

MARCO's "AETHER" Pronounced "Ether"
Healthcare & Radio in One Medium
The Medical Amateur Radio Council

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We are a non-profit Corporation, founded in 1966, privately supported for the public good and dedicated to the advancement of Medicine through Amateur Radio.

Our content, and other activities, are not medical diagnosis or to be used for medical care. They are strictly informational as a public service. Topics discussed are the authors or editor's opinions, not the organization.



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Vol. LVIII (58th year)—Q1 2024—Edition #144 (2000-2024)—PO Box 1333, Hawthorne, FL 32640

Gratitude, Good Medicine for the Soul

From Veterans Day through the New Year's Day there are many opportunities to express [gratitude](#) for the good fortune we enjoy, and to [help those less fortunate](#). As hams in health related fields we have directly worked with patients, not just on their diseases, but the person who is afflicted by them, [restoring their vitality](#).

As we enter 2024 [we consider](#) the course of MARCO—The evolution from our mission of the past during a pre-Internet less connected world, toward one where [more possibilities exist for us to be more impactful](#) to the general amateur radio community, and indirectly to those in their lives.

The [Aether](#) has transitioned to a publication released on a quarterly basis. Distribution is done electronically with editions being offered online during the last week of the month prior to a new Quarter. Members are notified of it's release through our google group, and a link to it is provided at that time. [Please share this valuable online asset](#) with others in your connected world!



Best Holiday wishes from the officers and board members of the Medical Amateur Radio Council.

May your Holidays be joyful and your New Year be full of good health.

The Medical Amateur Radio Council is now an affiliated club of the ARRL. We are building on our historical roots to foster good will and templates for health to the amateur radio community.

Our *Grand Rounds on the Air* net takes place on 20m, live-streamed, and recorded audio offered on demand. Our nets are in the public venue, the Internet. All hams are welcome to participate and join if they have a passion for subjects related to health care. Who better than MARCO members to lead on-the-air discussions on medical and health subjects from a research, treatment, and public information standpoint?

See more on page 12



US holidays starting in November each year have many common themes—being thankful, remembering friends, family, honoring those who have served our country to allow us the good fortune of living in our country, having the right to practice religion as we choose, and more. Celebrating these special days with family and friends **can** contribute to [good health](#) and [reinforce family values](#).

Starting with Veterans Day, during November and December 2023 many of our [Grand Rounds on the Air](#) nets were focused on the medical diseases, conditions, ethics, and advancements during [WW1](#), [WWII](#), [The Korean War](#), and the [Vietnam War](#). The presentations were interactive with net participants making comments and asking questions. The content was presented to be of interest to MARCO members and the amateur radio community. In this edition of the *Aether* we cover the subjects in more detail...

[Grand Rounds on the Air](#)
[Veterans Day Program](#)
 held Sunday Nov. 12th
[\(click to listen\)](#)



[The Diseases of WWI](#)

WWI had a huge impact on society, the troops involved and the general population. The masses of individuals being transported to countries of battle created challenges of a medical nature. For troops, depending on where they served, the local environment, how you arrived there, and the living conditions, added to the medical burden.

[Many diseases were prevalent](#), such as [typhus](#), [malaria](#), [typhoid](#) (enteric fever), [diarrhea](#), [yellow-fever](#), [pneumonia and influenza](#), generously amplified by innumerable cases of [venereal disease](#), [trench diseases](#), and [scabies](#). In addition, [chemical weapons](#) that caused damage to health were introduced to the battlefield, such as [mustard gas](#) exposure, [chlorine](#), [phosgene](#) gas. These weapons had immediate and long-term effects on those who were exposed.

As in previous wars, the training camps in the United States were breeding grounds for disease. The major childhood diseases, measles, mumps, and chicken pox, could sweep through a camp. More serious diseases such as meningitis and pneumonia were a constant threat.

Recruits were screened for infectious diseases at entry, which helped somewhat. Colds, “flu”, and influenza were a constant problem, with secondary pneumonia carrying a real risk of death. Bacterial pneumonia, at this time, carried a 40-50% mortality. Without antibiotics, all that could be done was general supportive care.

Until the advent of the [H1N1 influenza epidemic](#) of “Spanish flu,” simple seasonal influenza was rarely fatal. But the new influenza, appearing in 1918, proved to have a mortality rate in the 2-3% range. If 1000 soldiers contracted it, 50 to 100 would go on to “pneumonia”, and 25 to 50 would die.

[Troop ships](#) crossing the Atlantic in 7 to 15 days were packed full of troops in close quarters. Especially when the influenza epidemic began, it would prove nearly impossible to control disease outbreaks on ships. Once ashore, conditions were not greatly improved. Units were taken to makeshift



training camps scattered throughout southern and central France, and lived under conditions which were not much less crowded than the troopships.

[Venereal diseases](#), primarily syphilis and gonorrhea, were a chronic problem for all armies, and the AEF was no exception. Control of [venereal diseases](#) was primarily prevention. There were [treatments](#) for syphilis, but these involved [mercury compounds](#), toxic in themselves. Gonorrhea could be treated, somewhat ineffectively, with local antiseptics, a process best left undescribed. The antibiotic treatments which have relegated these scourges to mere annoyances didn't exist, and treatment was primarily a matter of waiting for them to heal. Venereal disease was a serious discipline problem, which meant that the medical system became involved with the Army judicial system. Neither the doctors nor the lawyers were happy with this involvement.

[Trench conditions](#) were awful. Poorly nourished, living in trench conditions, soldiers of all armies were susceptible to all of the epidemic diseases, and others besides. Most American troops spent relatively little time in the trenches, thus were spared the worst of trench diseases.



[Tuberculosis](#), still a major disease at this time, was partly eliminated by screening. One of the great successes of Army medicine in the war was the virtual elimination of [tetanus](#). bacterium, specifically [Clostridium tetani](#). The characteristic symptoms include rigidity and muscle spasms, therefore the popular name, “lockjaw”. The spores of Clostridium are found widely in soil, and can survive for a long time. Entering the body through a wound, the spores become live bacteria, and release the toxins which produce the clinical symptoms.

Beginning in 1914, in the British and French armies, tetanus antiserum was routinely given to patients with dirt-contaminated wounds. Made at that time by harvesting serum from horses injected with modified tetanus toxin, antiserum was effective immediately, arguably as better hygiene and debridement could have been a source. Tetanus toxoid, which produces active immunization, was not developed until 1924. In any case, it takes several weeks for the body to build up significant immunity.

By the time of the [armistice](#) on November 11, 1918, the use of chemical weapons such as chlorine, phosgene, and mustard gas (substantivity) had resulted in more than 1.3 million casualties and approximately 90,000 deaths



Its time again for eyeball QSOs. This is MARCO meeting time, getting together to celebrate radio and personal friendships in person, while enjoying our hobby as a group. Your attendance is requested, and highly desired!



The Greene County Fairgrounds, the site of HamVention. Where else would you host hams? If you not attended a meeting at this location, it is ready for prime time hosting a big improvement over years past.

MARCO Annual Meeting 2024 Xenia-Dayton

We have a special opportunity for members and their spouses/significant others. A wonderful weekend of activities is being planned for May 16-19. This includes a must-see event, a Thursday May 16th all-day visit to the [National Museum of the United States Air Force](#) at Wright-Patterson Air Force Base.

Please let us know as soon as possible if you are interested in attending. This is needed to effectively plan weekend activities. Exact details will be provided but in addition to the museum visit on Thursday, we will have a dinner get-together that evening, a Friday morning annual business meeting on Friday, an excursion for ham members to HamVention on Friday afternoon and all day Saturday, a dinner get-together on Friday evening, a Banquet and Officer Installation event on Saturday evening for all attendees, and social activities for spouses.

Join us at HamVention's MARCO activities as we celebrate the completion of Bernie KD5QHV's term of office as president, and welcome Barry WB1FFI as our new president!

Hotel Information: Wingate by Wyndham, 3055 Presidential Dr, Fairborn, OH 45324

1-937-912-9350—Rate \$129 pus tax— Ask for the "Medical Amateur Radio Council 2024 room block"

There are 15 rooms available for May 16th arrival, and three additional for those arriving on Wednesday.



The different hangars for the airplane collections/exhibits, Wright Brothers through the Space Program. The alien collection is underground and on a need-to-know and see basis (Area 52?).



Attendance is great for your health. Bring you walking shoes as the [collection](#) is so large you will get in many miles of walking if you desire to see it all.

<https://www.nationalmuseum.af.mil/Visit/>

<https://www.nationalmuseum.af.mil/Visit/Museum-Exhibits/>

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[How they got Treatment for those Wounded in Battle](#)

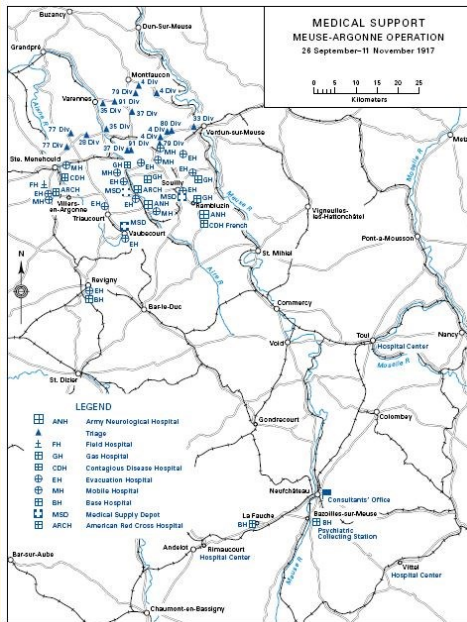
Casualties on the battlefield are moved to medical care one by one. Within the battle area, the combat zone, patients are moved individually, or a few at a time. True, a field hospital might have to deal with 10 or 20 at a time, or even more. The focus is still on the individual soldier who is injured.

But back in the rear area, in what is now called the communications zone, casualties begin to take on an aspect of mass movement. A major battle might generate several thousand casualties within a division, tens of thousands within an entire army.

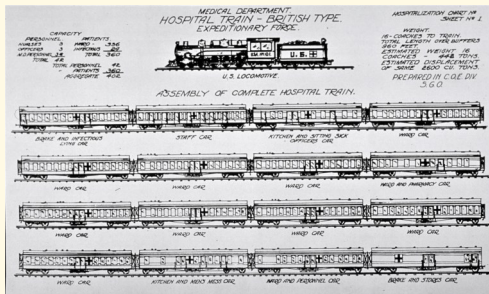
Over a campaign, hundreds of thousands of men will have to be moved from collecting areas near the front lines back to specialty hospitals and hospital centers capable of dealing with patients arriving literally by the trainload.

The American Expeditionary Force sustained 200,000 casualties during the six to eight months in which it saw heavy combat. How was it organized to transport and care for 20,000 to 40,000 patients each month? [Click to the full article...](#)

Also see [American Military Operations and Casualties in 1917-18](#)



[Click for link](#) for larger images and article



[Women Physicians during WWI](#)

For the first time in American history, women participated on a large scale in war efforts through the military and other government agencies. Although much is known about the importance of medicine during WWI, most of the focus has been on male physicians who served abroad. Tens of thousands of women went abroad as nurses, ambulance drivers, and relief workers, but the contributions of women physicians in the war are less well known.

[Click with full article, source with references](#)

When the US entered the First World War in 1917, women physicians represented less than 5% of the physician workforce. Anticipating a surge in the demand for medical services, the Army Surgeon General sent Army Medical Reserve Corps registration forms to all physicians. These forms did not request physician sex because the respondents were assumed to be male. Many women physicians completed the forms, volunteering to serve in the Army Medical Reserve Corps. Their applications, however, were rejected on the belief that women could not handle the demands of the battlefield and were not qualified to command men. Women physicians were also told they could not serve because "it hadn't been done" before, despite women serving in military nursing corps since 1901. Finally, they were told that because they could not vote, the use of the word "citizen" in the legislation that expanded the Army Medical Reserve Corps did not apply to them. In 1917, the Medical Women's National Association (later renamed the American Medical Women's Association) lobbied the US government to include women in the Army Medical Reserve Corps, asking that "opportunities for medical service be given to medical women equal to the opportunities given to medical men ... and that the women so serving be given the same rank, title and pay given to men holding equivalent positions." Ultimately, all petitions and appeals for inclusion in the Army Medical Reserve Corps were denied.

[Why Suffragists Helped Send Women Doctors to WWI's Front Lines](#)

Exclusion from the Army Medical Reserve Corps did not stop women physicians from contributing to the war effort. Dr Esther Pohl Lovejoy wrote, "The women of the medical profession were not called to the colors, but they decided to go anyway." Women physicians held government and civilian leadership roles, created and ran their own hospital units, served in the US and French army as civil contract surgeons and volunteered in various organizations such as the American Red Cross, American Women's Hospitals (AWH), Women's Oversea Hospitals, and the American Fund for French Wounded. In fact, registrations conducted by the AWH showed that "almost one-third ... of the medical women in the country... active and retired, signified their willingness to provide medical service as part of the war effort ... and compared favorably to the service rates of male colleagues."



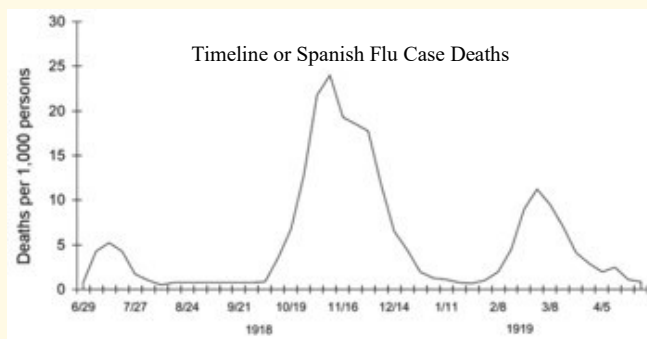
[The Meuse-Argonne Offensive](#)

The Meuse-Argonne Offensive was a part of the final Allied offensive of World War I. It was one of the attacks that brought an end to the War and was fought from September 26 – November 11, 1918, when the Armistice was signed.

The Meuse-Argonne Offensive was the largest operation of the American Expeditionary Forces (AEF) in World War I, with over a million American soldiers participating. It was also the deadliest campaign in American history, resulting in over 26,000 soldiers being killed in action (KIA) and over 120,000 total casualties. Indeed, the number of graves in the American military cemetery at Romagne is far larger than those in the more commonly known site at Omaha Beach in Normandy. [Click for the full article](#)

WWI, a World of Impact

The Spanish flu pandemic of 1918-1919 was the deadliest pandemic in world history, infecting some 500 million people across the globe—roughly one-third of the population—and causing up to 50 million deaths, including some 675,000 deaths in the United States alone. The disease, caused by a new variant of the influenza virus, was spread in part by troop movements during [World War I](#). Though the flu pandemic hit much of Europe during the war, news reports from Spain weren't subject to war-time censorship, so the misnomer "Spanish flu" entered common usage. With no vaccines or effective treatments, the pandemic caused massive social disruption: Schools, theaters, churches and businesses were forced to close, citizens were ordered to wear masks and [bodies piled up in makeshift morgues](#) before the virus ended its deadly worldwide march in early 1920. [See the full article.](#)

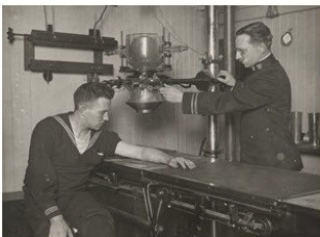


WWI Links to further your knowledge

[Military Medicine in World War I](#)

[How World War I Influenced the Evolution of Modern Medicine](#)

[Advancements in Medical Care during World War I](#)



[The Urgent Lessons of World War I](#)

[Spanish Flu vs COVID-19 Pandemic](#)

[Comparison of Public Health measures taken during Spanish Flu and COVID-19 Pandemics: Sept 2021](#)

Grand Rounds on the Air December 03, 2023 Program
[The Diseases and Medical Care of WWII](#)

Medical improvements that saved lives during WWII, and beyond

Basis: <https://www.fpri.org/article/2018/02/advances-in-medicine-during-wars/>

Controlling Disease, Prelude and During WWII

Basis: <https://profiles.nlm.nih.gov/spotlight/lw/feature/disease>

Well before the United States entered World War II, leaders of federal and private health agencies began assessing the situation in Europe and Africa. Early in the summer of 1940, the Rockefeller Foundation board of directors voted to budget \$500,000 for public health work in Europe related to war conditions. There was an assessment and plan for relief and disease-control efforts. These included everything from food supplies and nutritional supplements to vaccines for influenza, typhus, and yellow fever.



[Click to listen](#)

From the military perspective a Commission on Tropical Diseases was present under the Board for the Investigation of Epidemic Diseases in the Army, and the director was also a consultant to the Medical Department of the Navy. The Army Surgeon General's Office, anticipating American involvement in the war, asked the RF to increase its production of 17D yellow fever vaccine, so that all military personnel going into tropical areas could be protected. It was recommended that the Public Health Service set up its own vaccine production plant as soon as possible. By early 1941, the Rockefeller Foundation (RF) was producing 50,000 doses of vaccine per week and eventually agreed, gratis as part of the war effort, to fill the needs of the armed forces.

Several methods of vaccine manufacture were available by then; the RF standard used human blood serum obtained from a standard pool of blood donors in New York. An immunization campaign in Brazil had encountered problems with jaundice occurring seven weeks to eight months after vaccination (see following paragraph), so a non-serum preparation method had been developed. Additional issues forced development of a serum-free vaccine but there was not time to test it and heating the serum to temperatures known to kill viruses seemed to resolve the issues that had arisen.

After the U.S. entered the war in late 1941, the army started vaccinating all troops, not just those headed to tropical areas. By early April 1942, there had been seven million doses provided to the U.S. Army and Navy, British forces in Africa, and others. This was not without issue as there were incidences of hepatitis being spread through the effort, attributed to 2% of blood donors. These donors were symptom free, but it is reported that medical history of hepatitis was not always evaluated. By June 1942 production was converted to serum-free vaccine production to address this issue. substantially advanced scientific understanding of viral hepatitis identifying the differences between infectious (now called Hep. A) and serum hepatitis (now called Hep. B).

When the Allied forces advanced into Italy in October of 1943) it was obvious that conditions in the war-torn areas could be breeding grounds for epidemics of diseases such as typhus fever and malaria. Disease control strategies were implemented to address these concerns. These efforts were not just limited to the Mediterranean European theater, the spread of typhus in Naples was countered, eliminating malaria in the Nile valley was a focus, in Rome, and later in Sardinia.

WWII was not the first war to foster significant advances in medicine, and not the last. This was necessitated out of need due to circumstances that occur during wartime in a concentrated way not seen during peace. An example is treating severe multiple wounds leading to, or expanding existing care, through medical challenges that had not yet become common in civilian practice.

World War I developed battlefield aid stations set up very close to the battle areas saving many lives, and the use of volunteer ambulance drivers who went out into the battlefield during the fighting to pick up the wounded. The less time spent after wounding and transport to receiving medical care significantly improved survival rates. The volunteers were often conscientious who provided these dangerous services rather than use weapons. Women physicians (5% of workforce) who were not allowed to do so in military service were another source of volunteer manpower through organizations (see <https://www.amwa-doc.org/wwi-exhibition/>).



Strangely in WWI we had the origins of development of chemotherapy for cancer treatment. The use of poison gases demonstrated that synthetic molecules killed normal cells. Eventually it was determined that these molecules, or other ones, if produced that could kill cancer cells more than normal cells would benefit of patients with cancer. Side effects related to these treatments exist but specificity for the malignant cells is increased over the years, leading to chemotherapy. World War II saw the expanded treatment of infectious diseases. The use of antibiotics during wartime became a tool for saving lives. Sulfa drugs (discovered in 1935), and penicillin (developed in 1939) had an impact during WWII but also were the precursors of research leading to development the numerous effective antibiotics we now have, as infectious disease was the leading cause of death worldwide prior to antibiotics.

Metal plates to help heal fractures came to age during WWII, developed by the German military medical services. It was reported that German troops were back on duty in half the time compared to normal healing. When examining captured German prisoners who had needed x-rays, the Allied medical personnel realized the technique.

Not all medical issues that were present were identified. PTSD was not yet recognized as of WWII, in being blamed as "Shell Shock;" and in WWII as "Battle Fatigue." Ostracized as cowards, the affected were often ordered to court-martial.

Medical advances associated with war might have occurred during peace time, but the contributions were made. Perhaps this acceleration leading to civilian transfer during the 20th century was an opportunity during a time of increased and morbidity, mortality, in tandem with world wars, with an international research presence from respective combatants. War is far from an ideal venue for creating medical innovations. Perhaps the space program is and will be!

Also see—Lasting Consequences on Health From WWII—<https://www.rand.org/news/press/2014/01/21/>

Grand Rounds on the Air December 03, 2023 Program

The Diseases and Medical Care of WWII

(continued from page 6)

Insect-borne diseases applicable to WWII

https://en.wikipedia.org/wiki/Medical_entomology,
and other sources

Diseases of Entomological Importance

World War II United States Armed Forces, 1940-45

Disease	1940-1941	1942-1943	1942-1945
Diarrhea, Dysentery	20,976	199,505	523,331
Dengue	656	23,192	84,093
Malaria	8,233	178,594	460,936
Filariasis	0	--	1,653
Sand fly fever	0	--	12,438
Scabies	--	21,286	--
Typhus	0	0	7,352

Data from Statistical Health Reports, Division of Medical Statistics, Office of the Surgeon General, Department of the Army

- **Dengue fever** – Vectors: *Aedes aegypti* (main vector) *Aedes albopictus* (minor vector). 50 million people are infected by dengue annually, 25,000 die. Threatens 2.5 billion people in more than 100 countries. (bone crushing disease).
- **Malaria** – Vectors: *Anopheles* mosquitoes. 500 million become severely ill with malaria every year and more than one million die.
- **Dysentery** is usually the bacteria from genus *Shigella*, in which case it is known as *shigellosis*, or the amoeba *Entamoeba histolytica*; then it is called *amoebiasis*.^[1] Other causes may include certain chemicals, other bacteria, other protozoa, or *parasitic worms*.^[2] It may spread between people.^[4] Risk factors include contamination of food and water with *feces* due to poor *sanitation*.^[5] The underlying mechanism involves *inflammation* of the *intestine*, especially of the *colon*.^[2]
- **Scabies** - an infestation of the skin by the human itch mite (*Sarcoptes scabiei* var. *hominis*). The microscopic scabies mite burrows into the upper layer of the skin where it lives and lays its eggs. The most common symptoms of scabies are intense itching and a pimple-like skin rash.
- **Typhus** —Vectors: mites, fleas and *body lice* 16 million cases a year, resulting in 600,000 deaths annually.
- **Sandfly fever** (Phlebotomus fever, also commonly called pappataci) - is a specific febrile disease of virus etiology which is of considerable military importance because of its occurrence in many parts of the world where troops are stationed. The local population are for the most part immune -its military importance lies in the fact that it can incapacitate large numbers of men for periods of 7 to 14 days or when their services may be needed most
- **Yellow fever** – Principal vectors: *Aedes simpsoni*, *A. africanus*, and *A. aegypti* in Africa, species in genus *Haemagogus* in South America, and species in genus *Sabethes* in France. 200,000 estimated cases of yellow fever (with 30,000 deaths) per year.

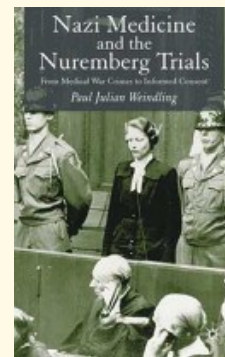
Medical Ethics During WWII

Source: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2805%2967199-1>

Nazi medicine and the Ethics of Human Research

For many misguided reasons, there were physicians from Nazi Germany participating in cruel medical research on many unwilling participants in concentration camps. To this group of doctors anything was legitimate if it advanced scientific knowledge. There was a disregard for human life.

It is reported that doctors were easily recruited, including from the established German academic medicine. This was an effort to carry out unspeakable trials even if they injured, maimed, sterilized, and kill human beings, ones their society determined to be subhuman. The proof of the concept of the Arian race being a superior one was one justification, albeit not true or valid, substantiating participation, all why promoting the effort as medical research and advancements in the field.



Many escaped prosecutions as at the post-war Nuremberg trials, physicians argued that it was not their fault, since they had received orders to do so. A twisted logic was treating them as war criminals would be disastrous for the reputation of medical research and science.

This is a subject too sad to discuss in detail in this summary, but it has been debated and documented in detail, leading to extensive debate in the ethical standards for physicians.

The Germans involved in WWII are not the only physicians involved in misguided treated of the unwilling, as it has even happened in the USA.

(continued on page 8)

Also see—Two steps forward, one step back: how World War II changed how we do human research

<https://findanexpert.unimelb.edu.au/news/4464-two-steps-forward--one-step-back--how-world-war-ii-changed-how-we-do-human-research>

Grand Rounds on the Air December 03, 2023 Program

[The Diseases and Medical Care of WWII](#)

Nazi medicine and the Ethics of Human Research

(Continued from page 7)



Source: <https://www.thelancet.com/journals/lancet/article/PIIS0140673605671991/fulltext>

On July 28, 2005, a moving memorial service was held at Westminster Abbey, London, UK, for the former British prime minister Lord Callaghan (Jim Callaghan) and his wife Audrey. Their son-in-law, professor Michael Adler, spoke of Callaghan's outrage at the Nazi atrocities carried out against the Jews before and during World War II. He had met, in the immediate aftermath of the war, a refugee journalist, Alfred Wiener, who had amassed a huge collection of material about Nazi anti-Semitic persecution, and argued that it needed to be stored as evidence of what had transpired. Much was used at the Nuremberg trials, and Callaghan later successfully chaired the appeal for the Wiener Library in London, to ensure it a permanent home.

However, even to this day, much evidence lies in the minds of survivors of the most barbaric medical experiments in the concentration camps. "Survivors of medical atrocities are able to confront history and point to the inadequacies of care and compensation", according to Paul Weindling in the introduction to his masterly volume, *Nazi Medicine and the Nuremberg Trials*. Although most victims were murdered in the name of perverted science, those who survive can make sure that what took place is fully recorded, as can the historians of medicine who work in this area, such as Robert J Lifton, Paul Weindling, Edward Pellegrino, and now Naomi Baumslag, with her new book, *Murderous Medicine: Nazi Doctors, Human Experimentation and Typhus*.

Baumslag explores in impressive detail how typhus was characterised by Nazis as the Jewish plague. Those who suffered from it were killed in huge numbers or isolated in unsanitary conditions, with inadequate food and medicine. In the concentration camps, typhus was allowed to flourish and prisoners were deliberately infected with the disease to test typhus vaccines.

The way typhus was used to kill Jews, Slavs, and gypsies epitomises Nazi medicine's deliberate disregard of those who took part in research, classing them as subhuman. Such thinking was wholly in accordance with Nazi ideology, but in total contradiction of medical ethics. There are accounts from survivors that even suggest some doctors' positive delight in killing and maiming, and a desire to experiment on some of the victims to prepare for genocide.

Weindling is particularly effective in nailing down the views of the postwar German medical establishment. He describes as a monster Eugen Haagen, who did experiments with a typhus vaccine that caused damage and frequent death to prisoners at Natzweiler concentration camp. Haagen's lack of concern for his research subjects was legendary. Yet Haagen, arrested and released by the Americans and then by the French, argued that he should have received the Nobel prize (he had developed a yellow fever vaccine before the war), and that his "guineapigs", including the hundreds transported from Auschwitz to Natzweiler for his research, served legitimate scientific ends.

Haagen's belief that anything was legitimate if it advanced scientific knowledge was all part of his and others' blindness to their own immoral behavior and willful disregard for human life. The simple fact remains that doctors were easily recruited, including from the highest echelons of German academic medicine, to carry out unspeakable trials and to injure, maim, sterilize, and kill other human beings. When it came to the Nuremberg trials, physicians argued that it was not their fault, since they had received their orders from on high, and that treating them as war criminals would be disastrous for the reputation of medical research and science, especially as what they had done was in fact useful. Nor were other countries immune from morally questionable behavior.

Yet scientists continued to do terrible things in the name of research, although on nothing like such a scale. In 1966, Henry Beecher, professor of anesthesiology at Harvard, published "Ethics and Clinical Research" in *The New England Journal of Medicine*, and drew attention to 22 examples of unethical clinical research in which patients' lives had been put at risk. These trials included the Tuskegee syphilis experiments and other studies in which prisoners and those who were not free to choose or give consent were experimented upon to their detriment.

Today, concern is expressed about research on children and those with mental illness or dementia and the extent to which they can—or should—give consent. Can advanced directives be used to allow researchers to conduct studies when the person is unable to give consent at the time it is needed? Despite the fact that nothing so terrible occurs now as it did in Nazi Germany, lessons still remain to be learned and inwardly digested—of seeking informed consent, telling the patient what emerges from a study, and seeing the patient as a partner in a trial, not a subject to be used. With all our ethical guidelines and research ethics committees, good as they are, we still have a long way to go.

Also see—[WMA Declaration of Helsinki](#)—Ethical Principles for Medical Research Involving Human Subjects

[Grand Rounds on the Air](#)—Please consider volunteering to present a subject or case of your own, one that can be highlighted in the *Aether* and through a link to a Web stream recording . Contact aether@marco-ltd.org with details of the case you would like to present, then once approved submit your material content and linked sources (format used here). If you do not have HF capability or a quality signal to net control we will stay find a way to make the transmission and discussion occur in an effective way...

Radiation Sickness, Post WWII, Godzilla

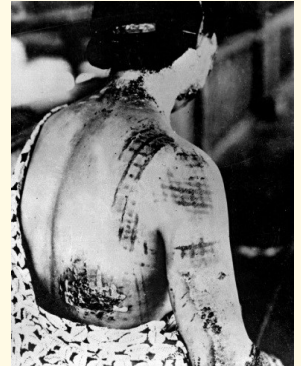
While the discussion of the aspects of medical considerations and advancements during WWII have focused on wartime, the healing of society from the trauma took decades. From a practical standpoint many of our current global events eliminate from this world war and the subsequent realignment of allies and foes, and the effect on their societies.

The implications of nuclear war and the [ethics of the use](#) of weapons at [Hiroshima and Nagasaki](#) have been thoroughly discussed, are still being debated, and yet there has been a [proliferation of nuclear weapon development](#). Can we rely on the [nuclear deterrence to ward off assured total destruction?](#)

[How the Atomic Bomb Transformed Japanese Culture](#)



On March 1st, 1954, the U.S. conducted its largest hydrogen bomb test ever near the Bikini Atoll in the Marshall Islands. An unexpected blast of 15 megatons — 1,000 times stronger than the Hiroshima bomb — affected Australia, India and Japan with widespread radioactive fallout. The *Fortunate Dragon* (*Daigo Fukuryū Maru*), a Japanese fishing boat, was about 150 kilometers from the blast and was gravely affected. At least one crew member died due to direct exposure. The U.S. initially tried to cover up the incident. The shock stemming from the tragedy helped further an anti-nuclear movement in Japan. It also inspired the 1954 movie *Godzilla*, in which the nuclear test awakens and mutates the monster, which then attacks Japan. [Click for full article](#)

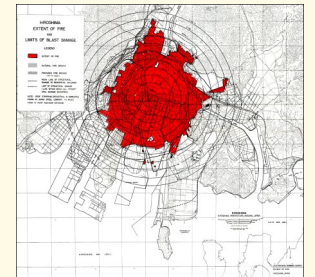


[The Effects of acute radiation](#)

WWII Image from Japan

Following the atomic explosion over Hiroshima, many survivors feared that nothing would grow on the decimated earth. By the time spring of 1946 arrived, the citizens of Hiroshima were surprised to find the landscape dotted with the blooming red petals of the oleander. The oleander flower, called the kyochikuto in Japanese, dispelled worries that the destroyed city had lost all its fertility and inspired the population with hope that Hiroshima would soon recover from the tragic bombing.

Now the official flower of Hiroshima, the oleander offers a beautiful symbol for the city as a whole; while some feared that the city and its population were irreparably destroyed—permanently cut off from normality by the effects of radiation—many would be surprised to learn of the limited long term health effects the nuclear attacks on Hiroshima and Nagasaki in August 1945 have had.



Within the first few months after the bombing, it is estimated by the Radiation Effects Research Foundation (a cooperative Japan-U.S. organization) that between 90,000 and 166,000 people died in Hiroshima, while another 60,000 to 80,000 died in Nagasaki. These deaths include those who died due to the force and excruciating heat of the explosions as well as deaths caused by acute radiation exposure. [For the remainder of the article click here.](#)

To read about, and view more on Godzilla, check out the following links. Perhaps your children and/or grandchildren will be interested. The origins of this monster are integrated into the psyche of the Japanese people and birthed from historical events and traumas.

Links of Interest Related to Godzilla

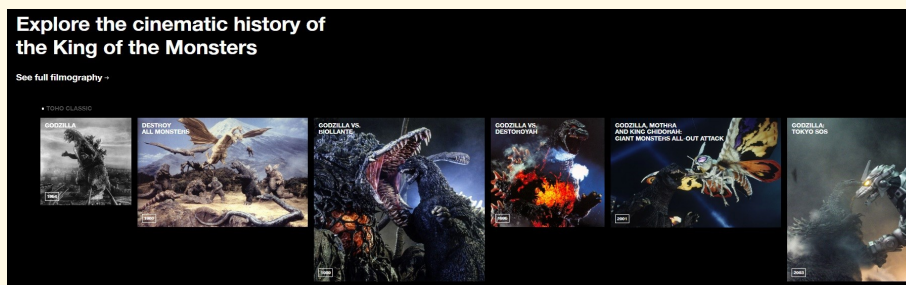
[Godzilla: Why Japan loves monster movies](#)

[Brittanica History of Godzilla Classics](#)

[Godzilla Wiki](#) (history)

[Godzilla Filmography](#) (Toho)

[Music Video of Godzilla's Exploits](#) (after opening videos click skip ads) [Five Japanese Godzilla Feature Films](#)




The Warren Brown MARCO Aether Archives

Our History Book

Dedicated to Warren, our Editor from 2000-2023



Twenty Five years ago in MARCO—February 1999



The MARCO NEWSLETTER

Official Publication of the Medical Amateur Radio Council, Ltd.

Robert D Currier, M.D., WBSD, President
Bruce M. Small, M.D., KM2L, President-Elect
Robin J. Staebler, M.D., K3FP, Secretary
Alfred E. Greenwald, M.D., WA2CBA, Treasurer
Edward R. Briner, D.M.D., WA3TVG, Editor

VOL. XXII NO 6 JAN, FEB 1999

MARCO 40m NETS IN DOLDRUMS

The conditions are so bad on 40 meters that the three nets scheduled on that band are almost dead. The propagation is very long, and the foreign broadcast quite strong in the evenings, so the primary 40 meter nets are barely alive. One night recently, there were nine that had checked in, but usually there are only three or four. Some evenings there is no net at all.

One evening recently there were two stations that were on, and with only that many checked in, it is impossible to have a successful net.

Using e-mail communicate, the nets were moved from 9:00 EST to 8:00 EST in an effort to improve conditions, but had little improvement

Sunday 20 meters nets have proven to be the prime MARCO nets. Check-ins average twenty to twenty five members, and they have some very interesting subjects. Some of the best nets are sent to the Newsletter, and have proven quite popular to the 275 members that are not on for Grand Rounds. The other 20 meters net, (on the same frequency two hours later) is gaining popularity. We need some participation on behalf of MARCO.

Our organization consists of ham radio members who are in the medical/dental/veterinarian fields, and paramedics. I wonder why they belong to the organization, when they never participate in any ham radio activities. So a plea is made for those who do not participate on the ham radio.....

So get on the air and let us get acquainted with your voice. The e-mail activity has increased over the

Don't forget the Annual Meeting - scheduled for May 20 thru May 22nd. The location is New Orleans. If your schedule has space for a long weekend, get in touch with Chip Keister NSRTF or Bob Currier WBSD and join in on a great weekend. The hotel will be the Maison Dupuy, on the corner of Toulouse and Burgundy, in the famous French Quarter. You may contact Chip at keister@msh.state.ms.us

[Click for the full edition](#)

- Propagation was a challenge for our nets 25 year ago, as it is today.
- What would say if you were asked to contribute to a new wing of a hospital? Page 4 of the edition suggests how to respond.
- Myeloproliferative Disorders were covered as follow-up article to a *Grand Rounds on the Air* session (page 5).
- The top ten medical advancements of 1998 were identified by Warren Brown, KD4GUA (page 11). Surprisingly Viagra was only ranked #5. You will need to read the article to view the stiff competition. Canada had not approved the drug at the time of publishing leading many down south to go up (page 3).
- Warren also identified upcoming advancements, many which are in common use today.
- The annual meeting was planned for New Orleans, not far from where President Bob Currier lived (Jackson, MS). The President to be installed was Bruce Small.
- MediShare was in search of new chair. After the accomplishments detailed in the prior edition, highlighted in the MediShare column of today's Jan 2024 edition, once can see why this might seem intimidating in 1999.

Ten years ago in MARCO—February 2014

MARCO's "AETHER" pronounced "Ether"
Medicine & Radio in One Medium

Official Publication of the Medical Amateur Radio Council **85th Edition**
2000-2014

President: Mary Favaro, M.D., AE4BX
Past President: Linda Krowczynski, PN, KE5BOK
Pres. Elect: Jeffrey Wolf, M.D., KE3W
Secretary: Danny Costars, EC, W6GAN
Web Master: Bruce Small, M.D., KM2L
Treasurer: Danny Costars, EC, W6GAN
Dist. Editor: Chip Keister, M.D., NSRTF
MediShare: Arnold Kalan, M.D., WB8OJB
News Editor: Warren Brown, M.D., KD4GUA

MARCO Blogsite: marco-Ltd.blogspot.com
"listserv": http://googlegroups.com

Web Site: http://www.marco-ltd.org
Internet address: warrenbrown@aol.com

Vol. XXXIX, (99th year), Edition #85 Since Year 2000), February 2014 P.O. Box 127, Indian Rocks Beach, FL., 33785-0127

THE PROS AND CONS OF ROBOTIC SURGERY

IT ISN'T A ONE-SIZE-FITS-ALL DECISION. HERE'S WHAT TO CONSIDER BEFORE GOING UNDER THE REMOTE-CONTROLLED KNIFE

Excerpt from Stewart Peterson's Dec. article in the WBSJ, Nov. 18, 2013. Adapted on Grand Rounds.

You need a hysterectomy, and the surgeon wants to do it robotically. Instead of working directly with his hands, he will sit at a console manipulating a set of robotic arms outfitted with tiny surgical instruments.

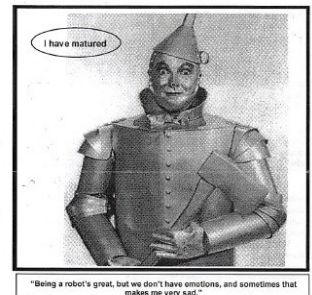
Should you go for it? You'd be forgiven for some hesitation. There have been widely publicized horror stories, including patients who have bled out after a robotic instrument inadvertently nicked a blood vessel of those who have been injured in other ways, such as accidental punctures, tears or burns.

The rise of such "adverse events" during various robotic procedures has led to new government scrutiny, as well as a cautionary statement from the American College of Obstetricians and Gynecologists: *Robotic surgery is not the only or the best minimally invasive approach to hysterectomy...nor is it the most cost-effective.*

Does any of this warrant your flatly rejecting robotic surgery? Many experts say NO. Every patient profile is different, and a robot is just another surgical instrument. It's only as good as the surgeon using it. Before making a decision on what kind of procedure to elect, here are some things to consider:

Why the spike in robotic usage? Back in 2000, there were only 1,000 robotic surgeries world-wide. That number surged to 360,000 in 2011 and 450,000 last year. Boosters say the practice is on the rise because of its strong benefits. For the patient, there's usually less blood loss, a shorter hospital stay and less reliance on postoperative pain medication. There's also the cosmetic benefit of no big scars. As in laparoscopic surgery, the instruments enter the body through small incisions.

For surgeons, the procedures can be less tiring. They don't have to bend over an operating table—they can sit in front of a screen with a magnified, full-color 3-D view of the surgical field. For maneuvering in very tight spaces—like the back of the throat, the author's comment.

**LATE BREAKING NEWS**

Sunday Grand Rounds now on 14.342 MHz, 11 am Eastern. **Reminder:** All MARCO member dues are now payable in January of each year. If you have paid in advance, or if you do so in the future, the next renewal date will be indicated on your mailing list.

[Click for the full edition](#)

- The feature article was on robotic surgery.
- The Grand Rounds on the Air began its presence on Sunday mornings at 11am Eastern, on 14.342 MHz, as announced in this edition.
- Page 3 includes a phot of N6JC and AA4FL from their recent Dxpedition with the T33A team in the Central Pacific on Banaba Island.
- Another article on page 3 covered the heat credited by e-cigarettes, that is heat as in consternation and pressure.
- Articles on page 5 included ones on the Affordable care Act, Hypothermia, and an oreo cookie addition in rats.
- Dave Justis, KN0S, a recent present of our Dec. 10, 2024 Grand Rounds topic, was pictured on page 10 receiving an award for outstanding contributions to the EMS services.
- Page 9 featured an article about MARCO President Mary Favaro AE4BX, and a project she recently completed in Zambia through MediShare.
- Take at glance at the New faces and Renewal list for MARCO on page 12. you will find many of today's prominent members, including our current president-elect.

December 07, 2023 Q4 Board Meeting

Editors/Secretary note—there is important content to be considered here regarding the future of MARCO. The minutes offer the highlights but members are strongly encouraged to use the [recorded video of the meeting](#).

In attendance: Bernie Krasowski KD5QHV, Barry Rabin WB1FFI, Chip Keister N5RTF, Don Arthur K1DCA, Keith Adams N3IM, Lee Barrett K7NM, Etsu Takada JA0BXP, Jay Garlitz AA4FL, Alanna Conder K4AAC, Bob Conder K4RLC, Paul Lukas N6DMV, Bill Otten KC9CS, Jerry Ziperstein N4TSC

Agenda and Actions

Grand Rounds on the Air– Digital Net

Remote stations for the future use of MARCO for the Grand Rounds were discussed. Two stations with flex radio equipment may be available. Programs for the remainder of the year were detailed. Chip N5RTF is also working on getting his station at his new QTH up and running as well.

Sunday Morning as the choice for time slot for the Grand Rounds was discussed from a historical perspective. It was based on MD availability to gather, not as an affront to church going members. Options for other time slots, including the possibility of a second net, were discussed to allow for participation of all members. Syncing a DV net feed and use of Web SDRs were discussed. Further discussions were referred back to committee, with Aether follow-up in Q2 2024 (member feedback). 17m to be considered as backup frequency (Jerry N4TSC).

The digital net was discussed with suggestions of training sessions with a review of technical aspects and options for using equipment. USB dongles and BlueDV software were discussed as an easy on ramp for getting started.

ARRL Club application status

Report on the status of our application was made. At the time of the BOD meeting there had not been a determination by HQ. (following the meeting an email came in notifying us of acceptance as an affiliated club).

Aether Report

Jay, editor AA4FL reported that he was making a move to the making the Aether a quarterly publication, online only. Jerry N4TSC suggested a tutorial on its use as a hypertext publication.

HamVention Report

The host hotel will be at the Wingate Hotel, Fairborn, OH. President-elect Barry WB1FFI and Jay AA4FL are arriving Wednesday and will lead a group outing to the National Museum of the US Air Force at Wright-Patterson. Members are encouraged arrive a day early to enjoy this very attractive experience, one not to be missed. More details will be in the next edition of the *Aether*.

Meeting Display(s) for HamVention were discussed and range from conventional display boards (N3IM), PowerPoint presentations (AA4FL), with Lee (K7NM) looking into a storage area for a larger club monitor so a projector will not be needed.

Orlando HamCation 2024 will be attended by some of our members and will be a social event. Brochures will be made available to handout to others in attendance (K4RLC).



[Click here for a Zoom recording of the BOD meeting](#)

MARCO Checking Accounts

The update for the new signatories and removal of ones desiring to drop is currently in process. There are two changes requested since our last BOD meeting's action. Chuck Lind N8CL desires to be removed. Barry Rabin WB1FFI, as President-Elect, has agree to be added. A motion to do so was made and approved. (Total of three signatories, Jay Garlitz, Diane Rodman, and Barry Rabin).

ARRL Foundation Scholarship

Jay contacted the ARRL foundation. About \$550 is present in our scholarship fund. A \$2000 scholarship funding has already been approved. Jay asked for a motion, which was made and approval for him to send a check in to the ARRL, as they requested it by Dec. 31, and be reimbursed by electronic transfer by Bank America since he does not have any MARCO checks in his possession. Once the new signatories are official that issue should not arise again.

MediShare

MediShare and the need to more volunteers was discussed. We have funds to award but need new projects. A member with a passion for this endeavor needs to be identified. (Contact Jay AA4FL if you are interested.)

MARCO Amplifier

It was noted that Warren KD4GUA (silent key) had an amplifier for Grand Rounds use that belonged to MARCO. Since new net controls have equipment, and the amp was a Heathkit SB-220, it was moved and approved that the amp be sold and proceeds fund the fund in his name. Bill KC9CS is holding the equipment until the family decides if there additional equipment to made available as well.

Organization management software and Website

Review of the progress on the possible conversion to Wild Apricot management software and Website updates were discussed. This project will start at the end of the year, under the leadership of Dave Lieberman, KT8E.

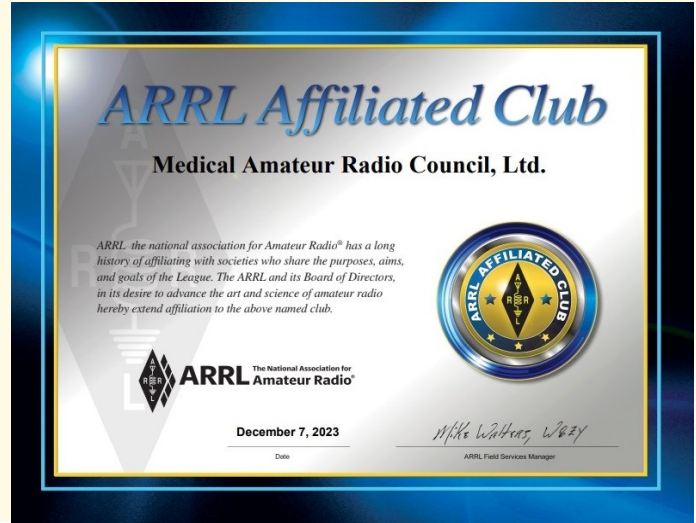
President's Report

Comments were made at the end of the meeting by President Bernie Krasowski. He reminded us this meeting was held on Pearl Harbor Day, and to honor the sacrifices made.

As of December 7, 2023 MARCO is an ARRL Affiliated Club. Take a few minutes to not only check out our listing on the arrl.org website but also [check out other clubs using their search feature](#).


We are updating our records regarding each of our MARCO member's ARRL members status. Please email our secretary at secretary@marco-ltd.org and let him know your ARRL membership status. Since many of our members are have multiple year MARCO membership terms we need information for current ARRL status.

Pleas invite others who have an interest in health related topics to join MARCO. The more members who want to join and be come active, allows us better opportunities for more involvement on our nets, and social club activities such as contesting and Dx trips.



ARRL Clubs - MEDICAL AMATEUR RADIO COUNCIL LTD

- Find a Club**
- Affiliated Club Resources
- Club Update Help

MEDICAL AMATEUR RADIO COUNCIL LTD		Edit
Basic Information		
Call Sign:	WB5D	 Contact Information Club Name: MEDICAL AMATEUR RADIO COUNCIL LTD Call Sign: WB5D Contact: Jay Garlitz AA4FL Daytime Phone: (352) 246-8003 Evening Phone: (352) 246-8003 Email: secretary@marco-ltd.org
Annual Report:	Dec 11th 2023	
Meeting Time:	Alternates Nationally	
Meeting Place:	Alternates Nationally	
Section:	NFL	
Affiliation Date:	Dec 07th 2023	
Specialties:	General Interest, Public Service/Emergency	
Services Offered:	Club Newsletter	
Description:	The purpose of MARCO is to promote good will and fellowship among amateur radio operators, worldwide, who are professionals in the healing arts, or who have an interest in the various medical, dental and allied fields which constitute the healing arts. On-the-air network operation is considered an integral part of MARCO activity, and is conducted for the purpose of discussing and exchanging medical and technical information, and, to offer information about health challenges of the day to the amateur radio population. HeathCareHams and HamsCare...	
Links:	https://marco-ltd.org	
Club Statistics		
Club Members:	189	
Voting Members:	155	
Voting Licensed Amateur Members:	189	
Voting ARRL Members:	105	

MEDICAL AMATEUR RADIO COUNCIL LTD Officers	
 CONTACT, SECRETARY, EDITOR Jay Garlitz AA4FL	 PRESIDENT Bernie Krasowski KD5QHV

MARCO Nets, 2024 updates

Weekly MARCO Medical Grand Rounds on the Air HF Net

The Medical Amateur Radio Council (MARCO) conducts its weekly *Grand Rounds on the Air* net on 14.342 MHz. (1500 UTC summer, 1600 UTC winter). Health Care professionals check-in to the net and engage through moderated (net directed) roundtable discussions on topics of interest, and have occasional continuing medical education (CME cat 2) presentations. Those present include physicians and dentists from many specialties, pharmacists, nurses, researchers (PhDs), EMTs, and members who serve in other health related careers. **All members of the amateur community and public are welcome to listen and submit questions** to the discussion panel using the AIM messaging feature in the freely available netlogger program (netlogger.org), aided by using the [livesteam of the net](#). This facilitates country and worldwide engagement of participants and listeners while negating the limitations of HF propagation.

MARCO Grand Rounds on the Air



Live audio stream and archives
WWW.MARCOAUDIO.NET

Founded in 1966, MARCO's mission is to promote goodwill and fellowship among amateur radio operators who are professionals in the healing arts or have an interest in medicine, dentistry, allied fields or in medical education and industry. On-the-air operation is an integral component of MARCO activities and is conducted for the purpose of discussion through exchanging medical and technical information of a non-commercial nature while conducting such dialogue as a public service of interest to the entire amateur radio community.

Livestreams and Net Recordings

Our Radio-Internet Coordinator Chip Keister, M.D., N5RTF, New Orleans, LA...[livestreams our net online](#). Check into our nets and earn CME. For times when propagation is poor when you would benefit from audio from another receiver, if you are away from your radio, in a skip zone, or unplugged due to thunderstorms, join the MARCO CW net and Grand Rounds by live [internet streaming audio](#). These are recorded to [listen in later to the online archive](#).

To Listen:

1. Use a browser to go to the following web page which has a player app and **links to the audio stream and archive:** www.marcoaudio.net.
2. The second way is to manually enter <http://marcoaudio.ddns.net:8011/stream> into a standard music player on computer, phone, or portable device **while the net is in progress**.

Feel free to share these links with anyone, MARCO member or not. No login or password is required. There is room for 100 listeners at a time. Comments are appreciated.

Chip N5RTF

MARCO International DV NET

The **MARCO International DV (Digital Voice) net** meets on Sundays at 1400UTC. It is the first of three Sunday morning nets and serves as the first place of roundtable discussion for the *Grand Rounds* topic of the day, while affording amateur radio operators without HF radio equipment, antennas, or those with technician licenses, and members in Asia (time of day), to participate while developing the topic for the HF net later in the day.

We have chosen to use the [QuadNet Array](#), an IRC or Internet Chat Facility that acts like a **universal translator between different digital modes** that allows hams who identify by callsign to connect with other users of digital radios world-wide through interconnected reflectors and talk-groups. See their website for more details, including how to connect, within the <https://www.openquad.net/> webpage.

This net applies the same format of, and augments MARCO's HF-based voice nets, providing a mechanism for members and guests worldwide to join discussions without the limitations of HF propagation, antennas, or equipment. Since operators can participate on radio while mobile through digital hotspots or repeaters, or at a fixed location by USB dongles on a computer, the net is a versatile opportunity for involvement for both newly and seasoned amateur radio operators.

Contact [Jay AA4FL](#) for additional details needed for implementing equipment needed for participating and protecting your neural connections, great involvement for your soul and health!

MARCO CW NET

The Bob Morgan Memorial Net

Our CW net is held every Sunday one half hour before the *Grand Rounds on the Air* net, at 09:30 central time, currently 1530 UTC, on 14.140 MHz. Net control is Chip N5RTF. The net is named after the late MARCO member Dr. Bob Morgan, VE3OQM.

At times in the in the past the net was on the same frequency as the *Grand Rounds on the Air* in an effort to hold the frequency for the voice net to be in the clear at the top of the hour. The net today means so much more to MARCO...

You are invited to participate. With radio license issuance in the US dropping the morse code requirement there are many members who have not had experience with CW. Our net is a great way to gain CW proficiency.

There are many advantages to learning morse code, a yes-brainer. There is increasing evidence that not only GM plasticity but also changes in white matter are important in the context of learning processes, see <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5526915/>.

Use CW through the MARCO net to keep those neural connections intact and resist the aging process! Links to other sources follow. Add to the discussion by posting to the MARCO google group: marco-ltd@googlegroups.com

[ARRL resources for Morse Code](#)

[Morse Code Instruction Learning, YouTube Options](#)

[Code Buddy Volunteers](#)

Membership Committee News

We have generated a list for our members that displays your renewal date.

The list can be obtained by [clicking here](#). It is password protected. Use the four letters of our national radio organization in small letters to open the document.

After reviewing the list, if you determine you are due for renewal, see the instructions on page 18 for renewing your membership.

We will be redesigning our Website and moving to a new organization management system in the near future, so please review the list, and if up for renewal, please do so as soon as possible.

For those of you who do not look this information up before the change in the process we use for self initiated renewals I will mail you a form for renewal at that time.

Thank you for your Membership!

In Service to MARCO and 73,

Jay AA4FL, and *Alanna* K4AAC

Join MARCO - Medical Amateur Radio

Medical Professionals Meeting on the Air to Share

The MARCO organization is open to all licensed amateur radio operators who are health care professionals or affiliated with the medical industry. MARCO conducts weekly Grand Rounds on the air and streams audio online. Participants are eligible for one hour of Category 2 CME credit. Please submit the form below and the club secretary will contact you:

Name (required)

Call Sign (required)

Email Address (required)

Telephone (required)

Street Address

City

State

ZIP

Year of Birth

Profession, Career or Interest (required)

Class of License

ARRL Member

[Medical Amateur Radio Council Membership Dues](#)

Invoice me for TWO Year Membership (\$45) - save \$5

[Our current online join and renew form](#)

MARCO OFFICERS, 2023-2024

Contact info— mail and e-mail addresses are on QRZ.com.

E-mail is preferred, phone contact info is provided for the President and Secretary only.

President: Bernie Krasowski, KD5QHV
P: 915.449.0234

President-Elect: Barry Rabin, M.D., WB1FFI

Secretary: Jay Garlitz, D.M.D., AA4FL
C: 352.246.6003

Treasurer: Diane Rodman, R.N., NM2K

Assistant Treasurer: Charles Lind, M.D., N8CL

Web Master: Dave Lieberman, KT8E

Radio-Internet Coordinator: T. "Chip" Keister, M.D., N5RTF

MediShare Director: Arnold Kalan, M.D., WB6OJB

Newsletter: Jay Garlitz, D.M.D., AA4FL

REGIONAL DIRECTORS:

(1st call district) Don Arthur M.D., J.D., K1DCA

(2nd call district) David Rodman M.D., KN2M

(3rd call district) Keith Adams, M.D., N3IM

(4th call district) Mary Favaro, M.D., AE4BX

(5th call district) Linda Krasowski, R.N., KE5BQK

(6th call district) Paul Lukas N6DMV

(7th call district) Lee Barrett, M.S.E.E., K7NM

(8th call district) Mark Young, M.D., N2OJD

(9th call district) Stu Oserman, M.D., WA9ZPL

(0 call district) Carlyle Rowland R.N., N0ARN

(Dx director) Etsuo Takada, M.D., JA0BXP

DIRECTORS-AT-LARGE:

Bruce Small, M.D., KM2L, Immediate Past-President

Arnold Kalan, M.D., WB6OJB,

Chip Keister, M.D., N5RTF

Jeff Wolf, M.D., K6JW,

Jerry Ziperstein, M.D., N4TSC

AD-HOC COMMITTEES:

Membership—Jay Garlitz AA4FL, Alanna Conder K4AAC, Michaline Przekop KC9ARP

Grand Rounds Net—Chip Keister N5RTF, Jack Spitznagel KD4IZ, Jerry Ziperstein N4TSC, Linda Krasowski KE5BQK, Bob Conder K4RLC

Historian: Michaline Przekop, KC9ARP

GREETINGS FROM YOUR PRESIDENT

December 2023

As we close out 2023 and look forward to 2024 and Dayton/Xenia, I would encourage members who have never been to Dayton/Xenia or those who have not been there in a while to consider meeting us in Dayton! The Air Force Museum is a MUST SEE and a BUCKET LIST item for sure! I'd like to THANK Dave KNOS for [his presentation](#) this morning (12/10/23). I ask for members to contribute to our Sunday morning Grand Rounds with a lecture on a medical topic.



For those who weren't on the net, I served in an Air Ambulance Detachment at Ft. Polk, Louisiana from 1985-1988. I became familiar with the DUSTOFF organization, comprised of active and former members of this service. At one of the

conventions people were walking around with buttons that said, "WHO IS CARTER HARMON?" Well, as the story goes, anyone who has been around the military knows that you NEVER volunteer for anything. Carter and four other pilots preparing for deployment overseas were in an office one morning when a senior officer came in and asked for volunteers.

Needless to say Carter and his compadres WERE volunteered. They found themselves in Stratford, Connecticut, at the Sikorsky Helicopter plant. These brave pilots were going to be the first military pilots to fly helicopters. One side note: autorotations were largely theory, and one day when the pilots were flying one actually had an engine failure, and resorted to an autorotation to land the craft. They landed in the employee parking lot where they damaged the YR-4B they were flying. While they were thinking about the end of their flying career for damaging this aircraft, the engineers at the plant were ECSTATIC that the aircraft performed as the theory suggested.



In eastern India in 1944, Carter Harmon (standing, left, next to his co-pilot) had the extremely rare job of helicopter pilot. The maintainers with him, members of the 1st Air Commando Group, were among the first to service helicopters in the field.

Some months later Carter found himself in Burma with a R-4 Hoverfly and was tasked with flying to a remote site to recover four patients and a pilot from light aircraft which had been dispatched to

bring them to the hospital, but was downed by enemy fire. While the pilot and patients remained undetected by the Japanese soldiers, Carter planned a route to get him to the crash location.

Hopscotching from fuel point to fuel point and carrying 21 gallons of fuel in place of the copilot's seat Carter made his way to the pickup location. The R-4 was NOT a stellar aircraft and he had to evacuate one patient at a time by taking them to a sandbar where another fixed wing airplane could take them to a hospital for treatment.

Taking one litter patient at a time Carter was able to evacuate the wounded to the sandbar. However, the helicopter overheated before he departed on the last trip. He ended up spending the night on the sandbar and proceeded to the pickup point the following morning.

As Carter got the stranded pilot on board, the Japanese started shooting at the machine. Undaunted Carter took off and flew back to the sandbar to transfer the pilot before he made his way back to his station. All this in World War II.

Sunday, Dave mentioned the television series MASH. Well, let's remember the Korean Conflict dates were June 27, 1950 to July 27, 1953, and the MASH series ran for twelve seasons, four times the length of the conflict!

I'd be happy to answer any questions that come up as a result of this information or my experiences as a MEDIVAC pilot either during or after a net discussion. For now -----

73, *Bernie* KD5QHV

Links of Interest...

Smithsonian Air and Space Museum Magazine—[In 1940s Burma, a New Kind of Flying Machine Joined the War: The Helicopter](#)

[The 'Awful' Work of the Real Doctors who Inspired M*A*S*H](#)

[KNOS led Grand Rounds on the Air Dec 10 2023 audio of the Discussion on Medical Care during the Korean and Vietnam Wars](#)



[Battlefield Medicine in the Korean War](#)

[From Battlefield Medicine to Civilian EMS—A Look into Military Innovations that Shaped Pre-hospital Care](#)

WRITE TO US!

We welcome your comments.
Email aether@marco-ltd.org

Disclaimer: Letters and articles may be edited for brevity & clarity. **All content, including linked unedited member article submissions, and linked online material, are not the opinion of MARCO. The Aether's content is not Medical Advice.** Graphics and links selected are the choice of the editor and not of MARCO-ltd.

MARCO NET SCHEDULE

<u>DAY</u>	<u>TIME</u>	<u>FREQ.</u>	<u>NET CONTROLS</u>
Any Day	On the Hour	14.342	Hailing Frequency
Sunday	9 AM Eastern	DV QuadNet	Jay AA4FL
Sunday	10:30 AM. Eastern	14.140	CW Net, Chip, N5RTE
Sunday	11 AM Eastern	14.342	Varies

MARCO'S CW NET, the "Bob Morgan Memorial Net"
(precedes the Grand Rounds on Air net, meeting on Sundays, 14:30 UTC, 14.140 MHz)

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MARCO Grand Rounds is held Sunday at 11 a.m. Eastern Time; 10 a.m. Central; 9 a.m. Mountain, and 8 a.m. Pacific Coast time on 14.342. You qualify for one hour Category II CME credit with your check-in.



MediShare International News
Arnold Kalan, WB6OJB, Director

The charitable arm of MARCO is active developing new projects and appreciative of your donations. Recognize other members for their accomplishments and life events with a donation that will be recognized in the *Aether*.

Donations are fully tax deductible and you will receive a note of thanks with wonderful MARCO seals that look very nice on QSL cards. MARCO is a 501 (3)(c) organization, and MediShare International is a project of MARCO.



We are appreciative of donations to MEDISHARE but also encourage members and their families to submit ideas for new projects. Member donations are more meaningful if we help humanity through health and welfare projects with a connection to amateur radio and communication. [Click to donate online](#) or mail written checks made out to MARCO, noting MediShare in the check's "for" area.

Send your donation to MARCO
c/o Secretary Jay Garlitz, PO
Box 1333, Hawthorne, FL
32640



Thank you , Stay Well & God Bless,

73, Arnold

Arnold (Doc) Kalan, M.D., WB6OJB, MARCO #673

The **MARCO NEWSLETTER**
Official Publication of the Medical Amateur Radio Council, Ltd.
Robert Currier, M.D., WB5D, President
Bruce M. Small, M.D., KM2L, President-Elect
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Alfred E. Greenwald, M.D., WA2CBA, Treasurer
Edward R. Briner, D.M.D., WA3TVG, Editor

Vol. XXII No. 5

December, 1998

AFTER KENYA, AFTER UKRAINE, AFTER ZAMBIA - WHAT??

Mike F. Marks*, MD, MBBS, DRCOG, Medical Director, Bush Hospital Foundation
Robert C. Smithwick, DDS, FACD, Director, MediShare International

MALAWI is not a name, or a place that is in the news-press every day, but given this AIDS-sensitive world and age, it should be.

What Malawi is, however, is a very small, very poor, landlocked country in Central Africa with a huge population. Dr. Mike Marks spent some time in Malawi recently meeting with health officials and with the deeply concerned staff of Malawi University and Medical School in Blantyre. They described for him

*From the Officers of MARCO:
To all our friends of the Christian faith.
A Merry Christmas:
To all our friends of the Hebrew faith,
a Happy Hanukkah:
And to all our friends everywhere,
a Urry Happy New Year*

A SPECIAL ISSUE !!!

This issue is earmarked for remembrance as a true MediShare issue. Except for some small variations, the major articles appearing are of MediShare projects or MediShare involved individuals And we hope you will be moved by

[Read about the projects MediShare had completed by the end of 1998.](#) Malawi, Zambia, Ukraine, Kenya

New volunteers for MARCO's project MediShare are needed. If you have an interest in serving and bringing the ability to network with other organizations please contact us and let us know of your interest. Write secretary@marco-ltd.org

The Warren Brown Fund has reached \$950 with recent donations from Al Breland, Dave Lieberman, and Arnold Kalan. Please contribute this fund using the mailing address or donate link at the left. Please specify that the donation to MARCO MediShare is for the Warren Brown Fund

The Secretary's Keyboard Korner secretary@marco-ltd.org



Paul Lukas, [N6DMV](#), our 6th call area director, wrote in with an excellent article about his [good luck](#). Born in 1930 and growing up in wartime Hungary, he experienced WWII firsthand as a pre-teen and teenager. His [exposé](#) is a must read. Philosophically, please consider what happens when those lost in war, combatant or civilian, exit this world that denies us their talents, and those of their descendants not-to-be. Did we lose future Einsteins or conversely Hitlers?

This edition of he The Aether has deep personal meaning to me, and should to many of our members. It is appropriate that our major holidays starting in November begin with Veterans Day, where we can express our gratitude for the service to our country that allows us to celebrate Thanksgiving later in the month, and our December religious holidays. WW1, WWII and the Korean War have contributed to me being a lucky guy, having the good fortune to live a family life of quality and happiness, resulting from the service of those who preceded me, including family members. The medal at the right was my grandfathers, from the Meuse-Argonne battle in WWI. While I never got to meet him, as his life was shortened from the effects of mustard gas exposure. The alliance countries listed on this medal serve to reinforce the complexities of this world, being aligned at war with Russia, China and Japan at the time.



It might seem strange including a full page centered on Godzilla. The Japanese post-WII experience is a fascinating transition to the country that it is today. The irony is the pivot point started with atomic weapon use and the impact on mortality and morbidity. My sister and I were fascinated with these changes after hearing stories of Japan when our father visited during and after his service in the Korean War. There is not one reason why Godzilla was created, to become part of the Japanese psyche, but please check out the links on page 7 to learn more about the subject, and the medical component.

It is melancholy in this being the first edition of the Aether without the presence of our long-term editor, Dr. Warren Brown. Please remember and honor him this holiday season as we were lucky to have him in our life for many years. He lives in our hearts and good deeds, [pay it forward](#)...

73, Jay AA4FL

MARCO Membership News

October - December 2023

Renewals

WA2NNZ—Angelo DeIBalso, East Amherst, NY (2 yr)

Silent Key

KD4GUA—Warren Brown, Largo, FL (9/29/2023)
N2LND—John Barbato, Spencer, MA (11/13/2023)

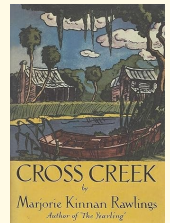
Donations to the Warren Brown Memorial Fund

Arnold Kalan, Al Breland, Dave Leiberan

From: <https://www.abaa.org/members-articles/armed-service-editions>

It is the middle of World War II. Soldiers are on their way to the front lines of both the Pacific and European Theaters. Other soldiers are already there. Still others have been there and are now receiving medical treatment at military hospitals...With no jukeboxes to fill with coins, no jive on radios they could tune in, little liquor to drink, and few willing women, books were a soldier's solution to boredom...a taste of home...Read about [Armed Service Book](#)

[Cross Creek](#) is one of the books made into a Armed Forces Edition, a time before MARS and Sat phones. This story is situated 15 minutes from the QTH of AA4FL



What do [Gators](#) and joint replacement surgery have in common?

[Exactech](#), the [prosthetic joint](#) replacement manufacturer was birthed by Gators.



The company has been successful enough to have the basketball arena at the University of Florida named for them.



The photo at the left was taken at the first home basketball game this season. I (AA4FL) have the good fortune of having one of the cofounders, Dr. Gary Miller, as a close family friend. Attending games at the arena and seeing the company name on scoreboards, etc., provides a warm and personal feeling to events here (sports and concerts).

Please write in with some of your similar experiences, where companies associated with medicine have made an impact on the your local communities in ways other than health care. Send to aether@marco-ltd.org

Payment Options for Renewing your Membership as 2024 arrives

Membership dues, for new joins and renewals, are processed by email. At the time of annual billing invoices are invoiced to each member. The default billing term is unified for all types of members, two years for \$45.


MARCO encourages members to consider a five year membership of \$100. This reduces your yearly cost of membership and simplifies our annual billing by our all volunteer staff. Existing members can choose to extend your membership at any time. Please use the online form at <https://marco-ltd.org/join-marco-amateur-radio/> and select the five year term from the pull down list. Completing the entire form just as you were a new member assists us with keeping your information current in our membership database.

Once submitting the online form **if you have a problem with the form appearing not to submit** (spinning icon), email the issue to Jay AA4FL at secretary@marco-ltd.org to confirm it went through.

For New members, and current members desiring to extend their membership term, the membership committee will receive your online application and process an invoice to be sent by email. **Put in list for renewals**

Online payment processing is available once invoiced by email. One opens the invoice and buttons at the top left are present to credit card payments (Stripe), and for PayPal.

Medical Amateur
Radio Council



The Medical Amateur
Radio Council Ltd.

Online editions of the *Aether* can be printed by the reader for use at home but linked information available through clicks within the online document will not be available. Note in using the online edition you have control of the size of the text and images, being able to zoom in for more comfortable and informative reading.

This is the 144th edition of The Aether (2000-2024) .

MEDICAL AMATEUR RADIO COUNCIL, LTD.
[New Membership Application & Renewals](#)

Apply or renew online using the [online join form](#), which if you are already a member will be processed as a renewal. Once you fill out and submit the online form it will be reviewed by the membership committee. Upon approval you will be invoiced by email with a link to pay online by credit card or PayPal.

<https://marco-ltd.org/join-marco-amateur-radio/>

If you need to pay by check use this application form. Send the written form to the mailing address below.

Check your preference:

- One year membership \$25 (USD)
- Two year membership \$45 (USD)
(the default billing for renewal)
- 5 year membership \$100 (USD)

Name:

Address:

Health Related Career (if appropriate)

Call Sign: _____ Type License: _____

Phone: _____

email: _____

Birthday _____ (year, full DOB optional) Member ARRL: Y / N

Written applications for membership should be sent to

Membership Committee
c/o Secretary Jay Garlitz, AA4FL
PO Box 1333
Hawthorne, FL 32640, USA