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.

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CAMA NEWS 2020

CANCELED CAMA AND ASMA MEETINGS

Both the 2020 CAMA Annual Scientific Meeting and the 2020 Aerospace Medical Association Annual (AsMA) Meeting have been cancelled. The next CAMA meeting will be held in San Antonio, Texas, September 23-25, 2021. We will count upon seeing you there!

Tamisiea Award 2020

We are pleased to report that CAMA member and Trustee Farhad Sahiar, MD, MS, was awarded the 2020 Tamisiea Award, sponsored by CAMA, by the Aerospace Medical Association (AsMA). He will receive his award in a ceremony during the AsMA Annual Meeting in May, 2021, in Reno, Nevada. Congratulations, Dr. Sahiar!!

CAMA 2020 AWARDS AND FELLOWSHIPS

See Pages 4 and 5 for information regarding the 2020 CAMA Honor Awards and Fellows. Congratulations to all and many thanks for their continuing interest in and service to CAMA and its programs!!

CAMA CHANGE OF ADDRESS

The CAMA Home Office (along with the Executive Vice President) has relocated to Dallas, Texas. Since CAMA operations and communications are almost entirely digital, the only change is a new Post Office box address.

The new CAMA mailing address is: Civil Aviation Medical Association, Post Office Box 823177, Dallas, TX 75382.

The forms contained in this publication, as well as those on the CAMA web site all reflect the new mailing address. Please annotate your records with the new address for any items you may wish to send via regular mail. All telephone and fax numbers remain the same.
Well—there has been a change of plans. One year ago, from a medical perspective, all things appeared to be relatively orderly. CAMA had planned and prepared for what turned out to have been an absolutely wonderful CAMA scientific meeting in Cleveland, Ohio. The future lay open and fertile for endless possibilities. Our families and friends were planning countless social outings and were anticipating family gatherings to celebrate high school, college, and advanced degree graduations. Then an invisible viral contagion emerged in January. World-wide illness was sparked and now we are in the nineth month of responding to a worldwide health pandemic. Past traditional personal and organizational travel, along with in person business meeting arrangements and social events have reluctantly been markedly curtailed. The cloud-based online audio and video web conferencing communications industry has stepped in and has become a requirement for our professional and personal information sharing, at least for the next year. I remain optimistic.

CAMA is an organization dedicated to civil aviation safety. We talk, meet, and plan how to improve our practice as civil aviation medicine examiners. The imposed quarantines have made it next to impossible this year to meet in person as a group. However, we can communicate via the internet, and that is where all of us are now scrambling, to offer via our website, what previously we preferred to discuss in person. But CAMA has unfinished business from this past year to complete. We have announcements to make regarding exceptionalism and leadership.

Annually several awards are presented during the Honors Night Banquet at the Annual Scientific Meeting. These awards are to recognize not only CAMA members, but also Aviation Medical Examiners and other medical and aviation professionals for their work in the aerospace industry or in the medical profession. We were unable to have our annual CAMA Honors Night Banquet this year, as following the cancellation of our 24-26 September scientific meeting, our best attempts to hold an 11 October CAMA Honors Luncheon also failed. But undaunted, the recipients of our CAMA 2020 Awards will be recognized for their outstanding achievements.

(Camada President’s Message

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 a U.S. Air Force Civil Service Flight Surgeon (GP-15) examiner and certification authority for the 556th Aerospace Medicine Squadron at Reid Clinic, Joint Base San Antonio-Lackland, Texas. He is a FAA 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.

(Continued on Page 3)
I am honored to recognize the following CAMA Award recipients:

**Forrest and Pamela Bird Award**
Thomas M. McNish, MD, MPH

**Audie and Bernice Davis Award**
(Sponsored by Harvey Watt & Company)
Michael A. Berry, MD, MS

**Jim and Sammie Harris Award**
Richard S. Roth, MD

**President’s Commendation**
Robert J. Gordon, DO

**John A. Tamisiea Award**
(Sponsored by CAMA and presented by the Aerospace Medical Association)
Farhad Sahiar, MD, MS

The award criteria with previous recipients can be viewed on the CAMA website at: [https://civilavmed.org/about-cama/awards](https://civilavmed.org/about-cama/awards).

Also, a special congratulations to the following four CAMA members who were elected to Fellow by the Executive Board as having made outstanding contributions to civil aviation medicine:

- Herminio Cuervo-Delgado, MD, MPH
- John E. Freitas, MD
- Joseph A. Laguna, MD
- Don C. Walker, MD

CAMA Fellow criteria, requirements and previous members elected by the Executive Board to Fellow can be viewed on the CAMA website at [http://civilavmed.org/about-cama/awards](http://civilavmed.org/about-cama/awards).

We are working diligently with final planning for our CAMA Scientific Meeting, 23-25 September 2021, in San Antonio, Texas. The meeting location is on the grounds of the former Brooks Air Force Base, home to the US Air Force School of Aerospace Medicine from 1958 to 2010. There will be an opportunity to tour the human centrifuge on which high plus Gz (up to 15 times the pull of gravity on earth) research was conducted, as well as all our astronauts and USAF fighter pilots trained. The hypo and hyperbaric chambers will also be toured that were used for research and aircrew training to simulate underwater pressures, atmospheric flight, and space flight. Also on the list is Hangar 9, built in 1918, the oldest wooden aircraft hangar of its kind from World War I still standing in its original location, capable of housing up to eight Curtiss JN-4 “Jenny” aircraft at one time. Of course, being in San Antonio would not be complete without touring Texas’ most visited historic landmark, the Alamo. A tour and catered dinner will take place on the grounds of the Alamo exclusively for our group.

Topics that are being worked for presentations are color vision deficiency testing, general aviation supplemental portable oxygen system options, presbyopia eye wear options and active noise cancelling headset options. We will continue to work with the FAA to offer AME education, as the CAMA website is changed to allow online participation. Again, I encourage our previous military and civilian medical, human factors, and equipment specialists to come forward with articles for the Flight Physician and presentations for our annual scientific meeting. Share your expertise with our community. Email me your ideas through Ms. Sandoval at our CAMA office. And remember to get out and FLY! Become a private pilot if you have not already. Review with your accountant whether the letter from the FAA Federal Air Surgeon, that can provide a tax deduction for costs associated with 40 to 50 hours flying time annually to maintain AME flying skills, would be a favorable incentive—if one were needed. Contact Mr. Gary Sprouse ([gary.sprouse@faa.gov](mailto:gary.sprouse@faa.gov)) for additional FAA information.
CAMA 2020 AWARDS

Forrest and Pamela Bird Recognition Award
Thomas M. McNish, MD, MPH

IN RECOGNITION OF
Exceptional contributions to all aspects of Aerospace Medicine as a USAF combat fighter pilot, Prisoner of War, Family Practice Physician, USAF Flight Surgeon, Aerospace Medicine Specialist, USAF Pilot-Physician, Aircrew Human Factors Expert, and Injury Causation Consultant. His expertise is frequently sought in catastrophic injury cases involving aircraft, watercraft, high speed automotive collisions, industrial equipment, and recreational products. We honor his exemplary leadership, meritorious performance, professional competence, and ceaseless efforts, for aiding aerospace medicine research, and for averting and limiting potential injury to others, before, during, or after their flight duties.

Audie and Bernice Davis Award
Michael A. Berry, MD, MS

IN RECOGNITION OF
Performance of his duties as the Federal Air Surgeon. He not only provides consistently exceptional guidance to FAA designated Aviation Medical Examiners (AMEs) in the US and Internationally, but has also devised innovative methods and means to deal with the challenges faced by the FAA, the airline industry, and medical professionals during the COVID19 pandemic of 2020. Dr. Berry has provided exceptional service to preserve air safety, provide public service, and protect the health of pilots, air crews, and the flying public under very challenging conditions.

Jim and Sammie Harris Award
Richard “Rick” S. Roth, MD

PRESENTED
For years of devoted service to CAMA and its ideals as a Trustee and Infectious Disease consultant, advisor, and lecturer, as well as his diligence in providing guidance to CAMA and its membership regarding preservation of the safety and health of CAMA members and participants during the COVID19 pandemic of 2020. His efforts have always demonstrated the highest degree of excellence.

PRESIDENT’S COMMENDATION AWARD
Robert J. Gordon, DO

IN RECOGNITION
Of his enthusiasm and dedication to the field of Aerospace Medicine and support of CAMA, along with his organization of the Nominating Committee and active participation in the Executive Board.
CAMA 2020 FELLOWS

Herminio Cuervo-Delgado, MD, MPH

John E. Freitas, MD

Joseph A. Laguna, MD

Don C. Walker, MD

CAMA FELLOWS

Recipient criteria:

Fellows are those CAMA members who are singled out by the Executive Board for having made outstanding contributions to civil aviation medicine. They must be deemed by the membership committee to meet all the requisite and at least three of the additional requirements listed below:

Requisite requirements:

1. Be a CAMA member in good standing for a minimum of five consecutive years
2. Be a regular, interested participant in CAMA, as demonstrated by frequent meeting attendance, submission of articles to the Flight Physician, committee participation, etc.
3. Have an active interest in civil aviation medicine, as demonstrated by medical practice or participation in aviation medical activities
4. Be well-respected by peers in National and/or International aviation medical organizations

Additional accolades supporting candidacy:

1. Be an FAA Regional Flight Surgeon, holder of a higher appointment, or have a comparable medical position in a foreign country
2. Be a senior FAA CAMI scientist or an equivalent scientist in a foreign country
3. Have been elected to a CAMA leadership position
4. Be board certified in aerospace medicine or have equivalent foreign academic credentials
5. Have authored published scientific papers or books on aeromedical subjects
6. Be board certified in aerospace medicine or have equivalent foreign academic credentials
7. Have authored published scientific papers or books on aeromedical subjects
8. Have served as a senior medical officer for an airline
9. Have served as an aerospace medical officer or consultant to an aerospace company
10. Have been elected to a leadership position in AsMA or an equivalent medical organization concerned with civil aviation
11. Have accomplished during his/her career an accumulated body of work in the field or aerospace medicine that is deemed by the selection committee to be on a par with the other listed additional requirements
Since the 1947 conception of the Airline Medical Examiners Association (AMEA), the forerunner to the current Civil Aviation Medical Association (CAMA), the home office has evolved through several stages. In the early years the ‘office’ was mostly in the hands of a key officer. Then in July 1970 Al Carriere was hired to handle the management of the daily CAMA operations from his office in Lake Bluff Illinois. The next major adjustment to the operations was following the deaths of Al and Harriet Carriere. Jim Harris, recently retired from the FAA educational division, took over the CAMA helm, and the home office relocated to Oklahoma City in 1991. Jim retired a second time in 2007, and Dr. David Millett, the recently retired FAA Southern Regional Flight Surgeon, became the next home office leader located in Peachtree City, Georgia. In late 2011, David began training his partner Sherry Sandoval for the position, and that advanced thinking proved to be extremely useful when David unexpectedly passed away in 2018, just after the annual meeting in Anchorage. Sherry flawlessly took the reins and has done a great job digitizing the home office workload and records, so the CAMA business may be conducted from virtually anywhere.

That background makes it understandable that the Carrieres’ sudden deaths meant it was fortunate that a CAMA team was able to retrieve what it could from the estate quickly as it had no knowledge of how or where things were stored. Jim combined the early records with his records but there were still mostly materials reflecting the post 1991 period when he turned over the CAMA records. No one really knows what happened to the material from prior to the Carriere years.

There was a common awareness among the senior CAMA membership in the early 1990s that the recorded history was sparse and that older members were dwindling in numbers. Thus, some thought was given to what could be done to formalize a more robust history for the future members. A president's thoughts column in the March 2003 Flight Physician provided some musings about the good pictorial history and rather impoverished paper history within the organization. Included was a comment regarding some records external to CAMA having been found and a request for any members with knowledge of past events to provide information. Shortly thereafter Dr. Duane Catterson of Houston was appointed as official historian for CAMA. He was given the newly obtained records to review. In the spring of 2006, Duane wrote a three-part history based on those materials and it was published in the Flight Physician.

Over the next decade, additional information was quietly gathered and sorted. Then in 2014, this author became the new historian and began to enlarge a personal project started in 2012. This involved the digitization of all available past Newsletters, Bulletins and Flight Physicians. By early 2017, a CAMA archive had been established at Wright State University libraries special collections. The CAMA archive was now stored with the rich historical aviation and aerospace medical materials already archived and available for research. In August of 2017, all the digitized news items were placed online where anyone can read them. These materials can be found at the following web address: https://corescholar.libraries.wright.edu/special_ms526_newsletter/.

After the materials collected over the last couple of decades were archived in one location, digitized and easily available, it was time to start studying them in greater detail. Ideas of the type of information that may be gathered from the records and how it could be interpreted and presented began to form. Consequently, three additional projects were undertaken and have now been completed.

The CAMA history remains sparse for several years, mostly for the 1960s and early 70s. Still this recovery effort has been successful to the point where there is at least one piece of information concerning all but three years between 1948 and 2020. The final result of the CAMA history recovery project consists of four elements:
1) A permanent archive with considerably more documentation than in 2003 including a large collection of online newsletters,
2) A list of annual meeting locations,
3) A compilation of key speakers at major luncheons and honors night dinners, and
4) A list of Honorary members.

The archive is a great place to begin for researchers and the lists of meeting locations, key speakers and honorary memberships provide a basis for understanding the strength, diversity, and geographical impact CAMA has had across the years. These lists have been compiled and given to the home office. They took time to complete due to repeated fact checking. Each entry was checked and rechecked and, if possible, found in at least two sources before being accepted. There were multiple ‘date/location/who’ mismatches that needed to be verified. It is still possible that some data in these lists are not exact. However, corrections will be incorporated when found.

A few impressions emerged after studying the data focusing on the interactions of the people, organizations, and countries connected with CAMA through the years. To illustrate the scope of these interactions, consider the issue of visibility and awareness from within and outside of CAMA. Using the online component of the new archive that went active in August 2017, there have been 5203 hits from 107 countries and 234 different organizations [commercial (59%), education (21%), government (11%), organizations (4%), and military (3%)].

Even though CAMA is incorporated in the USA, it has embraced an international membership from up to 53 countries. Combining this information and the meeting location list, it may be seen that ~15% of CAMA meetings have been held in seven foreign locations in five countries outside the USA. The remaining meetings in the US have been dispersed across many states including the two involving the greatest travel to reach, Hawaii, and Alaska. An impressive geographical footprint for the size of the organization.

The current honorary members list is probably shorter than the actual number of memberships conferred over the years because of the lack of available information during the 1960s. The wide variety of individuals on the list is impressive. Dividing the list of recipients into professional groups helps to demonstrate the richness and diversity within the overall group. The members can be placed in the following groups:

1) Physician,
2) Physician researcher/inventor,
3) Pilot - both male and female,
4) War ace,
5) Astronaut,
6) Royalty,
7) Airline president,
8) Actor
9) Government - both elected and non-elected individuals.

The number of international individuals and those that fall into more than one group is amazing.

The key speakers list began as a documentation of honors night speakers. However, due to the evolution of annual meetings over the years, combined with the manner of reporting on them, it was difficult for several meetings to determine whether a given speaker was at an honors or luncheon function. In the early years, the AMEA would meet during the two days prior to the Aerospace Medicine Association (AsMA) meeting and have a luncheon during the AsMA meeting. Then CAMA began having its main annual meeting in the fall. The project was then expanded to include as many luncheon and dinner speakers as could be possibly identified from all luncheons and dinners. This does not include those presenters giving talks during the meeting educational sessions. Viewing the list with a similar lens as used with the Honorary members list gives the same impression of well recognized national and international individuals who have contributed much both in and outside the aviation sphere.

A closing impression of the main concerns of CAMA throughout its history, is that they are the same: membership numbers, how best to serve the membership, meetings content and location, and working with other organizations.

Robin Dodge,
Historian,
September 2020
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 instructs in both the ground school and G550 initial simulator 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.

**CAMA COVID19 Update**

First and foremost, I hope and pray that this CAMA Covid19 update finds you as valued colleagues advocating aviation and aeromedical concerns well during this epidemic of historical proportions. Covid19 has impacted the aerospace industry and the global community regarding their routine normal daily activities and the economic functions of all countries greater than any other infection in recorded history. Using terms such as “unprecedented” or “challenging” has become cliché. The deleterious impacts of Covid19 are now self-evident to all.

As most of you know, as an infectious disease subspecialist with aerospace credentials, I have been working tirelessly to assist multiple arenas within the aerospace theatre. My work stream weekly included teleconferences with FAA or CDC concerns and daily with part 121 or part 91 stakeholders. Now as we enter close to our 8th month into the impacts of COVID19 for the United States, all of us have had a chance for a retrospective review of information that we have gained with difficulty, yet at the same time are optimistic about the potentials for effective interventional and mitigation strategies as we look forward in the aerospace theatre.

In the early aspects of this unfortunate epidemic, we have seen as much as a 96% contraction in the aerospace industry. Fortunately, we are now seeing efforts to return air transportation as the most efficient modality of transport, yet also being the safest modality compared to other avenues in the past half a century through the efforts and the ingenuity’s of all of us devoted to the aerospace theater.

Unfortunately, uncertainty and challenges still face us both in regards to the need to safely test and screen individuals for this virus, as well as navigating airmen that present to us as aviation medical examiners who have had either by presumptive or laboratory confirmed diagnosis COVID19.

I have detailed specifics concerning Covid19 testing methodologies previously. Currently, commonly available RT-PCR and (rapid) Antigen assays via nasal swab screens have strong validity and thankfully improving tactical turnaround times for those under our purchase. Salivary home kits such as those from recent Yale University developments have excellent granular supportive data as well.

That stated, since the presentations of COVID19 are quite variable in regard to their manifestations across organ systems, there has not been a single uniform document in regards to how we as aviation medical examiners as of this writing should evaluate, document, submit and potentially issue an airman’s medical certificate of any class if they’ve had COVID19 in the recent past.

Multiple approaches are being reviewed, however my personal opinion, (stress “personal”) is that a “tiered approach” would be appropriate, and so far seems to be an acceptable algorithm in regards to certification of airmen after they have resolved their acute COVID19 infection.

Again, I would like to state that there is no uniform document as of this writing to support that a tiered approach is the algorithm of choice for airmen that have previously had confirmed or presumed COVID19 infection and are now presenting to us as aviation medical examiners for medical certification eligibility. Nor can we expect such considering this being such a novel viral pathogen and the plethoric way that this agent effects the human body.

One approach I support to date, as an infectious disease consultant to the FAA, is to evaluate each individual case in regards to the severity as well as the potential components of organ systems that may have been involved in this novel virus since it can clearly impact various organ systems.

Whether the individual is an aviator or not, it has come to our understanding that the majority of individuals who have previously had Covid19 infection are either asymptomatic or have typical flu like symptoms that have not required significant medical intervention or hospitalization. Such individuals almost uniformly have developed no end organ injury such as significant inflammatory pulmonary involvement (which is the primary indication for hospitalization for oxygen support) or other end organ manifestations such as thrombotic
sequalae, neurologic or cardiac injury. Individuals presenting for a FAA medical that have had COVID19 infection who have not required any hospitalization, oxygen support, medical interventional modalities such as investigational or off label therapeutics are clearly where in 850-8 “block 60” on the medical application the aviation medical examiner should thoroughly outline such and advocate indications for the issuance of this airman's medical of any class. My suggestion is not to just write “history of COVID19 now resolved”!

The next tier of the approach would be where an airman did require hospitalization or supplemental oxygen and potentially did receive some investigational or off label therapy therapies, but this airman quickly returned to a normal pre-COVID19 baseline and this airman's activities and functional capacity have shown no residual impacts of the prior acute COVID19 infection. This scenario would be best approached by already having supportive documentation such as a treating physicians status report about this airman's presentation as well as this airmen's follow up status returning to normality. If this airman was seen by a pulmonologist or an infectious disease subspecialist, such notes including office follow up after complete resolution of the previous acute Covid19 syndrome event would be appropriate to submit to the FAA in my opinion with detailed documentation in “Box 60” regarding your evaluation of this airman in regard to his return to complete baseline of symptomatology and functional capacity. This scenario also is where a deferral likely is not necessary, yet communication with the regional office might be appropriate.

More importantly, we now must deal with airmen who have had significant sequalae, but fortunately survived their acute Covid19 assault that had significant deleterious effects to either multiple systems or just at the pulmonary level. Such individuals that may have had multisystem involvement, prolonged hospitalizations, significant investigational therapies and interventional measures, cardiopulmonary, thrombotic or potentially neurologic sequalae certainly would require deferral and detailed later investigation as well as subspecialty documentation in regards to the status of these airmen as well as their functional capacity. Cardiac functional capacities have typically been evaluated through treadmills testing. Such treadmill testing has been typically with electrocardiographic metrics or potentially bolstered by echocardiography or nuclear imaging during the treadmill process. Since COVID19 as a primary culprit to the pulmonary system functional capacity is likely best assessed by the “six- minute walk test,” which is now being recommended for certain airmen after AME deferral by Oklahoma City.

Other adjuvant post-Covid19 studies which may be needed to assist in returning an airman after a complex prolonged hospitalization that had significant multisystem manifestations may include advanced pulmonary radiographic studies, neurologic assessments including imaging as well as cardiac evaluations similar to an airman that may have had a coronary presentation.

Clearly, we are learning more and more as the days pass during this crisis, yet “best practices” remain opaque. Hopefully, as we near 2021 with the possibility of a safe, effective, and durable vaccine on the horizon, we can as Sir Edward Jenner did centuries past envision a viral menace being a thing of the past.

Richard (Rick) S. Roth, MD
Roth Aviation Medical Services
Senior Aviation Medical Examiner
Board Certified Infectious Disease/Internal Medicine Fellow Civil Aviation Medical Association
FAA/NTSB Infectious Disease Consultant
AOPA Board Member of Medical Advisors

Max Roth ready to go in his COVID19 protective gear.
AME MINUTE 2020 ISSUE GUIDE

The FAA issues monthly reminders/updates for Aviation Medical Examiners in the form of a brief audio file with information on an important subject. Following is a summary of the AME Minute issuances during 2020, in case you might have missed one. Earlier AME Minute items may be accessed from the FAA archive at: https://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/videos/

February 2020  https://www.faa.gov/tv/?mediaId=2168  Syncope – Why is unexplained syncope aeromedically significant?

March 2020  https://www.faa.gov/tv/?mediaId=2196  Subpoenas – Records – Why do AME’s need to worry about subpoenas?


May 2020  https://www.faa.gov/tv/?mediaId=2215  Insulin Policy, Part 1 – Why is the FAA now certifying pilots on insulin?

June 2020  https://www.faa.gov/tv/?mediaId=2225  Insulin Policy Part 2 – Why does the monitoring protocol for insulin-treated DM require so many reports?

July 2020  https://www.faa.gov/tv/?mediaId=2229  OTC Sleep Aids – Why is the FAA concerned about Over The Counter sleep aids?

August 2020  https://www.faa.gov/tv/?mediaId=2232  Pancreatitis – Why did the FAA issue new guidance regarding pancreatitis?

September 2020  https://www.faa.gov/tv/?mediaId=2238  Designee Management System Profile – Why do AMEs need to update their profile in the Designee Management System annually?

Link to the AME Guide via the FAA web site:  https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/

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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—Cancelled

The AsMA Annual Scientific Meeting was postponed from May, 2020, to October, 2020, then cancelled altogether.

In lieu of an annual meeting or an equivalent during the AsMA annual meeting, the CAMA Executive Board elected to honor the 2020 CAMA Award winners and 2020 Fellows in this edition of the newsletter, and they will also be recognized during the 2021 Annual Scientific Meeting next year in San Antonio.

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 host hotel for the 2021 meeting is the Embassy Suites San Antonio Brooks. It is a new facility with a spa, a lobby bar, a coffee facility, an outdoor pool, a fitness center, and a salt cave. Restaurants and shopping are located nearby, and it is a short trip to downtown San Antonio and the Riverwalk. The modern design of the hotel is different from older Embassy Suites layouts, and will be an excellent place for our meeting.
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CAMA is very pleased to announce a number of new members to our organization since our last publication. We welcome the following physicians and organizations into CAMA, and we look forward to working with each of them over the coming years.

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