

NEWSLETTER - WINTER 2003/2004

Patriotism, Devotion & Commitment On Board the USS Stennis By Dr. I. Howard Fine



Dr. Fine with Commander Tanzer on the flight deck of the USS Stennis.

Commander David Tanzer, MD, a naval aviator and ophthalmologist on staff at the San Diego Naval Medical Center, recently asked me to participate as a visiting professor in a once-a-year program specifically designed for the ongoing training of residents in cataract surgery. I agreed and that's how I found myself aboard the USS John C. Stennis, a Nimitz-class aircraft carrier.

Dr. Tanzer told me that my visit would involve flying to the carrier on a C-2 Greyhound, "trapping aboard" (making a carrier-arrested landing), touring the ship while underway, observing day and night flight operations, and flying off the following day via catapult launch. I found the thought thrilling, albeit somewhat frightening.

Nevertheless, two days before assuming my teaching assignment at the Naval Medical Center, I did indeed go on that tour. The experience left me awestruck at the enormous commitment and responsibility of the men and women who serve in the defense of the United States.

Commissioned in 1995 at a cost of \$3.5 billion, the Stennis is a fixed-wing, nuclear-powered aircraft carrier with a projected service life of more than 50 years. It is as tall as a 24-story building and has a 4.5 acre flight deck. The 97,000-ton Stennis can carry 85 to 90 aircraft and is capable of more than 20 years of

continuous service without refueling. Including the air wing, the Stennis has a crew size of 6,200 - requiring 18,000 meals a day.

While on board, I observed the training of new pilots in their first nighttime carrier landings. These operations involved several types of aircraft, including Super Hornet and Hornet jet fighters, Prowler tactical electronic-warfare planes, and Hawkeye surveillance and patrol aircraft.

I watched some of these operations on the forward deck, very close to the catapult assisted take-offs. I stood beside the captain on the bridge during the night operations. He answered my questions immediately — all the while concentrating on the control panel above him, which electronically monitored all of the pilots in the air, the number of take-offs and landings they had completed, and their fuel levels. The captain was in immediate communication with those approaching and leaving the ship. Unlike me, he remained calm and composed during several missed and touch-and-go landings.

At the machine shop, I watched two female mechanics repair a large jet engine. I learned about the need for speed in repairing damaged aircraft to make them combat ready, but also the requirement of extreme precision so that there was no threat to the pilots' lives. Both the combat direction center and the center for avionics and electronics contained multiple highly sophisticated computers, in many cases operated by young people who were extensively trained for their awesome responsibilities, despite the fact that they were only several months out of high school.

In fact, we learned that the crew has an average age of 19. Whether they are in training, on maneuvers or in combat, they all work 12 hours a day, seven days a week. In spite of this, there are far more applicants to serve on aircraft carriers than positions available, resulting in the continuous evaluation of all personnel. Anyone who is not fully proficient is rotated off and replaced by others eager to serve on board.

Naval aviation is the most potent and capable of all strike forces within our defense establishment. It was amazing to see the devotion to duty, the commitment, and the patriotism of the enlisted personnel.

That night I bunked in a stateroom just below deck. Despite the earplugs, I spent much of the night enthralled by the enormous noise of jet aircraft taking off and landing.

After my 24 hours on board the Stennis, I was brought back to the Greyhound for a catapult take off, which propels the aircraft from zero to more than 130 mph in less than 2 seconds. The force of the take-off was incredible — both frightening

and exhilarating. Shortly after take-off I was landing again at the naval airbase in San Diego.

My experience on board the Stennis left me awestruck, and filled me with a new sense of appreciation. We sometimes take for granted the freedoms we enjoy and the options these freedoms allow us. We take for granted the work of people like the crew of this aircraft carrier, most of whom are quite young yet work extremely hard with enormous patriotism, devotion and commitment.

I am grateful for this once-in-a-lifetime experience and for the renewed sense of appreciation it has given me for the men and women who remain so unselfishly dedicated to the defense of our nation.

The Wait: Our Consummate Challenge **By Sue Stuhr, COT**

One of the most common questions we hear from our patients is “How long will I be in the office for my appointment?” It seems like such a simple question, but it has a surprisingly complex answer.

The length of your appointment will depend on the type of exam you receive, which can be broken down into two basic types: dilated or undilated. An example of an undilated exam may be a return visit for an existing condition, such as an abrasion or infection. If you are scheduled for this type of an exam, the appointment may take as little as 30 minutes. A dilated exam may be scheduled for a vision exam, in preparation for surgery, or for a medical condition such as diabetes, cataracts, macular degeneration, etc. This type of appointment is expected to take as long as 90 minutes. Both types of appointments begin in the same manner with a technician gathering information for the doctor. Our technicians obtain or update your medical history and ask questions concerning any new problems or concerns to bring to the doctor’s attention. Our technicians do our pre-exam measurements. Ophthalmology is a highly technical field and eye measurements are a combination of computerized and manual, as well as objective and subjective (requiring your assistance) testing. Our technicians then start the dilation process by instilling drops which take 15-20 minutes for maximum effect, after which the doctor will review the information gathered by the technician, perform your exam and discuss any concerns with you regarding the health of your eyes.

Pediatric exams usually take longer. It is not uncommon for these visits to take over two hours because additional testing, such as color vision, extensive eye muscle evaluation, and stereo vision, is often required. In addition, the

medications used to dilate pediatric eyes are stronger and take longer to be effective (20-30 minutes to reach maximum effect). We understand that the longer wait can be very difficult on children and, with parental approval, we have child-friendly videos for viewing to help pass the time.

Additional testing by our technicians is performed as ordered by your doctor based on need, and/or in preparation for surgery, which can also extend your time with us. We try to make the best decisions possible when considering your valuable time, the urgency of the ordered testing, and our schedule when these additional tests are ordered.

It is our goal to stay on schedule as much as possible. However, because we are a medical office, unexpected needs do arise and it is our policy to never turn away a patient in need. Sometimes, during a routine exam, a finding that must be addressed in more detail arises, or a patient may have extensive questions about a medical condition. Unfortunately, it is impossible to predict when these situations may occur. Please rest assured that if we are running behind schedule it is often because a patient needed our extra time and care, and if the situation were reversed with you or your loved one, we would be there for you as well. We hope this article answers some questions for you. We realize how difficult it is to wait in a doctor's office and we do appreciate your patience and understanding.

Invited Speaker in Portugal **By Richard S. Hoffman, MD**



Richard S. Hoffman, M.D.

The first week of December, I had the pleasure of speaking as an invited guest of the XLVI Congress of the Portuguese Society of Ophthalmology in Vilamoura, Portugal. This gathering is considered the most important ophthalmic meeting for Portuguese ophthalmologists and it was an incredible honor to have the

opportunity to speak to this group of physicians. Portugal has more than 800 ophthalmologists and over 500 attended the Congress in Vilamoura. My first presentation was a 30-minute review of Current Trends in Refractive Lens Exchange. As a guest of honor, I gave the final talk of the meeting on New Perspectives in Cataract & Refractive Surgery. Most of the meeting was in Portuguese, but several American and British speakers were present making it educational for those of us whose only language was English.

Vilamoura is a small resort town on the Portuguese southern coast in the Algarve. There was a marina on one side of our hotel and a deserted beach on the other side, sporting fisherman with rods and reels fishing the Mediterranean surf.

On the return trip to Eugene, I had an overnight layover in Lisbon. This gave me the opportunity to explore the beautiful historic streets of Portugal's capital and receive an extensive lesson from my hotel's bartender in the finer points of Portuguese port.

In all, a wonderful experience!

New arrival for the Hoffman family!



Three men and a lady.

Noah, Zachary, and Jacob Hoffman (Dr. Hoffman's three sons) would like to announce the arrival of their new sister, Macy Raquel Hoffman. Joann Hoffman delivered a healthy Macy on November 1. Congratulations to the Hoffman family!

Stress Relief!
By Madeline Kuykendall, Patient



Madeline Kuykendall

When I was told I had cataracts I was shocked. I had heard about cataracts but never thought I had developed them. After listening to Dr. Fine explain what cataracts were and the surgical process, I felt a little more at ease, however, I still needed time to think about actually having the surgery. After several days I called back to schedule the surgery. This was the best thing I had done for myself in awhile. I didn't realize how much I was straining to see and how stressful it had become worrying about the simple things like walking down steps and reading the newspaper. I had stopped driving at night because I didn't see as well in the dark and oncoming headlights were so bright.

I noticed the biggest changes in my vision and confidence after having the second eye surgery. That's when I realized how stressful not seeing well had been and how liberating it felt to see without difficulty again. Now my vision is fantastic. Everyone at Dr. Fine's office was helpful, kind, compassionate and professional.

Thank you for my new sight!