



This article is based on an earlier interview conducted with Dr. Walter Comeaux, by Brian Ruby, then HAI's Communications Assistant. It took place on February 27, 2006, at HELI-EXPO 2006 in Dallas, Texas, and several subsequent follow-up interviews were conducted by Martin Pociask, HAI's Director of Communications and editor of *ROTOR* magazine.

ROTOR: Dr. Comeaux, thank you for agreeing to this interview and sharing your experiences with our *ROTOR* magazine readers. Can we start from the beginning? When and where were you born?

Comeaux: I was born in Houma, Louisiana, April 10, 1923.

ROTOR: Growing up, what was your childhood like, and did you have an early interest in medicine or aviation, or both?

Comeaux: I grew up during the depression era, in a town of 8,000 people. As a young boy, in the summer months, during the latter part of my grammar school and high school days, I worked south of Houma, in the Gulf of Mexico drying shrimp on a wooden platform. I also worked in a lumberyard, specializing in drilling mud and heavy timber. My interest in medicine was only natural. My father was a dentist; the medical inclination was in my genes. However, I always thought of medicine more than dentistry.

ROTOR: What about aviation?

Comeaux: As a young boy, aviation always fascinated me. I would

Dr. Walter B. Comeaux, Jr.

Medical and Safety Advisor to the Helicopter Community

by Martin J. Pociask and Brian Ruby

This interview with Dr. Comeaux has been abridged and formatted for *ROTOR* magazine. The interview in its entirety will be available by request. Stop by the HAI booth or the Gift Shop at HELI-EXPO 2007 in Orlando, Florida, to pick up your free copy.

visit the hangar in Houma, Louisiana, where the barnstormers would meet, and listen to their conversations. I always wanted to fly. I even built wooden airplanes and hung them from large tree limbs with ropes. They were large enough for two of us to sit in and make believe we were flying. We would turn the propeller with a crank. I finally got my wish when, in 1968, I finally soloed and was licensed as a fixed-wing pilot.

ROTOR: Dr. Comeaux, can you tell our readers about your time as an intern, and how internships compare today?

Comeaux: We had to observe, question, and listen to what the patients had to say in regards to their symptoms, and then finally examine them. An old cliché in medicine in our day was that after you question, listen to, and examine the patient, if the diagnosis is not obvious, then you should start all over again. X-ray and lab work played a part, but not as much as today. Remember that 60 years ago, Penicillin sulfadiazine, sulfamerazine, and sulfanilamide were just coming into play in the treatment of diseases. We were required to do our own lab work, blood counts, urinalysis, and chemistries as interns. Satellite hospitals were also present on the campus of the major hospitals. They were used to treat contagious diseases. For example, meningitis, small pox, certain kinds of bacterial infections, polio, tuberculosis, scarlet fever, etc.

Today, these units no longer exist. Because of vaccines, many of those diseases no longer exist and are either treated on an outpatient basis or at home. Today, we have so many miracle drugs and diagnostic tools, such as ultrasound, MRI, CT scanners, and other magnetic tools. Yes, times have changed radically, but I think for the better.

ROTOR: So you had to be chemists, as well?

Comeaux: We had to be biologists, chemists, physicians, mechanics, and most of all, very good listeners to be able to make a diagnosis on a patient.



Dr. Comeaux at his residence in post-war Japan. He worked at the 49th General Hospital in Tokyo from late 1947 to June 1949 as Assistant Chief of Surgery.

ROTOR: Yes, that is very different.

Comeaux: It is different. There is much more to it than that. For example, there were no EMS services. We rode ambulances for three months. We were on-call during the daytime, from 7 to 7, or nighttime, 7 to 7. Whenever a call came into the hospital about an accident, we would get into the ambulance and ride out to the scene. It could be a murder, someone shooting at you, psychotic patients, and severe injuries — just anything. We had to triage them on the ground, put them in the ambulance, take them back to the emergency room, where they were treated, and then later, admit them to the hospital for more treatment.

ROTOR: So that was part of the university's requirements?

Comeaux: Yes. A regular Army Colonel was in charge of the ROTC program. We had drills three times per week and wore uniforms to school. We were just like any other military school. We had the gray uniform with the black stripe on the leg. We had a dress parade once a week, which was on Thursday. We would parade for an hour on the drill field with a whole mass of troops — infantry, artillery, engineers — the whole spectrum was there. The year was 1939 when I started. They had a program where the last two years of your college was referred to as advanced mili-

tary. At the end of college, when you got your degree, you would become a 2nd Lieutenant in the U.S. Army.

ROTOR: So it was an automatic commission?

Comeaux: Yes, ROTC promotions were given also during the four years of college by the university. It was an automatic commission. Along the way, each student received a commission by the school. I was commissioned a Corporal at one time, Sergeant another, and then 1st Lieutenant. I had a scholarship while at Louisiana State University (LSU) in the band.

ROTOR: I apologize for interrupting, but can I ask, what instrument?

Comeaux: Saxophone. That was during the time of the famous LSU marching band that everyone knew about. In December, Pearl Harbor occurred. I was still a 1st Lieutenant commissioned in the infantry, and had not been accepted as yet to medical school. In the meantime, there was a tremendous change in the medical schools. The military needed the doctors. The medical schools cut their time from four years to three years. The way the medical schools did that was to take away the vacation time between the three years. We were off two weeks between each semester, which amounted to four years of work, with no vacation, and I



It was while in Japan that he met and married Dorinne (Candy) Kennedy, a civilian working for the U.S. Air Force.

was finally accepted to medical school. My 1st Lieutenant rank was removed and I was made a private in the infantry, assigned to LSU medical school. Before I started medical school, I had to go through basic training at Camp Beauregard, in Louisiana, for six weeks, just as infantrymen had to do.

ROTOR: This was the enlisted men's course, though?

Comeaux: Yes. As I was entering medical school, I was promoted from private to corporal. Strange, but that is true. So for three years, I attended medical school as a corporal, making roll call every morning at 6:30, marching every Saturday for two hours on the parade ground, just like any other Army unit.

ROTOR: While going to medical school?

Comeaux: Yes, while going to medical school. We were, however, allowed to live in town. We all lived in a three-story house and received a subsidy for that period of time. After the three years, I graduated on Friday, March the 13th, 1946. It has been 60 years. I graduated in a military officer's uniform, and I received my diploma on one side of the stage, then they put 1st Lieutenant bars on my shoulders on the other side of the stage, with a commission. I was then sent through internship training in surgery. That is when I received

most of my surgical training. I was then sent to Fort Sam Houston, Texas, for a three-month course, which was required of all medical officers. I was then assigned to the Far East Theater to 49th General Hospital in Tokyo, Japan, where I served the rest of my overseas duty. I found out later that the 49th General Hospital was the only General Hospital in Japan, and all cases of a serious nature were immediately evacuated to this hospital for definitive treatment. This not only included Japan, but also China, Korea, and Guam. In 1948, 13,270 patients were admitted, of which 7,648 were surgical. Nine thousand, six hundred one operative procedures were performed during the year. Thirty-seven thousand one hundred sixty-six patients were treated by consultation in the outpatient surgical clinics, of which over 2,000 were for general surgical conditions. These numbers exemplify the magnitude of our work, which was done with only 19 medical officers.

ROTOR: You met your wife in Japan?

Comeaux: Yes, I was married in Japan.

ROTOR: What is your wife's name?

Comeaux: My wife was Canadian-born. Her maiden name was Dorinne (Candy) Kennedy. We met during the occupation of Japan, just after the Japanese surrender in

World War II. She worked as a civilian for the U.S. Air Force, in the Intelligence Department, under the Commanding General for the Far East Air Force. We were married in Tokyo, Japan, in the Chapel of the 49th General Hospital, in February 1949. She has always been my true supporter and strength. We have been married for 57 years.

ROTOR: Really? Working for the United States?

Comeaux: Yes, working in civil service for the U.S. Government, in the Air Force. She was assistant secretary to the commanding general. And after eight or nine months, we were married. At that time, you had to have two ceremonies. One had to be with the Japanese consulate, and the second ceremony was held with the approval of General MacArthur two weeks later. We were married at the chapel at the hospital. The second ceremony was our religious ceremony. A very important incident occurred on the day of my wedding, two hours before the ceremony. I had to do an appendectomy on my best man. He came up to Tokyo from Hokkaido the night before, and awakened that day with a pain in his right side. I tried to put him off until after the ceremony, but he progressed rapidly. Another friend of mine was then called upon to participate. Incidentally, my first choice for best man was rolled onto the altar (sedated with Demerol) to witness the ceremony.

ROTOR: Where did you live?

Comeaux: We lived up in a penthouse on top of the hospital. One of the Colonels let us use his house. We only had about three months left to go over there.

ROTOR: You said when you were accepted to medical school, you were promoted to Corporal. Did you remain a Corporal throughout the three years?

Comeaux: Yes, I remained a Corporal for three years, serving in the Army Service Training Program.

ROTOR: So, on graduation, you not only became a medical doctor, you

jumped from E4 to...

Comeaux: I became a 1st Lieutenant in the Medical Corps.

ROTOR: That was a leaping rise.

Comeaux: All medical officers automatically became 1st Lieutenants upon joining the military service. During my career in Japan, I was promoted to Captain.

Contrary to what a lot of people knew then, Korea was a hot issue. We had a large number of troops in Korea on the 38th parallel, and in those days we had small reconnaissance planes, called grasshoppers. They were little Piper Cub airplanes flown by Sergeants in the 1st Calvary Division. They flew on the 38th parallel, checking out the North Korean build-up on the other side. They were getting shot down, and we were taking care of those that survived the crashes at our hospital. I needed to finish my residency, get my boards, and start a practice. My time was up, so my wife and I returned to the United States. When the Korean War broke, our unit at the 49th General Hospital became the subject of the famous M.A.S.H. unit television show. During my service in the hospital, I was able to take care of General MacArthur's son. He broke his arm. I met the General on several occasions, and it was quite an experience.

ROTOR: I remember you mentioned earlier that you were friends, or were friendly with General MacArthur's personal physician?

Comeaux: Lieutenant Colonel Kendrick was his personal physician. He was a surgeon, but had no facilities in which to work. So he would come over to our hospital and scrub with me. He had graduated from Emory University, and was a board-certified surgeon. My wife and I spent many Sundays with Colonel Kendrick and his wife at the American Embassy, near General McArthur's home. Before I left the military, Colonel Kendrick and Colonel Anderson, my chief, had arranged a residency for me at the Mayo Clinic. After reviewing what the Mayo clinic had to offer, and what Charity had to offer; the Mayo had a great opportunity for writing, studying, research; Charity had a great opportunity for hands on work — mechanical surgery. And there was no doubt in my mind what I wanted to do. So I chose Charity Hospital in New Orleans, Louisiana.

ROTOR: You were honorably discharged in 1949, and you returned to the States.

Comeaux: Yes, in 1949, at Fort Lewis in Seattle, Washington.

ROTOR: You worked at Charity

Hospital? Can I ask what were your responsibilities?

Comeaux: Admitting physician. I had to accept this position for 13 months to get my residency in surgery. The following year that happened. As the Chief Admitting Physician, I was responsible for 13 physicians under me. We were a general clinic. It was a placement clinic. There may have been 900 to 1,000 people sitting in waiting rooms at the emergency admitting department. We would determine their medical condition, and then route them in the proper directions, to the different clinics or to the emergency room. If it were a severe emergency, they'd go right to the emergency room and be admitted. It was a triage clinic.

ROTOR: Your residency was from 1950 to 1954. It was general and thoracic surgery. So you're a heart doctor?

Comeaux: Not *per se*. Cardiovascular surgery at that time was in its infancy. I have performed heart surgery procedures on certain defects in the hearts of babies and some adults. Programs were being developed, but we did not have the modern mechanical devices that are used today — so we were limited.

ROTOR: You have to have that confidence as a surgeon.

Comeaux: Yes. I called the Chief of the Service for assistance whenever I needed it. My chief very seldom came out unless it was something very unusual. We just had intubated anesthesia, and we had to work with that. Putting the tube into one lung, keep it inflated while you work on the other side, for example.

ROTOR: What happened that brought medicine and aviation together for you? When were you first exposed to aviation and medical issues?

Comeaux: In the early 1960s. Airplanes fascinated me. I would often ride out to the airport and visit with the owners and the pilots. In the late 1960s, I finally decided to take lessons and soloed. Later, I received my private license. I flew about 13 years. I haven't piloted myself since then, so it's been about 20 years.



Dr. Comeaux completed his residency at Charity Hospital in New Orleans, where he was the Chief Admitting Physician.

ROTOR: Tell us about your children. Are any of them involved in aviation, medicine, or the military?

Comeaux: We were blessed with three wonderful sons. The oldest, Walter III, is married to a wonderful lady, born and raised in Houston, Texas. Her name is Leisa. They gave us two beautiful granddaughters, Christine and Kimberly. He owns his own oil company, with several production platforms in the Gulf of Mexico. An errant driver killed the middle son, Dr. Thomas Comeaux, in a bicycle accident, in 1997. At that time, he was the head of the Pathology Department in one of our large hospitals here in Lafayette, Louisiana. Tommy was a multi-instrumentalist, receiving seven Grammy nominations, and one Grammy posthumously. At the present time, an endowed chair in traditional music is being developed at the University of Louisiana at Lafayette in his name. One does not exist, at this time, in any other university. My third son, Dr. Clark Comeaux, is presently serving in the U.S. Army. He is an oral maxillofacial surgeon — board certified. He served nine months in Iraq, and was awarded the Bronze Star upon his return. He is a full colonel. He is married to Lt. Colonel Kimberly Fedele, an anesthetist. She has had two tours of duty in Iraq. Both are now stationed in El Paso, Texas, at William Beaumont Hospital. Clark

is head of his department, and Kimberly is in charge of the School of Anesthesia, and spends all of her time teaching anesthesia to new students. Clark's aviation history dates back to a very early age. At 12 years of age, he began his flying career and instructions. At 16 years of age, he soloed, and shortly thereafter, obtained his private license. His major in college was chemistry, but obtained a minor in biology and aeronautical science.

ROTOR: How did you get involved with Helicopter Association International (HAI)? Back then it would have been HAA (Helicopter Association of America).

Comeaux: I was a senior A.M.E. and flight surgeon for PHI. Frank Lee, chief executive officer, and Bob Suggs, chairman of the board and owner, had the foresightedness to want to develop an alcohol- and drug-screening program for their company.

ROTOR: This was when?

Comeaux: This was in the 1970s. Frank and Bob wanted to start an alcohol-and drug-testing program. At the time, it was reported that approximately 80,000 aviation pilots had a DWI against their record. So, I was asked what we could do. And I told them to let me give it some thought. In the meantime, Frank Lee was President of HAI, and asked me to

come to HELI-EXPO and give a talk on how to select pilots. The meeting was held in Anaheim, California.

ROTOR: You were invited to speak about?

Comeaux: The selectivity of — how to select pilots.

ROTOR: How to select pilots? So really, it was about how to spot warning signs, from the employer's point of view?

Comeaux: How to evaluate their mental and physical state, to determine suitability as a pilot for their company.

ROTOR: So this was more of a psychological or psychiatric evaluation?

Comeaux: All phases. I gave six to eight, or maybe 10 lectures on different topics at the HAA (now HAI) convention (now HELI-EXPO). The method of selection of helicopter pilots for use in the commercial role of aviation was my original paper.

ROTOR: That was in 1975?

Comeaux: Yes, that was in 1975, in Anaheim on other occasions. I spoke on pesticides, flicker vertigo, vibration, noises, drugs and alcohol, etc.

ROTOR: Tell us about your involvement in the safety committee.

Comeaux: The day after my presentation, I was asked to serve on the Safety Committee. At that time, the Safety Committee was just starting up. The original group was composed of Chairman Dennis Back, an insurance man from Vancouver, British Columbia, who actually wrote the original safety manual, as well as Telef Vasjo; Myles Ruggenberg, and Joe Mashman. Other members followed, such as Gary Moore, Paul Smith, Bob Carnie, Hugo Leech, Jerry Cadoret, Jim Lematta, Jim Cheatham, Don Andrews, Bruce Gillespie, Loren Doughty, and myself. Gary Moore was a key player in getting the University of California to teach at our safety seminar. HAI, formerly known as the HAA, was headquartered in downtown Washington, D.C., across the street from the Madison Hotel. One room with dividers was the office.



A life-long interest in aviation led Dr. Comeaux to earn his private pilot's license and solo in July 1968.

Bob Richardson and his wife ran the organization, with Ed Hutchinson and Bruce Webster as the Safety Department. In 1982, Frank Jensen replaced Bob Richardson and moved the office to Vermont Avenue in Washington, D.C. Frank was truly a mover and shaker. He immediately began to design and develop the direction in which the organization was to go. That year, Gian Blower became president and hosted a Board meeting in Florence, Italy. The chairman of the Safety Committee was Myles Ruggenberg. The Chairman of the Safety Committee always gave a safety presentation to the Board. Myles was unable to attend and I was asked to replace him. I did, and made the presentation on the Safety Committee's activities. The Board quizzed me at length about what I thought the best direction was for the Safety Committee to take. I offered my opinions as best as I could.

ROTOR: They really treated you as if you were the chair?

Comeaux: In 1983, Pat Patterson was the chairman at that time and I received a call to come to Washington, D.C. the next day. At first I refused, because I had cases to do the next day. I was told to try and cancel them. I looked at my schedule, talked to my patients, and they were very receptive to the idea, so the next day I was on my way to Washington, D.C. Ted Dumont, whom I learned to love and respect with great, great admiration, met me. There was a meeting going on in the hotel when I arrived. The discussion revolved around the Safety Committee and how to strengthen it.

ROTOR: You reorganized the Safety Committee.

Comeaux: I was asked to take on this assignment. Since I knew very little about the industry, I had to put feelers out to get members to help serve on this committee. The response was great and I had more volunteers than needed. Several members of the old committee remained on the new one, and all were of great help in the formation of the Terms of Reference (TORs)



Dr. Comeaux's association with HAI goes back to the early 1970s. Here he is, pictured with the late Frank Jensen, who at that time was HAI President.

and other projects. They had Canadian and American representatives from insurance, business, and from the mechanical and flying aspects of the industry. We had a 12-man committee that was comprised of 12 great people with the credentials for what needed to be done. It was easy for me to operate. We formed groups, put an agenda together, and we went to work on it. The first order of business was to develop a safety manual that would serve as a living document, with new additions to be added yearly — and old ones deleted.

ROTOR: Where was the first edition of the *HAI Safety Manual* presented?

Comeaux: It was presented at the HAI Convention in New Orleans. The Safety Director from HAI at that time, Ken Woolnough's father had died, and he had to leave the convention. As chairman of the committee, it became my job to do the first presentation of the manual. The first volume was thick. We went through all the different facets of the helicopter operations. First of all we developed the TORs, which became the standard for all committees. Secondly, the *HAI Safety Manual* was a working manual that was put together division-by-division. There was general safety, flying, and medical. A complete outline of what the safety officer should use in his activities for his company,

even how to do a safety audit. The *HAI Safety Manual* was offered each year to the organization. New material is put into it that year — and the old discarded — it is current. It's a living, working document.

ROTOR: Who is the intended audience? In other words, for whom was it written?

Comeaux: Safety directors, pilots, operators, owners, EMS, ag operators, mechanics, load lifters, fire fighters, and law enforcement officers — any of those. Contains articles such as how to avoid wire strikes, night vision problems, etc.

ROTOR: You referred to some questions from the FAA when you started researching drug and alcohol programs for PHI?

Comeaux: PHI decided that they wanted to test their pilots and wanted to know how it could be done. Drug testing at the time was still questionable as to its legality. So we started talking to attorneys for the company and to some of my friends. I was told there's only one thing you have to do and it's very simple, put it in your policy manual. And everyone from the owner, president, CEO, board of directors, and all of the employees had to participate in it.

ROTOR: Policies and procedures?

Comeaux: Yes, in the policy man-

ual. I was told that if it was in the policy manual that anyone who accepts a job with the company has to agree to drug screening, either on an announced basis or on an unannounced basis, at any time. If they sign that contract, then it's a legal binding contract. PHI lawyers drew up this procedure in their policy manual. The CEO, the president, the board of directors, all the owners and operators, as well as all the leaders in the organization, have to abide by it. It was not just limited to hiring pilots and employees. The first person to submit to the test was Robert Suggs, president and owner of PHI. All members of the Board of Directors and employees were next.

ROTOR: And this is true of PHI's policy?

Comeaux: Definitely. All the samples were signed for as the test sample traveled from one person to the other. The chain cannot be broken. The results were sent to the company and not to me. Today employees traveling offshore; all their bags are sniffed by a dog before they're put on a helicopter or boat to take them out to a rig. They fly dogs out to the rigs periodically, and sniff everything unannounced.

ROTOR: Unannounced?

Comeaux: Unannounced. The FAA also joined in, when they realized it was legal to do so.

ROTOR: How long did it take the FAA to start drug testing, after you started it at PHI?

Comeaux: We kept in touch with each other. However, I do not know the exact time.

ROTOR: You worked on the problem of pilots who had crashed, having experienced burn injuries.

Comeaux: Yes, we started working with Bell and all the big companies, to try to produce a crash-safe fuel tank that would not burst open when it hit the ground. We thought that was one of the big factors that killed a lot of pilots. These pilots were alive when they hit the ground, and then the tank burst and covered them with fuel,

then they caught on fire. The majority of these pilots died as a result of fire, rather than as a result of the accident. I received approximately 60 autopsy reports from the NTSB on pilot deaths resulting from crashes of helicopters. Most died from fires. It was interesting how many had coronary artery disease, even at early ages. In the 20- to 24-year-old age group, there were probably four or five coronary, serious coronary, problems present. In the 30- to 40-year age group, there were maybe five, six, or seven, and after age 40, it jumped up to about 40 percent. I did that study in the 1980s.

ROTOR: Common sense would tell you that it is something we should be thinking about. But it isn't something you hear mentioned often.

Comeaux: No, I brought this to the committee and to the board. Frank Jensen had a good relationship with the FAA and arranged a meeting. It was very productive.

ROTOR: Frank Jensen requested a meeting with the FAA?

Comeaux: Yes, the FAA gave frequent talks to the board of directors during the spring Board meeting in Washington, D.C., at Frank Jensen's request. The rapport was excellent. I'd like to take this opportunity to recognize Frank Jensen for the help and support he gave me. Frank was a true professional and was instrumental in the development of HAI as an effective organization, representing the helicopter industry. I would also like to acknowledge Elizabeth Meade, HAI's Executive Vice President and Corporate Secretary. Libby has been very supportive and helpful over the years, and I just want to say thank you.

ROTOR: You played a role in the formation of what is now the Committee Chairman's Meeting at HELI-EXPO.

Comeaux: We later instituted the formation of what is now the committee chairman's meeting with the Board of Directors at HELI-EXPO. This was done with the leadership of Wanda Rogers. We

also strengthened the relationship with the Los Angeles Police Department and the Los Angeles Fire Department. We helped in the development of the EMS Committee. We took a very active part in reducing the early accident rate, with various organizations, including the movie industry.

ROTOR: Speaking of the Board, you were appointed special advisor to the Board of Directors from 1995 to 1998?

Comeaux: It was from 1985 to 1998.

ROTOR: Was 1985 to 1998 the time you were on the Safety Committee?

Comeaux: I was special advisor from 1985 to 1998, and from 1978 to 1985, I was involved with the Safety Committee, as Chairman and member. I decided that the one year that I served was not enough time. I recommended two years to the Board. Today the Chairman of the Safety Committee serves two years. Another good move was to have the Safety Chairman sit on the Board of Directors, as safety advisor for two years. Just like you have an insurance advisor, you also have airframe and engine advisors.

ROTOR: I assume that position was referred to as special advisor?

Comeaux: Yes. After that, I became a special advisor, in the same category as Ted Dumont. There are two things I have to say. Number one, Frank Lee and Bob Suggs deserve the credit for their foresightedness in the necessity for testing pilots for drugs and alcohol. They helped ensure that PHI was number one in the world, which at the time it was. They had 900 pilots, and I gave them their flight physicals every year. They provided a special office for me out at the hangar with all the equipment I needed. I went out there twice a week for four hours. I also want to strongly state that without the assistance of Joe Mashman and Ted Dumont, during my tenure as special advisor to the Board, my job would not have been as successful. The three of us always got together the night before the board meetings, and discussed what

we were going to bring up to the board.

ROTOR: Tell us about your medical recognition.

Comeaux: I was certified by the American Board of Surgery. Also the Founders Group, of the American Board of Abdominal Surgeons. My fellowships included the American College of Surgeons, the American College of Chest Surgeons, the International College of Surgeons, the Southeastern Surgical Congress, the American Geriatric Society, The International College of Angelology, and the Royal College of Medicine in Leeds, England.

My memberships included the Surgical Association of Louisiana; the American Thoracic Society; the American Medical Association; the Louisiana State Medical Society, where I served as Chairman of the Disaster and EMS Committee; and the Lafayette Parish Medical Society, where I served as past president in 1988. In 1992, I was commissioned by the governor as a member of the Allied Health and Professional Supply and Demand Commission for the state of Louisiana. Regarding further medical recognition, my time was devoted to safety and it was mainly in the region of drugs and alcohol. As a physician, I knew the results, the many lives harmed, the many marriages wrecked, and the many suicides committed as a result of the two culprits. My training had taught me to preserve life and I felt that any life I could save by devoting my time to this, was well worth it.

ROTOR: Your life's work has been an extension of the Hippocratic oath?

Comeaux: Yes, I've lived and practiced by it 24-7.

ROTOR: Your career has been a highly productive and successful one. You have made great contributions to the civil helicopter industry.

Comeaux: At this time, I feel that I need to thank the entire organization of HAI — the presidents, chairmen, boards, committees, and membership that I served these many years, for the experi-



Photo by Guy Aceto

The recipient of numerous awards, Dr. Comeaux was awarded the Lawrence D. Bell Memorial Award at HELI-EXPO 2006 during the "Salute to Excellence" celebration.

ence of a lifetime. As a physician and surgeon, I worked for an entirely different field of professionals — and was tremendously accepted by them. It has been very heartwarming, to say the least. To have been awarded the Joe Mashman Safety Award, the Lawrence D. Bell Memorial Award, and the Igor I. Sikorsky Humanitarian Service Award from such an organization is mind-boggling. To receive an honorary membership for life in HAI and several other plaques of recognition only weighs me down with pride and a sense of friendship, which I hope that all of you could experience. My whole career with HAI was to give and not receive — and I do hope that all of you receive many successes from that philosophy. I will always push for a drug- and alcohol-free aviation society.

ROTOR: In closing, is there anything you would like to say to the helicopter community, and to the young men and women, who are coming up in our industry, who will be the leaders of tomorrow?

Comeaux: I would like to remind you that safety is not a divine gift. It has to be learned. If we look back to our own lives, our parents, from birth to the age of reason, protect us. We are then expected to develop our own safety habits, which will enable us to go through life with

minimal accident exposure. The helicopter is a beautiful machine, with many wonderful qualities and uses, but unforgiving to errors. From the manufacture of the aircraft, the production of the fuel used, and the mechanics that overhaul them, to the skill of the pilots who fly them, absolute perfection is required. Then, and only then, can a safe mission be accomplished. So, to all, I urge you to never be lax in your duty, or others will suffer and even die as a result. In closing, I am indeed humbled to be invited to give this interview. If I have been able to save one life as a result of my life's work with the helicopter industry, promoting safety, then I will have done my job well. My final words, whenever questioned about the cost of safety, are, "If you think safety is expensive, just try an accident." God bless and protect all of you and, as always keep your tail rotor spinning.

ROTOR: Thank you so much for taking the time to share your thoughts, history, and accomplishments with our *ROTOR* readers. You have certainly had an interesting career, and you have contributed so much to the helicopter industry and HAI. 🙏

Martin J. Pociask is Director of Communications for HAI. **Brian Ruby** is former Communications Assistant.



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