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Flight Physician



A publication of the Civil Aviation Medical Association

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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
FAX: 770-487-0080

Email: civilavmed@aol.com

Web Site: www.civilavmed.org

Facebook : [Civil Aviation
Medical Association](#)

CAMA News and Annual Scientific Meeting Registration

2022 was been a very productive year for CAMA activities, educational programs, and support for Aviation Medical Examiners! The CAMA web site contains the 2023 individual membership and corporate membership forms on the Members' Lounge Page, available for you to join the organization or to renew your membership (www.civilavmed.org). Copies of the membership and corporate forms are on the last two pages of this publication.

Please take a few moments and either complete the dues form online or one of those included in this publication to stay current on your CAMA dues or your corporate dues to remain a CAMA member in good standing. The dues amount remains unchanged in 2023 from that of 2022.

Copies of the September 2022 Annual Scientific Meeting lectures with slides are available on the Podiumcast.com web site (www.podiumcast.com) for \$39.00. This includes every lecture and every slide used, including the key-note presentation on Honors Night.

During the same time as the CAMA Annual Scientific Meeting, the First International Conference on Aerospace Medicine (ICAM) was held in Paris, France. Both Dr. Kris Belland (CAMA Executive Board member) and Jeffrey Sventek (Aerospace Medical Association Executive Director) have written articles for this edition of the newsletter about the International Conference.

Starting on Page 22, there is a recap of this year's Annual Scientific Meeting and many photographs of the events and people who participated in this year's meeting and training sessions. The award ceremony and the fellowship photos are included in this edition, along with many photographs taken of the people and activities during the meeting.

We look forward to having all of you at our 2023 Annual Meeting in Omaha, Nebraska, October 5-7th. Registration for that meeting will open in May, 2023, and the membership will be notified as soon as registration may begin. Our field trip in 2023 will be to the Strategic Air Command (SAC) Museum for a tour of the beautiful airplanes and for a dinner in the atrium under the wings.

Please enjoy the extensive articles and photographs in this final newsletter edition fo 2022!

As we head toward the end of this year, we all wish you the Happiest Holidays and our wishes for a Prosperous New Year.



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 \$75.00, 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 are shown on the registration form for each year, so that there will be no misunderstandings. This year that date is September 15, 2023.

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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 President's Message



*David G. Schall, MD MPH FACS
CAMA President 2021-2023*

Esteemed Colleagues, I trust that this finds you doing well. We were happy to learn that ASMA had approved the John Hastings Award in recognition of Jack's many contributions in the field of Aviation Neurology. For those who missed it, we had an outstanding and well attended meeting in Albuquerque covering a range of subjects from current updates on managing stroke risk in Aviators with Atrial Fibrillation by Dr. Tim Ingall from the Mayo Clinic to challenges with the Aging Aviator by one of our Senior AME's Dr. Freg Furgang. We were also excited to meet the Federal Air Surgeon's Pharm-D Clinical Pharmacologist, Dr. Vickie Kieu, who shared on how drugs are reviewed for approval for use in Airmen. Fascinating updates on recent innovations in the treatment of Diabetes were presented by Dr. Kudva from the Mayo Clinic. We also enjoyed a Trip to the Anderson Abruzzo Albuquerque International Balloon Museum. This was a great opportunity for many of us to learn about the history and challenges of Ballooning and the various types of Balloons, which use different gases to generate lift.

Honors night recognized the outstanding work of many of our members. The Davis Award went to Dr. Fred Furgang, the Harris Award to Dr. Mark Eidson and the Bird Award to our Guest Speaker and accomplished Balloonist, Mr. Troy Bradley. The President's Award was presented to Dr. Basil Spyropoulos. The following were recognized as Fellows of CAMA: Dr. Kris Belland, Dr. Christopher Flynn, Dr. Jeffrey Gold and Dr. Mark Thoman (posthumously).

Mr. Troy Bradley presented our Honors night oration on his extraordinary career as a Balloonist and how he set many of the 64 World records, for which he became the only Balloonist to receive the highest International Award in Ballooning the Federation Aeronautique International Montgolfier Diploma 3 times! I now have a new appreciation of the skill, daring and depth of knowledge it takes to be a professional Balloonist. Troy's family are also accomplished Balloonists as well, his wife Tami qualified as a Balloonist at age 17, his daughter Savannah soloed on her 14th Birthday (her first flight in a Balloon was at 5 months of age!). Troy's son Bobby, Soloed in an experimental Balloon at age 9.

We look forward to hearing more great accomplishments from this extremely talented family.

In closing, we anticipate an outstanding program at our CAMA Sunday meeting at ASMA, in New Orleans and our fall CAMA meeting in Omaha, Nebraska. Until we meet again. Godspeed.



A beautiful Albuquerque sunrise from our room

Sandia Peak Tramway overlooking ABQ



Troy Bradley's Mission Patch (Anderson Abruzzo Albuquerque International Balloon Museum)

Goblet from the Hindenburg (Anderson Abruzzo Albuquerque International Balloon Museum)



The Aerospace Medical Association (AsMA) has approved the John D. Hastings Award effective with the 2023 AsMA awards cycle!!

AsMA has added the John D. Hastings Award to the AsMA website (<https://www.asma.org/members-only/award-nominations>) and the award is now also available within the OpenWater Award platform (<https://asma-awards.secure-platform.com/a/solicitations/login/32>) so nominators can select the John D. Hastings Award in the nomination form and submit nominations for the 2023 AsMA Award cycle. A blast email has been sent to all AsMA members announcing the new Hastings Award to encourage members to begin nominating other AsMA members for the new award as well as other AsMA awards. Award criteria are listed below in the original proposal submitted to the AsMA Awards Committee by Gerald W. Saboe, DO, MPH

John D. Hastings Award to Recognize Outstanding Contributions to Aerospace Neurology and Cognitive Science.

By Gerald W. Saboe, DO, MPH Chair Awards Committee

Civil Aviation Medical Association (CAMA) Award for Outstanding Contributions to Aerospace Neurology and Cognitive Science by an AsMA member.

1. **Establishment:** Established by the Civil Aviation Medical Association to honor the memory of John D. "Jack" Hastings, M.D. The award is presented annually to an individual who has made outstanding contributions to aerospace neurology and/or cognitive science, in a single year or over a defined period, for the advancement of cognitive performance risk assessment related to flight or space operations. As Dr. John "Jack" Hastings was an AsMA Fellow, a past president of AsMA in 2008, a recipient of the John Tamisiea Award in 1996, a recipient of the Theodore Lyster Award in 2005, and a recipient of the Louis Bauer Founders Award in 2016, he is extremely well known to AsMA, and is extremely well known internationally as the undisputed leader in aviation neurology and aviator cognitive performance risk assessment. He served as a senior neurology consultant to the FAA Federal Air Surgeon, 1992-2021, writing over 3,000 opinions of pilot aeromedical dispositions. In addition to AsMA, Jack was a CAMA Fellow, a Past-President of CAMA from 1997-1999, was the recipient of the Forrest and Pamela Bird Award in 1999 and the Jim and Sammie Harris Award in 2013.
2. **Funds management:** The plaque award for presentation will be provided annually to AsMA by CAMA.
3. **Eligibility Requirements:** Open to current AsMA members who have been members in good standing for the previous five (5) years. The award may be given for achievements over one or several years. Subject to the concurrence of the AsMA Awards committee, one award, or no awards can be awarded in any given year.
4. **Selection Criteria:** Selection will be based on an individual having made:
 - 1) outstanding contributions to aerospace neurology and/or cognitive science, and
 - 2) advancement of cognitive performance risk assessment related to flight or space operations.

The recipient will be selected by the AsMA Awards Committee.
5. **Nomination:** Members can be nominated for award by AsMA members.
 - a) Complete AsMA award nomination form found at:
<https://www.asma.org/members-only/award-nominations>
 - b) The AsMA nomination form should demonstrate individual meets the selection criteria.
6. **Recognition:** The recipient will be selected by the AsMA Awards Committee. The award will be presented at Honors Night at the annual scientific meeting and an award plaque with the winner's name will be presented to the award winner. The winner's names will be recorded and kept at the AsMA home office.

From Past President, Gerald W. Saboe, DO, MPH—Dr. Jack Hastings had prepared a commentary before his passing that he intended to have published in the AsMA journal. He had asked for Dr. Russell Rayman's assistance with editing, then was going to submit it for publication. Dr. Rayman finished the commentary for Jack and submitted it the AsMA journal for publication, and it is published in the current just released monthly edition on pages 758 and 759, Vol 93, No 10, October 2022. The last paragraph in the Commentary outlines to all what Jack wanted to have studied and challenged someone to do it.

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COMMENTARY

The Evaluation of Traumatic Brain Injury: A Call to Action

John Hastings*

INTRODUCTION: The flying status of commercial pilots with traumatic brain injury should not be based solely upon physical examination and imaging. Weaknesses exist in all neurocognitive assessment as the relationship of results to real-world performance, in this case piloting an airplane, can be best described as moderate. There is the possibility that a pilot's ability to fly safely might be better evaluated by check rides with an instructor pilot in flight and in simulators. Research in this area is needed.

KEYWORDS: traumatic brain injury, cognition, CogScreen, neurocognitive assessment.

Hastings J. The evaluation of traumatic brain injury: a call to action. *Aerosp Med Hum Perform.* 2022; 93(10):758–759.

Intact neurocognitive function is critical to flying fitness. Brain regions, pathways, and neuronal networks that underpin cognition and behavior are vulnerable to neurological insult by conditions such as traumatic brain injury, cerebrovascular disease, neurodegenerative conditions, and neoplasms. If cognitive impairment is suspected, the diagnosis must be confirmed by office evaluation, including imaging, and various types of manual or computerized assessment tools. Nevertheless, insufficient sensitivity may allow aeromedically significant neurocognitive impairment to escape detection.

The goal of neurocognitive assessment is to rule out significant dysfunction that potentially threatens flying safety. Consequently, the validity of neurocognitive assessment methods is critical to that objective. Are our current methods valid and, if not, is there another way to enhance validity?

Comprehensive Clinical Neurocognitive Assessment

In the United States, besides office evaluation, neurocognition is tested by a computerized instrument called CogScreen AE (Aeromedical Edition). CogScreen was initially intended to provide a brief, inexpensive, computerized screening tool. Development entailed cockpit task analysis of cognitive domains relevant to flying. These included perceptual motor, working memory, attention, sequencing and planning, spatial, and flexible processing functions. Speed, accuracy, and multitasking abilities also received emphasis. Rather than general population norms, performance on CogScreen is compared to a pilot

normative database which enhances fidelity of results. Consequently, it promised to be a sensitive instrument in detecting pilot neurocognitive dysfunction.

Limitations of Neurocognitive Testing

Unfortunately, weaknesses exist in all neurocognitive assessment, whether CogScreen or imaging. The relationship of results to real-world performance, in this case piloting an airplane, can be best described as moderate. CogScreen results cannot be taken with 100% certitude for many reasons. For example, variability in training and experience among test providers can introduce variable interpretation. Cockpit resource management cannot be assessed. Furthermore, prolonged testing is fraught with risk of Type 1 (false positive) error, a major concern in pilot testing. Avoidance of Type 1 error and attention to context are especially critical to valid assessment. Aeromedical certification decisions are made remotely from the testing provider, potentially diluting appreciation of in-personal aspects of the assessment and overweighting test scores.

* Posthumously.

From Aerospace Medical, PLC, Alexandria, VA, USA.

This manuscript was received for review in March 2022. It was accepted for publication in July 2022.

Address correspondence to: Russell B. Rayman, M.D., 8710 Linton Ln, Alexandria, VA 22308, USA; rbr@aerospace-medical.com.

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DOI: <https://doi.org/10.3357/AMHP6090.2022>

Serious errors can occur in drawing inferences from test scores alone, independent of context and the total body of medical evidence. Likewise, the certitude of abnormal imaging as causal for substandard pilot performance cannot be assured and must be individually correlated after considering all assessment information.

The Airline and Safe Piloting

A newly hired airline pilot enters the “schoolhouse” (ground school classroom and simulator) and later undergoes supervised operational experience in the aircraft. Today’s advanced full-motion simulators replicate real-world conditions with a high degree of fidelity (faithfulness to the original). The goal is to produce behavior comparable to or indistinguishable from behavior produced under similar real-world situations. In other words, flying in a simulator is tantamount (or very nearly so) to real flight. Pilots then undergo career-long recurrent proficiency and upgrade training. Remarkable fidelity has been achieved in the simulator, including visual representation, photorealism, physical motion, and force perception. Myriad environmental conditions can also be replicated. The simulator can test higher cortical functions of decision-making, problem solving, navigation, and emergency management.

Arguably, the most valid determination of real-world outcomes would be direct observation of the person in the real world. Nevertheless, the airline simulator is unmatched in most closely replicating real-world conditions; that is, in-flight operations.

A Call for Study

Pilots with abnormal performance on CogScreen are often disqualified from flying. Nevertheless, it is reasonable to posit the possibility that in some cases the pilot could still fly safely despite the abnormal CogScreen score. Anecdotally, a few airline pilots have regained certification despite abnormal scores and have gone on to enjoy successful careers as captains. This implies that some pilots have been unnecessarily disqualified from flying. The same argument could be made for pilots disqualified because of neuroimaging findings which might not be significant enough to pose a threat to flying safety. These incongruities beg a study to determine if such pilots, in spite of abnormal CogScreen performance or neuroimaging, can display competent piloting performance in a simulator. If this can be demonstrated, we would have in our hands another instrument to better evaluate flying proficiency and avoid unnecessary pilot disqualification. I call for that study.

ACKNOWLEDGMENTS

Dr. Hastings was preparing this commentary, but passed away before he completed it. He invited Dr. Rayman to assist him with editing and syntax. With Dr. Hastings’s death, Dr. Rayman felt an obligation to finish this commentary and submit it to *Aerospace Medicine and Human Performance*. A special thanks goes to Dr. Roger Hesselbrock for vetting this paper.

Financial Disclosure Statement: The author had no competing interests to declare.

Authors and Affiliation: John Hastings, M.D., posthumously.

IP: 96.8.169.165 On: Mon, 17 Oct 2022 04:01:21
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EDITOR’S NOTE: *Per Jeff Sventek, Executive Director of AsMA, nomination submissions for the Hastings Award must be accomplished online and can only be submitted by AsMA members. AsMA members should log into the Members Only section of the AsMA website (www.AsMA.org) and then select “AWARD NOMINATIONS” from the menu found on the left side of the webpage. They will land on an AsMA webpage that provides the rules for submitting an award nomination, descriptions of all AsMA awards, and a link to the online award nomination form. If a CAMA member wishes to nominate someone for the Hastings Award but is not an AsMA member, they should ask another CAMA member who is also an AsMA member to submit the award nomination. 2023 is the first year that the John D. Hastings Award will be given during the AsMA Annual Meeting.*

Mark E. Thoman, MD Obituary

Dr. Mark E. Thoman was nominated to become a CAMA Fellow during the Annual Scientific Meeting in Albuquerque, NM, in September 2022, in recognition of his participation in the CAMA mission and activities. Sadly, he passed away before he could receive the Fellow commendation. The Fellowship plaque has been forwarded to Dr. Thoman's wife, Teresa Thoman. Those who wish to send condolences to the Thoman Family may use the following address: 4254 N. Boulder Canyon Place, Tucson, AZ 85750. Dr. Thoman was active in CAMA activities, planning to attend the 2022 Annual Scientific Meeting, and he wrote several articles for "The Flight Physician" newsletter over the past several years. He was also active in the Flying Physicians Association, including contributing to the content of the FPA Member Bulletin. Dr. Thoman's cheerful presence and thoughtful contributions to CAMA will be very much missed.



Mark Edward Thoman, M.D. was born February 15, 1936 in Chicago, Illinois and he fell asleep in the Lord on Thursday, September 15, 2022, in Tucson, Arizona. Mark was born the son of Greek immigrant Tasula Petrakis Thoman and Texas artist, John Charles Thoman.

Mark grew up in Chicago, Illinois until the age of nine, then the family moved to Independence, Missouri. After Mark's high school graduation, he enlisted in the U.S. Marine Corps. He went into a reserve status following an injury after bootcamp. While on reserve status, Mark attended and graduated from Graceland Junior College; the University of Missouri; and the University of Missouri School of Medicine.

In 1965, after completing his pediatric residency in Des Moines, Iowa, Mark took an oath of office with the U. S. Public Health Service and reported to Washington, D.C. He worked as a pediatric consultant and writer for the Poison Control Branch. The following year, he was transferred to the Indian Health Service where he would be Chief of Pediatrics at the hospital on the Navajo Reservation in Shiprock, New Mexico. He was proud to learn enough Navajo to do a history and physical examination without an interpreter. Upon the completion of his assignment, he was honored by the elders with several sand paintings, which were a lifelong treasure.

In 1967, he relocated his family to Des Moines, Iowa where he was a beloved pediatrician for over thirty years. He took care of first, second and third generations of children in families that valued his skill, humor, friendly reassurance, and supportive manner. During his time in Des Moines, he started and directed the Cystic Fibrosis Clinic; was the medical director of the Iowa Poison Control Center;

was a faculty member and consultant for the Des Moines Police Academy and Des Moines Fire Department; and was a member of several medical school faculties where he was a guest instructor. Mark collaborated with other doctors to charter the American Academy of Clinical Toxicology beginning in 1968. He served as journal editor, president and member of the board. Through his efforts, the American Board of Medical Toxicology, later named The American College of Medical Toxicology, is now recognized as a subspecialty by the American Board of Medical Specialists. Mark was also instrumental in founding several other medical associations and programs throughout his career, and authored hundreds of journal articles on toxicology and pediatrics. He was the recipient of many professional honors. After he closed his practice in 2000, he assumed the role of Chief Medical Officer of Broadlawns Hospital. Like many active people, he never really retired and was busy reviewing journal articles and writing editorials.

In addition to his private practice, Mark joined the U.S. Navy Reserve in 1988. He entered as a Commander; achieved the rank of Captain; and served as a flight surgeon on the U.S.S. Abraham Lincoln.



Mark had a love of aviation, and eventually became a private pilot. This experience led to work as a senior consultant and faculty member for the FAA. In addition, Mark was asked to review pharmacology and toxicology matters for the DOD,

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FDA, NIH and CDC. Of special interest to him was childhood vaccine safety, leading to writing for over a decade on the mortality and morbidity of certain pediatric vaccines. His work and interest led to his being asked to field test new vaccines within his own practice.

His talents and ability to entertain a crowd with his humor, his passionate piano playing (self-taught, playing by ear), and his masterful speaking skills made him an unforgettable presenter and entertainer in both public and private events over his long life.

Mark married the love of his life, Theresa Thompson in 1984. They enjoyed many happy years in Johnston, Iowa, then relocated to the Pacific Northwest, ultimately moving to Tucson, Arizona in 2021. Mark was preceded in death by his parents, Tasula and John Thoman, his sister Barbara Curtis, and his daughter-in-law, Lynn (Ed) Thoman. He is survived by his wife, Theresa (Thompson) Thoman, sisters Elizabeth (“Nikki”) Fisher and Lea Acord, along with his children, Marlisa Thoman, Susan (Larry Schlosser) Thoman, Ed Thoman, Nancy Nucci (Todd Smith), Janet Thoman, JD (Eric Poland), and David Thoman. He is also survived by nine grandchildren (Alex Nucci, Danielle Thoman, John Thoman, Heather Green, Dylan Green, Peter Nucci, Lee Schlosser, Gaius Nucci, Ellie Nucci) and five great-grandchildren.

Mark was a member of the Holy Resurrection Antiochian Orthodox Christian Church in Tucson, where a funeral service was held on September 19, 2022. In lieu of flowers, consider donations to Holy Resurrection Church or Human Coalition.



Left to right: Eric Comstock, AACT founder and first president, Mark Thoman, and Griffith Quinby, second AACT president



This archived photo from the American Academy of Pediatrics does not identify the participants in the photo. Mark Thoman identified himself on the far left, back row, and Joel Alpert to his immediate left.



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Matthew M. Cooper, MD MBA FACS

Dr. Cooper serves as Global Senior Medical Director and Director, Patient Safety for 3M's Health Care Business Group. He has previously served as Medical Information Director at 3M's Health Information Systems. He is a Diplomat of the American Boards of Thoracic Surgery and Surgery, and a Fellow of the American College of Surgeons (FACS). He is a graduate of Franklin & Marshall College (BA, Mathematics & Biology), New York University School of Medicine, and Watson Graduate School of Management, Spears School of Business, Oklahoma State University (MBA). In addition to Residencies and Chief Residencies in General Surgery (New York University Medical Center, The University of Iowa Hospitals & Clinics) and Thoracic Surgery (Columbia Presbyterian Medical Center), he also completed a Medical Staff Fellowship in the Surgery Branch of the National Heart, Lung & Blood Institute of the National Institutes of Health (NIH) and a Fellowship in Pediatric Cardiothoracic Surgery and Transplantation at The Hospital for Sick Children, Great Ormond Street, UK. He has also studied Health Policy at the John F. Kennedy School of Government, and Comprehensive Medical Simulation, both at Harvard University.

Dr. Cooper's research has included pioneering methods of immunosuppression for primate cardiac xenograft transplantation. In addition to his 3M responsibilities, he serves in multiple capacities at the University of Minnesota as a member of the Industrial Advisory Board of the Institute for Engineering in Medicine, the Executive Planning Committee for the Design for Medical Device Conferences, and a member of the Pediatric Device Innovation Consortium. Dr. Cooper is also a member of the AdvaMed Pediatric Working Group, the Pediatric Device Breakthrough Collaborative, and the Fetal Therapy Think Tank.

Dr. Cooper is a Senior Aviation Medical Examiner and a Special Consultant to the Federal Air Surgeon. He is a commercial pilot, flight instructor, and aerobatic and formation air show performer, and has flown a variety of single and multi-engine, general and military aircraft. He has been a leader in the application of aviation-based safety culture to health care.

Musings on Dynamic Times

September 24, 2022

system attributes:

Our world and our systems have been under extreme recent and ongoing duress. Pandemic, war and cruelty, and legal, social, and economic division have forced us to examine what we do well and continue, and where we need to evolve to both survive and lead. Within these struggles, not just individuals, also enterprises of human endeavor have been challenged. It gives pause to consider and discern those attributes that differentiate those who survive to prosper again from those that succumb.

- Fingertip Feeling – appreciation of capabilities and limitations; wield with nuance and dexterity;
- Oneness/Sense of Unity – shared, accurate mental model of current, evolving situation – external and internal;
- Shared Focus – direction of main effort;
- Contract/Commander's Intent – initiative of subordinates harmonized with superior intent;
- Agility – ability to break out of long-standing patterns, even if they have been successful (achieve non-attachment).

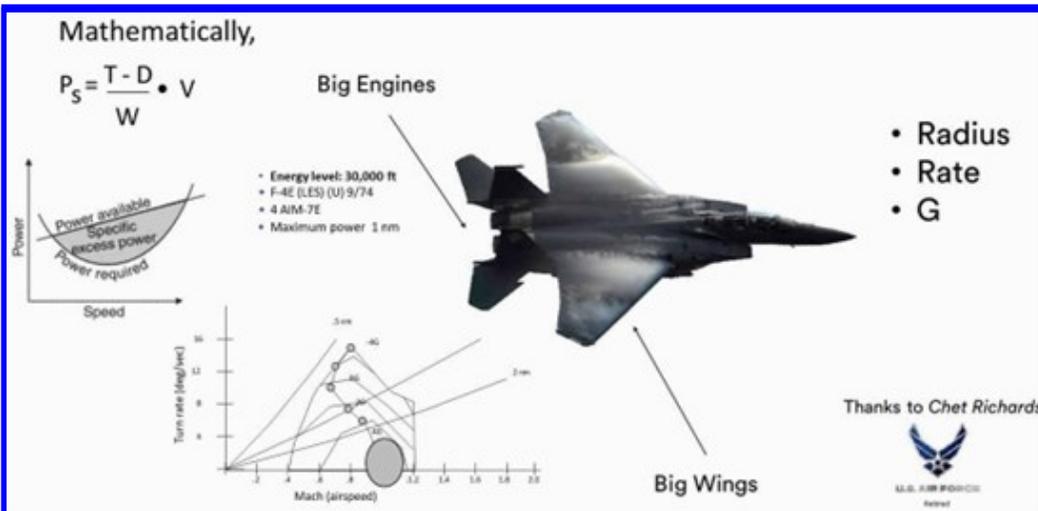
It is the nature and strength of a culture that enables it to not just survive challenge and change, also for its participants to effectively and successfully lead through. The foundational components of such a healthy learning entity are neither magic nor esoteric. They include, for individual members and the aggregate, absolute integrity, honesty, an incessant drive for quality, fairness, and no quarter for complacency. These must be combined with practiced situational awareness in its highest form so as to reasonably accurately and reliably assess present and predict future state. This gives directionality to decision making and effectiveness to action.

In Boyd's meaning, agility is the willing and actual critical evaluation of what processes, strategies, and modes of action worked in the past and which of them nonetheless must be modified, abandoned, or replaced to successfully respond to the present and thrive, and grow in the future. We ideally learn from other disciplines and activities what might be applicable by venturing outside of our own systems.

We need not invent all of the required concepts, processes, and tools, however. Col. John R. "Forty-Second" Boyd (USAF, ret) developed a synthesis of an effective organization that has the following

Beginning with Energy-Maneuverability (E-M) Theory (Fig. 1), Col Boyd's teachings put individuals in the center of a decision loop that can be extended to teams and culture (Fig. 2).¹ As such, his principles are invaluable for all who work under dynamic conditions of stress and uncertainty to not only cope with their environment, also to succeed.

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In all of this, the culture that comes out on top is one that sincerely values its members; not just with talk. Modern enterprises fret over retention of talent. They must walk the walk. Rhetoric will not be sufficient.

For many individuals and organizations, another, and often aspirational, level exists. This is the ethos of gratitude, “Glad to be here”, derived in part from the

Figure 1. E-M Theory.

The “OODA Loop” (OBSERVE, ORIENT, DECIDE, and ACT) is a model of situation awareness, analysis, and response. The OODA Loop does not work sequentially. Orientation is the most important aspect; it also carries all of the biases and assumptions inherent in human nature. It shapes other aspects and is in turn shaped by feedback and sensed phenomena.

The determined action must be carried out with speed or else the appropriateness and desired effect may be diminished or lost because of the dynamic milieu. “He who can handle the quickest rate of change survives.”²If performing the OODA Loop correctly, accuracy and speed improve together without trade-off. Orientation is both dynamic and well-matched to reality to allow actions to influence the situation and subsequent actions. Knowledge may not provide an edge if we are unable to process the meaning and respond.

culture of the Blue Angels and as evangelized by John “Gucci” Foley in person and in his book “Fearless Success.”³ The incremental performance value of such a cultural embodiment is sufficiently substantive for all to take note.

Indeed, models exist for culture, infrastructure, and human interaction for application to a healthy learning ecosystem.

Matthew M. Cooper, MD, MBA, FACS, FCAMA, AsMA AFG

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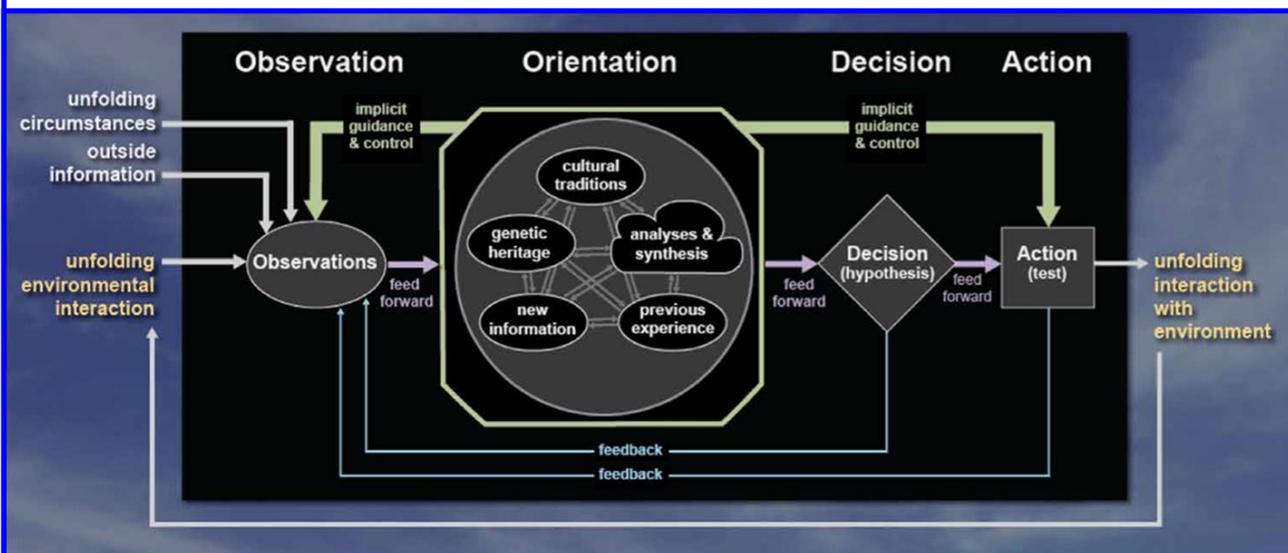


Figure 2. OODA Loop

AIRMEN RECEIVING VA DISABILITY BENEFITS: A TIME SENSITIVE WARNING

This article first appeared in the September 1, 2022, edition of AOPA Pilot Protection Services Insights. Reprinted with permission

Over the course of Summer 2022, our firm has received numerous calls from airmen all over the country who have received Letters of Investigation from the Federal Aviation Administration (hereinafter “FAA”) relative to the airman’s alleged “falsification” of question 18y. on an application for airman medical certification, Form 8500-8.



Anthony G. Ison, Esq.
Lawyer

Anthony G. Ison is an aviation attorney born and raised in Lakeland, Florida, which consequently is home to the annual Sun 'n Fun International Fly-in and Expo. Anthony has been a licensed airman since he was 17 years old and has recently been working on obtaining his rotorcraft endorsement.

Anthony is the founding member of The Ison Law Firm (ThePilotLawyer.com), where he exclusively represents pilots, mechanics, aviation businesses, air traffic controllers, airports, passengers, drone operators and the like before the Federal Aviation Administration, the National Transportation Safety Board, and in a multitude of other settings. A broad portion of Anthony’s practice is devoted to assisting airmen with establishing eligibility for airman medical certification. The firm represents airmen in FAA and NTSB matters nationwide.

Anthony is licensed by and a member of the bar associations of both Florida and Kentucky. Additionally, he is an AOPA Legal Services Panel Attorney. Anthony holds an “of counsel” position with two other aviation law firms, where he contributes his experience and knowledge to fellow aviation attorneys and their clients. Anthony has also contributed to numerous research studies regarding commercial drone laws and aviation law.

Popularly known as “The Pilot Lawyer” due to the fact that he is both a pilot and a lawyer, Anthony founded The Ison Law Firm under the belief that the firm would be a blessing to an airman or passenger during their time of need. To this day, Anthony runs the firm with a Christian mindset and has promised to always treat clients and opponents with respect and to pursue their claims or defenses with the utmost diligence.

Outside the practice of law, Anthony is happily married to his wife, Emily, and is a proud father to their three children, Atticus, Eloise, and Beau. Anthony and his family enjoy flying, traveling, spending time with family, and participating in church activities.



All of the letters we have reviewed for airmen start the same: “Based on information we have received from the Veterans Administration, we are investigating whether you made a fraudulent or intentionally false statement(s) on your application (s) for FAA medical certification...” The letters then go on to specifically identify the various conditions for which the airman is alleged to be receiving benefits from the U.S. Department of Veteran’s Affairs (hereinafter “VA”). As required by the Pilot’s Bill of Rights, the FAA then provides the standard opportunity for the airman to provide a response within 10 days of receiving the letter. Another item which has caused significant confusion for airmen is that the letter also provides an opportunity for the airman to resolve the investigation through the FAA’s Amended Prompt Settlement Policy (hereinafter “PSP”).

This article will provide the following:

- 1) a better understanding of the FAA’s most recent outbreak of investigations into airmen receiving VA disability benefits;
- 2) a breakdown of common misconceptions that airmen seem to have with respect to receiving VA disability benefits and their underlying, associated medical conditions;
- 3) a general understanding of the FAA’s position on “intentional falsification,” specifically as it relates to question 18y. on the application for airman medical certification;
- 4) a discussion on what you should do if you have received a Letter of Investigation (hereinafter “LOI”) from the FAA relative to your VA disability benefits; and
- 5) advice on what you should do immediately if you have not received a LOI, but have not reported

(Continued on Page 12)

your receipt of VA disability benefits on your application for airman medical certification, Form 8500-8.

Understanding the FAA's Investigation

In years past, the investigation of airmen who failed to identify their VA disability benefits on an application for airman medical certification seemed to primarily be spearheaded by the U.S. Department of Transportation's Office of Inspector General in a criminal investigation identified as "Operation Safe Pilot."¹ While investigations conducted pursuant to "Operation Safe Pilot" did yield criminal action against select airmen, there were also many cases where airmen were not pursued with criminal liability. Instead, these airmen were the focus of administrative action by the FAA. Specifically, airmen who were found to have provided "intentionally false" responses to question 18y. on the application for airman medical certification (which asks "[in your lifetime have you ever received] medical disability benefits") received Emergency Orders of Revocation of both their Part 61 airman certificates and Part 67 airman medical certificates.

The LOIs which have been going out to airmen in recent months may very well be an offshoot of "Operation Safe Pilot"; however, there is one notable element to the current rash of investigations. The letters which airmen started receiving in Summer 2022 have identified the investigation as a part of an "AAM special project." AAM is the FAA's abbreviation for "Office of Aerospace Medicine." Furthermore, every letter which we have seen at our firm has been signed by Dr. Harriet Lester, a Senior Regional Flight Surgeon. The takeaway here is that the FAA's investigation of airmen receiving VA disability benefits appears as though it is being pursued as a "project." Such identifiers give our firm concern that pursuit of airmen receiving VA disability benefits will go beyond a few isolated airmen.

Within the LOIs, the FAA has provided airmen with the opportunity to resolve the investigation with the PSP. This is an area of great confusion for airmen who have received this LOI. Essentially, the PSP is an opportunity for the airman to acknowledge that he or she violated the regulation and accept punishment (revocation of all certificates) without further investigation by the FAA. The only incentive to the airman of accepting the PSP is that it offers a reduced reapplication period following revocation of the airman's certificates. If the airman accepts the PSP, the FAA stops their investigation and deems the airman to have falsified his/her application. Whereas, if the airman does not accept the PSP, the FAA completes their investigation and gives the airman an opportunity to pursue due process through

an appeal to the National Transportation Safety Board (hereinafter "NTSB"). For more information on the PSP, read the insightful article which was authored by AOPA's Jared Allen entitled: "For The Record: Deal or No Deal? The FAA's New Settlement Policy."²

It is also noteworthy that the FAA and VA seem to have a level of cooperation and record sharing throughout these investigations, as the LOIs suggest specific conditions for which the airmen are alleged to be receiving benefits.

The bottom line for understanding the FAA's current level of investigation in these matters is to know that falsification of medical applications relative to VA disability benefits appears to be a current focus for the FAA. While we have primarily seen these investigations to be focused on airmen receiving benefits for mental health conditions, obstructive sleep apnea, and traumatic injury, we believe that no airman who has failed to report the receipt of VA disability benefits to the FAA, no matter the condition(s), should rest easy until appropriate remedies are undertaken.

Breaking Down Common Misconceptions

Many airmen do not think of their VA disability benefits as triggering a "yes" response to question 18y. on the FAA's medical application. The rationale often employed for this misunderstanding is that some airmen believe the benefits are merely compensation for their service to this country and not for a "medical disability." The FAA's position, however, is that VA disability benefits do trigger a "yes" response to question 18y. Furthermore, airmen should also identify the underlying condition(s) for which the airmen is receiving benefits on all corresponding questions within question 18 on the medical application. For example, if an airman is receiving benefits for Post-traumatic Stress Disorder (hereinafter "PTSD"), the airman should identify a "yes" answer to question 18y., as well as a "yes" answer to question 18m. (responding to the FAA's inquiry regarding any history of mental health conditions). While we could debate whether the questions on the FAA medical application are poorly written and whether the VA does anything to help the airman's understanding of what needs to be reported regarding disability benefits, these benefits and their corresponding conditions must be reported on FAA Form 8500-8.

There is a fine line, however, between airmen who do not report their benefits because they do not realize they need to, or they misunderstand the questions, and the airmen who purposefully do not identify their benefits and conditions out of

(Continued on Page 13)

fear. There are airmen who believe that if they report their benefits for PTSD, or various medical conditions, they will not be able to hold an airman medical certificate. As a result, airmen who hold this belief try to “fly under the radar” and hope the FAA never catches up with them. This is an unfortunate misconception. Many conditions for which airmen typically receive VA disability benefits will not disqualify an airman from being able to hold any class airman medical certificate (first, second, or third). To that end, there are many airmen who are able to obtain aeromedical certification with the FAA (of any class), despite having a VA disability rating for conditions such as PTSD, obstructive sleep apnea, and traumatic brain injury.

Understanding the FAA’s Position on “Intentional Falsification”

For a more detailed discussion on “intentional falsification” please reference my February 1, 2021, article for AOPA entitled “Correcting Your Medical Application and Avoiding Certificate Revocation.”³

Therein, I noted that a false response, whether innocently or intentionally, to any question on your FAA medical application (Form 8500-8) is justification for the FAA to revoke all your airman certificates (including your pilot certificates, ratings, authorizations, medical certificate, and A&P certificate, if you have one). If the FAA alleges that you have intentionally falsified your medical application and violated §67.403, you do have an opportunity to appeal the FAA’s decision to the NTSB. On appeal to the NTSB, the FAA has the burden of proof to establish at a hearing before an Administrative Law Judge (“ALJ”) that you:

- 1) made a false statement;
- 2) in reference to a material fact; and, that
- 3) your statement was made with knowledge of the falsity. See *Hart v. McLucas*, 535 F.2d 516 (9th Cir. 1976).

Proving what someone’s “knowledge” of a falsity is a difficult standard to achieve, in theory. However, in matters before the NTSB, the FAA can utilize circumstantial evidence to establish an airman’s knowledge of a falsity. In matters involving an airman’s alleged “intentional falsification” of question 18y., the FAA believes that the airman’s receipt of benefits is circumstantial evidence which establishes an airman’s knowledge of a falsity. For example, in one case before the NTSB on a matter of alleged falsification of question 18y., the FAA argued that the airmen knew he was receiving medical disability benefits because he applied for medical disability benefits from the VA, he received correspondence from the VA which explained the VA’s decisions on his claims, as well as the basis for those decisions,

and he received monthly payments from the VA. The ALJ found in favor of the FAA in this case. The case is currently on appeal to the full NTSB board, however.

Unfortunately, due to a relatively low burden of proof, the FAA often can prove an airman’s “knowledge of falsity,” making these difficult cases to defend.

What Should You Do If You Have Received a LOI?

If you have received a LOI from the FAA regarding your failure to report receipt of VA disability benefits on your medical application, contact an aviation attorney immediately. If you need a referral and have AOPA’s Legal Services Plan, they can connect you with aviation attorneys any state in the US. It is important to note that a response to the FAA, if any, must be calculated and carefully considered in light of the “knowledge” prong of “intentional falsification,” as discussed above. Anything you say can and will be used against you in a potential action by the FAA and possibly even with respect to criminal liability.

Discuss with your attorney the importance of requesting your airman medical file and “applicant notes” from the FAA, so that you can receive and review your complete FAA file, as well as any internal notes the FAA may have generated. Reviewing this information is critical to mounting an appropriate defense.

You may also consider consulting with a criminal defense attorney if you have received a LOI relative to failing to report your VA disability benefits, as a precautionary measure.

What Should You Do If You Have Not Received a LOI?

If you have NOT received a LOI from the FAA regarding your failure to report the receipt of VA disability benefits on your medical application, contact an aviation attorney or AOPA’s Legal Services Plan immediately. It is of the utmost importance that if you have not reported your VA disability benefits on your FAA medical application, as required, to take immediate action to correct any potential errors. I discuss this process in depth in my February 1, 2021, article for AOPA entitled “Correcting Your Medical Application and Avoiding Certificate Revocation.” There may be opportunities to avoid revocation of your airmen and medical certificates by amending your previous medical application(s) before receiving a LOI from the FAA. Do not avoid taking proactive steps in this matter, as the FAA will catch up with you sooner or later!

(Continued on Page 14)

No one wants to see an airman lose his/her flying privileges, or even career, when that airman's proactive measures could have prevented, or mitigated, the FAA taking action against his or her certificate(s). Fortunately, if you have failed to disclose your VA disability benefits, there is a possibility of preventing an FAA action against you for falsification but timing is everything. Also, remember, before you say or do anything, however, contact your AOPA Panel Attorney and discuss your best options for moving forward.

¹ [Falsification of FAA Airman Medical Certificate Applications by Disability Recipients \(dot.gov\)](#)

² [For the record: Deal or no deal? - AOPA](#)

³ [Medication Application - Legal & Medical Services \(PPS\) | AOPA](#)



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First International Conference on Aerospace Medicine (ICAM) Report

By Kris M. Belland, DO, MPH, FCAMA, FAsMA, CAMA Trustee



06 October 2022

Aviation Health Conference (AHC) 2022: <https://quaynote.com/conference/aviation-health-2022/>

Approximately 86 attendees. IATA and IAMA sponsored Aviation Health Conference (AHC) was back as an in-person conference. The conference took place at the

Mercure Philharmonie La Villette in Paris, France on the 20th and 21st September, just before the 1st ICAM congress which took place on the 22-24th September 2022. Representation from over 50 organizations with topics including Pandemic, Disinfection, Breath Biomarkers for Disease, Mental Health and Airline Employees, Monkeypox, Driving Innovation, Diabetes Mellitus, Cabin Air Contaminants, Neuroscience, ECG's, Nanoparticles, Fear of Flying, Passenger Medical Fitness. Inflight Medical Events, Malaria to name a few. The conference was outstanding and well-attended. Congratulations to Dr. David Powell, IATA Medical Director and Dr. Liz Wilkinson, IAMA President, Alison Singhal, Quaynote Communications, organizers and presenters (to name a few) for the most remarkable AHC conference, it was a tremendous success!

International Conference of Aerospace Medicine (ICAM): Over 850 attendees, 56 countries 22-24 September 2022. Outstanding, epic, historic, first ever international conference organized by AsMA, IAASM, ESAM and SOFRAMAS! Dr. Vincent Feuillie was President of the ICAM Organization Committee, with multiple key contributors and organizers. Jeff Sventek was recognized at the closing Gala for his amazing contribution to the success of the conference. Jeff was awarded and EASA recognition award.

As an AsMA representative to ICAM, I had the honor and privilege to be associated with two of the many outstanding panels. First, Thursday 22 September 22, Gaston Berger Room, 1045-1215. Scientific Session 1

The 2022 John Ernsting Panel: "COVID-19 Aerospace Medicine Risk Mitigation, Controversies and Lessons Learned"

Co-Chairs: Dr. Susan Northrup AsMA President, Dr. Liz Wilkinson IAMA President

COVID-19 AEROSPACE MEDICINE RISK MITIGATION, CONTROVERSIES AND LESSONS LEARNED

Kris Belland

Aerospace Medical Association, Alexandria, VA, USA



NEXT PANDEMIC PREPARATION USING COVID-19 TOP LESSONS LEARNED - AIRLINE INDUSTRY PERSPECTIVE

David Powell

IATA, Auckland, New Zealand

PANDEMIC CONTINGENCY PLANNING IN THE AIRLINE SETTING: LESSONS FROM THE COALFACE IN RISK PERCEPTION AND MANAGEMENT

Rui Pombal

AsMA Air Transport Committee Chair

UCS - TAP group Health Services, Lisbon, Portugal

NEXT PANDEMIC PREPARATION USING COVID-19 TOP LESSONS LEARNED: AIRLINE CREW HEALTH AND CONTACT TRACING

Ben Johnston

Air New Zealand, Auckland, New Zealand

COVID-19 AND RETURN TO FLYING DUTIES: AN INTERESTING EXPERIENCE OF DECISION-MAKING PROCESS FROM THE AEROMEDICAL CENTERS TO THE AEROMEDICAL AUTHORITIES

Jonathan Monin, Olivier Manen, Fabien Sauvet, Marc Monteil, Mounir Chennaoui, Cecile Meunier, Sébastien Bisconte, Nathalie Koulmann, Eric Perrier
Percy Military Hospital, Aeromedical Center, Paris, France

MENTAL HEALTH ASPECTS OF COVID-19 AND PLANS FOR FUTURE SIMILAR OCCURRENCES

Johann Wium, *ICAO, Iceland*

Background: Worldwide aviation has been greatly and negatively impacted by the COVID-19 pandemic. Right from the outset, organizations, businesses, and individuals within the aviation industry have faced unique and complex challenges. As the pandemic evolved, so did knowledge, attitudes, and expectations. Contingency planning has had to adapt. Controversy has not been rare, especially around the relative weight of preventive measures and harmonization, creating unique opportunities for learning. Procedures have been assessed, reassessed, implemented and made more robust, which may serve the aviation community well in years to come. In this presentation, the author discussed controversies and lessons learned from the perspective of the medical side of frontline organizations.

Overview: As the pandemic evolved, so did knowledge, attitudes, and expectations. Contingency planning has had to adapt constantly. Controversy has not been inherent in the pandemic, especially around the relative weight of preventive measures and harmonization. The pandemic has created unique opportunities for learning in both scientific and organizational terms. Procedures have been assessed, reassessed, implemented and made more robust, which may serve the aviation community well in years to come.

Discussion: In this presentation, the author discussed controversies and lessons learned from the perspective of the medical side of frontline organizations: the Aerospace Medical Association's interaction with International Civil Aviation Organization (ICAO), the International Airline Transport Association (IATA), the Federal Aviation Administration (FAA), AsMA and its Air Transport Committee. As AsMA representative to ICAO, Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA), and the CAPSCA Science Advisory Group, the author discussed lessons learned, controversies and more specifically the evolution of the risk mitigation strategic tool of James Reason, Swiss Cheese Model which was successfully adapted to international COVID-19 pandemic response (CAPSCA, WHO, ICAO, CSAG).

And second, 22 September 2022, Opening Day Panel: "Pilot Peer Support Programmes:"

Co-Chairs: Dr. Reis Simmons, Dr. Kris Belland, AsMA

PILOT PEER SUPPORT PROGRAMS – HISTORY, MODELS, STRATEGIES & IMPLEMENTATION



Quay Snyder

Aviation Medicine Advisory Service - ALPA Int'l, Centennial, Colorado, USA

PILOT PEER SUPPORT PROGRAMS – WHY, HOW AND EXPERIENCES

Antti Tuori

IFALPA/ECA, Helsinki, Finland

THE ROLE OF THE MENTAL HEALTH PROFESSIONAL IN PILOT PEER SUPPORT

Robert Bor

Centre for Aviation Psychology, London, UK

BRIDGING GAPS BETWEEN MENTAL HEALTH ASSESSMENT AND SUPPORT PROGRAMS

Paola Tomasello, Francois Brambati

Deep Blue, Rome, Italy

WELLBEING = PERFORMANCE = SAFETY

Wendy Santilhano

IFALPA Human Performance Committee, ICAO Mental Health Working Group, Mayday-South Africa, Human-Factors GmbH, Mainz, Germany

Background: Pilot Peer Support Programs (PPSP) have a five-decade history of success. Five specific PPSP's provide a full range of assistance to pilots physical and mental wellness needs, each with different goals and processes. These include Aeromedical, Critical Incident Response (CIRP), HIMS (AOD), Peer Support for Pilots (PSP) and Professional Standards (ProStans) programs. Each serves to enhance individual wellbeing and flight safety.

Overview: Common characteristics of all PPSP's include administration by fellow volunteer pilots with the support, but not direct involvement, by the AOC. There may be outside professional resources available to assist the PPSP volunteers if requested. The CAA regulator is generally not involved with rare exceptions. Initial and recurrent training is mandatory for all volunteers with oversight provided an experienced peer pilot committee. Confidentiality

is the keystone of all PPSP'S and serves to lower barriers for pilots seeking assistance. Peer understanding of boundaries and knowledge of additional resources available to help a pilot is essential. Many volunteers are motivated by prior personal experiences. Compassion fatigue in volunteers requires oversight.

PPSP's may either be Reactive in responding pilots who contact the PPSP or Proactive in reaching out to pilots projected to need help. CIRP is exclusively Proactive, with HIMS and Professional Standards having elements of Proactive and Reactive pilot contact. PSP and Aeromedical are Reactive to pilot-initiated requests for assistance. Duration of volunteer-pilot contact varies from extremely brief with CIRP to potentially longer with ProStans, Aeromedical, PSP and longest with HIMS.

Discussion: Aviation PPSP's are highly effective tools to reduce barriers for pilots seeking assistance with professional and personal challenges and enhance the safety and effectiveness of aviation operations. PPSP's can be an integral part of an aviation Safety Management System.

Here is the link to ICAM2022 if you are interested in particulars: <https://www.icam2022.com/>

There are far too many outstanding ASM panels, presenters, attendees, organizers to identify all by name. Again Jeff and Debra Sventek were absolutely amazing in their dedication to AsMA. As I understand it, ICAM will alternate every other year with ICASM.

Kris Matthew Belland | President | Chief Executive Officer
AsMSC | Aerospace Medicine Strategic Consultation, PLLC
AsMA Past President (2015-16) Rep ICAO, CAPSCA, CSAG, ATF
DO, MPH, MBA, MSS, CPE, FAsHFA, FAOCOPM, FCAMA, FAsMA
LinkedIn: [linkedin.com/in/kris-belland](https://www.linkedin.com/in/kris-belland)
Twitter: @Kris_Belland



Kris M. Belland, DO, MPH, FCAMA and his son Matthew Belland attending the ICAM Conference in Paris, France

1st International Conference in Aerospace Medicine (ICAM)

By Jeffrey C. Sventek, MS, CAsP, FAsMA, FRAeS, Executive Director, AsMA

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The 1st International Conference in Aerospace Medicine (ICAM) was held September 22 – 24, 2022 at the City of Science and Industry in Paris, France. This was the first scientific meeting organized by four of the largest Aerospace Medicine organizations in the world: the International Academy of Aviation and Space Medicine (IAASM), the European Society of Aerospace Medicine (ESAM), the Société Francophone de Médecine Aéronautique et Spatiale (SOFRAMAS), and the Aerospace Medical Association (AsMA).



City of Science and Industry

This collaboration began organizing the ICAM in 2019 and the conference was originally scheduled for September 2020 in Paris, France. However, the COVID-19 pandemic required the conference to be delayed to September 2021. The ICAM Organizing Committee, led by Dr. Vincent Feuillie and Dr. Brigitte Guidez of SOFRAMS, continued to meet and develop a scientific program but realized in early 2021 that the COVID-19 pandemic would not allow for adequate international travel in September 2021 so the ICAM was again postponed to September 2022.



Downtown Paris

Aerospace Medicine professionals from around the world traveled to Paris, France in September 2022 to participate in the 1st ICAM. A total of 845 registrants from 78 countries! A truly international audience.

A strong scientific program was developed by Dr. Olivier Manen of SOFRAMAS and Dr. John Crowley of the IAASM. The 2022 IAASM Andre Allard Lecture kicked off the ICAM scientific program. Mr. Luc Tytgat, the Director of the Strategy and Safety Management Directorate for the European Union Aviation Safety Agency spoke about aviation safety. The Andre Allard Lecture was followed by the 2022 John Ernstring Panel. This panel was also sponsored by the IAASM and was co-chaired by AsMA President, Dr. Susan Northrup, and the International Airline Medical Association (IAMA) President, Dr. Elizabeth Wilkinson. The panel was dedicated to “COVID-19 Aerospace Medicine Risk Mitigation, Controversies and Lessons Learned.” Following these plenary sessions, three scientific sessions were offered in parallel. Participants were encouraged to attend the session that offered scientific presentations that most interested them. This pattern of plenary sessions and parallel scientific sessions was followed on each of the three meeting days.

Accompanying Persons were offered several sight-seeing opportunities during the ICAM. Paris has so much to offer everyone, and the sight-seeing opportunities offered by SOFRAMAS were in parts of Paris not normally considered by tourists. Special thanks to Dr. Patricia Mauani of SOFRAMS for organizing the Accompanying Persons sight-seeing program. Accompanying Persons were offered tours of:

- Musée des Arts Forains (Fairground Museum)
- Musée Marmottan Monet (Marmottan Monet Museum)
- Musée du Parfum-Fragonard (Fragonard Museum of Perfume)
- Musée Carnavalet (Carnavalet History of Paris Museum)

Social events were also a big success during the ICAM 2022. A wonderful Welcome Reception was offered to all registrants and accompanying

persons on the evening of Thursday, September 22. This event was held at the City of Science and Industry and offered all in attendance the opportunity to reconnect with old friends and make new friends. Academicians of the IAASM were offered the opportunity to participate in the Academician's Dinner on Friday evening, September 23. The Academician's Dinner was held at the Cercle National des Armées in Paris. The Cercle National des Armées is housed in a palace of neo-classical inspiration completed in 1927 on the plans of the architect of national monuments Charles Lemauresque and built on the site of part of the Pépinière barracks. The House of Officers of the Cercle National des Armées welcomes active, retired or reserve officers, civil servants of category A or assimilated from the Ministry of the Armed Forces, as well as holders of the Legion of Honor, auditors and former auditors from the Institute for Advanced National Defense Studies or the Center for Advanced Armament Studies, as well as their families and guests. This building was dedicated in 1954 to the memory of Marshal Joffre.

Finally, the ICAM Gala Dinner was attended by a large number of registrants and accompanying persons on Saturday evening, September 24. The Gala Dinner was held in the City of Science and Industry and allowed the attendees one last opportunity to socialize at the end of the ICAM.

Paris was the perfect city to host this 1st ICAM with its rich aviation history, beautiful architecture, and rich culture. Many thanks go to our SOFRAMAS colleagues for organizing the ICAM and making it so enjoyable for all in attendance. Plans for a 2nd ICAM are underway and information will be made available as soon as those plans firm up. We hope to see many of you at the next ICAM.



Cercle National des Armées

The Eiffel Tower





Understanding Healthcare Avoidance Behaviors and the Importance of Preventative Medicine

By Zykevisse Gamble

Reprinted with permission from the Federal Air Surgeon's Bulletin, Vol. 57, No. 2, dated December 2022

Healthcare avoidance can be a barrier to receiving the best medical care, but the behaviors and factors leading to healthcare avoidance are not always obvious. Healthcare avoidance behaviors can be subtle, and result in disengagement between healthcare providers and patients. It is important that AMEs, as well as pilots, are aware of these behaviors, and how they contribute not only to short-term safety concerns; but also, may impact long-term overall health and the longevity of a flying career.

According to research conducted by a team of Federal Aviation Administration scientists and physicians, these behaviors are common (Hoffman et al., 2022). In fact, over half of the pilots included in the study disclosed healthcare avoidance behavior. However, this is likely, not unique to pilots, and may be pertinent to many individuals in high-stakes occupations that require attestations of medical health, such as Air Traffic Controllers, professional drivers, physicians, or military service members.

Types of Healthcare Avoidance outlined in the study were:

1) Informal care

Informal care can be described as seeking out information or treatments from sources that lack the skill or expertise to provide an ongoing relationship of good care. For example, with the accessibility of the internet, pilots may utilize web searches to self-diagnose, without the intention to visit their physician. Well known to occur among physicians, but also occurs with pilots, is the tendency to seek "curbside" advice or suggestions from individuals who may be friends, relatives, or colleagues. However, taking this shortcut, without a proper, thorough, and unbiased assessment of a condition is risky. Physicians are trained to avoid this, but pilots may not be aware of this particular medical peril, and oftentimes get caught by this trap.

2) Discounting symptoms

Regardless of whether intentional or not, pilots, and others in high-risk occupations, are tempted not to report symptoms they perceive may prevent them from earning a living. While intentional concealment does sometimes occur, pilots in particular are extremely safety conscious. So why do we think the study showed this behavior was so common? Many human behaviors are not as intentional or conscious as they may seem to an outside observer, and the need to earn a living is a strong bias. This creates a tendency toward "discounting" symptoms. Many emergency room doctors know this story well: "*it was only a twinge, so I ignored it at first*", in patients presenting after a delay, yet with clear symptoms of a heart attack. This is not an intentional concealment, rather discounting is a common clinical scenario.

3) Medical non-disclosure

This is related, but not exactly the same as not discounting symptoms. It is important that pilots, like all persons, receive recommended preventative health screenings, have accurate diagnoses and appropriate treatments to ensure ongoing optimal health. Full disclosure of health history is necessary to accomplish this. FAA-designated medical examinations and other planned screening examinations, address not only current or immediate health concerns but also aim to identify the risk of future health concerns. Effective health screening promotes the identification and mitigation of risks and should help optimize future health. It may be tempting not to bother reporting health information, which may be perceived as not having immediate relevance. This may be detrimental to the assurance of a pilot's long-term health, eventually with possible dire consequences; at best this risks impacting a career at an older age when experience and seniority often place the pilot in the most lucrative stage of their career, and in the most safety-critical roles.

(Continued on Page 21)

4) Unauthorized prescription usage

Again this situation is more often unintentional than intentional. One of the most common situations is the use of over the counter medications, like allergy or cold medications, which are unsafe to take when performing pilot duties. Pilots may not mention medications prescribed for conditions that resolve after treatment, or medications that are only taken intermittently. For example, blood pressure medication, when after treatment, the blood pressure is normal, or a medication for headaches that is only used once or twice a year. The AME needs to review all medications, not only to advise the pilot on potential side effects and wait periods that ensure unsafe side effects have time to wear off but also to help assure the underlying condition being treated is safely managed. Pilots should be wary about stopping necessary medication solely for fear it may result in a denial of medical certification. There are many allowable medications and methods to achieve certification when using appropriate medications. Notably, the various "Conditions AMEs Can Issue" (CACI) include guidance on how some medications may be safely used when certifying pilots. A Special Issuance provides another pathway for pilots to safely fly while using medication to manage their condition(s), for example, those treated with SSRI antidepressants, or diabetes treated with oral medications or insulin.

The FAA has published an informational guide for pilots on medications and flying: www.faa.gov/go/pilotmeds. Furthermore, pilots are encouraged to discuss new, or changes in, medication with their AME even before a new examination is due.

The FAA Guide for Aviation Medical Examiners provides [guidance on medications](#) that are aeromedically unsafe, and for other medications and conditions, sound clinical judgment should be used when determining suitability for certification.

Most pilots will know to use the "IMSAFE" checklist that covers: Illness, Medication, Stress, Alcohol (and other drugs or medications), Fatigue/Food (i.e. enough sleep, nutrition, hydration), and Emotion. This is a useful preflight tool to help ensure safe health-related behaviors.

To sum up, optimal health is important for safety, and it is important for pilots to practice healthy behaviors. These behaviors are the groundwork for ensuring the longevity of a pilot's career. Physicians, AMEs, and pilots are encouraged to fully understand barriers to optimal health, consider the perils of healthcare avoidance, and encourage safe and healthy behavior.

The FAA-required AME examinations are but one part of ensuring a pilot's health and safety. Recommended health screenings, regular exercise, healthy diet, and sleep habits all make it more likely for a pilot to have a healthy, safe, and sustained career.

Mr. Gamble is a pre-med student at Howard University and completed this article as part of an internship with the Office of Aerospace Medicine

References:

Hoffman WR, Aden J, Barbera RD, et al. Healthcare avoidance in aircraft pilots due to concern for aeromedical certificate loss: A Survey of 3765 Pilots. J Occup Environ Med. 2022; 64(4): e245-e248. doi:10.1097/JOM.0000000000002519

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— *Aerospace Medicine & Human Performance Journal*



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Home Office Activities and Information



Sherry Sandoval
CAMA Executive Vice President

Dues and Membership 2023

The 2023 CAMA Membership Dues rate remains at \$150.00 for a Regular membership, \$300.00 for a Sustaining membership, \$50.00 for a Retiree/Student membership, and \$1500.00 for a Life Membership. You may pay your 2023 dues at any time now that the 2022 Annual Scientific Meeting is concluded.

Most individuals paying dues (or registering to attend the annual meeting) are using the links on the CAMA website to complete the necessary forms and to make their payments. The CAMA website has advanced security, easy access to news and information, and links to important FAA information and web sites, such as the AME Guide, the AME Minute, FAA AME training seminar schedule, the Federal Air Surgeon Bulletin and the Pilot Minute files. These important links are on the landing page of the CAMA website at 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 wonderful time-saving element of the redesigned CAMA website 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 website 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.

Recap—2022 Annual Scientific Meeting in Albuquerque, New Mexico

I would first like to thank the "Ladies of CAMA" for making such a terrific difference to our annual meeting participants and guests!! A number of guests of first-time participating medical professionals raved about the wonderful, warm welcome they received from CAMA, especially from the group of women who regularly accompany our members. Since many of the medical professionals bring spouses/significant others to the meeting, it is very important that these individuals are made to feel welcome and comfortable at our meetings and that they are included in any activities in which the guests may take part. My heartfelt thanks go out to Sarah Eidson, Kathy Campbell, Sarah Long, Elaine Perry, Julie Saboe, Susan Schall, Judy Williams, and other long-time CAMA meeting participants who made such a tremendous difference this year to ensure that our meeting was inclusive, entertaining, and interesting for all, especially those individuals who were attending a CAMA meeting for the first time. YOU are one of the major reasons that our annual meetings receive such high ratings, and your efforts are very much appreciated. YOU REALLY ROCK!!

The Albuquerque CAMA annual scientific meeting took place from Thursday 09/22/22 through Saturday 09/24/22, at the Hotel Albuquerque Old Town, situated right in the middle of the Old Town section of Albuquerque, New Mexico. There were 89 registered medical professionals, 25 registered guests, 9 one-day lecturers, and 2 staff members, for a grand total of 125. Dr. Fred Tilton, retired Federal Air Surgeon also dropped by to give his regards to CAMA and a number of his friends who were in attendance.

Our Thursday field trip was to the Anderson Abruzzo Albuquerque International Balloon Museum, where we toured the various colorful and interesting exhibits covering the history of balloon flight and the various hot air vehicles used over the years and purchased pins and other souvenirs in the museum gift shop. Our dinner, catered by CiCi Martinez of Scarpa's Restaurant, was held on the plaza level of the museum, overlooking the incomparable views of Sandia Peak and Balloon Fiesta Park. Local balloon celebrities Troy and Tami Bradley joined us for dinner. Many of the items in the Museum were contributed by the Bradley family.

(Continued on Page 23)

As our meeting took place close to the time of the Annual Balloon Fiesta, there were occasions in which balloons were observed in the skies over Albuquerque. Several meeting attendees and guests did schedule balloon rides with Rainbow Ryders and other professional balloon companies during their time in the area.



Downtown Omaha

Mr. Troy Bradley was our Honors Night keynote speaker and 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 overall contributions to aviation in the sport of ballooning. Troy Bradley and his family are the area's premier ballooning family. Troy has 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](#).

2023 Annual Scientific Meeting in Omaha, Nebraska

The DoubleTree Hotel in downtown Omaha has been selected as the site of the 2023 annual meeting, and the Strategic Air Command (SAC) 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!

All lectures, presentations, and training sessions were recorded by Podiumcast.com into a video library which has been provided as part of the registration fee to each registered medical professional. If for some reason you did not receive the access information (sent out in an email on October 10, 2022), please contact the CAMA Home Office. This library makes an excellent reference for all of the content presented during the meeting. If you were not registered to attend this year's Annual Scientific Meeting and wish to have a copy of this video library, they are available for sale on the Podiumcast.com website for \$39.00.

The DoubleTree has wonderful meeting space, 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 a short walking district 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, with the CAMA Executive Board Meeting taking place on Wednesday afternoon of October 4th. Please reserve those dates on your calendar and plan to join us for this event.

For a period of about a week in early October, the CAMA AOL email server was down. It has been restored, and AOL has assured us that the email had not been hacked. However, CAMA does have two additional emails (used primarily for emailing out the links to our "The Flight Physician" newsletter). Please make a note of these additional email addresses and add them to your contacts so that you will never miss any important information from CAMA. You may use any of the email addresses to contact the Home Office. All three email addresses are always monitored, read, and answered as appropriate. You may receive email correspondence from any/all of these email addresses in the future.

On the following pages are photos taken during the Albuquerque Annual Scientific Meeting.

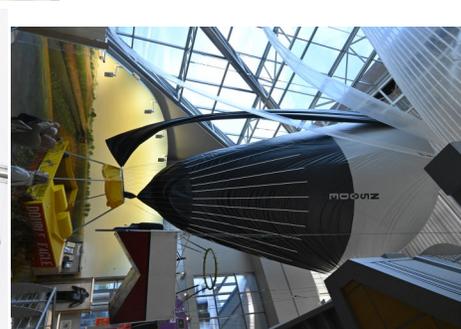


President Elect Leigh Speicher (right), Sonja Lewis (middle left), and Will Speicher (lower right) taking off for a balloon flight.

Following are the three legitimate CAMA address for correspondence to/from the organization:
civilavmed@aol.com, info@civilavmed.org, and civilaviationmedicalassn@gmail.com

The 2022 CAMA Annual Scientific Meeting in Pictures

Our field trip on Thursday evening, September 22, 2022, was to the Anderson Abruzzo Albuquerque International Balloon Museum. Our keynote speaker Troy Bradley and his spouse Tami Bradley met us at the museum for dinner. Many of the items in the museum were loaned or contributed by the Bradley Family.



Troy Bradley and Dr. David Schall—dinner at the museum

Honors Night Banquet and Awards Ceremonies



Troy and Tami Bradley



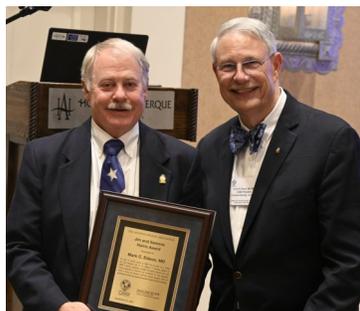
Dr. Gary Saboe and Dr. David Schall presenting Troy Bradley with the 2022 Forrest and Pamela Bird Recognition Award



2022 Forrest and Pamela Bird Recognition Award



Fred A. Furgang, MD, recipient of the Audie and Bernice Davis Award sponsored by Harvey Watt and Co.



Mark C. Eidson, MD, recipient of the Jim and Sammie Harris Award



Basil P. Spyropoulos, MD, recipient of the President's Commendation Award

2022 Fellows



Kris M. Belland, DO, MPH
Accepted by Charles A. DeJohn, DO, MPH
Received by Dr. Belland upon his return from the Paris International Meeting



Christopher F. Flynn, MD



Jeffrey A. Gold, DO

Dr. Mark E. Thoman, MD, was also accorded CAMA Fellowship in 2022, but passed away just prior to the Annual Meeting. His spouse, Teresa Thoman, has been sent his Fellowship award.

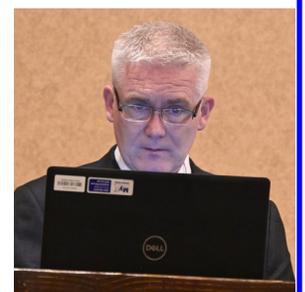


Above—Beautiful Albuquerque and surrounding areas!

Below—The many amazing faces of CAMA!



More Fascinating People of CAMA!



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 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 2023 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: How do we encourage the brightest minds into aviation?](#)

[Pilot Minute: How do I check my application status in MedXPress?](#)

[Pilot Minute: Is it okay to fly if I'm just a little tired?](#)

[Pilot Minute: What should I do if I have depression or anxiety?](#)

[Pilot Minute: Why is it important to assess my health before piloting an aircraft?](#)

[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/

DATE OF SEMINAR	SEMINAR LOCATION	SEMINAR TYPE
January 27-29, 2023	Albuquerque, NM	Refresher
March 20-24, 2023	Oklahoma City, OK	Basic
May 22-26, 2023	New Orleans, LA	AsMA
June 12-16, 2023	Oklahoma City, OK	Basic
August 4-6, 2023	Washington, C	Refresher
October 5-7, 2023	Omaha, NE	CAMA
October 23-27, 2023	Oklahoma City, OK	Basic

* The 2023 seminar schedule shown MAY change to virtual format should COVID-19 protocols change in 2023.

** 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

Civil Aviation Medical Association

Sustaining, Corporate, and Life Members

The financial resources of individual member dues alone cannot sustain the Association's pursuit of its broad goals and objectives. Its fifty-plus-year history is documented by innumerable contributions toward aviation health and safety that have become a daily expectation by airline passengers worldwide. Support from private and commercial sources is essential for CAMA to provide one of its most important functions: that of education. The following support CAMA through corporate and sustaining memberships, and we recognize the support of our lifetime members:

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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



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.

AME MINUTE 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 most recent AME Minute issuances, in case you might have missed one. 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/

[AME Minute: Why do pilots need to be concerned about CBD products?](#)

[AME Minute: Why do AMEs need to worry about Subpoenas? Part 2](#)

[AME Minute: Why do AMEs need to worry about Subpoenas?](#)

[AME Minute: Why is Unexplained Syncope Aeromedically Significant?](#)

[AME Minute: Why is an evaluation required post myocardial infarction?](#)

[AME Minute: Why is Chronic Immune Thrombocytopenia a CACI?](#)

[AME Minute: Why was the CACI program developed?](#)

[AME Minute: Why is an Incomplete Right Bundle Branch Block considered a normal variant?](#)

[AME Minute: When is a Special Issuance required under BasicMed?](#)

[AME Minute: What Makes Aerospace Medicine Unique?](#)

[AME Minute: Near and Intermediate Vision Testing](#)

[AME Minute: New Oral Anticoagulants in the DVT Protocol](#)

[AME Minute: Identification of ECG Normal Variants Reduces Delays - Part 5](#)

[AME Minute: Double Vision and Heterophoria Testing](#)

[AME Minute: Aeromedical Implications of Disability Benefits Reported by Pilots](#)

[AME Minute: Identification of ECG Normal Variants Reduces Delays - Part 4](#)

[AME Minute: What's So Special About Disposition Tables?](#)

[AME Minute: What the FAA Needs to Know About Monovision Lenses](#)

[AME Minute: Why did the FAA update criteria for PTSD?](#)

[AME Minute: Identification of ECG Normal Variants Reduces Delays - Part 3](#)

[AME Minute: Identification of ECG Normal Variants Reduces Delays - Part 2](#)

[AME Minute: Identification of ECG Normal Variants Reduces Delays - Part 1](#)

[AME Minute: How Do AMEs Keep Designation Information Up To Date?](#)

[AME Minute: Radionuclide Stress Test and Holter monitor: What does the FAA Want?](#)

[AME Minute: CACI Worksheets Speed Up Medical Certification](#)

[AME Minute: How Certification Aids Speed up Information Collection for Pilots](#)

[AME Minute: Colon cancer timeframes for medical certification](#)

[AME Minute: The SSRI recertification checklist](#)

[AME Minute: Why did the FAA add new guidance for some psychiatric conditions?](#)

[AME Minute: Why did the FAA add an application status dashboard to MedXPress?](#)

[AME Minute: Why does the FAA need a detailed clinical progress note?](#)

[AME Minute: Why do AMEs need to transmit exams within 14 days?](#)

[AME Minute: Why did the FAA create new OSA status report requirements?](#)

[AME Minute: Why do some autoimmune arthritis medications no longer require a Special Issuance?](#)

[AME Minute: Why must the eye evaluation for ITDM be performed by an ophthalmologist?](#)

[AME Minute: Why do I need to extend my designation in DMS?](#)

[AME Minute: Why did the FAA COVID-19 disposition table for AMEs?](#)

[AME Minute: Why did the FAA change policy for primary hemochromatosis?](#)

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

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Alex M. Wolbrink, MD, MS

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

Frank J. Archer, MD
752 N. 400 W., B105
Payson, UT 84651
Senior AME, AAFP
Specialty: Family Medicine

James E. Palen, MD
716 Terrace Drive
Cape Girardeau, MO 63701
Senior AME, Pilot, EAA, AAFP
Specialty: Family Medicine

James R. Palen, MD
1226 W. Cape Rock Drive
Cape Girardeau, MO 63701
Senior AME, Pilot, EAA, AAFP
Specialty: Family Medicine

Christopher T. Perry, MD
25 W. Dean Avenue
Eugene, OR 97404
Pilot
Specialty: Psychiatry



CAMA MEMBERSHIP DUES NOTICE FOR 2023



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*MEMBER STREET ADDRESS:	
*MEMBER CITY/STATE/ZIP/COUNTRY:	

AME NUMBER:		SENIOR AME?	YES		NO	
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Permission to add name and address to the CAMA Web Site in the Members Only Section?	YES		NO	
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Please complete and return with your payment.

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

Membership dues..... \$ 150.00 U.S. Dollars
 Sustaining Membership dues (optional)..... \$ 300.00 U.S. Dollars
 Membership dues for Retired Members..... \$ 50.00 U.S. Dollars
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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 corporate dues online on the "Members Lounge" page of the CAMA web site at www.civilavmed.org

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Expiration Date: _____ Authorized Amount \$ _____

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Signature: _____

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