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.

In this issue:

CAMA News Page 1
CAMA Sunday Program Page 3
CAMA Sunday Order Form Page 4
President’s Message Page 5
UTSW-A Favorite Destination for Pilots Page 6
International Aerospace Neuroscience Consortium Page 8
CAMA Space Medicine Committee News Page 9
“You Just Never Know…” Page 11
FAA Policy Updates Page 12
Fighting Fatigue Page 13
“The Aging Pilot:” Page 14
FAA Proposal for Hot Air Balloon Pilots Page 17
EVP/Home Office News Page 18
Annual Meeting Registration Form Page 20
Annual Meeting Program Page 21
Educational Opportunities Page 23
AME Seminars Page 24
AME Minute Files Page 25
FAS Pilot Minute Videos Page 25
Life, Sustaining, Corporate, and New Members Page 26
CAMA Dues Form Page 29
Corporate Member Form Page 30

CAMA News and Annual Scientific Meeting Registration

We anticipate that 2022 will be a wonderful year for CAMA activities, educational programs, and support for Aviation Medical Examiners! The web site has been updated to show the current officers and board members, and the 2022 individual membership and corporate membership forms are available for you to join or renew your membership.

Locations and venues for the 2022 and 2023 Annual Scientific Meetings and associated activities have been selected and contracted—see the EVP article on Page 18 for additional information. We look forward to participating at the Aerospace Medical Association (AsMA) meeting in Reno, Nevada, in May, with terrific CAMA Sunday and CAMA Luncheon programs. If you attend the AsMA Annual Meeting, please consider joining us for these activities and earn CME in the process. The CAMA Sunday and CAMA Luncheon programs are listed on Page 3 of this edition of the newsletter, with an order form on Page 4 with which to order the presentations. All five hours of these programs in a video library will be available for $39.00. See Page 4 for the order form.

It is time to pay your 2022 dues if you have not already done so!!! We recommend that you use the convenient, secure online renewal module on the Members Lounge page of the CAMA web site. You may also use the forms on the last pages of this publication to complete and email to CAMA for processing. It is important to note that CAMA members are notified first when there is an event, and registration fees for the Annual Scientific Meeting are lower for CAMA members.

REGISTRATION FOR THE 2022 CAMA ANNUAL SCIENTIFIC MEETING IS NOW OFFICIALLY OPEN!!! The meeting will take place at Hotel Albuquerque in Old Town, Albuquerque, New Mexico, September 22—24, 2022. The registration form is on Page 20, followed by a provisional copy of the program on Pages 21 and 22. The program is in the final stages of development and should soon be ready for submission to the American Academy of Family Physicians (AAFP) for a Continuing Medical Education (CME) rating very soon. You may register either by completing the registration form contained in this edition or by using the convenient online registration and pay form on the “Annual Meeting” page of the CAMA web site at www.civilavmed.org. Membership forms and renewals may be processed simultaneously with annual meeting registration.

If you are bringing a guest (spouse, significant other, family member, etc.) who is also a medical professional in need of a CME certificate, please provide that guest’s full name and titles on the registration form.
CAMA Refund Policy

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

1) If a refund is requested due to cancellation of attendance prior to the catering guarantee date (normally three 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.

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Editor’s Note: For listings of the various CAMA committees, please see the CAMA web site at: www.civilavmed.org. On the “About CAMA” tab, click the link for “Officers.” CAMA has many interesting committees and is always searching for expertise and fresh ideas in these areas. If you have an interest in adding your opinion and expertise to CAMA education, operations, planning, or management, please email us at civilavmed@aol.com, so that we may put you in touch with the Chair of any committee whose activities are of interest to you.
CAMA Sunday Lectures – Four hours comprised of four presentations. Approved by the AAFP for four hours of CME. Certificates will be given out at the end of the event.

Sunday, May 22, 2022, 8:00 AM to 12:15 PM
Peppermill Hotel and Casino, Reno, Nevada
Room number – Tuscany F

8:00 AM to 9:00 AM:
Reno Air Races Video, “You Never Know…”
By John S. Raniolo, DO
Photo montage of the Reno Air Races
By David G. Schall, MD, MPH

9:00 AM – 10:30 AM
90-minute presentation by Frederick W. Telling, PhD
Lecture Module Topic – Air Racing in a Unique Environment:
This presentation will cover the unique environment of Air Racing. Factors Unique to these races include aging, highly modified aircraft and aging pilots. The Races take place in an arid, typically hot, geographically confined environment, in aircraft that set world speed records. There are specific medical requirements set forth in the Race rules of operation (approved by the FAA and vetted by the NTSB) which require sustained endurance in a high stress, low to the ground environment. As aircraft exceed 500 mph in the unlimited and Jet classes and exceeding 400 mph in the sport class, most being non-production home-built aircraft all with unique sets of issues. By the conclusion of the lecture the audience will have a grasp of the unique environment and pilot challenges as well as steps taken to mitigate these factors and to minimize risk.

10:30 AM – 10:45 AM Break

10:45 AM – 12:15 AM
90-minute presentation by Jerome P. Limoge, MD
Lecture Module Topic – Gravitational Loss of Consciousness (GLOC) in the Air Racing Environment:
This lecture will cover Gravitational Loss of Consciousness (GLOC), including the physiology, indicators, contributing factors, prevention, and ways to mitigate it. Additionally, the presentation will discuss the unique environment in air racing of task saturation and flying at constant increased G loads beneath the curve where visual symptoms occur with the potential to progress to loss of consciousness due to sudden increased G loading. Mitigation strategies, risk management, and improved G tolerance will be stressed. By the conclusion of the lecture the audience will understand of how the above factors affect the planning and execution of these challenging air races.

CAMA Luncheon and One-Hour Presentation
This program has been submitted to the AAFP for a CME rating

Monday, May 23, 2022, 12:00 Noon - 02:00 PM
Peppermill Hotel and Casino, Reno, Nevada
Room Number – Naples 7

1:00 PM – 2:00 PM
One hour presentation by Tim “Chief T” Spencer, Emergency Management Specialist
FEMA, Emergency Services Director Reno Air Races Association

Lecture Module Topic – Disaster Response for Air Race Crashes, “The Galloping Ghost” and Lessons Learned

This one-hour presentation will cover the specialized preparations, both physical and medical, for the Reno Air Races, to minimize risk to persons and property, as well as the prescribed response to emergencies that occur during the races and the recovery from such occurrences. Luncheon participants will gain an understanding of the extensive preparation for the air races to minimize risk of loss of life and property damage and the training for response and recovery of emergency service personnel.

For additional interesting information regarding the Reno Air Races Association, please check out their web site at: STIHL National Championship Air Races | Reno Air Races
ORDER FORM TO PURCHASE 2022 CAMA SUNDAY AND CAMA LUNCHEON PROGRAMS

2022 CAMA Sunday Medical Education Program

May 22, 2022
(Held during AsMA 2022)

Includes FOUR hours of presentations by four speakers + Luncheon Session (5 Hours Total)
Only $39!

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Online Access $ ____________
Single Sessions $ ____________
TOTAL $ ____________
Colleagues,

I trust this finds you doing well and looking forward to a CoVID free gathering in Reno for the Aerospace Medical Association meeting. For those of you who have not been to Reno, I think you will find it an interesting place to visit. The Peppermill Resort Spa and Casino is about 2 miles south of downtown but less than a mile from the airport. I stayed there a few years ago and found it to be very good, and I think you will enjoy it. Reno is home to the amazing Stihl National Championship Air Races held every fall. This year it will be 14-18 September. I hope I will be able to convince you to attend one of their races. I am excited about our lineup for CAMA Sunday and our Monday Luncheon.

The aeromedical challenges in support of Air Racing are significant. We have assembled an outstanding faculty to talk about those challenges. On Sunday morning, the CEO of RARA (Reno Air Racing Association) Dr. Fred Telling will be sharing his thoughts and observations. Dr. Telling is type rated in Citation Jets and the DC-3; He has a rotorcraft rating and is the owner of a P-51D “Almost Perfect” and his T-6 Racer “Baby Boomer.” Fred is retired after 30 years of service with the Pfizer company. He will be followed by Dr. Jerry Limoge, Jr. (Brig. Gen. Ret. CoANG) who is the Contest Committee Chair/Chief Judge of RARA and a NTSB vetted subject matter expert on G-LOC. Jerry is an accomplished Pilot in his own right with CFI, CFII, ATP Ratings and over 7,500hrs of flying time. He regularly briefs the Racing Pilots regarding G-induced Loss of Conscious risks prior to their racing. Jerry and I worked together back many years ago when I commanded the Air Force Academy Hospital and he was one of our staff Urologists.

Finally, our CAMA Luncheon Speaker will be Chief Tim Spencer who is a FEMA Emergency Management Specialist and former Battalion Chief of the South Lake Tahoe Fire-Rescue unit. Chief will be talking about the Reno Air Race Mass Casualty Incident in 2011 involving the P-51 Air Racer “Galloping Ghost.” There were many amazing things that came together to include practicing for just such a scenario, which allowed for the rapid evacuation of casualties from the scene.

I will be leading off the talk on Sunday with some of my pictures from my experience at the Reno Air Races. I leave you with a few samples. I look forward to seeing you in Reno and later in Albuquerque for the CAMA Annual Scientific Meeting! Safe Travels!
As a neurologist in Dallas near one of the busiest airports in the world, Alison Leston, M.D., Ph.D., Section Head of General Neurology at UT Southwestern, has gained extensive experience caring for pilots and helping them meet federal health requirements for flying. Her growing reputation as one of the few specialists in a field known as aviation neurology has attracted referrals of pilot patients from across the country.

Pilots must meet stringent “fitness to fly” requirements set by the Federal Aviation Administration (FAA) to maintain their flying certification. They must undergo periodic flight physicals with an aeromedical physician. Neurological symptoms will be referred to a specialist, like Dr. Leston, for further evaluation. She now sees multiple pilots per week, and the number is growing steadily.

Seeing a neurologist who is familiar with FAA regulations is important to pilots for whom a poor diagnosis or wrong medication could mean the end of a career, said Dr. Leston, who also serves the FAA as a member of the Federal Air Surgeon’s neurology panel.

“Pilots suffer from the same neurological issues as the general population, but in addition, they seem to have more head injuries,” said Dr. Leston, Associate Professor of Neurology and member of the Peter O’Donnell Jr. Brain Institute. “When I evaluate pilots and write up their reports, it’s similar to a report for any other patient, except that I know the FAA will be reading it so I use their language.”

For example, pilots are not allowed to take any medications labeled “may cause drowsiness,” which means that even an over-the-counter drug for seasonal allergies is off limits. “Often my work with pilots includes reducing their migraines with FAA-approved meds, like beta-blockers and calcium-channel blockers,” said Dr. Leston. “Certain other medications can be used for acute treatment of migraines, but they may require waiting 24 to 48 hours to fly.”

There are also high standards for pilots who have experienced a head injury or loss of consciousness.

(Continued on Page 7)
"If you or I briefly pass out or fall off a mountain bike, we might go to our local ER and be evaluated by the doctor there, who might tell us we can return to work," said Dr. Leston. "But if you’re a pilot, those of us in the back of the airplane want to be sure you don’t develop post-traumatic seizures, so there will be a waiting period and often a required normal MRI before you’re allowed to fly again. Knowing the regulations allows me to order the appropriate testing and get pilots back in the air sooner."

Dr. Leston earned her medical degree at Washington University School of Medicine in St. Louis and holds a doctoral degree in neurobiology from the University of Chicago. She joined the UT Southwestern faculty in 2014. She became interested in aviation neurology as a subspecialty after moving to Dallas and meeting pilots within her social circle. "The more pilot patients I see, the more knowledgeable I become," she said. "I’m also an active member of the Aerospace Medicine Association and the Civil Aviation Medical Association, where I’m involved in providing CME to physicians who administer flight physicals."

The Neurology Department of UT Southwestern has preferential scheduling for pilots. Following is the contact information for Aviation Neurology Referrals:

Telephone: 214-645-8300
FAX: 214-645-7999
Online: https://utswmed.org/
Email: UTSWNewPatientReferrals@utsouthwestern.edu

EMPLOYMENT OPPORTUNITY

Aviation Medical Clinic in the Houston Area is seeking a Physician to perform Aviation Medical Examinations. Experience in Internal Medicine or Family Practice is a plus. Interested applicants should send a CV and resume to: Deanna McKee, P. O. Box 57868, Webster, Texas 77598
The brain of an aviator is a mysterious thing, as any AME or pilot’s spouse will tell you. Fortunately, there is a small community of neuroscience professionals with particular knowledge of this subject—the International Aerospace Neuroscience Consortium (IANC).

IANC arose out of discussions among Drs. Jack Hastings, Chris Skinner, and Roger Hesselbrock following the 2012 AsMA meeting. “This identified a need for a neurology forum due to a paucity of interested/experienced providers, and prompted the idea of forming an aeromedical neurology group for case discussions and other collaborations” according to IANC President Dr.(Col-ret) Roger Hesselbrock, of USAFSAM. Inspiring this organization is part of the substantial legacy that the late Dr. Hastings left to this field. The IANC was formally organized in 2013 when Dr. Hesselbrock assembled a group of fourteen founding members. The group was originally titled the International Aerospace Neurology Consortium.

The consortium provides a forum for
- discussion of neurologic conditions and their aerospace medical implications;
- presentation and discussion of interesting and challenging aerospace medical neurology cases, and;
- in-depth review of specific neurologic conditions or treatments with the goals of gathering data and presenting evidence-based recommendations for potential incorporation into military and civil aeromedical standards.

Interest has continued to grow. Participation spread beyond neurology to include neurosurgery, neuropsychology, neuro-ophthalmology, and neuroradiology. The group’s name was then changed to International Aerospace Neuroscience Consortium to better reflect its multi-disciplinary composition. Currently over 60 members from ten countries take part, with civilian as well as military affiliations. They meet in person during the AsMA annual meeting and virtually throughout the year.

Collaboration among IANC members has resulted in an initiative regarding cognitive assessment in aviators. This includes a meta-analysis in preparation with a goal to identify best practices and develop evidence-based protocols.

Another collaborative project involves traumatic brain injury in aviators. A TBI working group has formed and is in data collection phase. Their focus is on post-traumatic seizure risk assessment and whether aeromedical standards require updating in the setting of modern imaging capability.

IANC is very much a part of the aerospace medicine community, becoming an AsMA affiliate organization in 2021. IANC-sponsored panels have brought much-needed neurology expertise to the AsMA annual meeting every year since 2014. CAMA has also drawn on the knowledge of the consortium, with IANC President Dr. Hesselbrock providing neurology lectures at recent annual meetings.

The remarkable growth of the IANC validated its founding premise of an ongoing need for aerospace neuroscience expertise. Advances in neuroscience will continue to require careful consideration for aerospace application. The IANC represents a unique, dedicated group of professionals with knowledge of both aerospace medicine and the nervous system. The larger aerospace medicine community should look to IANC as the premier source of neuroscience expertise.

If you are interested in additional information regarding the International Aerospace Neurology Consortium or wish to join the group, please contact Dr. Roger Hesselbrock at: roger.hesselbrock.1.ctr@us.af.mil or rrhesselbrock@gmail.com.
Editor's Note: The newly formed Space Medicine Committee got off to a terrific start in 2022 with an informative and productive formal meeting on January 22, 2022. Following is the committee report submitted by Chair Basil Spyropoulos, MD, to the CAMA Executive Board. The report was very well-received. CAMA members are invited to comment or to provide ideas to the committee.

The CAMA Space Medicine Committee email is: camaspacemed@gmail.com

CAMA Space Medicine Committee Report
February 19, 2022

The Space Medicine Committee held its first formal meeting on January 22, 2022. Thirteen members were in attendance and were joined by guest speaker M. Antunano, MD, Director of the Civil Aerospace Medicine Institute.

As the civilian human space industry grows in both suborbital and orbital domains, the field of civilian space medicine is becoming more relevant to the conduct of safe flight operations. As the industry develops, the overlap between traditional aviation and space flight domains will grow.

Current and expected human civilian spaceflight operations were reviewed, and Dr. Antunano identified multiple areas in which CAMA could contribute its medical expertise - including issues that are not being addressed elsewhere.

Some space companies (e.g. Virgin Galactic) presently use humans to pilot their vehicles. (These pilots currently hold 1st Class FAA medical certificates - though only 2nd class is required by the FAA.) Space X and Blue Origin fly automated craft not requiring the involvement of a human pilot. (It is not presently known if point-to-point suborbital transportation or single-stage-to-orbit "spaceplane" flights will involve human-controlled flight operations.)

Human-piloted spaceflights originating in the atmosphere require an FAA certificated pilot. Thus, it is felt that CAMA can already legitimately contribute to the aerospace medicine community at-large.

As earth-to-space flight operations expand over the next 10-20 years, many astronauts and space flight participants ("SPFs") can be expected to present post-spaceflight to AMEs in pursuit of FAA medicals (new or renewed). It will become incumbent upon AMEs to be aware of possible medical sequelae of spaceflight in those seeking medicals for general/commercial aviation or future spaceflight.

Furthermore, it is likely that the FAA will begin to actively regulate SFPs, requiring formal medical certification to be a spaceflight passenger. (FAA has the authority to do so, but has not yet chosen to exercise it. Even so, all visitors to the ISS must hold at least a 2nd Class FAA medical certificate.)

Also, due to the nature of current space vehicles (e.g. small, limited crew-size, relatively dangerous - with risk of decompression, impact injury, radiation exposure, etc.), the roles of astronauts (i.e. pilots) and space flight participants (i.e. passengers) may overlap considerably in areas such as safety/emergency procedures and in-orbit operations.

Should the FAA begin to actively regulate SFPs and require that they hold medical certificates, the role of the AME (and of CAMA) in "aerospace medicine" will automatically grow - suddenly and significantly. It is felt that CAMA should be prepared for this so as to be positioned to meet the changing needs of the AME in as responsive a fashion as possible.

With the above in mind, there is active exploration regarding the inclusion of space medicine specific education in future Annual Meeting CME offerings.

It is also proposed that CAMA consider a modification of its Bylaws to reflect and prepare for the expected future needs of the AME and the FAA. It is suggested that this can be accomplished, in part, by expanding the present language to include terms such as "astronaut(s)" or "aerospace operators" in place of "aviator(s)" and, also, to use the broader term "aerospace" in place of, or in addition to, "aviation". This terminology would neither diminish nor dilute CAMA's current role in present-day aviation medicine and would reflect the likely convergence of aviation and space flight in the (near) future.
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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.
Little did I know when I was in Pueblo Colorado that a business card would lead to the beginning of a special aviation experience! Having just left EAA Air Adventure 2021 in Oshkosh, WI, I was excited to be in my SF-50 at FL310 again homebound.

With the weather not cooperating, we diverted to Pueblo Colorado. If you haven’t already been there, it has a unique FBO called Flower Aviation. The FBO is quite the Pilot experience, complete with fun food, ice cream and exclusive merchandise. I highly recommend you visit Flower Aviation in your travels. Approaching the front desk, a business card caught my attention. Realizing it was a business card for a senior aviation medical examiner, I took one, thinking that I would contact him. A short time thereafter, I made a call to Jerry Limoge, a Senior Aviation Medical Examiner in Colorado Springs and Pueblo Colorado. We had a great conversation. As we all know, the aviation community is a small group, but nothing confirms it more than events like this.

Always looking for an excuse to fly, I asked if he would be available for a lunch date. Unfortunately he was unable, since he was leaving for Reno, Nevada, for the Reno air races 2021. Much to my surprise, he extended an invitation to join him if I was available. Well, no one had to ask me a second time! I went immediately to clear my schedule and make myself available for the Reno Air Races. Who would’ve have thought that I was would be speaking to the Contest Committee Chief of the Reno Air Races?!

Having cleared my schedule, we were on a roll. A flight to Reno in IMC smoke from the California fires was quite the challenge. Once settled in, we arranged to meet Jerry the next morning.

The next day we connected and were escorted by none other than Jerry himself to the Outer 7 Pylon. Here we were able to see the air races with the aircraft no more than 100 ft above us in the final turn. What a blast!

Dr. John S. Raniolo (L) and Dr. Jerome P. Limoge, Jr., MD (Photo by Marilyn-Rae Raniolo)

It wasn’t until later that I learned all of Jerry’s qualifications: Retired Urologist, Retired Brigadier General USAF, Senior Aviation Medical Examiner, Contest Committee Chairman of the Reno Air Races, and now one of CAMA’s keynote speakers for the CAMA Sunday program during the AsMA conference.

Enjoy my adventure as I lead the Thunderbirds into the Reno airport!* (Video Credit: Marilyn Rae Raniolo)

*share the experience- https://www.youtube.com/watch?v=tufTmhoYFE8

John S. Raniolo, DO, specializes in Cardiology and Cardiovascular Evaluations and has practiced in the Phoenix, AZ, area for the past 39 years. He is a Senior Aviation Medical Examiner and is one of the Federal Air Surgeon’s Cardiology Consultants (FASCC), serving as a panel member. He participates in aeromedical certification for airmen who have had a disqualifying cardiac condition. Dr. Raniolo has served on the CAMA Executive Board for many years, both as an officer and a Trustee. He has been a private pilot for the past 33 years and is instrument rated. He was Honorary Commander of the 944 Fighter Wing from 2016 through 2020. He recently acquired the SF-50 Cirrus vision jet and successfully received his type rating. On any weekend, you will find him in flight enjoying the skies!
The Policy and Standards branch has been busy this year, having published more than 70 updates to the AME Guide to give you, the AME, additional information and the tools to say “yes” to airmen at the time of their exams.

Highlights this quarter are listed below. The full list is hyperlinked in the Archives and Updates section. Due to the volume of changes, please make sure you use the most current version. When using the PDF version, look for the “Last Published” date at the bottom of the page. If this date is more than one month old, you may be using an outdated version.

AMCS Technical Support
Use this section if you need help before you transmit an exam (like password resets or corrections to transmitted exams), including the link to the AMCS Access Form.

Item 52. Color Vision
AMEs often ask how they should answer Item 52 if the airmen fails the color vision test but holds a valid SODA or Letter of Evidence (LOE). To standardize the responses, please mark “fail” and add “a/m has SODA” or “a/m has LOE” in the pop-up box. If they pass any acceptable color vision test in your office, mark pass.

OSA
We are currently working to streamline the OSA process. In order to make a case decision based on the proper information, the airman’s treating physician can either send in a clinic note/summary or use the OSA Status Report (Initial or Recertification). The PAP download should continue to be submitted.

Neurologic Evaluation
If your airmen has a neurological condition or event, what does the neurologist’s report need to contain? Requirements can be found in the FAA Specifications for Neurologic Evaluation. Let your airmen know how to find this tool prior to their neurology appointments (and make sure they bring it to their appointments). This tool may reduce certification wait time and subsequent letters requesting additional information.

Pacemaker
There are a new disposition table and policy update. Pacemaker dependency has been removed as a requirement for any class.

Plaquenil status report
This status report identifies the testing required based on risk factors and American Academy of Ophthalmology (AAO) guidelines. It can be submitted in place of the clinical note.

Primary Hemochromatosis
New CACI #20 and new disposition table.

PTSD
Use the Decision Tool for the AME to help identify if an airman can be issued a medical certificate or should be deferred. If deferred, the PTSD disposition table will help the airman understand what documentation is needed.

Dr. Frazier is the Manager of the Policy and Standards Branch in the Office of Aerospace Medicine.
Over the years, I have talked to numerous pilots who have flown past a fix, missed calls from ATC, or felt startled to wake up after being asleep for seconds to minutes. A colleague relayed an experience as a military copilot. He was on a low-level patrol mission with four other crew members. "I woke up and sheepishly looked around only to discover that I was the only one awake." I personally have had the opportunity to nudge my safety pilot awake while shooting practice approaches with high terrain on both sides.

While fatigue often leads to just minor errors, it can also be catastrophic. The National Transportation Safety Board (NTSB) has cited fatigue as a causal or possibly contributory factor in multiple mishaps. Prominent examples include American International Airways Flight 808 on August 18, 1993, ValuJet 592 on May 11, 1996, and FedEx Flight 1478 on July 26, 2002. In each accident, the aircraft was destroyed. Everyone on the ValuJet flight perished. The NTSB believed that fatigue contributed to these accidents, affecting aircrew or maintainers.

Fatigue is a broad, subjective term that can refer to both mental and physical impairment often perceived as a lack of “energy.” We focus here on mental fatigue associated with cognitive and performance impairment. Pilots are at risk for poor concentration and easy distraction, task saturation, decreased alertness and attention, slowed reaction time, poor judgment and memory, and emotional lability. The latter manifests itself by impulsivity, irritability, aggressiveness, and anger. In the long term, mental fatigue can lead to depression, insomnia, apathy, and isolation.

Inadequate sleep frequently causes fatigue. It can stem from simply pushing oneself too hard, circadian rhythm disruptions from shift work or trans-meridian travel, stress (at work or home), recreational/extracurricular activity, or ongoing sleep disturbances such as being the parent of a young or ill child. However, fatigue can also be both an initial manifestation of medical problems and a persistent symptom if not adequately treated. Infections, including influenza and COVID-19, can present with fatigue, as can many medications. Chronic illnesses such as endocrine disorders (including hypothyroidism and diabetes), anemia, depression, substance abuse, cancer, infection (hepatitis/HIV/tuberculosis), and sleep apnea can all initially present as fatigue.

We are poor judges of our own fatigue level. Like hypoxia, the condition impairs our ability to recognize its presence. We should trust the input from others and from our own warning symptoms. If you don’t know them, a spouse, family member, or close friend probably does.

Pilots, in general, tend to be motivated to overcome challenges despite difficulty. The solution is to take a break and rest. Ask this question: “If I am too busy to stop, do I have time to do it over?” Sometimes there is no do-over option.

While treatment for fatigue is often very simple to describe, it can be difficult to execute. Recognize that no one is immune. Caffeine and other stimulants can mask symptoms but do not cure fatigue or sleep debt. Get adequate sleep and exercise, treat any underlying medical issues, and know when to say no. Luck should not be part of the planning process.

Learn More
FAA Safety Video: “Grounded — A Story of Fatigue”
FAA TV: Fatigue in Aviation: https://www.youtube.com/watch?v=zneaQMHoh6U
FAA Fatigue FAQs
AC 120–103A, Fatigue Risk Management Systems for Aviation Safety (PDF download)
FAA Fatigue Risk Management: www.mxfatigue.com
FAA Fatigue in Aviation Brochure (PDF download)
Dr. Fred Furgang graduated from New York University with a B.A. degree in physics, and from Columbia University's College of Physicians and Surgeons with the M.D. degree. He completed his residency in Anesthesiology at the University of Miami, and spent 15 years in private practice in Miami as the head of his anesthesia department before joining the faculty of the University of Miami's School of Medicine, where he retired after 20 years. Dr. Furgang also served with the U. S. Navy as a Diving Medical Officer, and is currently a full-time Senior Aviation Medical Examiner and HIMS AME for the FAA. He is certified by the American Board of Anesthesiology. As a pilot himself (ATP, CFII), Dr. Furgang believes pilot physical exams should be conducted in an 'aviator friendly,' non-medically threatening, environment. To make that a reality, he opened an office in Reliance Aviation at Miami Executive Airport (KTMB). All classes of FAA physicals can be accommodated with on-site transmission of ECG's. Dr. Furgang has extensive experience helping pilots obtain medical certification in problem cases, and maintains an active HIMS program for pilots requiring special assistance.

THE AGING PILOT
By Fred A. Furgang, MD
Senior Aviation Medical Examiner ATP, CFII

There is a long-standing adage in aviation: “There are old pilots and there are bold pilots, but there are no old bold pilots.” While this should not be taken too literally (there actually is an Old Bold Pilots Association), flying aircraft does have a way of removing pilots who take excessive risk. But, for those of us who avoid high-risk flying, does the advancement of age itself pose additional, perhaps excessive, risks?

The fundamental question might be stated as follows: “How will I know when it’s time to quit?” In this article I will examine some of the historical age limits imposed on pilots, the issue of in-flight incapacitation, the interaction of the diseases of advancing age and their treatments, and an examination of published literature on the performance of older pilots vis-a-vis their younger counterparts. I will also address strategies that might mitigate those risks. As is often the case in aviation, the insurance companies frequently impose restrictions on pilots that exceed those of the regulators (i.e. the FAA).

Pilots flying for Part 121 air carriers are forced to retire on their 65th birthday. Many move over to flying for Part 135 operators where the employer can set the age limit. Private flying under Part 91 of the FAR’s has no age limit, as long as you can obtain a Medical Certificate Third Class. Indeed, there is even a pathway to medical certification that permits pilots to avoid FAA medical scrutiny, by using their own non-AME physicians: BasicMed. I frequently caution my pilots: “Unlike your pilot certificate, your medical can be lost in a heartbeat.”

During WWII Brig. General “Hap” Arnold, Chief of the Army Air Corps, was concerned that his older pilots presented an increased flying risk. On May 22, 1939, he restricted all pilots “over 47 years of age,” to avoid night flying, pursuit formations, and not fly single seater aircraft.” This was based, according to Gen. Arnold, “on the natural and understandable depreciations coincident with age.” Keep in mind that in 1940 male life expectancy was only 60 years.

About 1960, we began a transition from piston to turbojet aircraft in the airline industry. Regulators were concerned about both the risk of sudden incapacitation, as well as the more subtle consequences of age that might influence pilot performance. Older pilots “cognitive function” came into question, and their ability to apply experience and judgement in their normal flying, as well as in emergency situations, was uncertain. This resulted in the “Age 60 Rule” which, at that time, forced the 60 year old captain back to the position of a flight engineer or second officer. Note that in 1960, male life expectancy was about 65 years.

Legal challenges to the Age 60 Rule went all the way to the Supreme Court, which refused to hear the case. Indeed, by 1980, no special medical significance could be attached to age 60. In the 1990’s, the U.S. Senate ordered the FAA to research the Age 60 Rule question, and publish their findings. These were published in a series of four separate reports. They addressed the issues of sudden incapacitation, as well as a decrement in age related cognitive ability which results in a decline in working memory and the central processing speed of information. The studies also found that flight experience did not appear to reduce the extent to which age-related declines in performance are detected. But, the question remained: does a (Continued on Page 15)
The study could not detect a significant decrease in cognition result in more aircraft accidents?

In the 1980’s, the introduction of computers to the airline cockpit reduced the number of pilots from 3 to 2. By 1997, JAA policy in Europe was changed allowing pilots to fly up to their 65th birthday, as long as the other pilot in the cockpit was younger than age 60. In 2007, the U.S. Congress passed the Fair Treatment of Experienced Pilots Act which raised the retirement age to 65 for airline pilots, which is the case today.

There is a saying in aviation that power + attitude + configuration = performance. The equivalent equation for the pilot may be stated as follows: aging + disease + medication = performance. A pilot’s performance, and ultimate safety, is a reflection of his/her ability to make sound aeronautical decisions, or ADM (Aeronautical Decision Making). This process can be impacted by numerous physiological and psychological factors. In addition, as we age the numerous aging related diseases begin to impact the process. To give one example, obstructive sleep apnea is a condition that is related to aging and weight gain. The FAA was forced to take a position on this issue several years ago, which understandably caused quite an uproar among pilots. Nevertheless, AME’s were instructed by their own physician, who may not be an AME, or have any aeromedical knowledge or aviation experience; that “certification” is good for four years.

BasicMed was created by the FAA Extension, Safety, and Security Act of 2016. It became effective on May 1, 2017. Although the impact of BasicMed on aviation safety is not clear at this time, it has certainly provided a refuge for pilots of advancing age. Without going into all the details, suffice it to say that a private pilot can be medically “certified” by their own physician, who may not be an AME, or have any aeromedical knowledge or aviation experience; that “certification” is good for four years.

Since the percentage of pilots who have medically disqualifying conditions, but were otherwise able to obtain FAA medical certification through the Authorization for Special Issuance process (ASI), increases throughout the decades of life, we might expect that BasicMed would be particularly attractive to this group of pilots. In fact, by the end of 2018, of the approx. 26,000 pilots on BasicMed, over 27% of them had previously been on an ASI. This is compared to the 15% of pilots 65 years and older who are on an FAA issued ASI in order to fly.

In June 2021, a study published by Mills and Greenhaw (FAA’s CAMI) examined the safety record of BasicMed pilots compared to pilots holding third class medical certificates through December 31, 2019. “The study could not detect a significant overall difference in aviation safety outcomes, such as accident rates between BasicMed pilots (53,945) and pilots holding third-class medical certificates (204,834).” Since BasicMed had been in place for a little over 2 1/2 years at the time, it may take further study to determine if a difference in safety outcomes really exists.

The FAA maintains a registry of pilot incapacitation. Since 1996, there have been over 1100 captured events. These include inflight medical incapacitation in which a flight crew member is unable to perform any flight duties: egs. include heart attacks, strokes, fatal arrhythmias, etc. They also include inflight medical impairment in which a crew member’s performance is degraded for medical reasons. These can be due to physiological events, such as fatigue, hypoxia, GI distress, as well as laser strikes. In addition, psychological events such as cognitive impairment and depression have been reported.

A study was published in Aerospace Medicine and Human Performance (AMHP) in December 2021, concerning the grounding of professional pilots for medical reasons. In 82,435 Class I and II exams, 1724 were found “unfit” medically to fly (2.1%). In pilots 65 years and older, this was due to cardiovascular conditions in 48%.

Does age matter in aircraft accidents? In the 4th of the four reports published by the FAA (June 2003), an analysis of professional ATP and Commercial pilot accident rates by age was performed. They described a “U-shaped” relationship between the age of professional pilots and their accident rates. That is, the youngest and the oldest of the professional pilots had a statically greater accident rate than those in their mid-years. In addition, the study sited data (Mortimer 1991) that GA pilots age 60 and over had accidents rates twice that of pilots 16 through 59 years.

A study published in AMHP in August 2018 looked at GA accidents involving octogenarian airman. They compared airmen 80+ to airman 30-39 from 2002 through 2016. Interestingly, the proportion of 80+ year old airman doubled in that period, but so did their accident rate (ie, mishaps/1000 airmen). This was especially true for landing related
accidents which place demands on one’s visual acuity, depth perception, cognition, and eye-hand-foot coordination.

Fatal aircraft accidents often result in an analysis of the pilot’s body fluids and tissues to determine what drugs may be present in that individual. Published in AMHP in October 2017, through an analysis of NTSB records, of the 646 fatalities the mean age was 56, and 51% had third class medicals. 42% had drugs in their biological samples, and half of those drugs were either prescription or over-the-counter medications. The NTSB concluded that 25% of the drugs found were potentially impairing the pilots abilities. In addition, older pilots were more likely to have drugs in their system than younger pilots. Diphenhydramine (Benadryl) is consistently the most commonly detected OTC drug in fatal accidents. NTSB and FAA data has been consistent in finding that 5% of casual factors in fatal aircraft accidents include alcohol, drugs, and medical conditions.

After several years of relative quiet in the personal aircraft insurance industry, the policies are now being written with increasing restrictions as pilots age. My own policy now requires an annual Flight Review instead of the one mandated by FAA every two years. Pilots flying complex, high-performance aircraft, especially twin-engine aircraft, may be subject to excessively high premiums, or be denied coverage at any price. Other older pilots have a restriction requiring a younger “co-pilot” or even a flight instructor to be in the right seat.

The changes in the insurance industry are related to the elevated loss ratios, or the payout in dollars for each dollar of premium. For younger pilots that is approx. 60%, but for pilots 70 years and older that can amount to 180%. A major factor causing these excessive loss ratios are inadvertent gear-up landings. A gear-up landing invariably causes a propellor strike which mandates a tear-down or replacement of the engine, as well as damage to the aircraft structure. Older pilots may be flying less, leading to a deterioration in their piloting skills. Older pilots are more likely to be certified using BasicMed which requires a medical exam only every 4 years. A lot can change in an older person’s health in 4 years. This is in contrast to every 2 years for a third class medical. Even if certified under BasicMed, I strongly advise that the pilot maintain a “working” relationship with an AME.

What can be done to mitigate some of the increased risk that older pilots are subject to? First, fly more and train more often. Frequent and repetitive training of older pilots should emulate the training frequency of professional pilots. Training should emphasize not only the stick-and-rudder skills, but also the ADM process. Technology can be a great help: the Garmin company has developed several systems that can be integrated into their equipment, which can result in life-saving additions to the cockpit.

The new Garmin autopilots have a “Level” button which can be activated with a single push to save the day for a spatially disoriented pilot. However, even while hand-flying, or flying on autopilot, the software itself will prevent an upset. With the appropriate suite of Garmin equipment, the “Smart Glide” software will greatly assist the pilot of a single-engine airplane in finding a nearby airport and making it to a safe touchdown in the event of an engine failure. Pilots who fly twin-engine aircraft can take advantage of Garmin’s “Smart Rudder Bias” system to assist them with the challenges of asymmetric thrust when they lose power on one engine. And, for those who fly single-pilot turbine aircraft, there is the Garmin “Auto-Land” system that can take over for an incapacitated pilot, and get the aircraft safely onto the runway surface.

A study published in AMHP (May 2020) demonstrated that the more technically advanced aircraft, the Cirrus, had a lower accident rate, a lower fatal accident rate, and a lower fatal/serious injury rate in otherwise “survivable mishaps,” compared to the legacy aircraft (Bonanza 35/36 and the Mooney 20), even when ballistic parachute deployments are removed from the data. Incorporating airbags into the harness system, which is standard on the Cirrus, can greatly increase the chances for survival in the event of a “crash landing.”

Aging is a gradual but insidious process. We all age at different rates, giving rise to the difference between chronological vs. physiological age. As we age, our sensory systems become less precise, we deal with more medical issues, we take more drugs, our coordination suffers, and we experience some degree of neurocognitive decline. Flying aircraft is a perishable skill: we must not let our ego get in the way of recognizing what factors may be compromising our safety, and those who choose to fly with us. With the assistance of our AME’s and CFIs, we must keep an open mind and perform objective self-assessments, so that we will know when its time to quit.

Editor’s Note: Dr. Furgang will be giving a presentation regarding “The Aging Pilot” during the CAMA Annual Scientific Meeting in September 2022 in Albuquerque. There will be slides and graphics at that time to illustrate this interesting and timely subject.
WASHINGTON — The Federal Aviation Administration (FAA) proposed a rule today requiring commercial hot-air-balloon pilots to hold medical certificates when operating for hire. The rule would mandate a second-class medical certificate, the same standard required for commercial pilots.

“Balloon pilots are responsible for the safety of their passengers,” FAA Administrator Steve Dickson said. “This proposed rule would ensure that balloon pilots meet the same medical requirements as pilots of other commercial aircraft.”

Currently, commercial balloon pilots are exempt from the medical requirement. In the FAA Reauthorization Act of 2018, Congress directed the FAA to revise the medical certification standards for commercial balloon pilots. The draft rule also addresses a National Transportation Safety Board (NTSB) recommendation that the FAA remove the exemption.

The FAA in recent years took steps to increase the safety of hot-air-balloon tourism by working with the Balloon Federation of America (BFA) on an accreditation program. The program includes voluntary standards for pilots and operators and offers multiple tiers of BFA safety accreditation.

The FAA published the draft rule in the Federal Register in November, and the public had 60 days to provide comments. After the comment period closes, the FAA will review all comments before publishing a final rule.

EDITOR NOTE: This legislation is very interesting in light of the 2022 CAMA Annual Scientific Meeting to take place in Albuquerque, New Mexico, September 22-24, 2022. Our meeting will be only a few days prior to the start of the yearly Balloon Fiesta in Albuquerque where hundreds of hot air balloons take flight each year. If the proposed legislation takes effect prior to this year’s Fiesta, there will be a large number of balloon pilots seeking FAA second-class medical certificates.
Dues and Membership 2022

Given the unusual circumstances brought on by the COVID-19 pandemic and the cancellation of the CAMA and AsMA 2020 Annual Scientific Meetings, many CAMA members overlooked paying their CAMA dues in 2020 and 2021. CAMA operating expenses continue whether or not we hold an annual meeting. There are still office supplies, WiFi, FAX and telephone expenses, web site maintenance, deposits made for coming years’ meetings and activities, promotional materials, production of newsletters, and the new CAMA web site. If you have not yet paid your dues for 2022, please take care of this as soon as possible.

If you have not already done so, please check out the CAMA web site with advanced security, easy access to news and information, links to important FAA information and web sites, and the capability to complete dues forms and annual scientific meeting registrations online, as well as the capability to process online payments for dues and annual scientific meetings!!

The web site is www.civilavmed.org. The dues online payment forms, for both individual and corporate memberships, are located on the Members’ Lounge page. You may also download and print regular copies of individual and corporate dues forms from that same page for emailing, faxing, or sending via the post office, along with your preferred form of payment, for home office processing.

The pay online function is a terrific time-saving element of the redesigned CAMA web site that provides both convenience and security for CAMA members to transact business with CAMA from anywhere without needing access to a printer or FAX machine.

Of course, you may continue to join CAMA, renew your membership, or register to attend the Annual Scientific Meeting via email, fax, or regular post office mail using downloaded or printed versions from the web site or forms from the newsletter, “The Flight Physician.”

Call the CAMA Home Office at 770-487-0100 or email civilavmed@aol.com if you have questions or experience problems.

2022 Aerospace Medical Association Meeting in Reno, Nevada

The Aerospace Medical Association (AsMA) meeting, will take place in May this year, at the Peppermill Hotel and Casino in Reno, Nevada. CAMA will hold a CAMA Sunday program on Sunday morning, May 22nd from 8:00 AM to 12:15 PM, and will host a key note speaker at the CAMA Luncheon on Monday, May 23rd, Noon to 2:00 PM. See Page 3 for a full description of these excellent educational programs and how to purchase copies of the five hours of presentations for only $39.00 from Podiumcast.com, who also records all of the AsMA educational sessions and presentations. CME has been approved for both CAMA Sunday and the CAMA Luncheon, and certificates will be available for attendees at the conclusion of each program.

The CAMA Sunday program is a free program for all attendees. Please remember that tickets to the CAMA Luncheon must be purchased IN ADVANCE from AsMA. No tickets are sold at the door, and CAMA sells no tickets.

2022 Annual Scientific Meeting in Albuquerque, New Mexico

The Hotel Albuquerque Old Town will be the site of the 2022 CAMA Annual Scientific Meeting. The hotel is situated right in the middle of the Old Town section of Albuquerque, New Mexico, with tons of shopping and restaurants, with various museums and points of interest within a short walking distance of the hotel.

The Albuquerque CAMA annual scientific meeting will be held from Thursday 09/22/22 through Saturday 09/24/22. This is shortly before the 2022 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! Santa Fe and Taos are a short ride north of Albuquerque, and there are a number of Native American pueblos nearby for sightseeing and shopping.

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

(Continued on Page 19)
over the years. Our dinner will take place on the plaza level of the museum, overlooking the incomparable views of Sandia Peak and Balloon Fiesta Park. As our meeting will take place close to the time of the Annual Balloon Fiesta, I have been advised that there will very likely be balloons we may observe at the park practicing for the fiesta events. There are a number of hot air balloon companies in Albuquerque who take individuals up for flights (very, very early in the mornings!), so you may wish to book a flight during your stay in Albuquerque.

My daughter Lisa and I took a flight with Troy Bradley, premier balloon pilot at Rainbow Ryders, in May 2018. It was a phenomenal experience that I highly recommend!! Mr. Bradley has crossed both oceans in hot air balloons several times in the past, and many of the items in the Hot Air Balloon Museum are his exhibits, photos, equipment, and donations. Although not currently required by the FAA as of this writing, Mr. Bradley, as a commercial hot air balloon pilot, maintains a Second Class Certificate. (See related article on Page 17).

Mr. Bradley will be our Honors Night keynote speaker and will be the recipient of the 2022 Forrest and Pamela Bird Recognition Award for his pioneering spirit, his superior safety record, his participation in safety seminars to promote good aeronautical decision-making, pre-flight planning, flight operations, accident and flight reviews, and his contributions to aviation in the sport of ballooning. Troy Bradley is the area’s premier balloonist with over 7,732 balloon piloting hours (322 days aloft). He has set 64 World Records and has flown 235 different balloons on 5 continents, in 16 countries, and in 45 US states. Check out additional information regarding this amazing individual and his family at the following link: Ballooning Bradleys.

The 2022 Annual Scientific Meeting program is very near completion. There is a provisional copy of the program in this edition on pages 21 and 22, along with a registration form. Although the subjects of the program are established, the names of the presenters may change based on work and travel schedules. The program will be finalized soon and sent to the AAFP for a CME rating. The registration form, hotel link, and preliminary program will be posted to the Annual Meeting page of the CAMA web site around the first of May. Please block the dates on your calendar, as this will be a meeting you will NOT want to MISS!!

As with the 2021 San Antonio meeting, all lectures and training sessions will be recorded by Podiumcast.com into a video library to be provided as part of the registration fee to each registered medical professional at no additional cost. A few days after the conclusion of the meeting, each entitled attendee will receive an email with a link and a password to the CAMA annual meeting video library on the Podiumcast.com web site. This library makes an excellent reference for all of the content presented during the meeting.

2023 Annual Scientific Meeting in Omaha, Nebraska

Shortly before Thanksgiving, I drove to Omaha to tour a number of hotels and field trip venues which were interested in hosting our 2023 CAMA Annual Scientific Meeting. The DoubleTree Hotel in downtown Omaha has been selected as the site of the 2023 annual meeting, and the Strategic Air Command Museum will be the venue for our Thursday field trip and catered dinner. The beautiful airplanes in the museum were simply impossible to resist, and attendees in 2023 will certainly enjoy walking among those amazing aircraft before dinner in the Atrium!

The DoubleTree has an amazing meeting space with HUGE screens, and they have promised that the room rates will be at the Federal Government per diem rate for Omaha in 2023 (currently $110). The Old Market shopping and restaurant district is within walking distance of the hotel, as is the river event area currently under development (scheduled for completion in early 2023, with shops, museums, and other interesting venues).

The dates for the 2023 Annual Scientific Meeting are October 5-7, 2023, so reserve those dates on your calendar, please.

As a matter of interest, Dr. John A. Tamisiea, for whom the Tamisiea Award is named (CAMA sponsors this award each year at the Aerospace Medical Association [AsMA] meeting) graduated from Creighton Medical School in Omaha, Nebraska, in 1916. Dr. Tamisiea was a founding pioneer of aviation/aerospace medicine. He delivered the very first presentation at the very first meeting of the Aero Medical Association (now AsMA) in Detroit, MI, in 1929. He is buried in the Calvary Cemetery in Omaha.

Downtown Omaha
CIVIL AVIATION MEDICAL ASSOCIATION
ANNUAL SCIENTIFIC MEETING, SEPTEMBER 22-24, 2022
HOTEL ALBUQUERQUE AT OLD TOWN, ALBUQUERQUE, NEW MEXICO 87104

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

ARE YOU BRINGING A SPOUSE OR OTHER GUEST(S) WHO 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 $575.00 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. If you are also a medical professional in need of CME, please provide all information and titles.)

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: [ ]
ZIP: [ ] PHONE: [ ]
EMAIL: [ ] CELL PHONE: [ ]

DO YOU OR YOUR GUEST HAVE ANY SPECIAL DIETARY NEEDS?

YES: [ ] NO: [ ]

PLEASE DESCRIBE: (Vegan, Vegetarian, Gluten Intolerant, etc.) 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): [ ] CHECK AMOUNT:

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):
Hotel Albuquerque at Old Town - Reservations - Room Availability (synxis.com)

THIS IS A SPECIAL LINK EXCLUSIVELY FOR CAMA MEETING ATTENDEES TO USE TO RECEIVE THE CAMA ROOM RATE OF $149.00, PLUS APPLICABLE FEES AND TAXES. ALL RESERVATIONS MUST BE MADE BY AUGUST 31, 2022, TO RECEIVE THE CAMA RATE AND FOR AVAILABILITY. ROOMS AFTER THAT DATE ON AVAILABILITY BASIS ONLY.

CAMA MEMBER REGISTERED ON OR BEFORE AUGUST 31, 2022 ------------------ $ 925.00 U. S. DOLLARS
CAMA MEMBER REGISTERED AFTER AUGUST 31, 2022 ------------------ $ 975.00 U. S. DOLLARS
SPOUSE/GUEST OF ATTENDEE ------------------ $ 575.00 U. S. DOLLARS
*NON-MEMBER REGISTERED ON OR BEFORE AUGUST 31, 2022 ------------------ $1100.00 U. S. DOLLARS
*NON-MEMBER REGISTERED AFTER AUGUST 31, 2022 ------------------ $1150.00 U. S. DOLLARS

NOTE: Registration and guest fees include 8 meals – Buffet breakfast and lunch on Thursday, Friday, and Saturday, a field trip to the Hot Air Balloon Museum 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 RATE, YOU MAY BECOME A MEMBER OF CAMA BY REQUESTING A 2022 MEMBERSHIP FORM OR BY COMPLETING THE FORM ONLINE AT OUR WEBSITE WWW.CIVILAVMED.ORG ON THE MEMBERS' LOUNGE PAGE. THE FORMS CAN BE SUBMITTED SIMULTANEOUSLY.

SUBMIT REGISTRATION FORMS ONLINE VIA OUR WEB SITE, OR BY EMAIL, FAX, OR REGULAR MAIL TO:

CIVIL AVIATION MEDICAL ASSOCIATION
P. O. BOX 823177, DALLAS, TX 75382
PHONE: 770-487-0100
FAX: 770-487-0080
EMAIL: civilavmed@aol.com

All registrations will be acknowledged by email - 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. YOU MAY ALSO REGISTER AND PAY ONLINE AT WWW.CIVILAVMED.ORG ON THE ANNUAL MEETING PAGE.

THIS MEETING IS APPROVED FOR FAA AME PERIODIC TRAINING. CME HAS BEEN APPLIED FOR.
Continuing Medical Education

The program is approved for FAA-AME training.

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PROG epidemic Outbreak

To receive FAA credit for attending the meeting:

Emergency Contact during the meeting:

Call or text 770-871-0100

Sympathy Card: FAA ECP

SEPTEMBER 24, 2022

Saturday, September 24, 2022
EDUCATIONAL OPPORTUNITIES

Online Training, Refresher, and Resources for Continuing Medical Education (CME) Credit

With the potential travel and meeting restrictions imposed by COVID-19, opportunities for AME training and CME may become somewhat limited.

Ronan Murphy, MBChB, the CAMA Vice President of Education, has indicated that there are still resources online for those AMEs who need training and/or CME credits. Please see the information and links listed below.

If you are interested in becoming an AME, please contact the FAA Regional Office responsible for your locality. AME seminar attendance requires advance approval of the AAM-400 Education Division.

Available resources from FAA 400 Education Division:

1. FAA AME refresher courses may be moved to a Zoom format if necessitated by COVID-20 restrictions. Click the link below to access the course schedules 2022:

   https://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/seminar_schedule/

   - Attendance requires approval in advance. Contact your Regional Flight Surgeon for approval, and the RFS staff will check availability for the course of your choice.
   - Registration opens three months prior to the start date of the seminar.
   - Participants must be have an FAA Designee Registration System account (DRS) to sign up for the AME Refresher course
   - If you do not have an account on DRS and wish to have one, click the following link for instructions:

     https://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/media/drs.pdf

2. To locate other online courses that offer CME, click the following link:

   https://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/ametraining/

   - Clinical Aerospace Physiology Review for Aviation Medical Examiners (CAPAME) – 6 hours American Association of Family Practitioners (AAFP) CME credit available
   - Multimedia Aviation Medical Examiner Refresher Course (MAMERC) 3.0 - 6 hours AAFP CME credit available

NOTE: See the following page of this publication for a list of all 2022 courses and dates.

FEDERAL AIR SURGEON’S PILOT MINUTE VIDEO FILES
(To activate each link, use “control” and “mouse click” at the same time)

Pilot Minute: Why is it important to do a PRICE check before and during a flight?
Pilot Minute: Why is it important to be careful with over-the-counter cold and sleep medications?
Pilot Minute: Why is acceleration tolerance important for general aviation?
Pilot Minute: What are the most essential items for a good survival kit?
Pilot Minute: What’s going on with the Aeromedical Summit?
Pilot Minute: What are some tips for speeding up my medical certification?
AVIATION MEDICAL EXAMINER (AME) SEMINAR SCHEDULE
For full information, visit the FAA web site at: https://www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/seminar_schedule/

<table>
<thead>
<tr>
<th>DATE OF SEMINAR</th>
<th>SEMINAR LOCATION</th>
<th>SEMINAR TYPE</th>
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<tbody>
<tr>
<td>May 22-26</td>
<td>Reno, NV*</td>
<td>AsMA**</td>
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<tr>
<td>July 18-22</td>
<td>Oklahoma City, OK*</td>
<td>Basic**</td>
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<tr>
<td>August 5-7</td>
<td>Washington, DC*</td>
<td>Refresher**</td>
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<tr>
<td>September 22-24</td>
<td>Albuquerque, NM</td>
<td>CAMA</td>
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<tr>
<td>October 24-28</td>
<td>Oklahoma City, OK*</td>
<td>Basic**</td>
</tr>
<tr>
<td>November 18-20</td>
<td>Oklahoma City, OK*</td>
<td>Refresher**</td>
</tr>
</tbody>
</table>

* The 2022 seminar schedule shown MAY change to virtual format should COVID-19 protocols change in 2022.

** We (FAA) recommend that you make sure all travel and lodging reservations are refundable. While scheduled to proceed as an in-person seminar, it may be rescheduled as a virtual seminar with little notice. This seminar will open for registration when the contract is approved and hotel room block information is received.

Register for a Refresher Seminar
Registration opens three months prior to the start date of the seminar. To register for a refresher seminar, you will need an account to access the Designee Registration System (DRS). Please review the instructions (PDF) on the FAA web site for creating a DRS account. Registration is open to the FAA Aviation Medical Examiner (AME)

If you are interested in becoming an AME, please contact the FAA Regional Office responsible for your locality. AME seminar attendance requires advance approval of the AAM-400 Education Division.

Accreditation Statement
The Civil Aerospace Medical Institute is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Seminar Types

Basic
A 4 1/2 day AME seminar focused on preparing physicians to be designated as Aviation Medical Examiners. Contact your Regional Flight Physician

Refresher
A 2 1/2 day AME refresher seminar consisting of 12 hours of AME specific subjects. You must use the Designee Registration System (DRS) to register for a seminar.

Aerospace Medical Association (AsMA)
A 3 1/2 day AME seminar held in conjunction with the Aerospace Medical Association (AsMA). Registration must be made through AsMA. Call 703-739-2240, extension 106/107. A registration fee is charged by AsMA to cover their overhead costs. Registrants have full access to the AsMA meeting.

Civil Aviation Medical Association (CAMA)
Sanctioned by the FAA, this seminar is sponsored by the Civil Aviation Medical Association (CAMA) and does fulfill the FAA recertification training requirements. Registration may be completed through the CAMA web site (www.civilavmed.org) or by calling CAMA at 770-487-0100
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 most recent AME Minute issuances, 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/

September 2021  https://www.faa.gov/tv/?mediaId=2298  Why should AMEs review visits to health professionals?

August 2021  https://www.faa.gov/tv/?mediaId=2294  Why would a pilot need an interim medical certificate?

July 2021  https://www.faa.gov/tv/?mediaId=2288  Why would a pilot need a verbal authorization?

June 2021  https://www.faa.gov/tv/?mediaId=2286  Why did I receive a letter about a vision restriction?

May 2021  https://www.faa.gov/tv/?mediaId=2282  Why does the FAA disallow AMEs from using PRNC?

March 2021  https://www.faa.gov/tv/?mediaId=2276  Why does the FAA now allow AASI recertification for pilots with a history of CAD?

March 2021  https://www.faa.gov/tv/?mediaId=2270  Different anticoagulant therapies - Why do different categories of anticoagulants have different wait times?

February 2021  https://www.faa.gov/tv/?mediaId=2265  FDA-approved TAVR procedure, Special Issuance - Why did the FAA introduce a policy on the TAVR procedure?

January 2021  https://www.faa.gov/tv/?mediaId=2254  AFib – Why is the FAA concerned about closure of the left atrial appendage?

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?

June 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?

August 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?

September 2020  https://www.faa.gov/tv/?mediaId=2241 – Why can breast cancer be issued by an AME?

************************************************************************************************

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

NOTE: This link is also found on the HOME page of the CAMA web site at www.civilavmed.org, along with other important FAA links.
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:

**Corporate Members & Sponsors**

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MBS International Airport  
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Freeland, MI 48623  
www.airdocs.net

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John Taylor, National Pilot Assistance Chair  
7950 Jones Branch Drive, Suite 400 S  
McLean, VA 22102  
www.alpa.org

Allied Pilots Association  
14600 Trinity Boulevard, Suite 500  
Fort Worth, TX 76155  
www.alliedpilots.org

Aviation Medicine Advisory Service  
15530 E. Broncos Parkway, Suite 350  
Centennial, CO 80112  
www.aviationmedicine.com

Fly Direct, Inc.  
3022 Morgans Point Road, Suite 204  
Mount Pleasant, SC 29466  
AME Pilot Medical Advertising  
Advertising@DFmailing.com

Harvey Watt & Company, Inc,  
P. O. Box 20787  
Atlanta, GA 30320-9990  
www.harveywatt.com

MedAire, Inc.  
4722 N. 24th Street, Suite 450  
Phoenix, AZ 85016  
www.medaire.com

Pilot Medical Solutions, Inc.  
David Hale, CEO  
5901 Philip J. Rhoads, Suite 118  
Bethany, OK 73008  
www.leftseat.com

Wingman Med, LLC  
225 N. Pace Boulevard, Suite 410  
Pensacola, FL 32505  
PilotDoctors.com  
www.wingmanmed.com

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**Civil Aviation Medical Association (CAMA)**

**Contact Information:**

**Mailing address:** CAMA  
P. O. Box 823177  
Dallas, TX 75382

**Telephone:** 770-487-0100 (Voice or Text)  
**Secure FAX:** 770-487-0080  
**Web Site:** www.civilavmed.org  
**eMail:** civilavmed@aol.com

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26 Flight Physician April 2022
## Life Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Profession</th>
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<tbody>
<tr>
<td>Prof. Michael Bagshaw, MB BCh</td>
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<tr>
<td>Raymond S. Basri, MD, FACS</td>
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<tr>
<td>Sanjeev Batra, DO</td>
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<tr>
<td>Kris M. Belland, DO, MPH</td>
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<tr>
<td>Michael A. Berry, MD, MS</td>
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<tr>
<td>David E. Blocker, MD, MPH</td>
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<td>Michael Boyer, MD</td>
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<td>John R. Capurro, MD</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>Bill B. Curtis, MD</td>
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<td>Daniel Danczyk, MD, MPH</td>
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<td>Andrew J. Davis, MD</td>
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<td>M. Craig Delaughter, MD, PhD</td>
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<td>Mark C. Eidson, MD</td>
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<td>Mohammed Eisa, MD</td>
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<td>Tony Evans, MD</td>
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<td>Donna Ewy, MD</td>
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<td>Edmonde Feeks, MD, MPH</td>
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<td>Christopher F. Flynn, MD</td>
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<td>James R. Fraser, MD, MPH</td>
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<td>Christopher Freeze, ATP</td>
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<td>Aynalem Gebremariam, MD</td>
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<td>Robert Gordon, DO</td>
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<td>Bradley K. Harrison, MD</td>
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<td>Dottie Hildebrand-Trembley, RN</td>
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<td>Ernst J. Holman, MD</td>
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<td>Petra A. Illig, MD</td>
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<td>Joseph Kearns, DO</td>
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<td>Atsuo Kikuchi, MD</td>
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<td>Stephen M. Kirkland, MD</td>
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<td>Stephen D. Leonard, MD</td>
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<td>Alex M. Leonard, MD</td>
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<td>Harriet A. Lester, MD</td>
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<td>Rob G. Parrish, MD, PhD</td>
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<td>Michael A. Pimentel, DO</td>
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<td>Jeffrey P. Powell, MD, DDS</td>
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<td>Scott Redrick, MD</td>
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<td>Sean Kevin Roden, MD</td>
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<td>Robert M. Roeshman, 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>Sergio B. Seaone, MD</td>
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<td>Kazuhiro Shimada, MD</td>
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<td>Brian Smalley, DO</td>
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<td>Basil P. Spyropoulos, MD</td>
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<td>E. Warren Stadler, Jr., MD</td>
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<td>Gordon C. Steinagle, DO, MPH</td>
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<td>Ruth Steward, RN</td>
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<td>Shepard B. Stone, DMSc, PA</td>
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<td>Frederick E. Tilton, MD, MPH</td>
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<td>Robert Abe Timmons, DO</td>
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<td>Sally C. Tiwari, MD</td>
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<tr>
<td>Lars Tjensvoll, MD</td>
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<tr>
<td>Bruce A. Van Dop, DO</td>
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<tr>
<td>Alex M. Wolbrink, MD</td>
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</tbody>
</table>

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.

## New Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travis Allen, MD</td>
<td></td>
</tr>
<tr>
<td>120 E. Estero Lane</td>
<td></td>
</tr>
<tr>
<td>Litchfield Park, AZ 85340</td>
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<tr>
<td>AME, Pilot, AOA, EAA, AsMA</td>
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<tr>
<td>Specialty: Internal Medicine</td>
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<tr>
<td>Richard A. Curtin, MD</td>
<td></td>
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<tr>
<td>2630 Callahan Lane</td>
<td></td>
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<tr>
<td>Anniston, AL 36207</td>
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<tr>
<td>Senior AME, Pilot, EAA, AsMA</td>
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<tr>
<td>Specialty: General Surgery</td>
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<tr>
<td>Richard Ando, Jr., MD</td>
<td></td>
</tr>
<tr>
<td>405 N. Kuakini Street, Suite 903</td>
<td></td>
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<tr>
<td>Honolulu, HI 96817</td>
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<tr>
<td>AME, AMA, HIMS</td>
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<tr>
<td>Specialty: Allergy/Immunology</td>
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<tr>
<td>Thomas B. Faulkner, MD</td>
<td></td>
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<tr>
<td>100 Hartsfield Centre Parkway, Suite #340</td>
<td></td>
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<tr>
<td>Atlanta, GA 30354</td>
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<tr>
<td>AME, HIMS, AAFP, AsMA</td>
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<tr>
<td>Specialty: Aerospace Medicine</td>
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<tr>
<td>Upgraded to Life Membership 2022</td>
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</table>

(Continued on Page 36)
New Members (Continued from Page 27)

Fly Direct, Inc.
3022 Morgans Point Road, Suite 204
Mount Pleasant, SC 29466
Corporate Membership
Specialty: AME Advertising and Pilot Notification

Richard Grossart, MD, MPH
2136 Ponderosa Circle
Duluth, MN 55811
Pilot, AMA, AAFP, AsMA
Specialty: Aerospace Medicine/Occupational Medicine
Life Membership 2022

Gardner T. Kenny, MD
448 Country Trace
Carbondale, IL 62903
Senior AME, Pilot
Specialty: Anesthesiology

William B. Klein, MD, MPH & TM, MBA
102 Spring Crest Court
Bonaire, GA 31005
AME, AsMA
Specialty: Aerospace Medicine

Jerome Limoge, MD
15 Ravenglass Way
Colorado Springs, CO 80906
Senior AME
Specialty: Urology

Brandon Lingenfelter, DO, PhD, FACOG
411 12 Street Ext
Princeton, WV 24740
AME, Pilot, EAA
Specialty: OB/GYN

Daniel Supkis, MD
303 Timber Terrace Road
Houston, TX 77024
AME, Pilot
Specialty: Anesthesiology

Robert Abe Timmons, DO
135 Woodland Hill Road
Greenfield, NH 03047
Senior AME, HIMS, EAA, AOPA
Specialty: Occupational Medicine
Upgraded to Life Membership 2022

Wingman Med, LLC
Keith Roxo, MD, MPH (Pilot, AME, AsMA)
225 N. Pace Blvd., Suite 410
Pensacola, FL 32505
PilotDoctors.com
Corporate Membership
Specialty: Aviation Medicine Consulting

Sustaining Members

Gary Crump, AOPA
Matthew J. Miriani, DO
Richard Ronan Murphy, MBChB
Reddoch Williams, MD
Sir Rodney E. L. Williams, MBBS
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(*Required Information)

*MEMBER NAME & TITLE: 

*MEMBER STREET ADDRESS: 

*MEMBER STREET ADDRESS: 

*MEMBER CITY/STATE/ZIP/COUNTRY: 

AME NUMBER: SENIOR AME? YES NO 

Permission to add name and address to the CAMA Web Site in the Members Only Section? YES NO 

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
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*AME YES NO 
*AMA YES NO 
*HIMS YES NO 
*AOA YES NO 
*EAA YES NO 
*AOPA YES NO 
*FPA YES NO 
*AAFP YES NO 
*AsMA YES NO 

*SPECIALTY: 

*PHONE NUMBER: 

CELL NUMBER: 

*FAX NUMBER: 

*EMAIL ADDRESS: 

*(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.

Return form to: CAMA
P. O. Box 823177
Dallas, TX 75382
FAX: 770-487-0080
Telephone: 770-487-0100
email: civilavmed@aol.com

29 Flight Physician April 2022
CAMA CORPORATE MEMBERSHIP FOR 2022

Corporation/Business Name and Address:

________________________________________

________________________________________

Please complete and return with your payment.

NOTE: Membership is from January 1st through December 31st.
Corporate Membership dues....................... $ 350.00 U.S. Dollars.
CAMA accepts MasterCard, VISA, American Express, and checks only. You may pay
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www.civilavmed.org

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PLEASE PRINT (* required information)

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*Specialty/Type of Business: _____________________________________

________________________________________

*Phone: # ( ) ________________

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

Fax: # ( ) ______________________________

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

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