It’s only half way through 2019 and new cases of measles are approaching 1250 in the US as of the week of August 8th according to the CDC. This is the greatest number of cases reported in the US since 1992 and since measles was “declared” eliminated in 2000.

The overwhelming of cases have involved individuals who were either not vaccinated at all or “under vaccinated” in childhood...i.e.,....one dose versus two in a series.

Nearly 75% of the cases have been in New York State and isolated to an area in New York City where religious exemption criteria allowed many children to fall outside the umbrella of immune protection that the vaccine if given would of otherwise provided.

A flight attendant working for Israel’s El Al airline died this week from measles encephalitis, a rare but well documented complication of adult onset acute measles in a nonimmune host. This crew member, according to her pediatric vaccination records, received a single dose of the MMR in the 1970s, and Israel and the CDC now recommend a two dose series. The 1st dose at 1 year of age or older, then the second during the 1st grade. This flight attendant worked a flight from New York’s JFK airport with a known measles case onboard. However, it is impossible to confirm whether or not that this flight attendant contracted her measles from this ill passenger or elsewhere.

MEASLES 2019!!
By Richard S. Roth, MD

Worst start to the year for measles in a quarter century
Confirmed measles cases in January and February of each year

Note: Monthly data for 2004 not available
Source: Centers for Disease Control and Prevention

CDC.gov/Measles/Travel
It can be argued that since the original vaccine theory was published by Sir Edward Jenner in the late 1790s, there has never been a medical advance developed since that has benefited the population as a whole worldwide.

Measles vaccination was introduced to the US population in 1963 and within the first twenty years of availability, it is estimated that it has prevented 52 million cases of the disease, 17,400 cases of mental retardation and 5,200 deaths. In communities where vaccination rates exceed 92%, outbreaks of measles typically won’t occur per CDC data. Nonetheless, in small pockets of areas where vaccination rates fall below that threshold, a disastrous reemergence of cases have now occurred.

As of June 13th this year, New York State law REMOVES the ability of parents from claiming exemption from vaccines because of religious beliefs. This requirement will also mandate other vaccine administrations such as Tetanus, Diphtheria, Pertussis and Varicella to be documented in school children.

The only way a child can fall into the exemption category is that if a licensed New York State physician certifies that there is an absolute medical reason why a candidate is NOT immunized.

From the perspective of an Aviation Medical Examiner and dealing with a mostly adult population, we can still educate our clients about the safety and absolute necessity of vaccinating school age children. However, for ourselves as health-care workers and many of our clients involved international travel, the CDC has published measles vaccine protocol that are relatively straightforward and available online at CDC.gov.

Since measles vaccine was introduced in 1963, CDC serologic surveys found that individuals born BEFORE 1957 are felt to be IMMUNE via being infected “naturally.” (If those born prior to 1957 still desire for employment reasons or for curiosity that can have LabCorp or Quest Labs for example run a MMR immunity screen for less than $100 USD.)

If individuals are born after 1957 and have documentation that they have received live version of MMR introduced in 1963, then they are felt to be immune for life!

If individuals born after 1957 received the “killed version” that was sometimes used between 1963 and 1967, some of these recipients have failed to retain lifelong protective antibody titers. Thus for low risk hosts...i.e, non-healthcare workers and non-international travelers, a single dose of MMR vaccine should be administered. Adults who are in the healthcare arena or international travelers who are NOT presumed to have immunity or don’t have lab testing showing documented antibody titers should receive TWO dose of the standard MMR vaccine 28 days apart.

There are very few contraindications to the live MMR vaccine:

1. Pregnancy, and if a woman is pregnant, she should wait until after the pregnancy to get the MMR.
2. A parent, brother or sister with a history of severe immunodeficiency
3. A severe history of life threatening allergies to the vaccine components of concern...i.e,...Neomycin.
4. Defer the MMR If they recently received a blood transfusion one should defer the MMR for 3 months.
5. HIV/AIDS criteria with CD4 cells less than 200 cells/mm3. (A well controlled, virologically suppressed HIV patient is not a contraindication to receiving the MMR.)
6. Acute or resolving illness such as a common cold or flu-like illness should warrant deferral of the vaccine until the patients illness has resolved.
7. Children under 6 months should not receive MMR and there is no published age maximum at this time where MMR cannot be given.

Richard S. Roth, MD Infectious Disease Specialist, Savannah, GA and prior Program Director of the ID Training Program, Memorial Health University Med. Center, Mercer Univ. School of Medicine. Dr. Roth is a Senior AME, holds a multi-engine ATP and is Type Rated in the Lear 60 and Gulfstream G550 series aircraft. Dr. Roth also ground and simulator instructs the G550 initial program at the Flight Safety Savannah, GA training center. He serves as a Trustee on the CAMA Board of Directors and a consultant to the Federal Air Surgeon.
Aerospace Medical Association (AsMA) 2019 Awards

The Civil Aviation Medical Association and many of its members are active participants in the AsMA Annual Scientific Meeting each year. The 2019 meeting was held at the Rio All Suites in Las Vegas, NV. In the May edition of “The Flight Physician,” we discussed CAMA Sunday and the CAMA Luncheon. Following are some of the awards received by CAMA members at the AsMA Awards Banquet. Among those honored were the following CAMA members. During Honors Night, Elvis (as portrayed by CAMA’s own Dr. Brian Pinkston) made an appearance and posed with many of the award winners. Congratulations to all!

Louis H. Bauer Founders Award: Michael A. Berry, MD, MS

Admiral John C. Adams Award: James R. De Voll, MD, MPH

John A. Tamisiea Award: David G. Schall, MD, MPH, FACS

David M. Clark Award: Mayo Clinic—Robert Haddon, MD

Since 2019 is the 50th Anniversary of the Apollo 11 Moon Landing, Dr. Charles A. Berry, NASA Medical Director at that time, joined others from the space program for a presentation on the first moon landing during the AsMA meeting.
SECOND INTERNATIONAL CONGRESS
«CURRENT ISSUES OF AVIATION MEDICINE»
DEDICATED TO THE 110TH ANNIVERSARY
OF AVIATION MEDICINE IN RUSSIA
31 OCTOBER – 03 NOVEMBER 2019 | MOSCOW
WWW.AVAM-AVIA.RU

Ministry of Transport of the Russian Federation
Federal Air Transport Agency of the Russian Federation (Rosaviatsiya)
Aviation Medicine Doctors Association (AMDA)
European Society of Aerospace Medicine (ESAM)

Second International Congress “Current Issues of Aviation Medicine” dedicated to the
110th Anniversary of Aviation Medicine in Russia
31 October – 3 November 2019, Moscow, Russia
Radisson Blu Hotel, Moscow Sheremetyevo Airport

The Organizing Committee of the Second International Congress “Current Issues of Aviation Medicine,” kindly ask you to note that abstract submission deadline has been extended until 5th August 2019.

If you have any questions on abstract submission procedure, visit AMDA web-site www.avam-avia.ru or contact us at congress2019@avam-avia.ru.

On-line payment of registration, participation and membership fees is now available on www.avam-avia.ru

Attention! All participants having registered and paid their registration fees will be provided with accommodation in Radisson Blu Hotel and Park Inn Hotel at special rates.

The detailed information on the event, registration and payment can be found on AMDA web-site: https://avam-avia.ru/kongress/.

We are looking forward to seeing you at the Congress!

Yours sincerely,

Dr. Olga Verba MD,
Vice President of Aviation Medicine Doctors Association (AMDA), Russia
Counselor in Aerospace Medicine for S7 Airlines (S7 Group)
Vice President of European Society of Aerospace Medicine (ESAM)
E-mail: overba@mail.ru
Mob: +7 906 9071616
Congress Organizing Committee: congress2019@avam-avia.ru

4 Flight Physician August 2019
This edition shall be one of the final times I shall be writing this particular column. I shall be turning the presidency over to Gerald Saboe, DO, MPH this September at our annual meeting in Cleveland, OH. Gary, as he likes to be called has been a strong supporter over the past many years as our V.P. of Management and now as the President-Elect. He will be excellent!

Please do not forget to sign-up for our meeting at the Metropolitan on the 9 in Cleveland from September 26 to 28, 2019. Ms. Sandoval has included Registration forms in this bulletin. I was in close contact with Sherry while she was making a decision on hotel venues. I am confident that the one she chose will be exceptional. The added thing is that we shall be downtown and close to many things. The lecture presentations look great. Don’t forget, you can also obtain your training update for AME refresher. There is nothing prohibiting those of you who attend this meeting every year to complete the FAA examination and receive credit for attending a “refresher”. This will give you another three years until you need to take the online course and six for the one you must physically attend.

I hope all of the AMEs out there are prescribing to the “AME Minute” each month and as of this month the reconstitution of the Federal Air Surgeon’s Medical Bulletin. You can sign up to receive each of these at the main portion of the faa.gov/GO/AME website.

Those of you that may have missed the most recent AME Minute would have seen what is called an “infographic”. This one, gave you the capability to download a chart on the “normal variant” ECG findings. These ECG diagnoses do not require an evaluation. This chart can be posted where you perform electrocardiograms.

Here are some observations for Senior AMEs on ECGs that I continue to notice:

If a pilot has two or more Premature ventricular contractions on their graph, it is fruitless to comment that the pilot has no symptoms and do nothing. You MUST have the pilot obtain a maximal Bruce Protocol Nuclear stress test and 24-hour Holter monitor.

I know that many of you have heard me say this next statement. You need to remember to pass this on to your pilots when they receive a request for some sort of testing. If the FAA’s request for more information letter asks for a specific test, do not allow the treating lab or physician perform some other test! I cannot say how frequently this occurs. The PERFECT example is when we request a maximal nuclear stress test, and the treating physician performs a pharmacological nuclear or even a plain Bruce protocol stress. You should know that our consultants have advised us on the appropriate tests for the specific medical condition. The pilot takes a risk that the FAA will reject the provided test and could even be denied for this!

Another ECG normal variant is often evaluated unnecessarily. This is the electrocardiographic finding of an “incomplete right bundle branch block (RtBBB)” or an incomplete that later on in the years becomes complete. Recall an incomplete RtBBB has a RSR’ pattern in Lead V1 and many times also V2 many times with T wave inversion in the
same leads. The duration of the ORS complex should be from 0.90ms up to 0.119ms. Once the interval reaches 0.120ms, most instances with the typical RTBBB appearance, then it is a complete bundle branch block. This would not require an evaluation if the pilot had been demonstrating an incomplete block prior to this event.

Another frustrating thing I occasionally see is a pilot with an ECG whose rate is less than 45 on their graph and the AME or the nurse copies that same rate into the “Pulse” block on the FAA exam section. In most of these situations, the AME does not comment in block 60 that the pilot is an avid runner for example, and this was usual for them. We have no recourse but to request a workup for profound sinus bradycardia. If there is a rate issue on the current graph, I always look in Block 60 and the Pulse section to see what the nurse obtained. If, for example, the ECG rate is 40, I look at the “pulse” block, and they obtain 60, I will not require an evaluation. This also goes for sinus tachycardia.

So, please sign up for the AME minute.

NOTICE: The articles published in this newsletter are presented for informational purposes and topics of discussion and do not necessarily represent the opinions or recommendations of the Civil Aviation Medical Association.

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.

Joseph Ravid, MD, FAAFP
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www.gulfviewmedical.com

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The Federal Air Surgeon’s office has received a number of inquiries about marijuana, due to the recent increase in the number of states around the country that have approved its use for medical and recreational purposes. Specifically, airmen are concerned about the safety of cannabidiol (CBD) oil use and how such use impacts an airman’s medical certificate. Be aware that federal law — not state law — governs FAA medical and pilot certification.

First, we should note that commonly used terms within the context of marijuana can be confusing. The marijuana or cannabis plant contains more than 400 different chemicals and 60 cannabinoid compounds, all of which are absorbed when the whole leaf is smoked or ingested. The compound responsible for the euphoric, mind-altering effect is tetrahydrocannabinol (THC). Although the use of cannabis is legal for medical and/or recreational use in many states, the United States Drug Enforcement Agency (DEA) continues to classify the whole cannabis plant as a Schedule I controlled substance, which is defined as “drugs with no currently accepted medical use and a high potential for abuse.” The U.S. Department of Transportation (DOT) drug test includes THC, and its presence at defined levels constitutes a positive drug test.

More recently, interest has grown in other compounds derived from the cannabis plant that may have positive health benefits, but without the mind-altering features of THC. One such compound being widely marketed is CBD oil. In 2018, the FDA announced the approval of Epidiolex (cannabidiol), purified pharmaceutical grade CBD extract from the cannabis plant, for the treatment of seizures associated with two rare and severe forms of epilepsy. As a FDA approved medication, it is subject to strict quality control. In other words, you know what you are getting. Commercially available CBD, by contrast, is not regulated and may be contaminated with a variety of substances, most significantly, THC. Product labels are often inaccurate. Although most CBD products claim to have under 0.3-percent THC, they could contain high enough levels of THC to make a drug test positive. Use of CBD oil is not accepted as an affirmative defense against a positive drug test.

Furthermore, despite legalization in some states, it remains uncertain whether marijuana has therapeutic benefits that outweigh its health risks. There is evidence that marijuana adversely affects brain function both acutely and chronically, especially in younger individuals. It is generally agreed that currently available marijuana products are more potent than those used in older research, which casts doubt on the reliability of that research. We need to understand much more before considering the use of marijuana and its derivatives for airman certificate holders. Please also be aware that no special issuances have been granted for conditions treated with medical marijuana.

For More Information:
- National Cancer Institute
- U.S. FDA – Warning Letters and Test Results for CBD-related Products

Dr. Michael Berry received an M.D. from the University of Texas Southwestern Medical School, and an M.S. in Preventive Medicine from Ohio State University. He is certified by the American Board of Preventive Medicine in Aerospace Medicine. He served as an FAA Senior Aviation Medical Examiner and Vice-President of Preventive and Aerospace Medicine Consultants for 25 years before joining the FAA. He also served as both a U.S. Air Force and NASA flight surgeon.
“Pilots slated for treadmill stress tests may greatly benefit by conditioning prior to the test. In addition, this provides an excellent opportunity to implement healthy lifestyle changes.”

Exercise prescription and lifestyle modification may not provide all the answers for unfit pilot applicants, yet many conditions can be improved—and sometimes eliminated—by a properly dosed activity regime. Improved oxygen transport, physical strength, and endurance are a few of the well-known benefits of exercise. Pilots slated for treadmill stress tests may greatly benefit by conditioning prior to the test. In addition, this provides an excellent opportunity to implement healthy lifestyle changes.

Pre-Activity Screening

Pilots who are unaccustomed to moderately vigorous activity, such as brisk walking (3.2 mph or greater) should be encouraged to begin slowly and possibly enlist the help and supervision of a qualified health/fitness professional. Any parameter under evaluation or treatment (blood pressure, EKG, etc.) should be monitored during the initial phase of a conditioning program. While the benefits usually far outweigh the potential risks, unfit applicants should be informed of all risks and benefits of a conditioning program. The American College of Sports Medicine recommends a signed informed consent statement.\(^1\)

If the candidate is taking beta blockers or other medications that may affect heart rate, the perceived exertion scale should be used to determine intensity. Instruct patients to exercise between 3 and 5 on the Rating of Perceived Exertion (RPE) Scale (see Chart 1).

---

Chart 1. Perceived Exertion: The RPE Scale

<table>
<thead>
<tr>
<th>PERCEIVED EXERTION*</th>
<th>HOW DOES THE EXERCISE FEEL</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing at all</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Extremely Light</td>
<td></td>
<td>0.5</td>
</tr>
<tr>
<td>Very Light</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Light</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Somewhat Heavy</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Heavy</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Very Heavy</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Extremely Heavy</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Maximal</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

Caffeine, nicotine, several prescription medications, and many environmental factors can affect the accuracy of the heart rate method. To more accurately assess the intensity level, utilize the Perceived Exertion Scale.

* Rate your overall exertion, not just the fatigue in one area of your body. In addition you should comply with any specific level recommended by a health professional knowledgeable in your condition. Do not exercise at intensities greater than 6 on the RPE scale, or 70% of your maximum age predicted heart rate, without the supervision of a qualified health professional.

\(^1\) American College of Sports Medicine, 401 W. Michigan St., Indianapolis, IN 46202-3233 or from the author at 405-787-0303.
Specificity of Exercise

FAA cardiovascular evaluations usually require a maximal stress test which is typically performed on a treadmill. Insufficient performance on this test is often the reason for denial of an FAA medical certificate. There are many things which constitute insufficient performance. The most common disqualifiers are: insufficient work load achieved, insufficient heart rate achieved, insufficient blood pressure achieved, adverse EKG and adverse symptoms.

The FAA expects most applicants taking the maximal stress test to demonstrate a minimum functional capacity equivalent to completion of stage III of the Standard Bruce Treadmill Protocol. The benefit of conditioning is directly related to the activity employed as a training stimulus. To be successful at walking on an incline, conditioning should be commensurate. The use of a treadmill is recommended over outdoor walking due to the required incline and the ease of monitoring. If possible, find a treadmill unit with the capability of at least an 8% incline.

The workload of exercise during stage III of Bruce protocol is equal to 10 Mets and is comparable to the following activities (see Chart 2).

Before starting the treadmill test, warm up with light calisthenics. This helps prevent injuries and prepare for the task.

Instructions for Conditioning

1. Start a three minute timer and slowly begin walking on a treadmill.
2. Increase the speed to 3.4 mph with 0 % grade during the first 3 minutes. (Reduce speed if necessary to maintain Target Heart Rate or 3-5 on RPE scale.
3. Increase the grade/incline 2% every 3 minutes until achieving target heart rate equivalent to 70% of age - predicted max heart rate, or symptom-limited heart rate.
4. Continue to walk at or near target heart rate or perceived exertion value making adjustments in grade, if necessary.
5. Walk 3-5 times per week for 25-45 minutes.

To calculate target heart rate from 70% of age-predicted maximum heart rate, use the following formula: 
\[(220 - \text{age}) \times .7 = \text{70\% Maximum Heart Rate}\]

Calculation of target heart rate for individuals with known cardiovascular disease should take into consideration the occurrence of abnormal responses to exercise (exercise induced angina, inappropriate blood pressure response, arrhythmia, etc.)

Symptom-limited maximum heart rate can be determined by reviewing previous treadmill test data to identify the maximum achieved heart rate prior to the onset of symptoms or poor vital signs.

This symptom-limited heart rate value should be considered maximum, and no more than 70% of this value should be used for exercise programming.

Chart 2. Level of Exertion Required to Achieve Stage III of the Bruce Protocol (10 Mets)
If the candidate is de-conditioned time should be limited to a total of 10 – 12 minutes the first week. During the second week each exercise session should last 15-25 minutes.

When the candidate can exercise at 3.4mph and an incline of 8% while maintaining a heart rate in the 70% heart rate zone or 3-5 RPE without symptoms or inappropriate vital signs, completing the third stage of the Bruce protocol can be reasonably assured.

References
Journal of Cardiopulmonary Rehabilitation, “Core Competencies for Cardiac Rehabilitation Professionals.” 1994, 14, pp.87-92


Need help with FAA paperwork?
“Pilot Medical Solutions provides case management services to reduce physician workload and streamline aeromedical certification.”
– Aerospace Medicine & Human Performance Journal

“Pilot Medical Solutions helped me to help my pilot patients by providing ready answers and reducing my paperwork burden.”
Erwin Samuelson
Senior AME

“They do all the work while we get the credit and the thanks from the pilot. They are knowledgeable, quick, well known to the FAA Aeromedical structure and make the special issuance process a breeze.”
James Butler, Senior AME, Board Certified Aerospace Medicine

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CALL 888-LEFTSEAT

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, meeting facilities, 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!
CIVIL AVIATION MEDICAL ASSOCIATION
ANNUAL SCIENTIFIC MEETING, SEPTEMBER 26-28, 2019
METROPOLITAN AT THE 9 HOTEL, CLEVELAND, OHIO 44115

ATTENDEE NAME & TITLE*: AME NUMBER:
*(MD, DO, MBCH, PhD, MS, etc.) SPECIALTY:

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? YES: ☐ NO: ☐

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.)

ATTENDEE ADDRESS:
(Please use the address you wish to be used in the participant roster that will be given to all in attendance)

CITY: STATE/PROVINCE: PHONE:
ZIP: COUNTRY: EMAIL (REQUIRED):

DO YOU OR YOUR GUEST HAVE ANY SPECIAL DIETARY NEEDS? YES: ☐ NO: ☐ PLEASE DESCRIBE: (Vegan, Vegetarian, Gluten Intolerant, etc.) and indicate which individual.

REGISTRATION FEE MAY BE PAID BY CHECK (U.S. DOLLARS) OR CREDIT CARD

CREDIT CARD TYPE: VISA: ☐ MASTER CARD: ☐ AMERICAN EXPRESS: ☐
CREDIT CARD NUMBER: SECURITY CODE (CVV): ZIP CODE OF CARD BILLING ADDRESS:
EXPIRATION DATE: SIGNATURE:

AUTHORIZED CHARGE AMOUNT (U. S. DOLLARS):

CHECK ENCLOSED (U. S. DOLLARS):

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 2, 2019, TO RECEIVE THE CAMA RATE AND FOR AVAILABILITY. ROOMS AFTER THAT DATE ON AVAILABILITY BASIS ONLY.

CAMA MEMBER REGISTERED ON OR BEFORE SEPTEMBER 2, 2019 --------------------------- $775.00 U. S. DOLLARS
CAMA MEMBER REGISTERED AFTER SEPTEMBER 2, 2019 --------------------------- $825.00 U. S. DOLLARS
SPOUSE/GUEST OF ATTENDEE --------------------------- $430.00 U. S. DOLLARS
*NON-MEMBER REGISTERED ON OR BEFORE SEPTEMBER 2, 2019 --------------------------- $925.00 U. S. DOLLARS
*NON-MEMBER REGISTERED AFTER SEPTEMBER 2, 2019 --------------------------- $975.00 U. S. DOLLARS

NOTE: Registration and guest fees include 8 meals – Buffet breakfast and lunch on Thursday, Friday, and Saturday, a field trip with a catered dinner on Thursday night, and the Honors Night Banquet on Friday Night. No activities are scheduled for Saturday evening.

*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.

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

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.

THIS MEETING IS APPROVED FOR FAA-AME PERIODIC TRAINING. CME & MOC HAVE BEEN APPLIED FOR.

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**AGENDA**

**WEDNESDAY, SEPTEMBER 25, 2019**

- **10:45 AM to 10:45 PM**
  - “Medication Certification of Cardiac Conditions”
  - Andrew H. Miller, MD, FACS
  - Cardiology, The Heart Place

- **10:45 AM to 11:45 PM**
  - “New and Emerging Treatments Relevant to Aviation Medicine”
  - Warfield, D.C.
  - Federal Air Surgeon, Federal Aviation Administration

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>07:00 AM to 08:00 AM</td>
<td>Breakfast Buffet (Rotunda Ring)</td>
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<tr>
<td>08:30 AM to 09:30 AM</td>
<td>Welcome and Introductions</td>
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<tr>
<td>09:30 AM to 10:15 AM</td>
<td>Welcome from CAMA</td>
</tr>
<tr>
<td>09:45 AM to 10:45 AM</td>
<td>FAA Medial Evaluation and Performance</td>
</tr>
<tr>
<td>10:45 AM to 11:45 PM</td>
<td>“Medication Certification of Cardiac Conditions”</td>
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<tr>
<td>11:45 AM to 12:45 PM</td>
<td>Lunch</td>
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<td>01:45 PM to 02:45 PM</td>
<td>Opening Remarks</td>
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<tr>
<td>02:45 PM to 03:00 PM</td>
<td>“Medial Legal Issues”</td>
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<td>03:00 PM to 04:00 PM</td>
<td>Conference Issues – CAC</td>
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<td>04:15 PM to 05:45 PM</td>
<td>Conference Issues – “Medica”</td>
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<tr>
<td>06:00 PM to 10:00 PM</td>
<td>Field Trip and Conference Dinner</td>
</tr>
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**THURSDAY, SEPTEMBER 26, 2019**

- **07:00 AM to 09:00 AM**
  - Meeting Registration at the lobby

- **09:00 AM to 12:00 PM**
  - Conference

- **12:00 PM to 12:45 PM**
  - Lunch

- **01:45 PM to 02:45 PM**
  - Conference Issues – CAC

- **02:45 PM to 03:00 PM**
  - Conference Issues – “Medica”
A few eventful minutes at work on Jan. 15, 2009, left an indelible mark in New York air traffic controller Patrick Harten’s mind. He constantly replayed those terrifying moments in his head in the weeks that followed, and although they ultimately ended with the inspiring tale known as “The Miracle on the Hudson,” Harten kept imagining the tragedy that might have been.

Now he is reliving those remarkable moments all over again—on the big screen via actor Patch Darragh, who plays Harten in the movie “Sully.”

(Continued on Page 15)
“I thought they did a great job capturing what it felt like to be there that day,” Harten said. “I’ve heard from some of the passengers, and they thought so, too. … Parts of it were tough to watch.”

The movie is based on the actual events surrounding the forced emergency landing of US Airways Flight 1549 on the Hudson River. It happened on a cold winter afternoon a few minutes after takeoff from LaGuardia Airport in New York. A flock of Canada geese flew into the Airbus A320, taking out both engines at a low altitude.

Capt. Chesley (Sully) Sullenberger chose to land on the water after concluding that he didn’t have enough time to return to LaGuardia or to land at Teterboro Airport in New Jersey. Harten is the air traffic controller who talked to Sullenberger that day from the terminal radar approach control facility for several airports in the New York area. The Federal Aviation Administration’s TRACONs manage the airspace near airports, and New York TRACON is one of the busiest.

Harten, who first publicly shared his account of the incident in dramatic testimony to Congress, started his shift in the LaGuardia sector of the TRACON minutes before Flight 1549 took off. But soon after he issued a routine heading for the flight, Sullenberger reported the bird strike and double-engine loss. He headed back toward LaGuardia for an emergency landing.

Harten quickly arranged runway access there and communicated the details to Sullenberger. But 35 seconds after first reporting the emergency, the pilot uttered these ominous words: “We’re unable. We may end up in the Hudson.”

Sullenberger predicted that fate more definitively about a minute later, after Harten suggested a runway at Teterboro instead. “We can’t do it. … We’re gonna be in the Hudson.”

“I’m sorry, say again,” Harten responded. He then lost radar contact with Flight 1549.

“I thought I was part of one of the worst aviation incidents in modern history at the time,” Harten recounted. He imagined the plane clipping a wing on the water, cartwheeling and breaking into pieces. Even if it landed smoothly, he figured most people on board would drown or succumb to hypothermia. “I was expecting there to maybe be a handful of survivors.”

Those thoughts raced through Harten’s mind as he sat alone in a conference room for the next 45 minutes, waiting to be debriefed about the emergency. “I couldn’t believe that I was actually involved in a plane crash [as a controller],” he said. “I always took pride that no matter what emergency I was involved in that I would be able to get everybody back to the airport safely. … That was devastating for me.”

Even after hearing that all 155 passengers and crew survived the water landing, Harten struggled to process the amazing news. He pictured grieving family members every time he saw survivors on television. And for weeks he second-guessed his own decisions in the incident.

Harten finally found reassurance when he met Sullenberger on Capitol Hill before their testimony. “I had to hear from Sully that he appreciated the job that I did,” Harten said. “He thanked me for it, and that was when I was OK with my performance.”

As its title suggests, the movie “Sully” revisits the crash from the pilot’s perspective, but Harten’s story is part of the plot. Darragh, whose acting career includes multiple roles in movies and on television, read the script coincidentally while on a flight into New York.

(Continued from Page 14)

(Continued on Page 16)
Soon after Darragh was chosen to play the controller, Harten contacted him via Facebook. He figured Darragh could benefit from seeing a controller at work, so Harten invited the actor to New York TRACON. “When somebody is going to play you in a movie, you want to see yourself represented fairly and accurately,” he said.

Darragh gained insight into his new role by shadowing Harten on Columbus Day, which ended up being a busy day in New York airspace. He watched Harten work traffic, studied his hand movements on the radar display and listened to the air traffic lingo. Then Harten explained everything as Darragh watched another controller. The two also reviewed the movie script together so Darragh could learn more about air traffic terminology.

The experience impressed Darragh, who didn’t fully understand the role of TRACONs in the national airspace system or how many airports feed their traffic through New York TRACON.

“I don’t think he stopped talking [to pilots] for about 45 minutes,” he said of Harten. “I watched all of these icons that were slowly moving in a swirl around the screen suddenly all link up into a line very neatly. And he just turned to me and said, ‘See, now I got my ducks in a row.’”

The tutorial proved valuable days later when Darragh headed to a makeshift set at Gwinnett Technical College in Lawrenceville, GA., for filming. When Director Clint Eastwood heard that Darragh had shadowed Harten, he asked Darragh to help walk the crew through the shoot.

Darragh’s scenes—a longer sequence in the control room and a brief one in the conference room for the post-crash debriefing—were among the last to be filmed. The crew blocked off two days for taping but finished it in about seven hours on the first day. They shot the scene in the control room about 25 times in different set arrangements.

The role gave him greater respect for the work of air traffic controllers. “You realize the humanity of it and how there are some amazing people who we put our lives in their hands every day,” he said.

Harten’s role in the Flight 1549 emergency has been fictionalized before, including in a 2011 episode of “Air Emergency,” and he has been interviewed for documentaries like “Terror in the Skies.” But “Sully,” which so far has earned about $108 million, is the first project where Harten worked directly with an actor.

The perks of that personal connection included an invitation to the movie’s New York premiere on Sept. 6, where Harten met Eastwood and actor Tom Hanks, who played Sullenberger. Harten also attended an advance screening two days later, before the official Sept. 9 release, and he rented a theater to watch it a third time with friends.

“It’s very surreal because I never thought in my life that I’d be involved in a production like this,” Harten said. As a bonus, he was surrounded by passengers from the flight. He stays in touch with several of them, including at annual reunions on the anniversary of the crash.

Harten did have one quibble with Darragh’s portrayal of him. At the end of the scene in the control room, the movie version of Harten breaks into tears after losing contact with Flight 1549 and being relieved of his position.
“They took some creative licensing there,” Harten said, joking that when he saw Darragh at the premiere, “I wanted to tell him, ‘There’s no crying in air traffic!’”

Harten found himself in another dire situation about four years after Flight 1549. Hurricane Sandy devastated his home in Long Beach Township. “My whole first floor was destroyed,” he said, adding that 90 percent of the homes in his community were affected. “We actually had to move out, and the reconstruction project took about 90 days.”

But that experience also revealed the close bond that has developed among everyone connected to one of the most memorable flights in aviation history. When Sullenberger heard about it, he encouraged his Twitter followers to support Harten and his community.

That bond also is evident in the occasional text messages that Harten gets from Flight 1549 passengers when they fly into LaGuardia. “They want me to watch their planes,” he said.

Darragh feels the same way after playing Harten in the movie. Every time he flies into New York, he thinks to himself, “Well, hopefully Patrick is on duty right now.”

A version of this story originally appeared on the FAA’s internal website. It has been reprinted with permission.
2019 Annual Scientific Meeting in Cleveland, Ohio

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.

CAMA Vice President of Education, Dr. Ronan Murphy, reports that the educational portion of the program completed and that it has been rated by the American Academy of Family Physicians (AAFP) for 23 hours of Continuing Medical Education (CME) credits. Certificates for CME are given to each participant at the annual meeting for those individuals to claim credit for attendance. The program is on Pages 12 and 13 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 vehicles 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 was once at Euclid Beach Park on Cleveland’s lakefront.

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. The program, registration form, and hotel reservation link, are also available on the “Meetings & Events” tab of the CAMA web site at www.civilavmed.org. You must register now to participate in this year’s annual meeting. As in the past, this meeting is approved by the FAA for recertification training for AMEs.

2020 Annual Scientific Meeting in Albuquerque, New Mexico

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**

Arrangements are 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.

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 School of Osteopathic Medicine is 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.

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Civil Aviation Medical Association
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 video, 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.

CEDAR 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 dumber, the Cleveland Botanical Garden offers a beautiful escape with its 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, opera costumes, and the famous Euclid Beach carousel.

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

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.

A weekend getaway is all about getting outside life’s 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.

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.

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 niftyout typical zoo.

Cleveland Museum of Art

Cleveland Botanical Garden

Cleveland History Center

Cleveland Museum of Natural History

The Cleveland Orchestra + Severance Hall

The Great Outdoors

Museum of Contemporary Art Cleveland (MOCA)

Great Lakes Science Center

Cleveland Metroparks Zoo

Jack, Cleveland Casino
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22 Flight Physician August 2019
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