A major event planned in San Antonio, Texas in November 1992 will mark the 75th anniversary of the establishment of Brooks Air Force Base, home of the USAF School of Aerospace Medicine and Armstrong Laboratory. The school in association with the laboratories has, with Brooks AFB, evolved through a series of major events to be highlighted in the several programs scheduled for the public during the anniversary celebrations. This event is certain to complement the significance of the monumental contributions of our famous aerospace medicine center and give cause to those close to the institution to recall with nostalgia the very colorful and complex history of aviation medicine.
GENERAL INSTRUCTIONS FOR COMPLETING SF 298

The Report Documentation Page (RDP) is used in announcing and cataloging reports. It is important that this information be consistent with the rest of the report, particularly the cover and title page. Instructions for filling in each block of the form follow. It is important to stay within the lines to meet optical scanning requirements.

Block 1. **Agency Use Only (Leave Blank)**

Block 2. **Report Date.** Full publication date including day, month, and year, if available (e.g. 1 Jan 88). Must cite at least the year.

Block 3. **Type of Report and Dates Covered.** State whether report is interim, final, etc. If applicable, enter inclusive report dates (e.g. 10 Jun 87 - 30 Jun 88).

Block 4. **Title and Subtitle.** A title is taken from the part of the report that provides the most meaningful and complete information. When a report is prepared in more than one volume, repeat the primary title, add volume number, and include subtitle for the specific volume. On classified documents enter the title classification in parentheses.

Block 5. **Funding Numbers.** To include contract and grant numbers; may include program element number(s), project number(s), task number(s), and work unit number(s). Use the following labels:

- **C** - Contract
- **G** - Grant
- **PE** - Program
- **PR** - Project
- **TA** - Task
- **WU** - Work Unit
- **Element**
- **Accession No.**

Block 6. **Author(s).** Name(s) of person(s) responsible for writing the report, performing the research, or credited with the content of the report. If editor or compiler, this should follow the name(s).

Block 7. **Performing Organization Name(s) and Address(es).** Self-explanatory.

Block 8. **Performing Organization Report Number.** Enter the unique alphanumeric report number(s) assigned by the organization performing the report.

Block 9. **Sponsoring/Monitoring Agency Names(s) and Address(es).** Self-explanatory.

Block 10. **Sponsoring/Monitoring Agency Report Number.** (If known)

Block 11. **Supplementary Notes.** Enter information not included elsewhere such as: Prepared in cooperation with...; Trans. of .... To be published in .... When a report is revised, include a statement whether the new report supersedes or supplements the older report.

Block 12a. **Distribution/Availability Statement.** Denote public availability or limitation. Cite any availability to the public. Enter additional limitations or special markings in all capitals (e.g. NOFORN, REL, ITAR)

- **DOD** - See DoDD 5230.24, "Distribution Statements on Technical Documents."
- **DOE** - See authorities
- **NTIS** - Leave blank.

Block 12b. **Distribution Code.**

- **DOD** - DOD - Leave blank
- **DOE** - DOE - Enter DOE distribution categories from the Standard Distribution for Unclassified Scientific and Technical Reports
- **NASA** - NASA - Leave blank
- **NTIS** - NTIS - Leave blank.

Block 13. **Abstract.** Include a brief (Maximum 200 words) factual summary of the most significant information contained in the report.

Block 14. **Subject Terms.** Keywords or phrases identifying major subjects in the report.

Block 15. **Number of Pages.** Enter the total number of pages.

Block 16. **Price Code.** Enter appropriate price code (NTIS only).

Blocks 17. - 19. **Security Classifications.** Self-explanatory. Enter U.S. Security Classification in accordance with U.S. Security Regulations (i.e., UNCLASSIFIED). If form contains classified information, stamp classification on the top and bottom of the page.

Block 20. **Limitation of Abstract.** This block must be completed to assign a limitation to the abstract. Enter either UL (unlimited) or SAR (same as report). An entry in this block is necessary if the abstract is to be limited. If blank, the abstract is assumed to be unlimited.

Standard Form 298 Back (Rev. 2-89)
A major event planned in San Antonio, Texas, in November 1992 will mark the 75th anniversary of the establishment of Brooks Air Force Base, home of the USAF School of Aerospace Medicine and Armstrong Laboratory. The school in association with the laboratories has evolved, with Brooks AFB, through a series of major events to be highlighted in the several programs scheduled for the public during the anniversary celebrations. This event is certain to complement the significance of the monumental contributions of our famous aerospace medicine center and give cause to those close to the institution to recall with nostalgia the very colorful and complex history of aviation medicine.

Through this evolutionary process, the school and laboratories not only have assumed varying postures to changing technology, but also have influenced the course of aeronautical and aero-medical technology that continues to drive the explosive advances seen in the aviation and space environment today. The institution's flexibility and vision in responding to changes have been fostered for the most part by tremendous foresight of its founders and fresh thinking promoted through its continuing focus on academics. In the past 75 years and through more than 5 major organizational changes, our academic and research programs have sustained the capability of covering all aspects essential to the support of aerospace systems and its functional environment. The driving needs for those systems and environments have sustained the aerospace medical center many of us have enjoyed for more than 30 years. All of us who are and
have been, in some way, part of this impressive heritage can look with extreme pride to the products of our institution.

As we reflect back from this perspective, we recall the development of a research laboratory that eventually evolved to a separate academic institution. Later, a series of similar changes involving academics and research met new demands and, through an integrated academic and research concept, explored and expanded boundaries that seem antique in today's world. While that paradigm of integration holds true today, the geometric proliferation of technology within our specialty has so exceeded our conceptual boundaries that definition must now become the first order of every scientific and academic excursion. Not unlike decisions of the past that led to major changes in the organized structure and philosophy of the USAF aerospace medicine program, we are now faced with the need for a major readjustment to the demands of the future.

Within the strategies of our latest readjustment, we have recognized that the blurred differences between technology and academics have now become clumsy in our present and future technological abundance. Our organizational roles and the needs of the future must be defined explicitly and the already available resources to satisfy those needs must be explored in depth and applied before looking to new discoveries. Clearly,
distinct and more specialized roles for us are inevitable as
the age of specialization displaces past and cherished tradi-
tions--an unquestionable paradox of broadening demands, limited
resources, and increasing expectations for precision.

This most recent, and perhaps the most significant, change in
the chronology of the USAF aerospace medicine program has been
precipitated by this evolving and somewhat bewildering milieu
of science and technology. From that background, a major reor-
ganization and management scheme was planned and implemented.

Refinement and consolidation are the key terms that have been
coined whose origins are apparent when considering resource
constraints in the face of perceived expanding and overlapping
areas of activity. These terms also apply in effecting the
level of definition sorely needed in our aerospace medical
science and technology and education.

While initiation of the structural changes within Human Systems
Division (HSD) occurred in December 1990, implementation con-
tinues into the final and refinement phases. The strength and
wisdom of the change that has been inherently correct in the
past, prevails today and projects into the future a preeminent
aerospace medical institution whose time for change has come
and whose change has again effectively occurred for time.

All laboratory functions of HSD, combined as a huge but well-
defined Armstrong Laboratory, joins with HSD's Human Systems Program Office forming the facilitating synergy necessary for the transition of technology to our operational systems. As the lead agency in aerospace life sciences, Armstrong Laboratory, with the Systems Program Office, will provide a science-to-system continuum to map out a future ensuring the human as the central focus in aerospace systems. It is within this full range of system's development that the knowledge base lies for the newly defined USAF School of Aerospace Medicine. Indeed, with complete integration of the school, both academically and explicitly, within these elements the USAF School of Aerospace Medicine emerges solidly as the academic arm of the Human Systems Division and the premiere institution for aerospace medicine education for the USAF Medical Service.

The school's enhanced academic status through expanded and much refined curriculum content, its university and medical center affiliation, associated faculty appointments and mutual participation leads clearly to the university concept envisioned more than 40 years ago by Gen Harry G. Armstrong. As in changes of the past, Armstrong's concept of a synergism of research and academics has remained intact throughout the many past organizational changes. The key to the success of our institution has always been its insight to needs, flexibility to respond, and its members' willingness to accept and, moreover, to support
the inevitable but disquieting idea of change. As we adapt to our renewed environment and prepare for the future, leaders are already emerging with ideas and concepts that will become the substance of success and the seeds of change for the next generation of aerospace medicine.