After much deliberation and research, CAMA has decided that it is in the best interest of the Aviation Medical Examiners (AMEs) and other medical professionals whom we serve to cancel this year’s Annual Scientific Meeting, originally scheduled for September, 2020, in Albuquerque, New Mexico, and reschedule it in a future year. With so many unknowns related to the coronavirus, the lack of an effective vaccine at this time, continued restrictions on travel by some States, airlines, large businesses, and medical facilities, as well as the potential for a second wave of infections after States and businesses reopen during the summer, the CAMA Executive Board has determined that the risk to all those involved in putting on an effective educational meeting this year is too great.

Working with the Hotel Albuquerque and the Albuquerque Hot Air Balloon Museum (the location for the field trip and Thursday dinner), meeting at that location has been successfully rescheduled for September 22-24, 2022. San Antonio, Texas, has already been contracted for the 2021 Annual Meeting, and planning for that meeting is already in process.

CAMA appreciates the loyalty and continued support and involvement of our members and other interested parties and looks forward to hosting many wonderful Annual Scientific Meetings in the future.

Alternative arrangements have been made to conduct the CAMA business meeting and award ceremony, normally held during the Annual Scientific Meeting each fall, to take place during the CAMA Luncheon at the Aerospace Medical Association meeting in October, 2020, at the Hyatt Regency Atlanta in downtown Atlanta, Georgia. There will be no CAMA Sunday program this year.

Please see the President’s article by CAMA President Dr. Gerald Saboe on pages 2 and 3 for all of the details regarding the CAMA Luncheon, keynote speaker, and business meeting. Tickets for this luncheon must be purchased in advance from AsMA, as they are not available from CAMA nor available for purchase at the door prior to the luncheon. AMEs needing recertification this year, see Dr. Saboe’s article for instructions for signing up with AsMA for the refresher course offered during that meeting.
During calamity is when discipline, training and teamwork persevere. The breakout of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causing clinical coronavirus disease (COVID-19) from Wuhan, China, in December 2019, was the spark that ignited a global fire. The global medical community is rallying their resources, collectively is striving for detailed characterization, and is determined to identify technological remedies to curtail the global outbreak. When will “normal” return to our everyday existence?

During March, 2020, we who live here in the USA were recognizing the very sudden surge in mid-month clinical COVID-19 cases. Substantial efforts were being undertaken to minimize unnecessary inter-personal contact and to adhere to recommended social distancing practices. The periodic FAA medical certification examinations for any person serving as a required pilot flight crewmember or air physician may 2020

Gerald W. Saboe, DO, MPH
CAMA President, 2019-2021

Gerald “Gary” Saboe, DO, MPH, is from West Union, IA, and now resides in Texas. He serves as an U.S. Air Force Civil Service Flight Surgeon (GP-15) examiner and certification authority for the 555th Aerospace Medicine Squadron at Reid Clinic, Joint Base San Antonio-Lackland, Texas. He also is an FAA HIMS Senior Aviation Medical Examiner and a single-engine land, instrument rated, commercial pilot.

Dr. Saboe received his BA (Biology & Chemistry) from Luther College, Decorah, IA, in 1975, his DO from Des Moines University, College of Osteopathic Medicine and Surgery, Des Moines, IA, in 1978, and served a 1-year internship at Normandy Osteopathic Hospitals, St Louis, MO. He completed an U.S. Air Force Aerospace Medicine residency program, earning an MPH from Johns Hopkins University, Bloomberg School of Public Health in 1984, and then completing a residency in Aerospace Medicine at the U.S. Air Force School of Aerospace Medicine, Brooks AFB, TX, in 1985. In 1986, he became board certified in Aerospace Medicine and in 1999, board certified in Occupational Medicine. Dr Saboe retired as a Colonel from the U.S. Air Force in 2003 and has continued to be employed as an U.S. Air Force Civil Service Flight Surgeon, as well as being active in his AME private practice (Saboe Aviation Medicine).

Dr. Saboe is a current Diplomate of the ABPM and AOBPM in Aerospace Medicine/Preventive Medicine. He is a Fellow of the Aerospace Human Factors Association, the Aerospace Medical Association, the American College of Occupational and Environmental Medicine, the American College of Preventive Medicine, the American Osteopathic College of Occupational and Preventive Medicine, and the Civil Aviation Medical Association. He is a past recipient of the CAMA President’s Commendation and the Audie & Bernice Davis Awards.

**CAMA President’s Message**

We are honored to have Col (Ret) Thomas McNish, MD, to present as our CAMA Luncheon keynote speaker.

The Federal Aviation Administration (FAA) will be providing a 3 ½ day Aviation Medical Examiner (AME) refresher seminar, 11 to 14 October, 2020, in conjunction with the AsMA meeting. Registration must be made through AsMA to attend the CAMA Luncheon and AME seminar. Call AsMA at (703) 739-2240, extension 106/107 or register for the CAMA Luncheon, AME Seminar, and Hotel Room at: https://www.asma.org/scientific-meetings/asma-annual-scientific-meeting/register-for-meeting-and-hotel-room. A registration fee is charged by AsMA to cover their overhead costs. Registrants have full access to the AsMA meeting. The room reservation cut-off date for the Hyatt Regency Atlanta is 18 September, 2020.

During March, 2020, we who live here in the USA were recognizing the very sudden surge in mid-month clinical COVID-19 cases. Substantial efforts were being undertaken to minimize unnecessary inter-personal contact and to adhere to recommended social distancing practices. The periodic FAA medical certification examinations for any person serving as a required pilot flight crewmember or air
traffic controller as set forth in 14 CFR Part 67, are regularly performed by approximately 2,600 FAA designated AMEs. These required exams are rarely of an urgent nature. However, by mid-March performing these exams posed avoidable COVID-19 infection risks to the pilot flight crewmembers, air traffic controllers, and the AMEs who examined them. In addition, availability of AMEs was affected as physicians were more urgently needed to address more significant health care needs during this epidemic. As well, the average age of an FAA AME is over age 60, and advice by some local governments instructed the population over age 60 to shelter in place.

In light of the Federal Emergency Declaration, CAMA sent a letter to the Federal Air Surgeon, 19 March 2020, and urged the Department of Transportation (DOT) and the FAA to grant relief to those airmen and air traffic controllers whose medical certificates would expire over the next 30 days, with that relief to be reviewed and extended as necessary. The goals of our recommendation were to enhance efforts to reduce spread of the virus SARS-CoV-2, to alleviate demands on the health care system, and to protect health care workers and their patients from avoidable infections. We believed that such short-term relief would not adversely impact current FAA medical efforts to enhance aviation safety. On 26 March 2020, the FAA issued 14 CFR Part 61 Enforcement Policy for Expired Airman Medical Certificates, that stated in summary, “Due to extraordinary circumstances related to the Novel Coronavirus Disease (COVID-19) pandemic, until June 30, 2020, the FAA will not take legal enforcement action against any person serving as a required pilot flight crewmember or flight engineer based on noncompliance with medical certificate duration standards when expiration of the required medical certificate occurs from March 31, 2020, through June 30, 2020.” (See the actual issuance from the FAA on pages 4-8 of this publication.)

CAMA applauds Michael Berry, MD, FAA Federal Air Surgeon, for his leadership in identifying and delivering a rapid solution with his staff to aid blunting the impact to pilots and flight engineers for expiring medical certificates during the COVID-19 pandemic.

Lastly, with a heavy heart, but very fond memories, I recognize the death at age 96, of Charles “Chuck” Berry, MD MPH, on 1 March 2020. With all that Dr Berry accomplished, as recognized in his provided obituary, he was a CAMA Fellow, received the CAMA sponsored John A. Tamisiea AsMA Award in 1990, was the initial recipient of the CAMA Audie and Bernice Davis Award in 2004, and received the CAMA Forrest and Pamela Bird Award in 2009. Everyone who met Chuck felt he/she had a special connection with him. He was described as humble, modest, kind, a friend, inspirational, a true gentleman, a luminary, a charming sole, a sense of humor, and always had a Big smile. Your legacy lives on, Charles Alden Berry, in all of us who had the fortune of knowing and working with you. We share the future destiny of aerospace medicine, human factors, and life sciences exploration, as we stand on your shoulders. The baton has been passed. You will always be remembered. (See Dr. Berry’s obituary and photos starting on page 9.)
BILLING CODE 4410-09-P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

[Docket No.: FAA-2020-0312]

14 CFR Part 61

Enforcement Policy for Expired Airman Medical Certificates

AGENCY: Federal Aviation Administration (FAA), Department of Transportation (DOT).

ACTION: Notice of Enforcement Policy.

SUMMARY: Due to extraordinary circumstances related to the Novel Coronavirus Disease (COVID-19) pandemic, until June 30, 2020, the Federal Aviation Administration (FAA) will not take legal enforcement action against any person serving as a required pilot flight crewmember or flight engineer based on noncompliance with medical certificate duration standards when expiration of the required medical certificate occurs from March 31, 2020, through June 30, 2020.

DATES: The policy described herein is effective from March 31, 2020, through June 30, 2020.

FOR FURTHER INFORMATION CONTACT: James Barry, Manager, Policy/Audit/Evaluation, Enforcement Division, Office of the Chief Counsel, Federal Aviation Administration, 800 Independence Avenue, SW, Washington, DC 20591; telephone: (202) 267-8198; email: james.barry@faa.gov.

SUPPLEMENTARY INFORMATION:

Background

FAA regulations set forth the requirements for, and duration of, medical certificates issued under 14 CFR part 67. A person may serve as a required pilot flight crewmember of a
civil aircraft only if that person holds the appropriate unexpired medical certificate issued under 14 CFR part 67 (or other documentation acceptable to the FAA). The duration of a medical certificate issued to a required pilot flight crewmember depends on the age of the applicant at the date of the examination, the type of operation, and class of certificate. In addition, a person may serve as a flight engineer of a civil aircraft only if that person holds an unexpired second-class (or higher) medical certificate issued under 14 CFR part 67 (or other documentation acceptable to the FAA). To receive a new medical certificate, a person must submit to a medical examination given by an aviation medical examiner. Regardless of whatever day a medical certificate is issued, all medical certificates expire at the end of the last day of the month of expiration.

On March 11, 2020, the World Health Organization (WHO) characterized COVID-19 as a pandemic, as the rates of infection continued to rise in many locations around the world and across the United States. On March 13, 2020, the President declared that the COVID-19 outbreak in the United States constitutes a national emergency. COVID-19 cases have been reported in all 50 States as well as the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands.

The President’s March 13, 2020, declaration observed that the spread of COVID-19 within our Nation’s communities threatens to strain our Nation’s healthcare systems. Widespread transmission of COVID-19 could translate into large numbers of people needing medical care at the same time. The Centers for Disease Control and Prevention (CDC) advises that healthcare facilities and clinicians should prioritize urgent and emergency visits and procedures now and for

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1 See 14 CFR 61.2(a)(5), 61.3(c)(1).
2 See 14 CFR 61.23.
3 See 14 CFR 63.3(b).
4 See 14 CFR 67.3, 67.4, 67.405.
5 See 14 CFR 61.23(d).
the coming several weeks. The CDC’s advice includes rescheduling elective and non-urgent admissions, and postponing routine dental and eye care visits. Additionally, the President and the White House Coronavirus Task Force have announced a program called “15 Days to Slow the Spread,” a nationwide effort to slow the spread of COVID-19 in the United States through the implementation of social distancing at all levels of society.

**Statement of Policy**

It is not in the public interest at this time to maintain the requirement of an FAA medical examination, which is a nonemergency medical service, in order for pilots and flight engineers with expiring medical certificates to obtain new medical certificates. This is because of the burden that COVID-19 places on the U.S. healthcare system, and because these aviation medical examinations increase the risk of transmission of the virus through personal contact between the physician and the applicant for an airman medical certificate.

Accordingly, as an exercise of the FAA’s enforcement discretion, through June 30, 2020, the FAA will not take legal enforcement action against any person serving as a required pilot flight crewmember or flight engineer based on noncompliance with medical certificate duration standards when expiration of the medical certificate occurs from March 31, 2020, through June 30, 2020. This discretionary accommodation does not apply to pilots or flight engineers who lacked an unexpired medical certificate as of March 31, 2020. Also, regardless of the date of expiration of a medical certificate, this accommodation does not commit to non-enforcement for noncompliance with medical certificate duration standards that occurs after June 30, 2020. This policy applies only to holders of an FAA-issued medical certificate serving as a required pilot flight crewmember or flight engineer within the United States. It does not apply to holders of an
FAA-issued medical certificate serving as a required pilot flight crewmember or flight engineer outside the United States.

The FAA has determined that those persons subject to this temporary measure may operate beyond the validity period of their medical certificate during the effective period of this accommodation without creating a risk to aviation safety that is unacceptable under the extraordinary circumstances surrounding the COVID-19 pandemic. The FAA will reevaluate this decision as circumstances unfold, to determine whether an extension or other action is needed to address this pandemic-related challenge.

The relief provided in this notice does not extend to the requirements of 14 CFR 61.53 and 63.19 regarding prohibition on operations during medical deficiency. These prohibitions remain critical for all pilots and flight engineers to observe, especially given the policy of emergency accommodation announced here and the health threat of COVID-19. Accordingly, the FAA emphasizes that under 14 CFR 61.53, no person who holds a medical certificate issued under 14 CFR part 67 may act as a required pilot flight crewmember while that person:

(1) knows or has reason to know of any medical condition that would make the person unable to meet the requirements for the medical certificate necessary for the pilot operation; or (2) is taking medication or receiving other treatment for a medical condition that results in the person being unable to meet the requirements for the medical certificate necessary for the pilot operation. Additionally, under 14 CFR 63.19, no person may serve as a flight engineer during a period of known physical deficiency, or increase in physical deficiency, that would make the flight engineer unable to meet the physical requirements for an unexpired medical certificate.
All required pilot flight crewmembers and flight engineers are to comply with all other applicable obligations under the FAA’s regulations and other applicable laws. This notice creates no individual rights of action and establishes no precedent for future determinations.

Issued in Washington, DC on March 26, 2020.

Naomi Tsuda,
Assistant Chief Counsel for Enforcement,
Federal Aviation Administration.

FAA web site covering this issue: https://www.faa.gov/licenses_certificates/medical_certification/
It was with heavy hearts that CAMA was notified by the AsMA HQ staff of the passing of Charles A. Berry, MD, who was a long-time member of our organization and a pioneer in aviation medicine.

The following excerpt was taken from Dignity Memorial, Houston, Texas:

Charles A Berry MD., 96, of Houston, Texas passed away on March 1, 2020. He began his career at the University of California, Berkley, in 1941. Four months later, after the attack on Pearl Harbor, he enlisted in the Navy, but remained at the University of California to finish college and then attend medical school at the University of California, San Francisco. Before he finished, he was discharged from the Navy with no further obligation, and received his medical degree in 1947.

After Internship at the San Francisco General Hospital, he went into the private practice of medicine in Indio, California. When the Korean War broke out, Dr. Berry joined the Air Force, and was assigned as the Chief of Internal Medicine at a base hospital in northern California. After 3 months, he was invited to participate in additional medical training in a new field, aviation medicine. He later came to learn that this was actually a Residency in Aviation Medicine. Thus, as one of the first to attend this new aviation medicine residency, he moved to San Antonio, TX, to the U.S. Air Force School of Aviation Medicine (USAFSAM). After a year of training at USAFSAM, he was sent to Panama, where he served for 3 years as a Flight Surgeon, assisting Central and South American countries to set up their own aviation medicine programs, and flying rescue missions.

When he returned to the United States, he completed his residency by receiving his Masters Degree in Public Health from Harvard University’s School of Public Health. He came back to San Antonio in 1956, and became Chief of the Department of Flight Medicine at USAFSAM. During that time, he sent pilots in balloons and aircraft, to various high altitudes, including to the edge of the atmosphere, to see how their bodies would react physiologically. NASA was created 2 years later and, in 1957, Dr. Berry was one of the physicians selected to fly to Washington to help select test pilots to “fly”, ride in, a military rocket into outer space. These pilots were later referred to as ‘astronauts’. Dr. Berry was later chosen to participate in the selection of the first seven NASA astronauts. He and his fellow physicians devised ways to test these pilots to see which ones would best meet the demands of space as then understood. They were also responsible for finding ways to monitor these astronauts while in space. Dr. Berry then left the Air Force after 16 years, to begin his NASA Career.

Dr. Berry worked for NASA (from 1959-1974), selecting subsequent classes of United States’ astronauts to follow the Original Seven. In all, he helped send 42 individuals into space over 30 missions, including the Apollo 11 mission during which Neil Armstrong walked on the Moon. On that mission, he monitored the crew. He retired from NASA as the Director of Life Sciences.

Dr. Berry was always very dapper in his black tie and tuxedo, complete with his signature red Keds. Often seen at AsMA meetings whizzing along on his scooter with the red Keds prominently worn! The “beep beep” sound from the scooter warned pedestrians that they’d better step aside, quickly!! We will miss you very much, Dr. Berry.
In 1974, he became the first President of the University of Texas Health Science Center Houston, in Houston, TX. In 1977, he took an additional position as House Physician at KPRC, Channel 2 News, in Houston, where he did on-air health segments. He became President of Preventive and Aerospace Medicine Consultants, P.A., in 1982.

Dr. Berry was nominated for the Nobel Prize in Medicine and Physiology in 1979 and 1980. Within AsMA, he was the recipient of the Louis H. Bauer Founders Award, the Won Chuel Kay Award, the Theodore C. Lyster Award, the John A. Tamisiea Award, the Arnold D. Tuttle Award, and two President’s Citations. He was also AsMA President from 1969-1970, and the President of the International Academy of Aviation and Space Medicine from 1973 to 1975. Dr. Berry was a teacher, mentor, example and friend to Aerospace Medicine specialists the world over.

Dr. Berry was preceded in death by his wife of 62 years, Addella Nance Berry and Grandson Jeremy Dudley. He is survived by son, Michael A. Berry, M.D. (Frankie), and daughters Charlene Forester (Dave), and Janice Dudley; grandchildren, Michael Berry, Jennifer Schlett, Matthew Berry, Courtney Suddath, Ryan Forester, Megan Forester Salazar, Jay Dudley, Jennifer Dudley, and 15 great grandchildren.

For more on Dr. Berry’s life, please see NASA’s oral history interview with him—
(https://historycollection.jsc.nasa.gov/JSCHistoryPortal/history/oral_histories/BerryCA/BerryCA_4-29-99.htm)
and UTMB’s Moody Medical Library papers
(https://utmb-ir.tdl.org/handle/2152.3/7440).

Dr. Charles 'Chuck' Berry Memorial Service
March 9, 2020
https://www.youtube.com/watch?v=yyhdTmD0oMQ

Tribute Movie & Obituary
https://www.dignitymemorial.com/obituaries/houston-tx/charles-berry-9069172
There is currently great debate on the potential role of Covid19 antibody testing. The purpose of this brief communiqué is to provide some degree of clarity in this area of rapidly expanding interest. Antibody testing has been implemented for decades to assist in the diagnosis of certain acute (IgM) and many resolved (IgG) infections. All of us carry IgG antibodies to Varicella virus due to prior infection with chicken pox or its vaccine. An acute bout of foodborne hepatitis A can quickly be confirmed with an IgM antibody test for that self-limiting viral infection. However, serologic (antibody) studies have been rarely implemented in the clinical diagnosis of respiratory infections such as Covid19.

Is Covid19 IgM serology reliable to diagnose new acute infections?

Based on many recent publications the answer is clearly not. The IgM response in the blood to acute Covid19 infection is quite delayed. The value of IgM testing in the 1st 14 days of this infection is abysmal since only 17% to 50% of people will show positive IgM during this time frame of acute (new onset) illness. Thus, for new infection we depend on the extremely sensitive and well-studied Covid19 Viral RNA PCR “swab tests” that we all familiar with by now. The swab assays are the “gold standard” as of this writing for acute testing concerns about new infection in both symptomatic and asymptomatic clients. These tests are designed to be very sensitive and err on the side of false positive rather than false negative.

Is Covid19 IgG serology reliable to diagnose prior (resolved) infection?

Clearly the literature supports that after 14 days the majority of us will blossom an IgG antibody response to almost all respiratory viruses. Thus, good antibody responses have been seen in the blood of patients after prior confirmed Covid19. However, the IgG tests can also be false positive frequently due often to their ability to cross react or detect IgG of other cold viruses we may of “seen” years ago. Thus, we have to be certain that only well studied, literature supported high quality and very specific IgG tests are used to avoid false positives in this arena. Over 150 different antibody tests are out there. Some good, some extremely so and others simply giving so many false positives that congress yesterday is meeting to put some degree of governmental oversite of the “profiteers” quickly entering the serology market place with an inferior product that lack good specificity. In short, Covid19 IgG tests should only be done by a well-studied test design and by companies with decades of experience in these types of assays.

Will a Covid19 IgG antibody confirmed in one’s blood protect me from future infection?

This is the “million dollar” question. As of this writing we just don’t know. The historical data about later “clinical immunity” from SARS and other viruses in this pedigree support that it might. This is our hope too. The entire aeromedical community does not however want aircrews or others that are found to be Covid19 IgG positive by any lab test available to interpret this as they now have a “Covid19 bulletproof vest” of immunity. Others have penned the term “immunity passport” if you will. Our hope across the industry is that Covid19 IgG sero-positivity (blood test) will equate in the real world as “sero-protection”. This is where we just need to await the science and literature to catch up to the laboratory tests. This should also give
everyone pursuing serologic self-survey for Covid19 pause to have testing only be done by FDA approved, heavily scrutinized, well-studied tests that are chiefly with large commercial institutions with significant liability concerns to get this done right and with a scale that can meet the burgeoning interest in this field.

Can Covid19 IgG positive individuals be convalescent blood donors to help others?

We just don’t know if one’s Covid19 antibodies can act as what are called “neutralizing antibodies” in the acutely ill patients. A very recent medical study in the Journal of the American Medical Association found that critically ill patients infused with 400ml of convalescent plasma had clinical resolution. More study is needed with greater patient numbers of course. On the same lines of that we hope a Covid19 vaccine can stimulate a robust immune response of such “neutralizing IgG antibodies”.The blood donation researchers have also been acutely aware of using inferior or poor performing serologic tests can significantly impair their work’s validity, thus these highly experienced research teams are only using the most well designed testing modalities for screening potential blood donors.

If I am considering being tested for Covid19 IgG, can I have this done accurately and without confusion about test code numbers or diagnosis codes?

A testing protocol with LabCorp, the world’s largest leading health care diagnostic company is available. Quest has one as well. LabCorp has 2000 plus network of lab service centers. LabCorp’s current role is in the serologic testing of Covid19 is drawing IgG antibody tests at their centers. Acute testing for those that are symptomatic or those needing swab tests for viral RNA PCR are not being done at their testing sites. Such swab tests are the role of acute care areas with significant PPE resources and personnel trained in the acute care settings. To keep it simple: LABCORP TEST CODE # 164055 Covid19 IgG and this must be paired with DIAGNOSIS CODES as well: use Z03.818 and Z20.828

Go to: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 to download a very extensive chart - “List N: Products with Emerging Viral Pathogens AND Human Coronavirus claims for use against SARS-CoV-2”
**CORONAVIRUS, FLU, COLD SYMPTOM REFERENCE CHART**

Provided by Richard S. Roth, MD, Infectious Disease Specialist

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**CORONAVIRUS, FLU, COLD?**

As the number of coronavirus cases rise, some key differences set coronavirus apart from the seasonal flu and the common cold—mainly the intensity of the symptoms and the recovery period. A guide at identifying the differences in the three conditions. All three, however, are spread by air-borne respiratory droplets and contaminated surfaces.

### CORONAVIRUS

- **Onset:** Sudden
- **Symptoms**
  - Fever
  - Dry cough
  - Muscle ache
  - Fatigue
- **Less common symptoms**
  - Headache
  - Coughing up blood (haemoptysis)
  - Diarrhoea
- **Incubation:** 1-14 days, may go up to 24 days
- **Complications:** 5% cases (acute pneumonia, respiratory failure, septic shock, multiple organ failure)
- **Recovery:** 2 weeks (mild cases); 2-6 weeks (severe cases)
- **Treatment or vaccine**
  - No vaccines or anti-viral drugs are available; only symptoms can be treated.

### SEVEN KINDS OF CORONA

- **Harmless**
  - Serotype 229E
  - Serotype OC43
  - Serotype NL63
  - Serotype HKU1
- **Dangerous**
  - **SARS-CoV** which causes severe acute respiratory syndrome (Sars)
  - **MERS-CoV** was that causes Middle East respiratory syndrome (Mers)
  - **SARS-CoV2** that causes coronavirus disease (Covid-19)

### SEVEN KINDS OF CORONA

- **SARS-CoV2** is closely related (with 98% identity) to two bat-derived SARS-like coronaviruses (Bat-SL-CoV-ZC45 and bat-SL-CoV-ZC21) collected in 2018 in Zhoushan, eastern China.
- It has 79% genetic affinity with Sars-CoV, 50% with Mers-CoV.
- The **SARS-CoV2** receptor-binding domain structure, which allows a virus to latch onto and enter a cell, is similar to Sars-CoV, despite amino acid variation at some key residues.
- It is known about **SARS-CoV2**, studies on Sars-CoV provide clues to its behaviour and ability to infect.

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**WHAT THIS MEANS**

If you have a stuffy/runny nose or are sneezing, you likely DO NOT HAVE CORONAVIRUS.
FAA Notice, November 7, 2019

Today, the Federal Aviation Administration (FAA) published in the Federal Register a notice on a Diabetes Protocol for Applicants Seeking to Exercise Air Transport, Commercial, or Private Pilot Privileges. The innovative new protocol makes it possible for airline transport or commercial pilots with insulin-treated diabetes mellitus (ITDM) to potentially receive a special-issuance medical certification.

Medical science has come a long way in the treatment and monitoring of diabetes. This new medical protocol takes into account medical advancements in technology and treatment and opens the door for individuals with ITDM to become airline pilots.

Since 1996, private pilots with ITDM have been issued medical certificates on a case-by-case basis after assessing their risks. This new protocol is based on established advancements in medical science that make management and control of the disease easier to monitor thereby mitigating safety risks.

To be considered under this protocol, applicants will provide comprehensive medical and overall health history, including reports from their treating physicians, such as their endocrinologist. They will also provide evidence of controlling their diabetes using the latest technology and methods of treatment being used to monitor the disease.

The FAA developed the new protocol based on the reliability of the advancements in technology and treatment being made in the medical standard of care for diabetes and on input from the expert medical community.

Public comment on the new protocols closes 60 days from the date of publication. The new protocols are effective November 7, 2019. However, the FAA may revise the new protocol based on comments.

Contact: Marcia Alexander-Adams
Email: marcia.adams@faa.gov

NOTE: 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.
ABPM Increases Flexibility for Diplomates by Combining Lifelong Learning and Self-Assessment Requirement into a Single Continuing Medical Education Requirement

Expanded Eligibility Recognition Serves as Step Toward Single Accreditation System
Chicago, IL, August 30, 2019 (from the ABPM web site www.theabpm.org)

The American Board of Preventive Medicine (ABPM) announced today that, as a first-step toward a comprehensive overhaul of its Maintenance of Certification (MOC) program, the ABPM Board of Directors has approved a revision to its current MOC Part II requirement by combining MOC Part IIA, Lifelong Learning and Self-Assessment (LLSA) and MOC Part IIB, Continuing Medical Education (CME) into a single, comprehensive MOC Part II requirement.

Specifically, diplomates will no longer be required to complete a minimum number of ABPM-approved LLSA credits in order to complete MOC Part II. Instead, beginning on February 1, 2020 and during each ten-year Certification Cycle, a Diplomate’s total of 250 MOC Part II credits can include any combination of LLSA and AMA PRA Category 1 CME credits (or their equivalent).

In announcing this new policy, the ABPM’s Board Chair Hernando “Joe” Ortega, Jr., MD, MPH, said “The ABPM is pleased to offer our Diplomates a simplified and less burdensome MOC Part II requirement.” Dr. Ortega went on to say that “Since there will be no required minimums for either type of credit, Diplomates will have the flexibility to choose between and amongst the various LLSA and AMA PRA Category 1 CME credits that best fits their practice. Our doctors can select the CME offerings that will be most effective and impactful in achieving their individual learning goals. This is a small, but important step on the ABPM’s journey toward a Continuing Certification program that incorporates the recommendations of the ABMS Vision Commission and, more importantly, is responsive to feedback from our Diplomates.”

The process by which Diplomates will be able to obtain MOC Part II credit from the ABPM will remain unchanged. Diplomates must forward certificates/transcripts for completed LLSA and/or CME credits to the ABPM office at moc@theabpm.org.

Any questions about this updated policy can be directed to the ABPM Staff at abpm@theabpm.org.

The ABPM is a Member Board of the American Board of Medical Specialties (ABMS). Founded in 1948, ABPM works with the ABMS in the development of standards for the ongoing assessment and certification of over 12,000 physicians certified by the ABPM in the Specialties of Aerospace Medicine, Occupational Medicine, and Public Health and General Preventive Medicine, and in the Subspecialties of Addiction Medicine, Clinical Informatics, Medical Toxicology and Undersea and Hyperbaric Medicine.

Editor Note: Discussion with the ABPM has clarified that the CME assessed each year by the AAFP for the CAMA Annual Scientific Meeting program will be sufficient to satisfy ABPM MOC requirements, since it is accepted as the equivalent of AMA PRA Category 1 CME credits, as outlined above. This will simplify the process of approval of our Annual Scientific Meeting programs to fulfill both CME and MOC requirements with our verification of attendance/participation at the meeting and the CME certificates provided by CAMA for attendees. The “three self-assessment questions per hour” requirement has been revised, so it will no longer be necessary for CAMA to augment the FAA AME recertification test for subjects not specifically included in the FAA core curriculum. If you have questions, please contact Kevin Patrick, MOC Manager, American Board of Preventive Medicine, 111 West Jackson Blvd, Suite 1340, Chicago, IL 60604
Membership Renewal Fee Changes for 2020

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!

2020 Annual Scientific Meeting Canceled

As discussed on the front page of this newsletter and by CAMA President Dr. Gerald Saboe in his article starting on page 2, the CAMA Annual Scientific Meeting for 2020 has been canceled due to extenuating circumstances brought on by the Covid19 pandemic. Fortunately, the host hotel and the venue for the Thursday field trip and catered dinner both allowed us to reschedule the activities for 2022 without penalty. Therefore, the Albuquerque meeting will now take place on September 22-24, 2022. The health and safety of CAMA members and participants at our annual meeting are of primary concern to our organization.

The Aerospace Medical Association (AsMA) Annual Scientific Meeting 2020—Rescheduled to October 11-15, 2020

The AsMA Annual Scientific Meeting was postponed from May, 2020, to October, 2020. The meeting will now be held at the Hyatt Regency Atlanta Hotel, 265 Peachtree Street NE, Atlanta, GA 30303, Sunday October 11th through Wednesday October 15th, 2020. There will be no CAMA Sunday program during the AsMA meeting this year.

The 2020 CAMA business meeting and award ceremony (normally held during the CAMA Annual Scientific Meeting) will instead be held during the AsMA CAMA Luncheon taking place on Sunday the 11th, from 12 noon to 2:30 PM. Our keynote speaker will be Col (Ret) Thomas McNish, MD.

Tickets for the CAMA Luncheon must be purchased in advance from AsMA at least three days prior to the event. CAMA does not sell these tickets, and none will be available at the door.

CAMA will host an exhibition table as usual for the duration of the meeting. 2021 Membership forms, information regarding the 2021 annual meeting, and other materials will be available. Please stop by the CAMA table if you are at the AsMA meeting.

2021 Annual Scientific Meeting in San Antonio, Texas

The 2021 Annual Meeting will take place September 23-25, in San Antonio, Texas, at the new Embassy Suites at the old Brooks Air Force Base. 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.

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.

The Alamo is the centerpiece of Texas history and the gem of San Antonio. We have been fortunate to be able to arrange for a tour and catered dinner to take place at the Alamo after our tour of Brooks City-Base facilities! There will be tour guides in attendance, and the Alamo will be open only for our group that evening. Dinner will take place in the Alamo pavilion area after the tour. Please save the dates of September 22-24, 2021, so that you may participate in the exciting and educational CAMA Annual Scientific Meeting of 2021!!
The MedAire team is dedicated to building solutions to mitigate risks to crew, passengers and guests. In order for people to receive the best care possible, an integrated solution of Expert Care, Education and Equipment is required.

MedAire pioneered the concept of industry-based comprehensive travel risk mitigation solutions. The expertise developed from providing medical advice and assistance in hundreds of thousands of cases directly influences the content and delivery of the education programs and medical kits we develop for aviation and maritime clients.

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EUROPE +44 1252 517 951
MIDDLE EAST & AFRICA +971 42 536020
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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Life Members

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<th>Name</th>
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<tr>
<td>Prof. Michael Bagshaw, MB BCh</td>
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<td>Sanjeev Batra, DO</td>
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<td>Kris M. Belland, DO, MPH</td>
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<td>Daljeet Kimberley Chawla, MBBS, FCGP, DNBE</td>
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<td>George H. Coupe, DO</td>
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<td>Aynalem Gebremariam, MD</td>
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<td>Robert Gordon, DO</td>
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<td>Dottie Hildebrand-Trembley, RN</td>
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<td>Joseph Kearns, DO</td>
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<td>Atsuo Kikuchi, MD</td>
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<td>Mark S. Rubin, MD</td>
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<td>Gerald W. Saboe, DO, MPH</td>
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<td>Philip Sidell, MD</td>
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<td>Kazuhito Shimada, MD</td>
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<td>Brian Smalley, DO</td>
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<td>Alex M. Wolbrink, MD, MS</td>
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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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Specialties</th>
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<tbody>
<tr>
<td>Andy H. Chen, MD</td>
<td>4801 Emma Browning Avenue, Austin, TX 78719</td>
<td>Senior AME, HIMS, Emergency Medicine</td>
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<tr>
<td>David W. Gibson, MD, MPH</td>
<td>1080 Lyle Ridge Circle, Oak Harbor, WA 98277</td>
<td>HIMS, Aerospace Medicine</td>
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<tr>
<td>Gregory L. Ostrom, MD</td>
<td>370 Summit Street, Suite 5, Elgin, IL 60120</td>
<td>LIFE MEMBER, Senior AME, Pilot, HIMS, Internal Medicine</td>
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**Sustaining Members**

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<thead>
<tr>
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<td>Raymond S. Basri, MD</td>
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<td>Gary E. Crump, MS</td>
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<td>Reddoch Williams, MD</td>
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<td>Sir Rodney E. L. Williams, MD</td>
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*MEMBER STREET ADDRESS: 

*MEMBER STREET ADDRESS: 

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SENIOR AME? YES NO 

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Please complete and return with your payment. 

NOTE: Membership is from January 1st through December 31st of each year 

Membership dues……………………………... $ 150.00 U.S. Dollars 
Sustaining Membership dues (optional)……………. $ 300.00 U.S. Dollars 
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*(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. 

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(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!

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