

# Space Medicine Branch Report

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Annual Meeting  
Space Medicine Branch  
Las Vegas Hilton  
May 11, 1977

1. The 26th Annual Business Luncheon was called to order by President Karl H. Houghton, who was given temporary custody of the Arkansas Potlash Forest Gavel delivered by Capt. Paul Tyler on behalf of Capt. Roger Ireland, Custodian of the Gavel, by authority of the "real" Custodian, Dr. Frank B. Voris. President Houghton then introduced those seated at the head table. These individuals in order from the audience's right were: Dr. Paul Campbell, Dr. William K. Douglas, Dr. John M. Lagerwerff, Dr. Walton L. Jones, Maj. Gen. Heinz S. Fuchs, Dr. Karl H. Houghton, Maj. Gen. Thomas P. Stafford, Col. George C. Mohr, Capt. Paul Tyler, and Dr. O. G. Gazenko, who arrived after the luncheon had commenced and was seated as a matter of professional courtesy.

2. Col. George C. Mohr, on behalf of Col. Willard L. Meader, read the minutes of the 1976 business luncheon and presented the treasurer's report. It was noted that the Branch active membership increased from 99 in 1976 to 140 in 1977 in spite of the increased dues levy of \$3. The Branch bank balance also exhibits a favorable trend, standing at \$614.13 on 30 April, 1977. The membership was commended for their enthusiastic support during the past year. A motion to accept the minutes of the 1976 business luncheon and treas-

urer's report was seconded and passed unanimously.

3. President Houghton gave his president's report. He expressed his personal gratitude for the opportunity to lead the Space Medicine Branch during the past year. He commented on the Branch's formative plans to develop a Space Medicine Branch Newsletter. He also charged the members to communicate freely and often with their officers on means to improve the quality and productivity of the Space Medicine Branch.

4. Dr. Houghton presented the Hubertus Strughold Award to Dr. William K. Douglas, a Space Medicine pioneer known and respected for his singular medical contributions to America's Manned Space Flight Program. Dr. Douglas is now serving as Director, Program Engineering-Life Sciences, McDonnell Douglas Astronautics.

5. Dr. Houghton next announced the winner of the Space Medicine Branch Space Paper of the Year Award for 1977. Sq. Ldr. M. W. Whittle, RAF Institute of Aviation Medicine, Farnborough, Hants, U.K., won this year's award for his paper entitled "Regional Changes in Body Volume Observed in Skylab Astronauts." Since Sq. Ldr. Whittle was unable to receive his award personally, Gp. Capt. Peter Howard agreed to hand-carry the \$100 honorarium to the winner.

6. Dr. Walton L. Jones, Chairman, presented the report of the Nominating Committee. Nominees were: President-Elect: Harold J. von Beckh, M.D.; Executive

Committee: Lawrence F. Dietlein, M.D., and Fredric Doppelt, M.D. Karl H. Houghton, M.D., joins the Executive Committee as a past president; Col. Willard L. Meader continues for the second year of his 2-year term as Secretary-Treasurer; Col. Stanley C. Knapp, John M. Lagerwerff, M.D., Capt. Paul Tyler and David L. Winter, M.D., continue for their second year as members of the Executive Committee. A motion to accept the report was seconded and passed unanimously.

7. Dr. Houghton introduced the guest speaker, Maj. Gen. Thomas P. Stafford, Commander, AF Flight Test Center, Edwards AFB, Ca. General Stafford gave a stimulating narrated film presentation on the historic linking in space of the Apollo and Soyuz vehicles culminating this joint Soviet-American Test Program. The "on-the-scene" color movie record of the activities of Gen. Stafford and his fellow space pioneers of both countries showed the way to ever-expanding opportunities for manned operations in space.

8. Following the address, Maj. Gen. Heinz S. Fuchs, GAF, MC, was installed as President for the coming year and the gavel was relinquished by Dr. Houghton.

9. President Fuchs then presented the Past President's plaque to Dr. Houghton.

10. The meeting was adjourned at 2 p.m., 11 May, 1977.

Respectfully submitted,  
Willard L. Meader  
Secretary-Treasurer  
Space Medicine Branch

## FPA Criticizes FAA Regulation Of Air Ambulances

The Flying Physicians Association, whose membership of 2,400 is made up of physicians who fly their own planes, has sent a "frankly critical" reply to the FAA concerning its proposed regulations for air ambulances.

The FAA ANPRM (advance notice of proposed rule making) on air ambulances was printed in the Federal Register in July.

The FPA questioned, in the first place, whether there was any need for extensive rule making concerning air ambulances. It went on to criticize the proposed rules themselves.

Aside from providing no justification for air ambulance regulation, FPA says, the FAA rules proposed would:

- Require that even a patient with greenstick fracture of a radius be carried in "an airplane with resuscitation equipment, various medical supplies, etc. Obviously it is ridiculous and expensive to boot."

- Require onboard stethoscopes and blood pressure devices. "Ever try to listen to anything with a stethoscope while airborne? Particularly a very weak blood pressure?"

- Require medical oxygen to be carried. "As we all know, medical oxygen is fine for hospitals but, by definition, it is not safe in aircraft because of the possibility of extra moisture within the medical variety. The extra moisture can freeze in flight, effectively shutting off any oxygen flow."

- Require a 1-to-1 ratio of attendants to patients. "How many hospitals have 1-to-1 ratios in their ICUs?"

- Require yearly training of medical attendants in "a whole list of things" . . . so many that the attendant "would have no time at all left to work. He'd be spending all his time going to school!" The training would also be required of any physician who might ride aboard. The physician could either fly or serve as an attendant, but not both. FPA suggested biennial training but that physicians meeting their state or AMA continuing education requirements be exempt.

- Require that reports of deviations from the rules be filed with the flight standards service. "It does seem more logical that a report of a medical deviation should be reviewed by an FAA Regional Flight Surgeon."