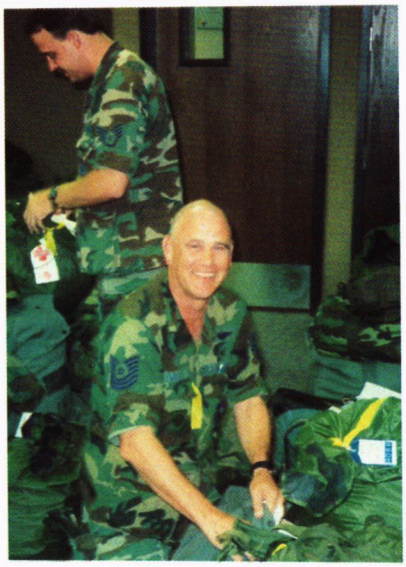
Tour of Duty in the Gulf

I joined the U.S. Air Force Reserves in 1967 to provide medical support to our troops. For the last fifteen years, I have been part of a medical air evacuation unit whose primary function is to fly into combat zones, load the wounded into C-130 aircraft, and return them to a rear location. From there they are evacuated to medical sites outside of the country involved in hostilities.

For years our unit has spent many days and months in exercises; training and preparing for such crises as Operations Desert Shield and Desert Storm. My exercise experiences have taken me to many states in the U.S. and overseas, playing out wartime scenarios in a variety of environments. We practice setting up our mobile air station facilities (MASF), which are large tents in the field to accommodate casualties in preparation for medical evacuation to a rear area. We are in continual training to hone our medical skills and flight qualifications, and we receive extensive training in chemical warfare. Even though some of our reserve troops served in crises such as Grenada, Panama, and the hurricane destruction in St. Croix, never in my wildest dreams did I think that we would be deployed in a full-scale war.

I received a call from my unit on August 8, 1990 asking if I would be prepared to be deployed within 72 hours. It was voluntary deployment. I felt that I had an obligation to my country and myself to volunteer for the first 90 days. Our unit is one of the largest medical evacuation groups in the world and we were the first task force to deploy. I had some very difficult feelings because I had never been away from home or my family for more than two or three weeks at a time, and in previous instances I knew that I was coming back. In this situation, we did not know what to expect or how long we would be in Saudi Arabia. We had only a few weeks to rehearse and train for the mission so emphasis was placed on personal protection, medical care, and the chemical warfare threat.



David Wells deploys to the Gulf

Late one night in early August we loaded our equipment and personnel on a C-5 aircraft and commenced a 27-hour journey to Saudi Arabia. It was the longest trip of my life. We arrived in Saudi Arabia about 9 A.M. and the temperature was already 125°. There were no trees to provide shade, no grass, nothing but sand and rock. We unloaded our equipment and stored it until we received orders to move to our assigned locations.

We had been briefed on the customs of the Saudi people but the social environment still came as a cultural shock. Five times a day over the loud speakers the Saudis broadcast their prayers publicly. The female troops, nurses, medical technologists, medical administration officers, etc, were the hardest hit by the Saudi customs. They were not allowed to drive military vehicles, had to keep their bodies covered at all times, and entered a society where females are subservient. The Muslim religion prohibits alcohol, so there was no beer available, only millions of one-liter bottles of water to keep us well-hydrated.

As time went on, we felt a little bit more at ease in our new environment. Initially we stayed within the city but we were given an opportunity to travel in groups and personally experience the Saudi way of life.

Several weeks later we were deployed to our site where we set up our MASF in preparation for medical evacuation. We lived in tents with 14 to 16 people per tent, experiencing dust storms and heat so extreme that we could not touch the metal on vehicles and other equipment. We began our workday at about 4 P.M. after the worst heat of the day had abated and worked until 8 A.M. the next day. We continued this routine for approximately three weeks.

By this time, the U.S. had approxi-

Configuring aircraft to receive patients

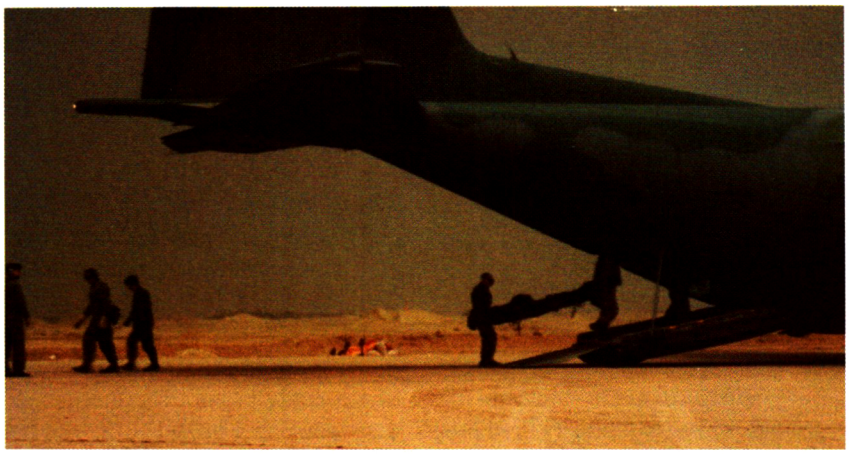
mately 250,000 troops in the country with still more coming in daily. Even though war had not broken out, many soldiers were hurt and some killed during routine operations, due to automobile accidents, explosions on ships, and accidents involving heavy equipment. We stayed busy, working 12-hour shifts without any days off.

We evacuated a considerable number of noncombat patients from our location to medical sites in Germany and Spain. Each day we lived with mounting rumors that the war had started so we carried our chemical warfare equipment including our mask at all times, day and night. The U.S. government made every effort to make us comfortable, providing us with recreational activities such as movie tents, aerobics classes, nautilus exercises and weight lifting, and short tours into some of the nearby cities.

In early November we received orders to return home because our initial 90-day orders had expired. We were elated be going home. However, in the back of our minds we knew that if war did break out, we would be recalled.

I arrived home in Tampa, Florida and a week later I reported to my job as business administrator for a limited partnership in Sarasota only to find out that our business had been bought out by a hospital and my position eliminated in the buyout. The new owners had hired an administrator during my absence. Even though I was no longer employed, the company did agree on a settlement. This gave me peace of mind because I knew that my family would be taken care of if I was redeployed. For the next two months, I remained at the base providing support for the troops who remained in the Gulf.

The day after Christmas, I received a call announcing mandatory redeployment. This time we knew that it was the real thing; that war was inevitable. We went through the same training regimen; reviewing the importance of chemical warfare protection and drilling with combat arms. I was a little more comfortable this time since I had already been to Saudi Arabia and thought I knew what to expect.



Loading litter patient into aircraft

Again, one night, we loaded our aircraft with equipment and personnel and endured another 27-hour ride. The plane arrived in Saudi Arabia late one night in rain, mud, and cold. I was immediately depressed because this was not the country that I remembered. On my prior trip to Saudi Arabia, we had never even seen clouds in the sky. The weather had been hot, both day and night. This time it was totally different. We always had to wear full combat gear, including an armored jacket, helmet, weapons, and chemical warfare gear. We worked, ate, and slept in this gear. This time the threat was much greater.

On the morning of January 19, 1991 at approximately 2 A.M., we heard what sounded like thousands of aircraft in the distance. We knew that something unusual was happening because this was a different routine from the practice flights we were used to hearing at night. About two hours later, the first SCUD alert rang out over the loudspeaker in our tent city. Fear struck us all. We knew that we only had four minutes to don our chemical warfare gear before the SCUD would hit our location. The suits are very heavy and cumbersome, which added to the stress of the situation. As soon as we had donned our equipment, we dove under our bunks and baggage or any other kind of protection that we could find. Several seconds later we heard several blasts and explosions. Later we realized that these sounds were the Patriot missiles taking out the SCUDs.

For the next four nights, we experienced continuous air raids. We had to sleep in our chemical warfare gear because there wasn't enough time to take the equipment off and put it back on before the next alert. We looked forward to daylight hours because we knew that the Iraquis would not fire SCUDs during the day. They knew that if they fired during daylight we would quickly locate their positions and destroy their SCUD launching sites. On the fifth day of the air war, we received orders to move to our new location. We were extremely happy to leave our current site and the constant bombings.

We were to make an intermediate stop at an already established site and then several days later move to our permanent assigned site.

The environment of our intermediate stop came as a shock to me. I thought I had experienced harsh terrains and extreme weather during my earlier deployment, but this area of Saudi Arabia made Kansas look like the Alps. The camps were all dug into the ground with camouflage netting over the tops, and we had to observe complete blackout conditions. We constantly carried flashlights with red lenses in order to find our way around the camps. We quickly got lost just walking fifty yards in the dark to go to the field latrines.

Despite these difficulties, we were happy with our remote location because it seemed an unlikely target for SCUD attacks. However, to our sur-

Each day we lived with mounting rumors that the war had started so we carried our chemical warfare equipment including our mask at all times, day and night.

prise, we spent the next three nights in sandbag bunkers beneath the ground, while Iraqi snipers fired Frog and Astro missiles at our campsite.

Four days later I left my unit at that location and flew ahead to set up a MASF at our permanent location. Again I was in for a surprise. This time, we were in an area more remote and austere than anything we had experienced. As before, our camps were dug in underground and we lived in blackout conditions. There were no paved roads, just routes through the sand that were changed on a daily basis, depending on dust storms and the rain.

A marine battalion was stationed at our new location, along with two surgical support group hospital facilities. These hospital facilities contained surgical suites, radiology suites, complete laboratories, intensive care units, and 150-bed wards, all in tents dug beneath the ground surface. Our power was supplied by large portable field generators. I made arrangements for the marines to begin excavation of our site.

It took the marine engineers five days to dig our encampment. Once our compound was completed, we had our first full night of sleep since our arrival in January. There were no SCUD alerts or smaller missile launches. We all felt more at ease. Thus our new lifestyles really began. The marine and navy personnel provided us with hot breakfasts and suppers. We ate our meals standing up. For lunch we ate MREs (meals ready to eat). We showered in field showers and used very crude bathroom facilities. When using these facilities, I often thought, "Oh, if my nuclear medicine and radiology colleagues could see me now."

Although we were not told the precise date that the ground war would begin, we knew that we had very little time to prepare for the expected casualties. From our location, we could see the effects of the air war. To create our living quarters, we had dug into the ground some twelve feet, creating berms twelve feet high. At night, we could sit on the berms and watch the fireworks to the north. We could see the light shows created as the U.S. Air Force and allied services bombarded Iraqi targets. We could hear the "boomers" from the large bombs during the aerial attack. The night skies would light up with red: the next morning the skies would be black from the oil fires.

David Wells in chemical warfare gear

Our dirt runway had been completed and we were ready to accept any casualties directed to our site. We ran many patient missions day and night. We were finally doing the job that we had been trained for so many years to do. We only had one chemical alert during the remainder of the war. We were all put on alert for the possibility of evacuation.

It seemed as if the ground war was over before it had begun. Although we received little news of what was actually going on, we could tell by the reduced sounds in the amount of artillery and ground fire that our troops were moving forward.

Abruptly, the ground war ended. We were very thankful that we had not received the massive number of casualties that had been projected. Many of our missions after the ground war were air evacuations of prisoners of war; an experience I'll never forget. The youngest of the prisoners was fourteen and the oldest sixty-five. It was obvious

(continued on page 191)

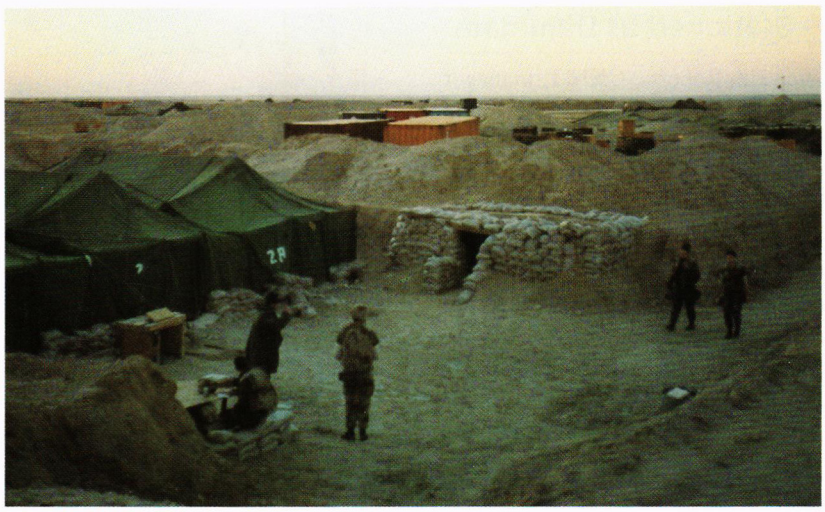
Encampment below ground

(continued from page 146)

they had been left in the field for months with very little food or supplies and no leadership. I remember one prisoner who began crying and said in English, "You people take better care of us than our own."

When we received the announcement that the war was over, we were elated. We had a little barbecue and played recreational games in the desert. Although it was over, we could not let down our defenses because there was still a threat of renewed hostilities. Almost three weeks passed before we were told that the majority of casualties and prisoners had been evacuated and our mission was completed.

Our trip home was one that I will never forget. Upon arrival at a U.S. air force base on the east coast, we were greeted by some 3,000 citizens of that community who rolled out the red carpet and hailed us as heroes. We did not feel like heroes: we felt we had only done our job. The American public supported us one hundred percent. After leaving that base, we returned to our home base in Tampa, Florida, where again we were greeted by many of the local citizens and our families. It was a great feeling to be back home with our families. Now we would be able to shave and bathe, relax in the convenience of our own homes, and enjoy all the freedoms of this country that most of us take for granted.



Sandbag bunker in camp area

I will never forget my experiences in Saudi Arabia. I traveled to many cities and to remote sites not even located on a Saudi Arabian map. I will always remember the Saudi people, their customs, and their way of life, so different from our own. I will also remember the many talented Saudi Arabian individuals I grew to know and respect as we worked together to complete our common mission.

> We could hear the "boomers" from the large bombs during the aerial attack. The night skies would light up with red: the next morning the skies would be black from the oil fires.

I'm especially grateful to the United States government, which provided us with some of life's little comforts while we were in the Gulf. From the beginning of Operation Desert Shield to the end of Operation Desert Storm, all the U.S. military branches and high ranking officers showed concern for the health and well being of the American and allied troops deployed in the war.

I would also like to personally thank my friends and colleagues Donald Bernier, John Riley, and Mike Bono for keeping in touch with me while I was in Saudi Arabia. They wrote to me often, letting me know what was going on in the "real" world. I thank them and all of my colleagues who supported me personally during the war and who have remained close friends and associates over the years.

David Wells, CNMT
Master Sergeant
U.S. Air Force Reserves

Note: The views expressed in this article are those of the author and do not reflect the official policy or position of the Department of Defense or U.S. Government. All photographs for this article were taken by Tessa Angelo, Second Lieutenant, U.S. Air Force Reserves Nursing Corps.

Dirt runway with black smoke from burning oil wells in background

Stationed at Dammam

When Jim Roberts, CNMT, manager of the nuclear medicine/ultrasound section at St. Mary's Hospital in Milwaukee, Wisconsin, was sent to Dammam, Saudi Arabia on September 15, 1991, to supply medical support for Operations Desert Shield and Desert Storm, he was prepared to take care of 89 Coast Guard men and women. Upon his arrival, Mr. Roberts discovered that the group he would be handling numbered 1,500 and that the procedures he was expected to perform had nothing to do with his work in nuclear medicine.

"It was one of the most rewarding experiences in medicine I've had in years," says Mr. Roberts. "Even though I wasn't practicing nuclear medicine, I dealt with each patient's needs from beginning to end. In nuclear medicine, I perform tests which are ordered by a clinician who then does the follow-up work. In Saudi Arabia, however, I was more than just a part of the overall picture."

Mr. Roberts, whose military title is medical Chief Warrant Officer with the U.S. Coast Guard, was sent to the port of Dammam on the eastern coast of Saudi Arabia with another medical officer, Ed McCall, who works in the physical therapy unit at the Veteran's Administration Hospital in Toma, Wisconsin. Together they were assigned to provide 24-hour medical emergency service to Port Security Unit 303 (PSU-303), which was established by the U.S. Coast Guard in 1983 to provide emergency security to ports throughout the world. The Coast Guard does not have physicians, says Mr. Roberts, and its medical needs are met by officers who are trained to handle almost all medical, minor surgical, and trauma needs.

The Persian Gulf War was not Mr. Roberts' first wartime experience. In 1959, he served as an independent duty corpsman with the U.S. Navy Submarine Service and five years later joined the Marine Corps Reserve as a field medical corpsman. In 1983 he became one of the initial members of PSU-303.

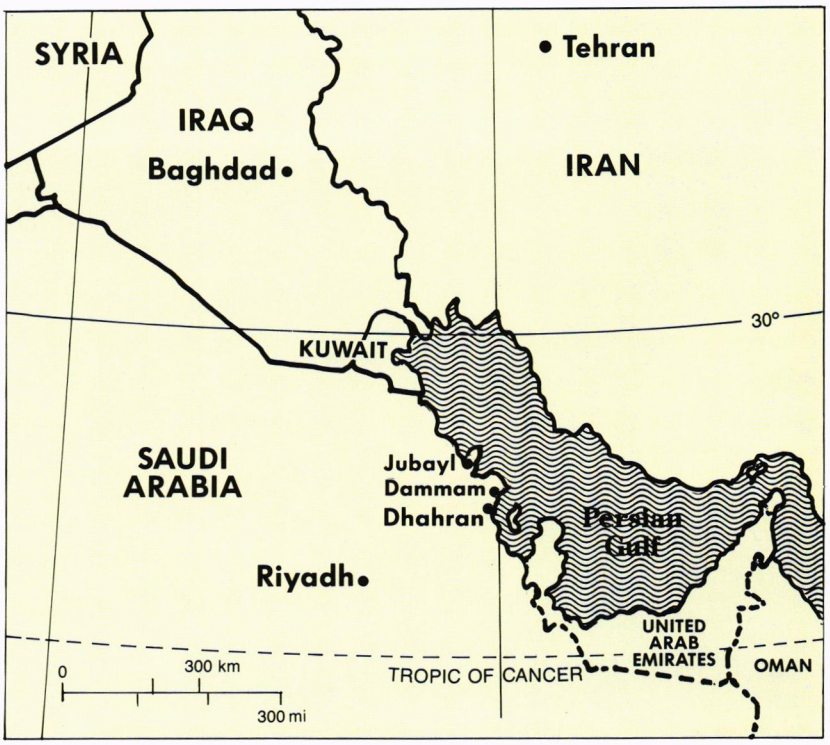
Jim Roberts, CNMT

During his first two weeks in Dammam, Mr. Roberts lived with the 89 other men and women of PSU-303 in the dining room of an abandoned civilian labor camp. The room was designed to accommodate only 40 people. This meant that the beds could be spaced no more than six inches apart. He and Mr. McCall, the only two medical officers, set up a small office in one corner of the dining room where they treated trauma cases, infections, lacerations, broken limbs, and illnesses.

"The sanitary conditions those first two weeks were unacceptable for human occupancy," recalls Mr. Roberts. "Our entire area was covered with black gritty dirt and cooking grease, and there was very poor air circulation. Thanks to U.S. citizens who sent plastic bags in packages to the military, we were able to keep our medical equipment covered. We often had to use antibiotics after trauma cases to ward off infection."

The shower and toilet facilities were the least favorable aspects of living at the camp. "You never knew when the water would be shut off. You'd be all lathered up with soap and suddenly the Saudi government would decide to turn the water off, and you'd have to get someone to bring you bottled drinking water to finish your shower." Every day from eight o'clock in the evening to five o'clock the next morning, there was no water to flush the toilets in the camp area where several thousand men and women were living.

After the first two weeks Mr. Roberts and Mr. McCall moved to an abandoned Saudi naval base located on a pier in Dammam. There was no plumbing at the base. For showers, they built wooden stalls, perched 250-gallon water tanks on top of the stalls, and filled the tanks with fire



hoses. For toilets, they constructed four wooden frame outhouses with 55-gallon oil drums to collect the waste.

It was at the pier that Mr. Roberts and Mr. McCall became responsible for the medical care of 1,500 army personnel, including the 89 members of PSU-303. They treated stevedores, members of the U.S. Navy SEALs, a division of Army Intelligence, Saudi Arabian soldiers, and members of a U.S. Merchant Marine Service called Sea Lift.

During their eight months in Dammam, the two-man medical team consistently ran out of medical supplies. "We had nothing except what we brought with us," recalls Mr. Roberts. "The rest we had to scrounge from other medical units." They had no diagnostic lab or X-ray equipment, and in the case of broken backs or limbs, were forced to construct backboards and splints from pieces of wood that were found lying on the pier. "If we needed to hospitalize somebody," says Roberts, "we sent them to the Naval Fifth Fleet Hospital, a 1,000-bed hospital 40 miles north of us in a city called Jubayl."

But poor conditions did not stop the two medical officers from doing their job, nor did dodging SCUD missiles. "At first, when there was an air raid," recalls Mr. Roberts, "we put on our gas masks and chemical protective clothing and went to a shelter. After 67 missile attacks, we still put on the protective clothing, but then went on about our work." Mr. Roberts remembers the night that 28 people were killed and 109 injured in a SCUD attack 2½ miles from his camp. "It was the closest we came to a battlefield situation," he says. "There were two SCUDs that night. One landed nearby in the Persian Gulf and the other headed toward the Dhahran air base. It then exploded in mid-air and the warhead fell into the center of the barracks where U.S. Army personnel were stationed. We dealt with a lot of shrapnel wounds that night."

Adjusting to local Saudi customs added to the tension of being under constant siege. "We were living in a culture that did not recognize our religion," Mr. Roberts notes, "but the Saudis expected us to recognize theirs." Chaplains in the U.S. Army were not allowed to wear distinctive markings, such as a cross on their uniforms. "For many of us, it was a first exposure to a culture that did not accept the Jewish or Christian religions," says Mr. Roberts. "I was more used to it than the others because I had been stationed in Jordan in 1987, although the Jordanians are not nearly as religiously strict as the Saudi Arabians."

American women in Saudi Arabia had an especially difficult time. They could only drive military vehicles, had to keep their bodies covered at all times, and were denied seating in many public establishments. Mr. Roberts recalls driving a woman to the Saudi Arabian Bank of Cairo so that she could purchase ten dollars in foreign currency and send it to some young friends at home. "When she gave the banker ten dollars and asked for the equivalent amount of riyals (Saudi Arabian currency), the banker refused to hand her the money and gave it to me to give to her."

"At first, when there was an air raid, we put on our gas masks and chemical protective clothing and went to a shelter. After 67 missile attacks, we still put on the protective clothing, but then went on about our work."

Mr. Roberts also remembers going into a Baskin & Robbins ice cream parlor with two U.S. Coast Guard women and seeing a sign that read "Ladies May Not Be Seated" in English and Arabic. "One of the women sat down," says Mr. Roberts, "but was not served. This obviously caused some concern for the shop owner since the area is patrolled by a religious police force who were known to arrest women and fine shop owners for infraction of Islamic religious laws. We drank our milk shakes fast and got out of there."

Despite these strong cultural differences, Mr. Roberts found the Saudis to be "a very friendly people." Asked if he would help them fight another battle on Saudi turf, he replies, "If it happens, it happens. I don't sit around and worry about it. I would just go."

Leigh Silverman
Section Editor, *JNMT*

VA System Changes Technologist Job Criteria

The Department of Veterans Affairs has changed the job criteria for nuclear medicine technologists and technicians who work within the VA system. The changes, which became effective November 8, 1990, revise education, experience, and credentialing requirements for the GS-601 track (nuclear medicine technologists) and the GS-642 track (nuclear medicine technicians). The basic requirements for both tracks is that the individual must be certified by the NMTCB or the ARRT. State licensure will no longer be accepted as qualification under either standard. Technicians who have regularly been performing technologist duties as documented in a performance review and who are certified by the NMTCB or the ARRT may be reclassified as nuclear medicine technologists at their present grade.

Sheila Rosenfeld, CNMT, Education Specialist at the St. Louis VA Hospital Medical Center in St. Louis, Missouri, comments on the changes. "Under the old system, it was necessary to have a college degree to qualify as a nuclear medicine technologist, regardless of work experience. Thus, many nuclear medicine technicians received less pay than their technologist counterparts even though they performed the same duties. Now, there is one pay scale for the two tracks, and the VA will gradually phase out the technician (642) track." Ms. Rosenfeld notes that many technicians are already being transferred to the technologist track.

According to Don Faulkner, CNMT, immediate past chairman of the Technologist Section's Socio-Economic Affairs Committee and Technical Director of the Nuclear Medicine Division at Emory University Hospital in Atlanta, Georgia, the main criterion for qualification as a nuclear medicine technologist is now professional knwoledge, which he is pleased to see. He also noted that it is now possible to change grade levels more rapidly, with grade level changes that formerly took about three years now taking one year. He added that previous work experience counts more and with a given level of experience, an individual can now start at a higher grade level.

The new standards have grandfather clauses for uncertified technologists and technicians who were employed before June 21, 1986. If their competence was affirmed in writing by a licensed VA physician before January 1, 1987, they are considered to meet the new qualification standards and may be reassigned or promoted.

Joan Hiam
Managing Editor, *JNMT*

Annual Meeting Highlights

The 38th Annual Meeting of The Society of Nuclear Medicine was a resounding success, providing myriad educational and social opportunities for the 1,200 technologists who attended.

Awards Presentation

During the Technologist Section's business meeting, awards were presented for the best scientific papers, posters/exhibits, and student scientific paper, and the Cardiovascular Council presented three awards for scientific papers (see Awards box in this section). The business meeting also served as a forum for representatives from the Austrian, British, Dutch, and Japanese nuclear medicine societies to express their support for The Society of Nuclear Medicine and the Technologist Section. Members of the

Technologist Section Awards

The following were recipients of awards presented during the 38th Annual SNM Meeting in Cincinnati, OH.

Scientific Papers

First Place:

"Technical Aspects of Establishing a Quantitative Normal File for I-123 Iodoamphetamine SPECT Brain Imaging"
M. Jones, J. Galt, E. Garcia, and N. Alazraki
Emory University Hospital and V.A. Medical Center, Atlanta, GA

Second Place:

"Tc-99m MAG3 Renal Functioning Imaging"
S. Weiss, J. Everett, M. Maizels, and J. Conway
The Children's Memorial Hospital, Chicago, IL

Third Place:

"Quantitative SPECT: Reconstruction Error Caused by Self Attenuation of Tc-99m"
M. Sobczak, W.H. Smith, G.A. Beller, and D.D. Watson
University of Virginia Health Sciences Center, Charlottesville, VA

Scientific Posters/Exhibits

First Place:

"Reflex Sympathetic Dystrophy in the Feet: Clinical and Scintigraphic Criteria"
L.A. Cole, L.E. Holder, and M.S. Myerson
The Union Memorial Hospital and Children's Hospital and Center for Reconstructive Surgery, Baltimore, MD

Second Place:

"Team Approach to QA Program"
J. Imhoff, L. Lind, M. Wilson, and B. Rowe
University of Wisconsin Hospital & Clinics, Madison, WI

Third Place:

"Quantitative Analysis of Thin Layer Chromatography on a Gamma Camera"
R. Hovey-Andersen, L. Korth, L. Zager, and R. Hammes
University of Wisconsin Hospital & Clinics, Madison, WI

Student Scientific Paper Award

"The Effects of Supine Versus Prone Positioning on Attenuation for Myocardial Perfusion Imaging"
Eileen Burns
University of Ottawa Heart Institute, Ottawa, Ontario, Canada

Cardiovascular Council Awards

First Place:

"Ejection Fraction (EF) Determination in Patients with Enlarged Left Ventricle (LV); Technical Considerations"
J.K. Russell, M. Tulchinsky, A. Rodriguez, and J.H. Murphy
Likoff Cardiovascular Institute, Philadelphia, PA

Second Place:

"Clinical Value of Adenosine Thallium-201 SPECT: University of Michigan Experience"
L. Sucharski, W.J. Wysor, N.A. Petry, and M. Schwaiger
University of Michigan, Ann Arbor, MI

Third Place:

"First Pass LVEF by Gated List Mode Technique Using Single Crystal Gamma Camera Allows Additional Assessment of Function with Tc-99m Myocardial Perfusion Agents"
M.A. Saari, J.A. Mattera, D.J. Errico, and F.J.Th. Wackers
Yale University, New Haven, CT

Technologist Section reciprocated this sentiment and welcomed the chance to interact with their international counterparts.

National Council Actions

Resolutions passed during the National Council meeting included the following: The Executive Committee was charged with seeking an appointment of a Technologist Section member to the American College of Nuclear Physicians; the President was charged to appoint a Special Committee to develop a code of ethics for the SNM-TS leadership; the National Council of the Technologist Section endorsed the guidelines for Interventional Pharmacologics as proposed by the Government Relations Committee; the National Council approved a $3,000 annual contribution to the Joint Review Committee on Educational Programs in Nuclear Medicine Technology in addition to the current level of funding; and Susan Weiss, CNMT, was reappointed to a second 3-year term as Editor of the *Journal of Nuclear Medicine Technology,* effective January 1, 1992.

The Technologist Section was asked to ratify various position statements proposed by the Summit on Manpower and the National Council approved the following statements: "The Summit on Manpower supports mandatory continuing education as a requirement for credentialing renewal" and "The Summit on Manpower actively encourages and supports the development and implementation of innovative or experimental approaches to allied health education which vary substantially from traditional designs and methods but meet or exceed the Essentials." The National Council also approved the following position statement: "It is the responsibility of the employer, department administrator, and medical director to provide a safe, efficient, pleasant, and supportive working environment for technologists/sonographers in order to assist them in providing quality patient care."

On the social side, the Technologist Party was a huge success, due in large part to the very popular band. The band's repertoire encompassed a variety of musical styles ranging from rock and roll to blues and they frequently played songs requested by the guests. The crowd looked happy and the party provided an upbeat end to the annual meeting.

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Paul Cole Scholarship Awards Presented

This year marked the second presentation of the Paul Cole Scholarship Awards by the SNM Education and Research Foundation (ERF) at the Society's annual meeting. Last year three $1,000 scholarships were awarded and the ERF expressed the hope that the fund would receive enough contributions to allow an increase in the number of scholarships awarded. Due to a generous contribution to the endowment fund by E. I. du Pont de Nemours and the many contributions of Technologist Section members, this year the ERF was able to award six $1,000 scholarships.

Two scholarships were awarded for each of the three types of nuclear medicine training programs: certificate, associate, and baccalaureate. This year's recipients were: Marilyn Torrence of Collinsville, Illinois, attending St. Louis University (certificate program); Susana Bienkowski of Toronto, Canada, attending the Michener Institute (certificate program); Christina Heathcote of Swedesboro, New Jersey, attending Gloucester County College (associate program); Iris Guadagno of Tampa, Florida, attending Hillsborough Community College (associate program); Cheryl Durling of Fort Wayne, Indiana, attending Indiana University (baccalaureate program); and Heidi Bougie of Green Bay Wisconsin, attending the University of Wisconsin (baccalaureate program).

The winners were chosen by the Paul Cole Scholarship Committee, which is chaired by Robert Henry, MD. Dr. Henry and the other committee members, Susan Weiss, CNMT, Sheila Rosenfeld, CNMT, Maria Nagle, CNMT, and Wayne Wcislo, CNMT, evaluated 85 applications to arrive at their decision. This is a significant increase from the 54 applications received last year, suggesting a growing awareness of the awards. Dr. Henry says that the caliber of the applicants remains high and that next year the GPA requirement will be raised from 2.7 to 3.0. He explains that

the Committee makes its decision "on the basis of need and academic performance." He also notes that the Committee considers applications from Canadian programs approved by the Canadian Association of Medical Radiologic Technologists (CAMRT) as well as from U.S. programs approved by the Committee on Allied Health Education and Accreditation (CAHEA).

News Briefs

DOE Considers Moly-99 Production

Three American distributors of radiopharmaceuticals have agreed to fund a study proposed by the Department of Energy (DOE) that would pave the way, pending congressional budget approval, for the development of a secondary source of molybdenum-99 (^{99}Mo). The long sought agreement follows a brief disruption of the supply of ^{99}Mo that occurred for eight days in January when the sole source of the isotope, Nordion International of Kanata, Canada, shut down its primary medical radionuclide-producing reactor due to contamination in a reactor building.

Mallinckrodt Medical, Inc., Medi-Physics, Inc., and Du Pont-Merck Pharmaceuticals Co., are fronting a total of about $250,000 for the DOE study to assess the feasibility of modifying one of the Department's existing reactors for the production of ^{99}Mo and related isotopes, company executives and a DOE official confirmed.

The agreement is based on the understanding that the DOE will sell ^{99}Mo at a price deemed competitive by the pharmaceutical distributors. The distributors, in turn, have agreed to buy a set percentage of their ^{99}Mo from the DOE. The costs of the feasibility study would be returned to the distributors in the form of discounts on initial purchases of the isotope. An estimated 80% of all nuclear medicine procedures depend on technetium-99 derived from ^{99}Mo generators.

The DOE has designated three promising sites that could be converted to produce ^{99}Mo: the Idaho National Engineering Laboratory (INEL), the Los Alamos National Laboratory (LANL), and Oak Ridge National Laboratory (ORNL).

Richard A. Holmes, MD, immediate past president of The Society of Nuclear Medicine, professor of medicine, radiology, and nuclear engineering, chief of nuclear medicine, University of Missouri Hospitals and Clinics, chief of nuclear medicine, Harry S. Truman Memorial Veterans Hospital, Columbia, Missouri, says, "Now that the agreement has been reached I hope this proceeds very rapidly because we're still sitting on the edge. Should Nordion fail again, nuclear medicine will come to a screeching halt."

Mallinckrodt Drops Party to Fund Education Efforts

Mallinckrodt Medical, Inc. gave $55,000 to The Society of Nuclear Medicine (SNM) and The Society of Nuclear Medicine Technologist Section (SNM-TS) at the Society's June meeting in Cincinnati and pledged continued funding for a variety of educational projects following a decision to discontinue the company's large-scale customer appreciation party—a ballyhooed event at SNM annual meetings.

"After taking a hard look, we've decided the money would better be spent on education," says Richard Martin, director of marketing for Mallinckrodt's nuclear medicine division.

A sum of $30,000 will allow the Technologist Section to produce a continuing education video tape and to advance a project for the recruitment of minorities in nuclear medicine, says Bradley K. Pounds, CNMT, immediate past president of SNM-TS and technical director of nuclear medicine at St. Luke's Episcopal Hospital, Houston, Texas.

The SNM share of $25,000 will help fund the new office of quality standards and practice policy.

Mallinckrodt plans to provide $30,000 a year for the technologist projects for three years, and will continue the $25,000 SNM donation each year for an indefinite length of time.

The presenters and winners of the 1990 Nuclear Medicine Week Media Stars Contest are: (l-r) Ian Farmer, Nuclear Medicine Manager of Product Marketing, GE Medical Systems, Milwaukee, WI (presenter); Sue Weiss, CNMT, Chief Technologist, The Children's Memorial Hospital, Chicago, IL; Donald Downen, CNMT, accepting for Melissa Bridges, CNMT, Acting Chief Technologist, St. Mary's Regional Medical Center, Reno, NV; Louis N. Morgan, Administrative Director, Nuclear Medicine Department, Prince George's Hospital Center, Cheverly, Maryland; and Bradley Pounds, CNMT, 1990–1991 Technologist Section President (presenter).