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

REPLY TO ATTN OF: AFCSG-11

SUBJECT: Report of TDY

2 March 1960

TO: AFCSG-10

1. The primary purpose of this trip was the presentation of a four hour seminar on "Aircrew Effectiveness from the Surgeon General's Viewpoint" to the Advanced Course in Aviation Medicine (Phase II) students at SAM, Brooks AFB, Texas. Additional time was to be utilized to discuss a variety of problems with various members of the SAM staff.

2. I departed Washington, D. C., for SAM, Brooks AFB, Texas, on 15 February 1960 and returned on 19 February 1960. Travel was via commercial air.

3. The key persons visited in addition to the ACAM students included Major General Benson; Colonels Webb, Campbell, Pickering, Hekhuis, and Kraus; Lt Colonels Randel, Flaherty, and Flynn; Majors Burwell, Hawkins, and Morris; and Doctors Clamann, Hauty, Hale, and Strughold. In some instances these contacts were merely to "touch base" with certain workers, and, in others, specific problems were involved.

4. I was scheduled to present the Aerospace Crew Effectiveness Seminar from 0800-1200 on 16 February 1960. At noon the classes for the remainder of the day were cancelled and I continued the Seminar until 1630. In addition to the students this Seminar was attended intermittently by Colonels Webb, Kraus, and Hekhuis; Lt Colonel Randel; Majors Burwell, Smith, and Stumpe; and the residents (Day, Kelly, and Graveline). This was apparently a very fruitful session for the students and also for me. The morale of the ACAM students was at a very low ebb and many were asking themselves whether there was any future in the specialty, why had they entered the course, and was this a good time to bail out? Some of this reaction is normal at this stage as judged by previous ACAM classes, but there was an overabundance in the present ACAM. I was told by several of the students and by members of the staff that the day's discussion did much to change this climate of unrest. There was a general feeling that they have been misled into the "chosen few" class with little evidence that they are chosen or even cared about after they are "aboard". They were assured that this section and division have a very personal interest in their careers, along with other divisions of the Surgeon General's Office, and that steps are being taken by the Surgeon General to elevate the status of their future specialty within the USAF. The following topical areas were discussed:

a. The organization of the Office of the Surgeon General and the Aerospace Medicine Division in particular. Handouts were used to acquaint

the students with names of personnel assigned to the various offices. The mission of the Aerospace Medicine Division was stated as providing guidance and establishing policy for the USAF Aerospace Medicine Programs.

(1) The Aerospace Crew Effectiveness Section is responsible for supervising the Aerospace Crew Effectiveness Program in the USAF by reviewing program reports, initiating follow-up action where indicated, disseminating important trends, ideas, etc., and by staff visits to the various commands to assure currency in these programs and to offer specialty consultation. It should also give guidance to AFCSG-20 in assigning Aviation Medicine Officers and particularly the "Board" certified men (Aviation Medicine). The proposed creation of Consultants to the Surgeon General in Aerospace Medicine was hailed by many staff and student personnel as a great step in the right direction. A memorandum requesting the formal establishment of these positions will be sent to Colonel Jennings momentarily.

b. The revision of AFR 160-69 was discussed. All felt the briefing of the regulation with the details to be put in AFM 160-5 was a good idea. They also were in agreement with combining the Preventive and Occupational Medicine (including Missile Medicine) in this report and making it quarterly. There was some discussion pro and con, but the consensus was against combining the Professional Activities Report with the Aircrew Effectiveness Report. We should delete the Aviation Medicine Section from the Professional Activities Report.

c. The handling of Aircrew Effectiveness Reports was outlined and some current problems noted on these reports were discussed. It was generally agreed that the Surgeon General (Aerospace Crew Effectiveness Section) should take a more active role in supervision of command programs as the medical inspection service has been discontinued.

d. The proposed close monitoring of aviation medicine assignments by coordination of the activities of AFCSG-20 and AFCSG-11.1 was also enthusiastically received and appeared to be a real morale booster.

e. The draft of the Constitution and By-Laws of the proposed Air Force Society of Flight Surgeons was discussed with the class and several staff members. There were no changes suggested and all felt it was badly needed.

f. Training in Aviation Medicine was generally discussed with Phase IV being the center of interest. A poll of the students revealed that all of them preferred an assignment at a moderately large base as "Base Flight Surgeon". They were insistent, and rightly so, that this not be the same job they had before entering the program. It should be on a base large enough to insure a well-staffed Aerospace Medicine Service (Preventive, Aviation and Occupational Medicine). This is also an opportunity for us to show the line commanders what well-trained, well-staffed Aerospace Medicine Services can do to support their combat mission.

There is a crying need to sell ourselves and our combat mission role to the line. I firmly believe that carefully staffing some representative bases with well-trained, motivated and dedicated flight surgeons will turn the tide from such comments as that by General Caldera in his letter abolishing the medical inspection function. (It appears that the background information on the bases chosen for Phase IV training should be circulated to the Phase III students before they choose a base.)

g. The problem of the Central Flying Status Review Board and its relation to flight surgeons was discussed. A firm decision concerning tightening flying status for medical officers must be made soon, preferably by the Surgeon General and not the line. In short we should take steps to clean our own house and quit using flight pay for specialty pay. All the students are acutely aware of the serious problems in retention involved, but feel that we must seriously question the presence of certain specialty groups on flying status.

h. The recommendations of the Flying Safety Conference were discussed. Placing the flight surgeon on the Squadron UMD has many advantages but also creates some problems. It would protect him from being shunted to the OPD every time there is a shortage of medical officers and would make him responsible to a line officer thereby allying him more closely with the combat mission. It would pose problems in medical support. The current ability to man such UMD slots with full-time flight surgeons is doubtful.

(1) The question of work units for flight surgeon's duties has been discussed with AFCSG-30 and there seems little to be gained by the considerable effort required in new reporting if this were done.

j. Our file of policy letters and status of AFM 160-5, AFM 160-1 and the Flight Surgeon's Handbook were also discussed.

5. The status of AFM 160-5 (Flight Surgeon's Manual) was considered with Major Burwell. He has the galley proofs on about 60% of the manual and the bulk of the remaining 40% is in for galley printing. The major problem is still <u>time to do the job</u>. The timely revision of such manuals is a <u>full-time</u> job and cannot be expeditiously accomplished on a part-time, low priority basis. A decision of priority must be made for both AFM 160-5 and AFM 160-1 if they are to be completed.

6. I discussed the itinerary established for a year's training in Aviation Medicine with Colonel Kay (Korea). He was very grateful and enthusiastic. He will be in the Washington area for about 4 months starting in mid May. Further details of this itinerary may be obtained from me or Captain Urquia.

7. I visited the new altitude laboratory and checked on the status of the chambers. Major Holmstrom briefed me on the equipment and class problems. These will be fairly well solved within the next 30-60 days

when the chambers will be operative. Major Holmstrom is not an advocate of recompression therapy for chamber reactors and was asked to send us his objections for review.

8. The use of drugs in space flight was discussed with several staff members (Hekhuis, Hauty, Campbell, Hawkins, Webb, and Burwell). This information is to be used in a speech for General Cullen.

9. Colonel Pickering and Lt Colonel Payne asked that I review the QOR for the SAM centrifuge and advised that they would call when it had cleared ATC headquarters.

10. The problem of diminished light transmission in N-15 lenses with prescriptions in excess of +2.00 -0.50 x 90 was discussed with Majors Culver and Morris. If requested they would be able to determine light transmission curves for varying strength lenses. This information is needed to evaluate the limits established in AFR 160-25.

11. Captain Nevison of the Department of Physiology is most desirous of accompanying Hillary on the 1960 Himalayan expedition. He is uniquely suited for the task and hopes to make such study his life work. Every effort should be made to assign him to this task as he will do an excellent job for the USAF.

Charles A. Berry

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