DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON 25, D.C.

REPLY TO
ATTN OF: AFCSG-11.1

SUBJECT: Trip Report - Attendance at Army Aeromedical Symposium 29 June 1960

TO: AFCSG-10

1. I departed Fort Belvoir, Virginia, via Army aircraft on 6 June for Pensacola, Florida, and returned in the same manner on 10 June. The flying was excellent in L-23 aircraft and the Army pilots were most cordial and seemed happy to discuss their flying problems with the flight surgeon. Relationships between the Army pilot and the Army flight surgeon appeared to be excellent.

2. Purpose of the Visit. I had been asked to speak to the first Army Aeromedical Symposium on the subject of noise and disorientation problems in helicopters.

3. Key People Contacted. A detailed registration list for this symposium is attached to this report. In addition to these individuals I visited the Navy School of Aviation Medicine, Pensacola, and talked with Captains Newman and Lautzenheizer and other members of the staff.

4. A complete program for this symposium and a set of the hand outs are attached to this report. The hand outs include copies of some of the talks in addition to some literature furnished by the United States Army Board for Aviation Accident Research, USABAAR (which was the sponsor of the symposium). The Aeromedical memoranda which are published by USABAAR appear to be excellent and are well received by the field flight surgeons. It is hoped that we may make better use of the Medical Service Digest in this same regard in the USAF. The entire symposium was taped and copies will be made available to each participant. I would like to make some general remarks concerning the conference and then comment very briefly on some of the more important points made.

a. It is interesting that this is the Army's first symposium on Aviation Medicine. It is also the first symposium on this subject I have ever attended at which I was totally outnumbered by Army personnel. The Navy also was extremely well represented and were in a sense host to this symposium though it was held at the San Carlos Hotel

downtown rather than at the Navy school. There were six Navy speakers, five Army, four USAF, and three civilians. On the first day Admiral Goldthwaite and Admiral Holland were most effusive in their welcome and in their offers to help the Army at any time with any aviation problems. This theme was carried on by each succeeding Navy speaker. The point was made several times that many of the Army flight surgeons are trained at the Navy school and further that they obviously received the "cream of the crop" and it was hoped that the Army would continue to send the bad ones to the USAF school at Brooks. In rebuttal to this comment I informed the symposium that better than 75% of the Army flight surgeons were trained at the USAF School of Medicine and if we were receiving the poorer choices then certainly Aviation Medicine within the Army was in a sad state.

b. Another interesting point was the virtual lack of any high ranking Army medical participation. This may be partially explained by the scheduling of this symposium just prior to the AMA meeting in Miami. Lt Colonel Austin represented Lt General Heaton and I was informed in conversation that many of the Army surgeons in attendance had received a direct letter from General Heaton requesting that they attend the Army Aeromedical Symposium.

c. The Army has some six thousand aviators at present and currently has a program underway to train all of their Majors and Lt Colonels as aviators. This emphasizes the fact that aviation is still viewed as an organic part of the Army team and aircraft and pilots are assigned much as a gun, tank, etc. In fact there is a regulation requiring that the Army pilots be rotated to ground, infantry, artillery, etc., duties at regular intervals. General Easterbrook emphasized that the role of Army aviation is undergoing constant modification. It is hard to nail down but is coming of age. He stated that manned aircraft will have importance in the Army structure for years to come. Aviation should be used to free the ground commander from mud, hills, defiles, etc. The USAF and the Navy emphasize speed and altitude, while Army aviation must be concealed and thus low and slow. This very fact is an important one in producing accidents which may be as disastrous for the commander as enemy action. The Army aviator has no speed nor altitude as an ally in case of an impending accident. Thus the General stressed that the psychiatric and medical supervision of aviators must receive more emphases.

d. Colonel Austin stated that the primary purpose of the symposium was to enlighten the senior medical officers to the fact that the Army does have an aviation medicine problem. He stated that there are now fifty-four flight surgeons engaged in the practice of aviation medicine

in the Army and the current world-wide need is seventy. The training of Army aviation medical officers is as follows: They receive their basic training at either the Navy or USAF Schools of Aviation Medicine. Upon graduation they attend a two-week course at Rucker familiarizing them with Army aviation problems and allowing them to actually fly the various Army aircraft. It is planned that this program may be increased to three or four weeks duration. These graduates are called Aviation Medical Examiners. After one year of practice and one hundred hours of flying in the case of USAF SAM graduates, and six months practice and fifty hours of flying in the case of Navy SAM graduates, they may apply for the designation of flight surgeon. They remain non-rated and receive non-crew member pay of $110 per month. The Army Medical Service has approved a residency program in Aviation Medicine and one officer, Lt Colonel Spurgeon Neal, has just completed this program and successfully passed his Boards in Aviation Medicine at Miami in May. Three students will enter this program this coming fall and then two each succeeding year. The program consists of one year at Harvard; one year at the ACAM, USAF SAM; one year residency at USAF SAM; and three years of practice. The officers entering Harvard this fall are Captains Hertzog, Shambreck, and Chappell. At the present there is a rough ratio for assignment of one aviation medical officer at each post with thirty or more aviators. The authorization does not call for one aviation medical officer per each thirty aviators assigned, however. They have found that there is no magic ratio number but do feel that each surgeon's office at Army level should have a Lt Colonel aviation medical officer on the staff. Corps and field Army headquarters should also have such an officer. They presently have flight surgeons assigned to NASA and the FAA. The biggest complaint in the Army aviation program is that the flight surgeon is not allowed to practice aviation medicine. It was hoped that this situation might be relieved somewhat by the attendance of base surgeons at this symposium. The attrition rate in the Army is high as they will loose twenty-six flight surgeons in 1960 and eleven more in 1961. A great deal of discussion cnetered around the inequity of flying pay. They cannot see why as Army flight surgeons they receive only $110 per month while both their Navy and USAF counterparts receive rated pay based upon rank and longevity. They plan to make a strong plea again to the Army to have this pay raised to the Navy and Air Force level or else have ours lowered to theirs.

e. Other questions which came up in the discussion are of interest. I informed the symposium of the resolution passed by the Aerospace Medical Association and submitted by the committee on the military flyer. This resolution, passed in 1959 and again this year, called for an

emphasis on the flight line practice of aviation medicine by the flight surgeon in order to further reduce the accident potential. General Easterbrook was quite interested in what we might do to tell how a man will perform on a given day. A great deal of discussion centered around examining an individual prior to each flight. The Navy emphasized that each high performance jet flight was like a championship bout and the pilot should be examined by the flight surgeon just as the fighter is before he enters the ring. General Easterbrook also was concerned with the problem of vertigo. We discussed the vertigo training program as now used by TAC and he seemed most interested.

f. Some time had been set aside to allow for a discussion of the base surgeon and flight surgeon problems from the field. Many of these were discussed, such as air evacuation problems and the like, and it is interesting to note that the Army is doing a considerable amount of air evacuation in their own aircraft. The entire session was thrown into a shambles, however, when Colonel W. W. Heihle, the base surgeon at the Army hospital at Sandia Base, New Mexico, took the floor and stated that he saw no reason for flight surgeons whatsoever. He said his (Col. Heihle's) mission was to take care of dependents and if we were well staffed enough to have special physicians to entertain pilots then these people should be removed and put to work taking care of dependents. He further stated that flyers saw the hospital personnel when they were sick anyway. His discussion went further and it was quite obvious that Colonel Heihle had totally ignored anything he had heard during the two-day symposium. It is base surgeons just such as this who for their own reasons, which are decidedly obscure to me, sabotage any mission oriented medical care within the service. It is unfortunate that Colonel Heihle's line commander and General Easterbrook did not hear this statement made. I am sure it would have been enlightening to know that we are all in uniform to take care of dependents. The taxpayers, too, might be extremely interested in this point of view. Following this talk the Army flight surgeons were all extremely bitter and disillusioned. In fact the three flight surgeons scheduled to enter Harvard in the fall seriously discussed transfer to the USAF with me. Many others approached me on the same subject.

5. In conclusion it is my observation after attending this symposium that though there are many dedicated and sincerely interested people within the Army structure as evidenced by the speakers and the discussions, aviation nor aviation medicine will ever have any stature within the Army as long as it is maintained organic to other Army functions and

used as another gun. It is obvious that if the present feelings prevail the FAA medical examiner positions may well be filled by former Army flight surgeons. I would strongly suggest that we participate in any Army meetings having to do with aviation medicine and make our presence well known and render every bit of help possible, for it is obvious that the Navy at present would like to become "big brother" to Army aviation medicine.

Charles A. Berry

CHARLES A. BERRY
Major, USAF, MC
Aerospace Medicine Division

1 Atch
Folder