

## **Donald T. Simon**

*Dates of Service: February 1962 to May 1974 (USAF Active Duty)*

*June 1974 to January 1977 (USAF Reserves)*

*February 1977 to November 1994 (USPHS)*

The Simon family would like to thank each and everyone for your sympathies, prayers and words of comfort in our time of need.

Donald T. Simon, March 26, 1937 - Oct 4, 2011, was laid to rest with military honors at Fort Snelling National Cemetery in St. Paul, MN. A Mass of Christian Burial was held at The Church of St. Agnes in St. Paul, MN where he was baptized. Donald served our country as an officer in the United States Air Force and US Public Health Service. He retired as Capt. (O-6) after 30



years. Using his G.I. bill he received a Masters in Library Science. After retiring from his second career, he volunteered in medical libraries and continued to improve the library in Oaxaca, Mexico. At a young age Donald was compassionate and kind to strangers and he showed his love for his country through his work with the boy scouts. He will be remembered for this and for his dedication as a loving husband, father, Grandfather, brother, uncle and friend.

### **Biography of Donald T. Simon (Extracted from "50 Years of AF Dietitics")**

Captain-O3 (USAF); Captain-O6, USPHS, Retired

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Highest Military Decoration: Air Force Commendation Medal

Memorable Military Experiences/Assignments:

I had six assignments during my 12 years and 4 months of active duty with the Air Force at five locations: Chanute AFB, IL; Dyess AFB, TX; Orlando AFB, FL.; Minot AFB, ND; and Clark Air Base, Philippines. Ironically, only one of the hospitals that I was assigned to still exist. It was the 819th Medical Group at

Dyess AFB, TX, now the 7th Medical Group. Along with the hospital, Chanute AFB, IL closed in 1993. The 1360th USAF Hospital at Orlando AFB, Fl, which was a w\VII wooden cantonment hospital, was torn down and replaced with a permanent building by the Department of the Navy after the base became the Orlando Naval Training Center in 1968 (This Navy base is now closed and the hospital is a Department of Veteran Affairs Clinic.). The 862nd Medical Group, later known as the USAF Regional Hospital at Minot AFB, ND, was actually located in the City of Minot and not on the base, some 10 miles north. It had previously been a VA hospital. It was closed and replaced with a new facility located on the base proper. USAF Hospital Clark in the Philippines was once the medical center serving the Vietnam Conflict. It ceased functioning abruptly in 1992 when the nearby Mount Pinatubo volcano erupted and covered Clark Air Base with its ash. The base was evacuated and closed shortly after, never to open again.

Of three of my assignments, I was a solo dietitian. At another, my first, I was solo for about half of the assignment as two other dietitians came and went at different times while I remained. At the first Clark Air Base assignment from 1965 to 1967 I was by myself for the first nine months, on duty 12 hours a day for six days a week. This I remember very well! It was during the Vietnam Conflict when the number of casualties flown in was heavy. I requested additional staff and two dietitians came to join me. At my last assignment, which was also at Clark Air Base, I was a member of a staff of three dietitians.

My most memorable experience was my participation in Operation Home-coming at Clark Air Base in 1973. This was the name given to the whole effort of the repatriation of the American and other national prisoners of war from North and South Vietnam and Laos. Being part of the crowds who welcomed our men back and having the opportunity to serve them professionally was one of the most moving experiences of my career. Watching these men eat their first meal in freedom was really an experience to behold. They were so grateful to be able to taste American food again. At this meal they had steak or chicken, corn on the cob, milk, strawberry shortcake and ice cream, all in huge quantities. The first group of 112 released ate forty gallons of ice cream the first night.

Preparing for this event took much advance planning. These plans were carried out by Major Miriam W. Fortune, OIC of Medical Food Service; Capt. Cynthia L. Chung, clinical dietitian; our NCOIC; and me, as well as over 90 other military and civilian staff assigned to the department. This event occurred over a period of approximately two months because the prisoners were released in several

increments totaling 595. They were flown on C-141s, configured for medical evacuation, to Clark Air Base in the Philippines before returning to the United States. The welcome by the base personnel and their families, specially the children, was indeed an extremely humbling and moving experience for the prisoners. During the three to four days these men were at Clark Air Base, they were housed in the hospital, given general physical examinations and new clothes, reintroduced to American foods, and given the opportunity to returning to sleeping in a bed with a mattress, pillow and sheets. In the planning for their return and based on the literature it was determined that these men may have to be on very controlled and limited diets at first, as they adjusted to the foods they had not had for so many years. We found this not necessary. The men were found to be in better condition, generally, than had been expected. Only a few showed clinical signs of malnutrition; however, most had some subclinical signs. While in the hospital, and if time permitted, nutrition histories were taken by the dietitians of the men. They were asked to relate their eating experiences while in prison. These histories were sent back to Washington, D. C. for review and compilation.

Another memorable experience was the feasibility study on the use of microwave energy in medical food service. This study was carried out at the hospital at Minot AFB, ND while I was assigned there from August 1968 to December 1970. The origin of it began at the Surgeon General's Office, SAC HQs, at Offutt AFB, NE. Its actual application was for the missile site-feeding program to possibly replace the foil pack system in use at the time. \$23,000 was allotted for the study for the procurement of equipment and supplies. No additional staff was used for the study. Institutional microwave ovens were installed on the top of existing Meals-on-Wheels food service carts and two double-size microwave ovens were installed in the kitchen and behind the cafeteria line in the dining room. A blast freezer was identified and procured for the kitchen along with an individual serving size-packing machine. Food was prepared, packaged, and frozen for future patient meals. Multiple serving size packages were used for the dining room. A one-week patient menu with five entrees each for lunch and dinner and a two-week menu with fewer entrees were planned for the study. Foods to be served hot were reconstituted to a serving temperature from a refrigerated temperature using the micro-wave ovens on the nursing units. Except for coffee, all foods were cold when they arrived on the nursing units. Meals were served on demand as needed, thus eliminating late trays.

This feasibility study was determined to be successful and it became a permanent program for the hospital at Minot AFB. A scholarly report was written at the conclusion of the study: USAF Technical Report SAM 70-66, Frozen Component

Meals Packaged for Medical Food Service, December, 1970. To my knowledge, this program had not been applied and duplicated in another Air Force hospital. I am not aware that it ever replaced the foil pack system used at the missile sites. Capt. Robert F. Schneider replaced me at Minot AFB and continued the program. I was glad to leave it behind me because it was a lot of work researching it and setting it up as an addition duty to the normal duties of a solo dietitian.

My active duty Air Force career ended with the big reserve officer Reduction in Force in 1974 after Vietnam-May 31, 1974 to be exact. A week later I was in the graduate school of the College of Public Health at the University of the Philippines starting courses towards a master in healthcare administration. After two and a half years I earned that degree plus a postgraduate certificate in public health.

During that time I remained in the inactive Air Forces Reserves and actively participated in Clark Air Base's medical civic action program along with Major Alice Cox who was the chief dietitian at USAF Hospital Clark. We both had started working with this program as nutrition consultants on our off duty time when it started in late 1973. Once a month on a Saturday both of us would join a team of volunteer physicians, dentists, nurses, laboratory technicians, and medical corpsmen, as well as dependent wives, and go with appropriate medical supplies and equipment to a remote barrio in the Province of Pampanga, the province, which Clark Air Base was located in the Philippines. The team would provide basic primary health and dental care to an average of 1,000 Filipino adults and children, working out of the municipal school. Minor medical and surgical treatments were done, medications were given, and referrals were made to the provincial hospital. Since there never was a pharmacist or technician on the trips, I ended up being in charge of the pharmacy services and the distribution of medications, along with providing nutrition consultation and counseling to the physicians and patients. Even though the day was long, from 0600 to 1900 hours, the personal rewards were great for each of us on the team. The good will we provided was well appreciated by the people we served.