specifically, our astronauts will need fundamentally new devices to protect them from the ill effects of radiation, which can have a profound influence upon medicine and man’s relation to our present environment.

Here at this Center we have the laboratories, the talent, the resources to give new impetus to vital research in the life sciences. I am not suggesting that the entire space program is justified alone by what is done in medicine. The space program stands on its own as a contribution to national strength. And last Saturday at Cape Canaveral I saw our new Saturn C-1 rocket booster which, with its payload when it rises in December of this year, will be for the first time the largest booster in the world carrying into space the largest payload that any country in the world has ever sent into space. That’s what I consider.

I think the United States should be a leader. A country as rich and powerful as this, which bears so many burdens and responsibilities, which has so many opportunities, should be second to none. And in December, while I do not regard our mastery of space as anywhere near complete, while I recognize that there are still areas where we are behind, at least in one are—in the size of the booster—this year I hope the United States will be ahead. I’m for it.

We have a long way to go; many weeks, and months and years of long tedious work lie ahead. There will be setbacks and frustrations and disappointments. There will be, as there always are, pressures in this country to do less in this area as in so many others, and temptations to do something else that is perhaps easier. But this research here must go on, this space effort must go on, the conquest of space must and will go ahead. That much we know—that much we can say with confidence and conviction.

Frank O’Connor, the Irish writer, tells in one of his books how, as a boy, he and his friends would make their way across the countryside, and when they came to an orchard wall that seemed too high, and too doubtful to try, and too difficult to permit their voyage to continue, they took off their hats and tossed them over the wall—and then they had no choice but to follow them.

This nation has tossed its cap over the wall of space—and we have no choice but to follow it. Whatever the difficulties, they will be overcome; whatever the hazards, they must be guarded against. With the vital help of the Aerospace Medical Center, with the help of all those who labor in the space endeavor, with the help and support of all Americans, we will climb this wall with safety and with speed—and we shall then explore the wonders on the other side.
Aeromedical Research
Rod Friend, Captain, USAF, MC, FS

As a Phase II Resident in Aerospace Medicine (RAM), I recently had the opportunity to support and observe research conducted by the Biodynamics and Protection Division of the Air Force Research Lab (AFRL/HEP) at Brooks City-Base. AFRL performs the great majority of science and technology research conducted by the Air Force. One of ten technology directorates, Human Effectiveness (HE) focuses on the man-machine interface and impact of operational challenges on the warfighter. One branch of the Biodynamics and Protection Division at Brooks studies the effects of fatigue and impact of various countermeasures in a unique DoD sleep laboratory. Another branch researches and supports development of crew protective equipment in high-G and high altitude environments.

The majority of the Human Effectiveness Directorate’s research is conducted at Brooks City-Base, Wright-Patterson AFB, and in Mesa, AZ. Visual display systems, auditory protection, and crash impact studies are major areas of research at the Wright-Patterson portion of the Biodynamics and Protection Division. AFRL/HEP research is also conducted at various operational locations, such as the 49th Fighter Wing at Holloman AFB, the Air Force Survival School at Fairchild AFB, and the 509th Bomber Wing at Whiteman AFB.

A very small portion of the Air Force budget is allocated to AFRL/HEP for applied research programs. When research is needed to address specific operational questions, this must generally be funded by the MAJCOMs. For example, USSOCOM has funded many altitude projects with potential relevance to the (V-22) Osprey and other high altitude flying missions. ACC has requested the Protective Systems Branch to investigate the impact of positive pressure breathing in the high-G environment without use of the counterpressure vest.

Another research protocol currently in progress at the Brooks altitude chamber investigates the impact of interrupting the scheduled pre-breathe on the incidence of decompression sickness. Aircrew who fly high altitude missions (e.g. U-2s) are required to pre-breathe 100% oxygen for one hour before flight. If for any reason the mask seal should be broken, the clock must be started over. Data does not exist to substantiate the absolute need for uninterrupted pre-breathing. The current protocol calls for a thirty minute 100% oxygen breathing period, followed by an interruption of zero, ten, or twenty minutes during which the subject breathes room air. The subject then pre-breathes 100% oxygen for another thirty minutes before being flown in the chamber to an altitude of 30,000 feet. The subject is closely monitored throughout the flight for signs and symptoms of decompression sickness. This assessment includes utilization of a robotically controlled ultrasound machine that monitors the subject’s heart for the presence of nitrogen bubbles. The principle investigator of this project is Dr. Andrew Pilmanis, a renowned expert in the field of hypobaric research.

Another project in progress at Brooks utilizes the human research centrifuge to determine the impact of fatigue and stimulant pharmacological agents on +Gz tolerance and pilot performance in fatigued pilots during the circadian nadir. Supported by Congressional funding, the G-MED study compares the efficacy of various stimulants (dextroamphetamine, modafinil, pemoline, and methylphenidate) in preventing performance degradation during sustained operations without the appearance of unwanted side effects. The results of this study may provide operational pilots with more options to meet the demands of real world missions requirements.
Aeromedical Research (continued)

The Brooks Sleep Lab routinely studies the impact of pharmacologic agents on performance. In today’s Air Force, operational requirements call for mission capabilities anytime, anywhere. “Jet lag” simply cannot be allowed to interfere with the accomplishment of the mission. Therefore studies are ongoing to investigate ways to reset the body’s internal clock and ameliorate fatigue using pharmacologic agents. Various protocols involving different sleeping periods with and without the use of a pharmacologic agent and the ability to maintain mental performance are being investigated. Results of these studies will increase the ability of the warfighter to maintain performance regardless of the time of day or night giving the Air Force greater flexibility in the global arena.

The projects I have described comprise only a small amount of the amazing research being conducted under the auspices of AFRL’s Biodynamics and Protection Division. Opportunities exist for flight surgeons in the field to participate in research studies. Interested persons who would like to do so are encouraged to visit the AFRL website at www.he.afrl.af.mil for more information.

The author would like to thank Col Carol Ramsey and Col Rich DeLorenzo for their considerable input and editing of this article.

The editors would like to thank Capt Friend for his excellent suggestion to include periodic views from the research community and laboratories in future Flightlines issues.

Flightline Editor’s Column

As the editors of the upcoming year of Flightlines, we look forward to working with Brig. Gen. Green, the society officers, and you to put together four quarterly issues with a “back to the basics” approach to flight medicine. As our society members shape the future of aerospace medicine, we should remind ourselves of the contributions made by our predecessors in aviation medicine and look to our own living history for future guidance. Aerospace medicine pioneers were not just aviators or medics but rather a fusion of the researcher, the operational flight doc, and astute clinician that we should continue to emulate.

Look for these common themes in future issues. Expect historical vignettes (fancy word for these flight surgeons…) with pertinent aeromedical implications...because sometimes the best way to know where you’re going is to know where you’ve been, and we shouldn’t forget many of these guys did some pretty heroic stuff. Similarly, expect “Views from the Lab” (aka “The Research Corner”). We will not even attempt to duplicate the “Blue Journal”, but rather present to the operational flight surgeons the remarkable array of “leading edge” research happening in the world of aerospace medicine. We also wish to publish whatever it is that will help you do your job better...whether at home or deployed. Tell us what you want to hear about, or better yet, write something up and send it in for inclusion in upcoming editions. Finally, count on us to publish topics that are too exciting to pass up or too important to gloss over. Face it, being a flight surgeon should be the coolest job in the world. If FlightLines doesn’t reflect that, new editors are in order!

Air Force flight medicine has a rich heritage to draw upon and a bright future ahead under the able leadership of Lt. Gen. Taylor and you...the members of our society. Bring on the upcoming year and any dragons that need slaying. Air Power!

Lt. Col. Kerry B Patterson
Maj. Paul Nelson
BOOK REVIEW

FLIGHT SURGEON: DIARY OF MEDICAL DETACHMENT, 1943-1944
Compiled and edited by William N. Gaillard

ABOUT THE BOOK:

The inspiration and compilation of the updated text for Flight Surgeon grew out of the whole litany of World War II war stories William N. Gaillard had heard as a child from both his parents and their nearby American and English blood relatives; all of whom were either military combat veterans or former civilian ancillary staff members who had directly supported the war effort—both here and in the European Theatre of Operations overseas.

Over the ensuing years, he had learned that his doctor-father had kept a day-to-day war diary of his 242nd Medical Detachment at the USAAF 381st Bomb Group Station #167 in Ridgewell, Essex, England. He had always heard about it, but had never actually seen it...let alone, read it.

Ostensibly, if you are a physician or other health care professional, you will find this account to be a particular, instructive benefit relative to today’s medicine; and, if you’re not, you’ll enjoy it anyway simply for the marvelous adventure that it tells. It is to be savored by all.

THE LORD OF THE “FLIGHT SURGEON”:

The diaries are the kind of document generally used as source materials by historians, and as such lack the superimposed, storybook narrative we have come to expect from popular war histories. But these diaries reward close attention, as what at first appears to be bureaucratic prose warms as Gaillard’s own voice emerges, recreating a world through accumulated detail (the language of the day shines through – bad weather is “stinko”, a hot beverage drinker is a “cocoa guzzler” and military-issued meat is derisively nicknamed “embalmed beef” by the enlisted men).

The task “The Greatest Generation” faced, and the sacrifices it made, are apparent on every page. There are descriptions of missions all across the European theater of combat, such as one report of a bomber that ascended into the clouds leading a bomber formation and emerged, still leading a formation, but of Fock Wulf 190 German fighters, who strangely peeled off without firing shots (“I guess ‘Jerry’ must have felt sorry for him,” Gaillard notes). The names of those crews who didn’t return appear with shocking regularity, and reading the lists is much like reading the Vietnam Memorial in D.C., the lost humanity somehow resonating in the names alone.

There are worlds within worlds here: one psychological evaluation tells the strange tale of Cpl. Martin W. Rogers, the hapless soldier who enlisted in the Army to be an aerial gunner but, never achieving his goal, became disillusioned and went AWOL not once, but twice, traipsing around wartime England masquerading variously as a decorated pilot and an intelligence officer. Rogers was caught when he entered a local police station to offer his “services” in mediating a brawl between British sailors and American soldiers; he claimed he was hallucinating and could not remember much of what he said or did during his AWOL adventure. Flight Surgeon offers many such unexpected treasures.

Additionally, this is, for all intents and purposes, a medical War diary with many anatomical and numerous, dated technical, military terms and acronyms for which some individuals may be unfamiliar. Obviously, this isn’t medical school or the Army, and not everyone can be expected to have a copy of Gray’s anatomy, the U.S. Army Manual, or the Uniform Code of Military Justice from 1943 handy at all times to understand this narrative. So, without going too far overboard, Mr Gaillard compiled a brief glossary for terms and acronyms at the end in a separate section for the convenience and accommodation of the modern reader.

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Correction: The previous issue of Flightlines incorrectly named 12 flight surgeons as Malcolm Grow award winners. The 12 deserving flight surgeons named were MAJCOM nominees for this prestigious award. Capt. Leigh Swanson from AFSC was chosen the Malcolm Grow award winner. We congratulate Capt. Swanson and all the MAJCOM nominees for their excellent work.
I’ve taken the Exec Officer handoff from Maj. Laughrey and so far managed to keep society business running down here from USAFSAM. I’m looking forward to a rewarding year as a society officer, RAM, and Texan. All three roles have fairly steep learning curves, but I’m always looking for a good challenge.

This year is also an historically significant year for the School of Aerospace medicine, as illustrated in this Flight Lines issue. As you read through these articles I hope you’ll remember what sparked your initial interest in Aerospace Medicine and think about what keeps you coming back for more. After you’ve relived whatever it was that turned you on and keeps you going, take a moment to share that with another doc, junior flight surgeon, or colleague. The Air Force is full of unique and fulfilling opportunities that allow flight medicine to sell itself when presented enthusiastically. We need to recruit and retain. Be sure to spread the word.

As our RAM 2005 class settles into our Aerospace Medicine year here at Brooks I’m reminded how diverse flight medicine truly is. By that I mean there wasn’t a cookie cutter that created our class to have all the same core competencies, academic background, clinical practice, leadership roles and experience, or long-term goals and interests. The challenge of the Aerospace Medicine year is to make us more aware of the bigger picture and common goals. This is not new or unique to our class, but it highlights the importance of passing along corporate knowledge and enthusiasm for our profession. The rotations so far have provided the added benefit of dedicated professionals taking extra minutes out of their busy day to impart pearls of wisdom that weren’t related to the objectives of that particular rotation. This prevents us from painfully reinventing the wheel, provides an understanding that extends beyond metrics and measures, and reinforces that becoming a RAM was a worthwhile choice.

Obstacles and inconsistencies are typically obvious, but the solutions that may already exist more often than not hide themselves. When you find yourself in a position to influence and inspire please take advantage of that opportunity to the benefit of everyone. Providing a junior flight surgeon or RAM with the pearls that make their life a little easier earns you kudos that last a lifetime. So as you peruse our history in this issue, please think about dedicating some energy to our future. I’ve personally benefited greatly from the extra effort that’s been put out on my behalf, and I’d argue that the Air Force receives a handsome return on any investment you put into it’s junior members.

Thank you for being a member of this fine society and Air Force.

Air Power!
SOUSAFFS NEW MEMBERS/MEMBERSHIP RENEWAL INFORMATION

Please complete the applicable items on this form, detach and mail with a check for $15/yr to the Society at Box 35387, Brooks City-Base, TX 78235-5387. Checks should be made payable to: The Society of USAF Flight Surgeons. **Credit card payments, as well as address changes, can be made on-line at www.sousaffs.org.** The membership year begins on the date you join and continues for 12 consecutive months. Life membership is available for $150 -- you must also be a life member of AsMA.

Name/Rank: __________________________ Service (circle): AF AFRES ANG RET INTL

Complete Mailing Address: __________________________________________________________

E-mail Address: __________________________

Aerospace Medical Association membership paid through (month/year or life): ______________________

**THE FOLLOWING INFORMATION IS REQUIRED OF NEW MEMBERS ONLY**

Medical school and year graduated: ______________________________________________________

Internship/Residency and year completed: _______________________________________________

Aerospace Medicine Primary Course place and year graduated: _____________________________

In order to become a member of the Society, we may need to verify your information. Do we have your permission to verify the above information?  YES  NO  (circle one and sign/date below)

Signature: __________________________ Date: __________________________

Membership is open to all flight surgeons in good standing who are members of our parent organization, the Aerospace Medical Association (AsMA). Society by-laws define the classes of membership. For more information, see the Society Website at www.sousaffs.org.