Annual Meeting in Cleveland—Registration Open!!

Registration for the 2019 CAMA Annual Scientific Meeting, September 26-28th, is now open!! The registration form can be found on Page 4 in this publication, the Program is on Pages 5 & 6, and both are on the CAMA web page on the “Meetings & Events” tab on the CAMA web site at www.civilavmed.org, along with the link with which to make hotel reservations at the host hotel, the Metropolitan at the 9, and the schedule of events/lecture program. The program has been submitted for a CME and MOC rating. We have requested 23 hours of CME.

For those of you who plan to fly yourselves to the meeting, there is a small airport in downtown Cleveland called Burke Lakefront Airport (BKL). The airport web site is www.burkeairport.com. The Fixed Base Operator (FBO) at Burke Lakefront Airport is “Signature Aviation.” If you’d like to reach out to Signature Aviation regarding the flight services they provide, you may contact Paul Yagel, Manager, at 216-861-2030. The FBO email is bkl@signatureflight.com. More info regarding the FBO and available services can be found here. (To activate link, use “control”/“click”)

Cleveland has many interesting venues and activities. See the flyer on page 17 & 18 for a listing of places to see and things to do while you are in Cleveland. In order to get discount tickets to local attractions, restaurants, and museums, including The Rock & Roll Hall of Fame, click on the following link to open the Cleveland Show Your Badge program to see the possibilities (control/click to open link).

We do try to accommodate dietary restrictions, food allergies, etc., of our attendees to the extent possible, by selecting healthy buffet menus designed to provide a range of choices that meet most dietary preferences. If you have dietary restrictions, please annotate those on the blank provided on the registration form and/or notify CAMA via email if there is insufficient room on the form. If you are bringing a guest, and one or both of you have food restrictions, please indicate to which individual (or both) that the preference or restriction applies, so that we may inform the catering staff as necessary.

We will enjoy our breakfasts and lunches in the Rotunda Ring of what once was a beautiful bank building, now part of the Metropolitan at the 9 Hotel. The ceiling is an amazing Tiffany glass dome constructed in 1903.
CAMA President’s Editorial

This is the first bulletin after our CAMA Sunday meeting at the 90th Annual meeting of the Aerospace Medicine Association. CAMA Sunday this year was great! We had very interesting case presentations by Greg Pinnell, M.D., Dan Danczyk, M.D., MPH, Scott Rossow, D.O., Farhad Sahair, M.D. M.S., and Courtney Scott, D.O., Ph.D. Each of the cases they presented had some interesting medical certification facet to discuss in addition to the medical aspect.

Caitlin Costello, M.D., an Oncologist, as part of Dr. Scott’s case, presented some newer treatments for multiple myeloma. She was there by invitation of the Office of Aerospace Medicine, in order to present at a Panel presentation the next day on newer treatments of several different cancers and their implications in medical certification. This was presented to the Refresher FAA AME seminar given at AsMA each year. It was a small “taste” from the larger Oncology Summit that occurred in 2018 at the Federal Air Surgeon’s office in Washington, D.C. The Office of Aerospace Medicine is considering these new therapies to update their policy guidelines for several of the malignancies. I want to remind you that no modifications in the certification management of the various cancers has occurred yet!

We have the syllabus for our annual meeting this year to be held at the Metropolitan at the 9 in Cleveland, OH, from September 26-28, 2019. This is set to be another great meeting! For you FAA AMEs, this will be another way to complete your refresher training and earn CME in the process.

Not wanting to miss an opportunity to do some training, let us discuss a case of Bladder Cancer: A First-Class pilot for one of the major air carriers, a 51 year old, presents for an exam with a 4-month history of bladder cancer. The pilot originally presented with hematuria to his Urologist. A cystoscopy was performed, and a tumor was seen. The cancer was treated with fulguration. Pathology demonstrated cancer confined to the wall and not extending into the muscularis. The pilot met all the remaining standards for first-class certification. ECG demonstrated normal sinus rhythm and was negative.

So, as we have advised, you go to the online Guide for Aviation Medical Examiners, navigating to the Aerospace Medical Dispositions; Item 41. Neoplastic Disorders: Bladder Cancer - You note for Non-metastatic and treatment completed less than 5 years ago, then go to the CACI-Bladder Cancer worksheet. Since the pilot did not have spread outside the bladder or muscle invasion, treatment is currently completed, he is no longer taking any pain medications, and he remains asymptomatic, you may grant him a “regular issuance”. As the AME, you write a good note in Block 60. Do not forget to type “CACI QUALIFIED BLADDER CANCER.” You maintain the reports in your office. Being a “good AME”, you tell the pilot that he must report any changes to you, and that he needs to bring a status report along with his FAA exam in 12 months.

Twelve months go by, and he returns for his First-Class exam. The letter from the treating Urologist, noted that the cancer has returned, and this time has spread into the muscularis and possibly through the wall into the surrounding tissues. His
physicians are discussing the possibility of removal of the bladder and formation of an ileal conduit.

This leads you to return to the disposition table mentioned above. You note that since this is now recurrent disease that has likely spread outside the bladder, you must defer. You perform the exam and defer issuance informing the pilot of all the reports he must eventually provide the FAA.

**2020 CAMA Annual Dues Increase**

The CAMA Board of Directors and Trustees has voted to increase the CAMA annual dues for 2020 to $150.00 for an Individual Member, $300.00 for a Sustaining Member, $1500.00 for a Life Member, and $350 for a Corporate Member. Although CAMA expenses are kept to a bare minimum, the cost of office and meeting supplies, web site programming and maintenance, audio-visual equipment rental, and CME certification for CAMA programs have risen in the past several years since the last dues increase. Now would be a good time to become a Life Member before the dues go up!

**CAMA Refund Policy**

As of 01/01/2018, the cancellation/refund policy with regard to Annual Scientific Meeting registration fees and guest fees is as follows:

1) If a refund is requested due to cancellation of attendance prior to the catering guarantee date (normally 2-3 weeks prior to the first day of the meeting – it varies by hotel, caterer, and location), 10% of the total registration fee amount, or $50.00, whichever is greater, will be withheld to cover bank and service processing fees.

2) If a refund is requested due to a cancellation of attendance after the catering guarantee date, the cost of the meals will be withheld from the refund, plus 10% of the total registration fee to cover bank and service processing fees.

3) Dire or unusual circumstances which require cancellation/refund (attendee and/or guest fees) after the guarantee date will be determined on a case by case basis (death in the immediate family, accidents, emergency surgery, etc.), but the 10% fee will be applicable in all cases.

4) The cutoff date for the guarantees will be shown on the registration form for each year, so that there will be no misunderstandings.

**RAYMAN’S CLINICAL AVIATION MEDICINE**


CURRENTLY AVAILABLE FROM THE CAMA HOME OFFICE!!

The 2013 fifth edition of “Rayman’s Clinical Aviation Medicine” is a 485 page rewrite of the classic text. Seven physicians well experienced in aviation medicine provide aero-medical disposition guidelines for civil and military aviation, making it an indispensable reference for the aviation medical examiner or flight surgeon practicing in an operational or regulatory role. (The authors receive no royalties.)

The price for the book is $25.00, plus $8.00 postage in the U. S., $26.00 to Canada, and shipping rate to other locations outside of the U. S. is variable. Payable by check, VISA, MasterCard, or American Express.

Email civilavmed@aol.com or call CAMA at 770-487-0100 for your copy!
**CIVIL AVIATION MEDICAL ASSOCIATION**  
**ANNUAL SCIENTIFIC MEETING, SEPTEMBER 26-28, 2019**  
**METROPOLITAN AT THE 9 HOTEL, CLEVELAND, OHIO 44115**

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### Attendee Information

<table>
<thead>
<tr>
<th>Attendee Name &amp; Title*</th>
<th>AME Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>*(MD, DO, MBCH, PhD, MS, etc.)</td>
<td>Specialty:</td>
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### Registration Details

**Are you bringing a spouse or other guest(s) who will participate in the meeting, will be eating meals with you, and/or going on the field trip with you?**

<table>
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<th>Yes:</th>
<th>No:</th>
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**Spouse/Guest Name and Title* if Applicable:**

**Note:** There is a $430.00 registration fee for each participating guest to cover eight meals and the field trip. (Tickets to the field trip and/or banquet are not sold separately.)

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### Hotel Reservations

- **Persons registering to attend the CAMA ANNUAL SCIENTIFIC MEETING - Please make your hotel reservations online by using the following link (use "control" + click to activate link):** [Book your group rate for Civil Aviation Medical Association Annual Conference & Symposium](#)  
- **This is a special link exclusively for CAMA meeting attendees to use to receive the CAMA room rate of $159.00, plus applicable fees and taxes, for 1 to 4 persons. All reservations must be made by September 22, 2019, to receive the CAMA rate and for availability. Rooms after that date on availability basis only.**

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### Registration Form

**Check Enclosed (U. S. Dollars):**  
**Check Amount:**

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**Persons registering to attend the CAMA ANNUAL SCIENTIFIC MEETING - Please make your hotel reservations online by using the following link (use "control" + click to activate link):**

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**Non-members - If you wish to register at the lower member rate, you may become a member of CAMA by requesting a 2019 membership form. You may complete and return it and your 2019 dues payment with your meeting registration form.**

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**Return registration forms by email, fax, or regular mail to:**

**Civil Aviation Medical Association**  
P. O. Box 2382, Peachtree City, GA 30269  
**Phone:** 770-487-0100  
**Fax:** 770-487-0080  
**Email:** civilavmed@aol.com

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All registrations received will be acknowledged by email, so an email address is required. If you do not receive a confirmation email that your registration has been received, please contact CAMA. We do not share email addresses with any other groups or individuals – the email address is strictly for our use in communicating with you with regard to CAMA activities.

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**This meeting is approved for FAA-AME periodic training. CME & MOC have been applied for.**

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*NON-Members - If you wish to register at the lower member rate, you may become a member of CAMA by requesting a 2019 membership form. You may complete and return it and your 2019 dues payment with your meeting registration form.**
CIVIL AVIATION MEDICAL ASSOCIATION ANNUAL SCIENTIFIC MEETING
The Metropolitan at the 9 Hotel
2017 E. 9th Street
Cleveland, Ohio 44115
Telephone: 216-239-1200

THE CIVIL AVIATION MEDICAL ASSOCIATION ANNUAL SCIENTIFIC MEETING
September 26-28, 2019

"New and Emerging Treatments Relevant to Aviation Medicine"

AGENDA

WEDNESDAY, SEPTEMBER 25, 2019

10:45 AM to 11:45 AM
Medic Certification of Cardiac Conditions
Andrew H. Miller, MD, FACS
Cardiology, The Heart Place
Bedford, TX

11:45 AM to 12:45 PM
Round 2 (Group 1) - CME

12:45 PM to 1:45 PM
Round 2 (Group 2) - CME

1:45 PM to 2:45 PM
Round 3 (Group 1) - CME

2:45 PM to 3:45 PM
Round 3 (Group 2) - CME

3:45 PM to 4:45 PM
Round 4 (Group 1) - CME

4:45 PM to 5:45 PM
Round 4 (Group 2) - CME

THURSDAY, SEPTEMBER 26, 2019

08:00 AM to 09:00 AM
Welcome and Introductions
Welcome from FAA/CAMA
Gary Sprouse, Program Analyst, FAA
Aerospace Medical Education Division, Oklahoma City, OK

09:00 AM to 10:00 AM
AME Program Overview and Performance
Stephen Veronneau, MD, MS
Manager, FAA Aerospace Medical Education Division, Oklahoma City, OK

10:00 AM to 11:00 AM
Morning Break

11:00 AM to 12:00 PM
Aeromedical Assessment Updates from the Federal Air Surgeon's Office
Michael Berry, MD, MS
Federal Air Surgeon, Washington, D.C.

12:00 PM to 01:00 PM
"Medical Certification of Cardiac Conditions"
Andrew H. Miller, MD, FACS
Cardiology, The Heart Place
Bedford, TX

01:00 PM to 02:00 PM
Afternoon Break

02:00 PM to 03:00 PM
"Medical Legal Issues"
FAA Attorney
Enforcement Division, Office of Chief Counsel, FAA, Washington, DC

03:00 PM to 04:00 PM
"Overactive Bladder: Medical & Surgical Treatments"
Melissa Kaufman, MD, Urology
Vanderbilt Dept. of Urology
Nashville, TN

04:00 PM to 05:00 PM
Welcome from FAA/CAMA
Welcome from CAMA
Warren S. Silberman, DO, MPH
President, CAMA
Sherry Sandoval, Executive VP, CAMA
Schedule & Field Trip Info

FRIDAY, SEPTEMBER 27, 2019

08:30 AM to 09:30 AM
AME Program Overview and Performance
Ophthalmology FAA Updates
Alan M. Kozarsky, MD, Ophthalmologist
Atlanta, GA

09:30 AM to 10:30 AM
"Diabetes, Sepsis, and the Airliner Pilot"
Raymond S. Basri, MD, FACS
Internal Medicine
Middleton, NY

10:30 AM to 11:30 AM
"Diabetes, Sepsis, and the Airliner Pilot"
Raymond S. Basri, MD, FACS
Internal Medicine
Middleton, NY

11:30 AM to 12:30 PM
"Overactive Bladder: Medical & Surgical Treatments"
Melissa Kaufman, MD, Urology
Vanderbilt Dept. of Urology
Nashville, TN

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"Overactive Bladder: Medical & Surgical Treatments"
Melissa Kaufman, MD, Urology
Vanderbilt Dept. of Urology
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01:30 PM to 02:30 PM
Afternoon Break

02:30 PM to 03:30 PM
"Medical Legal Issues"
FAA Attorney
Enforcement Division, Office of Chief Counsel, FAA, Washington, DC

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"Overactive Bladder: Medical & Surgical Treatments"
Melissa Kaufman, MD, Urology
Vanderbilt Dept. of Urology
Nashville, TN

05:30 PM to 06:30 PM
Welcome from FAA/CAMA
Welcome from CAMA
Warren S. Silberman, DO, MPH
President, CAMA
Sherry Sandoval, Executive VP, CAMA
Schedule & Field Trip Info
PTSD CASE STUDY

In the U.S., the projected lifetime risk of developing PTSD by age 75 is 8.7%. An estimated 3.6% of U.S. adults had PTSD in the past year (5.2% for women and 1.8% for men). Given these statistics, I am amazed at how often PTSD goes undiagnosed even by mental health specialists. A common question I receive from patients whom I’ve diagnosed with it is: “...but how could I have PTSD, that’s something soldiers get from combat.” Certainly when we look at epidemiology, rates of PTSD are higher among occupations whose vocation increases the risk of traumatic exposure (e.g. veterans, firefighters, police, emergency medical personnel). Maybe in some way this explains the insight of individuals society-wide that PTSD can’t happen to them.

One of my observations with referring clinicians is their perceived severity of symptoms with a patient as being incongruent with the diagnosis of PTSD. The following case which I evaluated initially in April, while not in an airman, illustrates how someone can be quite functional in many areas of their life, yet still both meet criteria for PTSD and be still be quite disabling upon closer examination.

Mr. KI is a Filipino by birth, grew up his whole life in the U.S., recently broke up with girlfriend, never-married, no children, lives alone, 29 year male surgical tech. He has worked in Interventional Radiology for approximately 6 months. Duties include preparing and setting up procedural trays, as well as assisting the physician with cases; he may assist in positioning of patients as well. He is referred by an occupational physician for psychiatric evaluation of his “needle-stick phobia.”

History of present illness is remarkable for an intense fear not of needle-sticks per say, but of contracting a disease from a needle-stick while working. This fear first began in 2016 during clinical rotations as a student when Mr. KI had an inadvertent blade stick during a procedure. He cut one of his right hand fingers but does not remember which one. He reported it, leading to both he and the patient being tested. Within one week the patient’s results came back positive for HCV. Mr. KI’s initial and subsequent test results over the next 6 months were all negative. His anxiety was heightened while awaiting the initial results that first week after the blade stick, but then ballooned after discovering the patient was HCV+.

His anxiety regarding contracting HCV during that six months was so high that he was unable to concentrate enough to study adequately, and he failed his certification exam on the first try. It wasn’t until 2018 that Mr. KI felt confident enough to self-study and retake it, and even then he barely passed.

Upon starting in his current position, between October 2018 and January 2019, there were multiple times Mr. KI felt “paranoid” that he had contracted HCV or HIV from a patient encounter. In one of the first instances, there was a “gap” in his face shield above his eyebrow between his forehead and his hair. He felt some splatter of blood on his eye during a procedure. Mr. KI was unable to report additional details other than he “felt something in his eye.” Another “eye splatter” event occurred in January. Between January and now, he had at least four instances where he got blood splatter on his forearm, apparently above the lining of his glove. He intensely worried that blood had gone through his skin despite not having any breaks in his skin. He then went to his primary care doctor to get tested for HCV and HIV. After his PCP declined to do repeat testing after the initial negative result, he would seek out the surgeon he had worked with to order lab testing for him. More recently, he also asked the referring physician to do a fourth set of repeat testing. He declined, so Mr. KI then went to the occupational health service building to ask for testing.

He had a needle-stick approximately 3 weeks ago (which led to the referral occupational medicine). There was a needle cart on the back table, and a used needle was hidden underneath some other instruments he was gathering. Mr. KI poked his right thumb. He was able to continue and finish the procedure, but his anxiety restarted again after it had subsided after getting his fourth lab test. That's when he thought to himself, “I can't do this anymore.” Because the pattern of anxiety kept repeating itself, he then asked his PCP for a work excusal because his concentration had gotten so bad he was concerned he would make a mistake adversely impacting patient safety, or his distraction would impair his ability to keep himself...
Mr. KI does not endorse any formal psychiatric history, at least nothing for which he was diagnosed, including from a pediatrician or GP. He has never seen a mental health specialist. Prior to his blade stick in 2016, he had some excessive health worry, but no other generalized worries, going back to the age of 11 or 12. Back then, he recalls having chest pain, so his parents sought out medical evaluation, and he recalls being given an ECG. At another point in time, he had head pain, and subsequently underwent an EEG and/or an “ultrasound.” He endorses that prior to these clinical rotation and workplace needle-sticks occurring, these health worries were just that, and he had no problem controlling these worries, nor were they disabling or preoccupying in any way (at least for sure that others were unaware or did not observe him to be so, and he did not feel disabled by them).

Review of systems is pertinent for no anhedonia, hopelessness, loss of appetite, poor sleep, or nightmares. When asked about his PHQ9 screening score of eight, he admits to having “some” feelings of depression in relation to his recent break-up with his girlfriend, but not in relation to his anxiety regarding his most recent needle-stick.

Back when he had the blade-stick in 2016, symptoms included loss of appetite and poor sleep, but no nightmares, during the first month after finding out the patient was HCV+. He has not been particularly bothered by these symptoms this time around. However, he has dreamed once of getting a positive result and was unable to sleep the night that he got the needle-stick 3 weeks ago. He, of course, continued to have anxiety regarding getting the test results, which he received 2 days later and which were negative. Somehow this negative result resolved “all” of Mr. KI’s anxiety, yet later he reported how fearful he was in attempting to return to the workplace.

In exploring this further, he reports triggers for anxiety even now. Even though he has work restriction excluding him from direct patient contact duties, he has a heightened fear of contracting something from a patient anyway (on some level he recognizes these as irrational). One example includes when he was still tasked to help transport a patient outside the OR.

Outside of work, he has also has anxiety triggers. For example, he will be washing dishes in the kitchen and a splash of water on his arm or face will trigger thoughts of getting infected. No concern about handling raw meats, as he likes to cook; anxiety is only regarding getting infected from human blood. Last week with his girlfriend, he noticed a little bit of blood during intercourse, and this triggered thoughts that his girlfriend had hepatitis C and had infected him. I notice in the labs that he had obtained STD testing on the same date as his most recent HCV and HIV testing, but he denies that these two events are connected. The reason he obtained the STD testing was at the request of his girlfriend, who has since broken up with him because she found out he had downloaded Tinder to check out his “options.”

Mr. KI’s remaining review of symptoms includes no sleep disturbance and no re-experiencing in the form of dreams or flashbacks. No guilt. He is regretful regarding the choice of his schooling because of exposures that he has had and how they have negatively affected him. He is no longer sure he can make it in this job and desires to begin looking for another position in the hospital, such as the laboratory or the pharmacy. He does not think handling blood or other specimens, including from known HCV+/HIV+ patients, will trigger his anxiety. Mr. KI also endorses some self-blame regarding whether he should be more careful or he should be less careless when it comes to these workplace needle-sticks.

Mr. KI does not smoke or vape. He consumes 1-2 drinks socially if he is at a party. He does not use drugs, but did try weed once his senior year of high school. Other than the health worries he described pre-morbidly, remainder of psychiatric history is negative for depressed mood and suicidal thoughts. He has never before seen a psychologist or psychiatrist in his life. He has never felt depressed. No history of suicidal thoughts or behaviors.

Mental status exam is not overtly abnormal. He is well-dressed with good hygiene and maintains excellent eye contact. He is engaging, and appears slightly younger than stated age. He tends to talk fairly quickly, but not necessarily out of the norm, and it is not pressured in any way. He describes his mood as euthymic, and his affect is bright and reactive, including when mentioning feeling somewhat depressed in reaction to his girlfriend breaking up with him. His thought pattern is linear and logical. The only aspects that are somewhat unusual are his thought content, as he sometimes tends to be over inclusive with detail, and his insight does not match the level or severity of symptoms (i.e. displays slight limited insight into the irrationality of his fear). Early in his narrative he reports his anxiety is resolved completely after most recent lab test, but when pressed then about
In presenting Mr. KI’s narrative, it is clear his anxiety is related in a phenomenological-sense to psychological trauma. First and foremost, one must establish the trauma criterion for a PTSD diagnosis. Mr. KI’s anxiety is clearly tied to the stressor of being exposed to serious injury by a patient who was HCV+. His anxiety is not explained by a simple needle phobia, since his anxiety regarding needles first started with that inadvertent blade-stick involving a patient then discovered to be HCV+. Moreover, his anxiety is rooted in fear of developing an infection from a possible needle-stick or now even just possible (not even actual) blood exposure. This is a cognitive distortion leading to the remainder of his PTSD symptoms, which include intrusion (not so much re-experiencing, but triggering memories). Significant avoidance has also now developed, as well as other negative alterations with cognition (i.e. some regret and self-blame).

What is less clear now is just how much alteration he is having in arousal or reactivity symptoms. He definitely endorses the anxiety as impairing his concentration to the point he feels unsafe doing his job. He denies irritability, but one has to wonder if any of this is so short-lived based to the situation (while at work, for example, being asked to transport a patient even though he is restricted from direct patient contact, or with girlfriend) that he does not have insight into it.

Maybe one could surmise he is having more self-destructive behavior by downloading Tinder; he reports not being serious about it, but of course his girlfriend of 3 months did not believe him. In a screening form of PTSD symptoms he reports feeling “on edge” more so in the last few weeks, and asked more about this, characterizes it as constantly in a state of vigilance with regards to anxiety when he is reminded about his current work status. However, he claims he no longer feels he needs further HCV/ HIV testing, despite his belief from the 2016 trauma that he needed testing over the course of six months from the known HCV+ patient (and only four months out from his January incident).

There are two main take-aways from this occupational case. First, one of the core definitions of DSM-based disorders includes significant clinical distress, or impairment in social, occupational, or other important areas of functioning. While Mr. KI claims superficially that his fear of being exposed to a disease such as HIV is not particularly severe, this is more evidence of his limited insight into his disease process than it is of lack of meeting this criterion. His history and symptoms clearly meet both the clinical distress component (e.g. tremendous anxiety that is leading him to seek unnecessary lab tests), as well as the occupational impairment (avoidance is so high he cannot adequately return to full duties, even if his restriction were lifted). On some level he knows this and describes his intent to find a new job (more evidence of high avoidance).

The other take-away is the subtly of his narrative that on the surface is non-specific and could easily be mistaken as non-pathologic. For example, both his PCP and occupational doctor clearly reveals a narrative of some sort of clinically distressful anxiety going on the past 3 weeks, but his mental status could easily be mistaken for a very-limited adjustment disorder or short-term situational anxiety. Certainly from every area of his life outside of his job one would be lulled into the false negative that everything clinically was ok (save for possibly his relationship with girlfriend per above discussion). His mental status is also almost-near normal, and without being able to let the patient adequately tell his story and gently confront some of his thoughts, I have even missed such things as the avoidance and/or other major symptom complexes in a mental status in someone with PTSD (e.g. intrusion, negative alterations in cognition, or hyperarousal).

I hope that this case presentation has given you some ideas on how you would approach your next airman when you start to pick up on some type of unspecified symptom, and triggers you to include PTSD in your differential diagnosis. It’s always about interviewing for diagnosis!

References:

How Air Force One Got Its Name

Columbine II takes off from Marana, Ariz., in March. (Photo: Ramon Purcell)

Piecing together history can be as difficult as solving a complex jigsaw puzzle, and sometimes you never can fill all the slots. So it is with determining the exact role the FAA played in naming the president’s airplane—but the agency definitely was part of the discussion back in 1954.

The origin of the call sign Air Force One became newsworthy this past March (March 2016) when a restored Lockheed Constellation took flight for the first time in more than a decade. The aircraft’s given name is Columbine II, but it was also the first presidential aircraft to be called Air Force One. Now the plane’s new owner, Karl Stoltzfus of Dynamic Aviation in Bridgewater, VA., wants everyone to know the true story behind the name, not the myths floating around the Internet.

“I’m not interested in a ‘better’ story,” said Stoltzfus, who has contacted presidential and Air Force historians and the former personal secretary of Air Force One pilot William Draper. “I’m interested in accurate history.”

The history of Columbine II began at a Lockheed factory in Burbank, Calif., in 1948. It left the plant with the tail number 48–610, a designation that would become important six years later. Lockheed Air Service used the plane for shuttle flights between New York and Iceland for a few months in 1949, but it was converted from military transport to a VIP aircraft in 1950.

This particular Constellation served the U.S. Air Force secretary until Dwight D. Eisenhower was elected president in November 1952. The plane’s first mission for the president-elect fulfilled his campaign promise to personally visit Korea in an effort to end the Korean War. Weeks later the plane officially became Eisenhower’s aircraft, and he named it Columbine II after the flower of wife Mamie Eisenhower’s adopted home state, Colorado.

The transfer of the plane to presidential service set the stage for a momentous air traffic control encounter involving Columbine II and a commercial flight with a similar call sign. But nailing down the details of that incident is a herculean research task.

(Continued on Page 11)
“There are about six different urban legends out there on the Internet,” said Air Force historian Robert Spiers, who started the legwork in 2007 after numerous queries about how Air Force One got its name. Some stories, like the fanciful tale of a mid-air collision that damaged the undercarriage of Columbine II with Eisenhower on board, are far-fetched.

“If that had actually happened,” Spiers said, “it would have been all over the media.”

But the challenge in finding out what did happen is the lack of official records about the air traffic incident. Draper’s papers at Eisenhower’s presidential library do not mention it, and the archives of the Air Force, FAA and Secret Service do not appear to include any details.

Sarah Swan, a spokeswoman with the National Museum of the Air Force, said the only information her research division has is from secondhand sources, and she cautioned against using them because “they often embellish the story and call it a ‘near miss.’”

The most common retelling, including in a 2014 Akron Beacon Journal story about Draper’s role in coining the name Air Force One, puts Columbine II in New York airspace in December 1953. Another version says the incident happened in Florida airspace in 1954. But Spiers’ thorough review contradicts those accounts.

He pinpointed the actual date, location and details of the eventful flight by interviewing Draper’s co-pilot, Bill Thomas, and matching Thomas’ recollections with Columbine II flight records.
Eisenhower took a round-trip flight to Charlotte, N.C., on May 18, 1954, to give an address for Charlotte Freedom Celebration Day. With Columbine II at 19,000 feet over Richmond, Va., Draper checked in with the air route traffic control center as Air Force 8610, the call sign based on the plane's tail number. When the center acknowledged the call, an Eastern Air Lines pilot whose call sign included the numbers 8610 asked if the center was trying to contact him.

In a 2012 interview, Thomas told Spiers that a Secret Service agent on the plane noted the confusion and thought the president's plane should have a unique call sign. The agent later arranged a meeting at then-Washington National Airport that included Draper and officials from the Civil Aviation Authority (the FAA's precursor), Air Force, Secret Service and the White House.

Draper “cited this as the reason why we needed a more positive control system,” Thomas said in a 1984 documentary about Air Force One. “And he recommended that we use Air Force One for the call sign of an airplane when it had the president on board.”

The original version of this documentary aired in 1984, with actor Jimmy Stewart as the narrator. Actor Charlton Heston narrated the later version embedded here, which aired in 1991 and is available on YouTube.

Columbine II’s stint as the presidential aircraft ended six months later when Mamie Eisenhower christened a larger Lockheed Super Constellation as Columbine III—not Air Force One. That name stayed behind the scenes until the media started using it during the presidency of John F. Kennedy, who ordered a makeover of the presidential aircraft. Until then, the call sign was so obscure that it led to another confusing incident recounted in Robert Dorr’s book “Air Force One.” An Air Force captain serving a B-52 bombardment wing in 1960 was surprised when two of his unit's high-priority aircraft were ordered to alter their routes, altitude or timing over the Atlantic Ocean to make way for Air Force One.

Neither he nor anyone else in his outfit had heard the term, and he told his captain as much. “He retorted with, ‘My God, man—that’s the PRESIDENT!’” the captain said. The B-52s responded to that information accordingly.

The story of how Columbine II came to be known as Air Force One, even if only behind the scenes, is one of many that Stoltzfus plans to tell after turning the plane into a flying museum.

His journey to ownership began about two years ago when he read a Warbirds International story by “Connie Survivors” historian Ralph Pettersen about the plane languishing in the Arizona desert. “They were talking about it being scrapped for aluminum, and I thought, ‘That’s just not right,’” Stoltzfus said. He consulted his “junior business partner,” 9-year-old grandson Gabriel, and decided to try to save Columbine II. An initial inspection by Stoltzfus' twin brother, Ken, confirmed that the plane was a good prospect for restoration. Stoltzfus then sent a team to

(Continued on Page 13)
Arizona to work on the plane as part of a pre-purchase process. The deal closed about a year ago, and the restoration work began in earnest. It included the removal and replacement of rubber hoses, the sealing of hydraulic leaks and a huge amount of engine work.

The plane had been exposed to harsh desert conditions in the same spot since 2003 and had only been flown for a half-hour since 1992. “You’re looking at an airplane that had gone about 47 years since it had serious maintenance,” Stoltzfus said.

But his team made it airworthy again. The plane flew from Arizona to Texas on March 21 and to its new home in Virginia two days later, with Stoltzfus on board a King Air 200 that trailed it.

Stoltzfus’ team worked with the FAA to get Columbine II back into flying shape. Aaron Lorson, the executive vice president of Dynamic Aviation, praised the agency’s professionalism and helpfulness. He said the assigned aviation safety inspector in Arizona “went above and beyond to help us get the paperwork in order.”

“He basically helped us work through our issue in a matter of days,” Lorson said. “And he finished it on a Saturday for us so that we could test fly it.”

Now that Columbine II is home, Stoltzfus is focused on making it look and feel like it did during Eisenhower’s day. His researchers have found drawings and blueprints of the plane that show the interior colors and fabrics in detail. He plans to have a website replete with photos of the plane and stories about it.

Visitors already are flocking to Bridgewater Air Park, where Columbine II will be visible until a hangar for it is complete. “There’s so much interest in the airplane that while we’re working on it, we’re going to have to have it viewable,” Stoltzfus said. His optimistic goal is to have the flying museum ready for tours in two years.

Students are one of Stoltzfus’ target audiences. He sees Columbine II as an opportunity to teach them about the 1950s. He wants them not only to see where Eisenhower sat as he wrote his famous “Atoms for Peace” speech but to appreciate why it mattered.

“I don’t want it to be the kind of airplane that just goes to an airshow for the weekend,” he said. “We want to try to tie in with some educational high school facilities perhaps, and tour, and have story-boards, and have the kids get in it and let them live history.”

A version of this story originally appeared on the FAA’s internal website. It has been reprinted with permission.
Our 2019 annual scientific meeting will take place September 26-28th at the Metropolitan at the 9, part of the Marriott Autograph Hotel series, an unusual and excellent place in which to hold our annual meeting! The hotel is located in the middle of shops, restaurants, and other activities in downtown Cleveland, a short cab or Uber ride from the airport. There is also an FBO/small plane airport near the downtown area for those who wish to fly their own aircraft. See Page 1 for information regarding the small airport and FBO.

CAMA Vice President of Education, Dr. Ronan Murphy, reports that the educational portion of the program completed and that it has been submitted to the American Academy of Family Physicians (AAFP) for a Continuing Medical Education (CME) rating, and to the American Board of Preventive Medicine (ABPM) for a Maintenance of Credit (MOC) rating. Certificates for CME and MOC are given to each participant at the annual meeting for those individuals to claim credit for attendance. The program is on Pages 5 and 6 of this publication.

Our field trip in Cleveland is to the Crawford Auto-Aviation Museum of the Western Reserve Historical Society on Thursday, September 26th. The Museum depicts the automobile at various stages of development, both on a national and regional level. Its automobiles and artifacts are the centerpieces of two major exhibits at the Cleveland History Center in University Circle: Setting the World in Motion and REVolution: The Automobile in America. The Crawford Auto-Aviation Collection brings the history of transportation alive through the over 170 antique automobiles, twenty-one non-car transportation artifacts (motorcycles, boats, and bicycles), 12 aircraft, and 3 carriages and sleighs.

There is also a gorgeous restored carousel at the museum which will be open for rides during our field trip. The colorful, hand-carved wooden horses, once at Euclid Beach Park on Cleveland’s lakefront, welcome riders in the Carousel Pavilion.

In 2014, nearly 45 years after the parks closing, the crown jewel of Euclid Beach Park, the Grand Carousel, returned, restored by Carousel Works in Mansfield Ohio. We can enjoy a ride on many of the original horses and see hand-painted scenes depicting Cleveland icons and Euclid Beach Park.

Registration for the 2019 Annual Scientific Meeting in Cleveland is currently open, and forms and hotel reservation information have been emailed out to CAMA members and other interested parties. The program, hotel reservation link, and registration materials are also available on the “Meetings & Events” tab of the CAMA web site at www.civilavmed.org. Save September 26-28, 2019 on your calendar to participate in the CAMA Annual Scientific Meeting. As in the past, this meeting is approved by the FAA for recertification training for Aviation Medical Examiners.

The Hotel Albuquerque Old Town will be the site of the 2020 Annual Scientific Meeting! The hotel is situated right in the middle of the Albuquerque, New Mexico, Old Town shopping and restaurant area, with various museums and points of interest within a short walking distance of the hotel. The hotel rooms were updated as of January 2019, so will be quite comfortable for our meeting.

The Albuquerque CAMA annual scientific meeting will be held from Thursday 09/24/20 through Saturday 09/26/20. This is the weekend prior to the 2020 annual International Balloon Fiesta in Albuquerque, so those who attend the meeting may wish to block off some days after the meeting to participate in the balloon festivities, sightseeing,
shopping, hiking, or indulging in the amazing New Mexico cuisine!

Our Thursday field trip will be to the Anderson Abruzzo Albuquerque International Balloon Museum, where we will tour the various colorful and interesting exhibits covering the history of balloon flight and the various hot air vehicles used over the years. Our dinner will take place on the second story of the museum (there is an elevator), overlooking the incomparable views of Sandia Mountain and Balloon Fiesta Park.

There are also many hiking, pueblo, and other sightseeing venues in and around Albuquerque, and Santa Fe is about an hour up the road, so be thinking about perhaps spending a few days before or after the annual meeting to see the area, purchase pottery and other crafts, or to try out the delightful New Mexico food!

2021 Annual Scientific Meeting in San Antonio, Texas

In February, arrangements were finalized for our 2021 Annual Meeting to take place in San Antonio, Texas, at the new Embassy Suites at the old Brooks Air Force Base. A few interesting facts about Brooks—Brooks Air Force Base was a US Air Force facility, located in San Antonio, Texas. President John F. Kennedy dedicated the School of Aerospace Medicine on November 21, 1963, the day before he was assassinated in Dallas, Texas. This was Kennedy's last official act as president. Flight simulation devices, the centrifuge, altitude chambers, lasers and other specially developed equipment, enabled researchers to perform laboratory studies of man's tolerances in the aerospace environment. Brooks Field Hangar 9 was restored in 1969 to become the U.S. Air Force Museum of Aerospace Medicine. This museum is to display the early history of Brooks Field and to preserve and display an extensive collection of photographs and equipment related to aviation and aerospace medicine.

In 2002, Brooks Air Force Base was renamed Brooks City-Base when the property was conveyed to the Brooks Development Authority as part of a unique project between local, state, and federal government. The Brooks Development Authority is now the owner and operator of the property, and is redeveloping it as a science, business, and technology center. The Air Force was the largest tenant at Brooks City-Base. It was closed on September 30, 2011.

On August 8, 2016, the University of the Incarnate Word opened a School of Osteopathic Medicine on 16 acres in the northwest part of Brooks City Base (at 100 Kennedy Circle), in buildings which were once the Air Force School of Aerospace Medicine. Classes began in August 2017.

The USAF at Brooks City-Base in San Antonio, TX, operates a human centrifuge. The centrifuge at Brooks is operated by the aerospace physiology department for the purpose of training and evaluating fighter pilots and Weapon Systems Officers for high-G flight in Air Force fighter aircraft. Today the Brooks complex houses the AFRL Department of Hyperbaric Medicine and the Davis Hyperbaric Laboratory. As part of our field trip during the Annual Meeting, we hope to be able to tour the centrifuge and pressure chamber areas.

2019 AsMA Annual Meeting in Las Vegas, Nevada

The 2019 AsMA annual meeting in Las Vegas was a very busy and productive one for CAMA! Many members renewed their dues during the meeting, and we attracted a number of new members, including several new corporate members. The AsMA attendance this year seemed to be larger than the past couple of years, and the CAMA table was very busy between the educational seminars and meetings. We do enjoy being able to inform others about CAMA and our mission of support and education of those involved in aerospace medical industries.

CAMA Sunday was well attended and received very positive reviews for the international case presentations and discussions on the program. The CAMA luncheon keynote speaker, Dr. David O’Brien of the FAA, gave a very interesting and well-organized presentation of changes in medical certification. Dr. O’Brien was the first recipient of the David P. Millett Award for Oratory Excellence.
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CAMA has a Facebook page!
In order to provide the best options for communication with our members and other interested parties, we have established a Facebook page. If you are already on Facebook, you may find our page by entering “Civil Aviation Medical Association” into the search box. We will post current events, photos, and other pertinent information about our organization. You are invited to ask questions or to post comments or photos on our page (inappropriate remarks/photos or advertisements will be removed). The page is monitored several times daily, and we will strive to answer your questions promptly. Please contact the CAMA home office if you have any questions, suggestions, or comments about the Facebook page. Information about CAMA activities are also posted on the LinkedIn page of Sherry Sandoval, Executive Vice President.

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Things to do in CLEVELAND

ROCK & ROLL HALL OF FAME

We're not worthy! We're not worthy! Pay homage to rock icons and see videos, artifacts and memorabilia at the legendary Rock & Roll Hall of Fame. Recently updated with $15.1 million in bold renovations, the Rock Hall now has even more to gawk at.

CEedar POINT Amusement Park

The adrenaline comes complimentary at Cedar Point Amusement Park, home to a pretty amazing collection of scream machines, including the recently opened Valravn and the new Cedar Point Shores water park.

CULINARY MECCA

With dining hotspots from Cleveland's own 'Iron' chef Michael Symon and other James Beard Foundation Award winners, a melting pot of ethnic restaurants, numerous microbreweries and the lone food-only public market in the nation, the culinary scene in Cleveland is simply delicious.

PLAYHOUSE SQUARE

The glitz and glam of theater come to life in Playhouse Square, the largest performing arts district outside NYC. You can catch your favorite comedies, tragedies and Broadway hits in one of ten venues.

CLEVELAND INDIANS + PROGRESSIVE FIELD

Major League Baseball is exciting at Progressive Field, home of the Cleveland Indians, giving visitors plenty of options to be entertained in a food-rich and family-friendly atmosphere.

CLEVELAND BROWNS + FIRST ENERGY STADIUM

One of the nation's oldest and most storied football franchises plays its home games on the shore of Lake Erie, within a 10-minute walk of downtown hotels, restaurants and bars.

CLEVELAND CAVALIERS + QUICKEN LOANS ARENA

Excitement happens at Quicken Loans Arena when the NBA's Cleveland Cavaliers take the court.

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Picasso, Monet, Warhol—free. Yeah, you heard us right. One of the most prestigious cultural institutions in the country offers free admission to its stunning permanent collection.

Whether you're a green thumb or green duff, the Cleveland Botanical Garden offers a beautiful escape from the indoor exhibits housed in a magnificent glasshouse and 10 acres of outdoor gardens.

The Cleveland History Center showcases just about everything there is to know about Cleveland's history—complete with sports artifacts, antique, vintage and classic automobiles, mime costumes, and the famous Euclid Beach carousel.

Play name-the-cotellation. Wave to Lucy, the earliest known horticult. Compare smiles with the T-Rex. You can do that and more at the Cleveland Museum of Natural History.

Hear, hear! The Cleveland Orchestra stands today among the world's most revered.

Feeling rather high roller-ish? The high-energy JACK Cleveland Casino features non-stop gaming action with slot machines, table games, and the ROCK Bar and Lounge.

The museum itself, which opened in 2012, is a work of dramatic geometric art. MOCA provides a diverse array of innovative and flexible exhibitions, programs, and art of our time.

Why? Why? Why? These questions and more are answered at the Great Lakes Science Center featuring hands-on exhibits, a digital dome theater, the Steamship William G. Mather, and the NASA Glenn Visitors Center.

With more than 3,000 animals located throughout 165 rolling wooded acres and the two-story RainForest full of exotic creatures and striking plant life from across the globe, Cleveland Metroparks Zoo and RainForest is nifty but typical zoo.

A weekend getaway is all about getting outside the familiar four walls. In Cleveland, you'll find plenty of recreational opportunities on the great Lake Erie, throughout the Cuyahoga Valley National Park and within thousands of acres of green space in the Cleveland Metroparks.
The financial resources of individual member dues alone cannot sustain the Association’s pursuit of its broad goals and objectives. Its fifty-plus-year history is documented by innumerable contributions toward aviation health and safety that have become a daily expectation by airline passengers worldwide. Support from private and commercial sources is essential for CAMA to provide one of its most important functions: that of education. The following support CAMA through corporate and sustaining memberships, and we recognize the support of our lifetime members:

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CAMA is very pleased to announce a number of new members to our organization since our last publication. We welcome the following physicians and organizations into CAMA, and we look forward to working with each of them over the coming years.

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<tr>
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<td>DAvMed</td>
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<td>Flat 12, Building 12, Street—890</td>
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<td>8727 East Lariat Lane</td>
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NOTE: Membership is from January 1st through December 31st of each year

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</tr>
<tr>
<td>*EAA</td>
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</tr>
<tr>
<td>*AAFP</td>
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<tr>
<td>*AsMA</td>
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</tr>
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</table>

*(E-mail address is REQUIRED – all CAMA correspondence, registrations, notifications, and publications are sent via email. Please notify CAMA of any email address changes so you will not miss any important information! CAMA does not share your information with any other entity or organization.)
CAMA CORPORATE MEMBERSHIP FOR 2019

Corporation/Business Name and Address:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please complete and return with your payment.

NOTE: Membership is from January 1st through December 31st.
Corporate Membership dues.......................$ 300.00 U.S. Dollars.
CAMA accepts MasterCard, VISA, American Express, and checks only.

Payment Options:

Check Enclosed #_________ MasterCard ______ VISA _________ AMEX _________

Credit Card Number: _______________________________________________________

CVV/CVC Security Code:_____________________________________________________

Zip Code of Billing Address: ________________________________________________

Expiration Date: ___________ Authorized Amount $ __________

Print Name on Card: _________________________________________________________

Signature: _________________________________________________________________

PLEAS PRINT (* required information)

*Contact Person(s) Name: ___________________________________________________

*Specialty/Type of Business: ________________________________________________

__________________________________________________________

*Phone: # ( ) ____________________________

Cell # of Contact Person(s): ( ) ____________________________

Fax: # ( ) ____________________________

*E-Mail Address of Contact Person(s):

__________________________________________________________

(E-mail address required – all CAMA correspondence, registrations, notifications, and publications are sent via email. Please notify CAMA of any email address changes so you will not miss any important information! CAMA does not share your information with any other entity or organization.)