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Flight Physician



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SPECIAL NEWS:

Recap & Photos of Annual Scientific Meeting In Omaha CAMA Executive Board Selects a New Logo

The 2023 CAMA Annual Scientific Meeting was held October 5-7, 2023, at the DoubleTree Downtown Hotel in Omaha, Nebraska.

We had 135 total participants, including 60 AMEs, 14 registered guests, numerous non-AME medical professionals who are involved in the aviation/aerospace industry, FAA and CAMA staff members, and a number of one-day speakers. The program received high ratings overall, and the field trip to the Strategic Air Command Museum was the favorite non-medical activity of the conference. See EVP/Home Office article beginning on Page 17

At the Friday Honors Night Dinner, Omaha transplant surgeon, Byers W. Shaw, MD, discussed his training, career, and how burnout and factors of anxiety affected his work. See the Annual Meeting recap on the EVP pages.

During the October 4, 2023, CAMA Fall Executive Board Meeting, the CAMA Officers and Trustees voted to increase the annual dues across the board, as well as to allow medical students to be members of CAMA at no charge through Residency and some Fellowships. Please see Pages 17 and the dues forms on pages 27-29 for the new dues structure effective with 2024 annual dues cycle.

The CAMA Board also voted for a new updated CAMA logo in two beautiful versions (one full color version and a less ink-intense version for printed materials). See Dr. Gerald Saboe's article on Page 9 for a history of the organization's logos and a peek at the new ones!

The membership voted for some bylaws updates previously published in several 2023 newsletters (see CAMA website for the full downloadable version of the bylaws), and a new slate of Officers and Trustees for the coming two years (See Page 2).

If you have any questions or concerns, please contact the CAMA Home Office by telephone or email. Articles for future editions of the CAMA newsletter are always appreciated. We look forward to hearing from you soon.



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*Leigh L. Speicher, MD MPH
CAMA President 2023-2025*

Getting to know the new President...

Leigh L. Speicher, MD, MPH is board certified in Internal and Aerospace Medicine. She serves as a Consultant within the Section of the Executive Health Program at Mayo Clinic in Florida. Dr. Speicher is a licensed private pilot and a Senior FAA Aeromedical Examiner. She is the Medical Director for Patient Experience and the Associate Chair of Quality for the Department of Medicine. She serves as faculty for Communication in Healthcare and the Aerospace Medicine Elective. Dr. Speicher is an Assistant Professor of Medicine. She is a Fellow of the American College of Physicians, Aerospace Medical Association, and the Civil Aviation Medicine Association.

Dr. Speicher earned her Bachelor of Science at Eckerd College in St. Petersburg, Florida and her medical degree from the University of Miami School of Medicine in Miami, Florida. She completed a general surgery internship at the National Navy Medical Center in Bethesda, Maryland and served as a Flight Surgeon for VP-30 at Naval Air Station Jacksonville while on active duty in the US Navy. She completed combined Internal and Aerospace Medicine Residency at the University of Texas Medical Branch in Galveston, Texas, where she also obtained a Master of Public Health degree. During this time, she continued to serve in the US Navy reserves attaining the rank of Commander before separating. She worked in the medical appeals department for the FAA prior to joining Mayo Clinic in 2012. Dr. Speicher enjoys spending time with family, traveling, and scuba diving.

CAMA President's Message

I'm honored to have been elected as the 2023-2025 President of CAMA during our recent meeting in Omaha, Nebraska. The meeting was a resounding success thanks to the efforts of so many people. I would especially like to thank Sherry Sandoval for her efforts to arrange the venue and amazing field trip to the Strategic Air Command. The organization would not be what it is without her! Drs. Ronan Murphy and Alison Leston brought together a wonderful and useful educational program. I'm also grateful for the presentations and insights of all the FAA physicians who were able to be a part of this meeting despite a potential government shutdown. Lastly, I would like to thank our outgoing President, Dr. David Schall, for his servant leadership and mentorship. He has worked to protect and advance CAMA. The Space Medicine Committee was formed during his tenure, and we had an insightful talk this year on commercial space flight operations from NASA Flight Surgeon, Dr. Rahul Suresh. Dr. Schall also shares his passion for aerospace medicine education as a consistent speaker. In addition to his typical ENT related topics, he gave a lovely historical talk on one of the greats from our organization, Dr. John Tamisiea. I hope to serve CAMA in the same steadfast manner, although I may not be able to command the room like he can at my much shorter height!

The month of October has been a whirlwind, but it's also a true demonstration of the rewards that come with a passion for Aerospace Medicine. The Monday after CAMA was the beginning of Mayo's 3rd annual Aerospace Medicine Elective. I serve as faculty co-lead for this 3-week rotation for Mayo medical

students and residents. The rotation consists of in-person and virtual didactics, hands-on learning, clinical experiences, and field trips. We covered topics such as altitude physiology, spatial disorientation, mishaps, aeromedical evacuations, and much more thanks to a host of wonderful speakers including Drs. Schall and Suresh. Hands-on learning included topics from austere medicine like splinting, water purification procedures, and navigating and simulations from in-flight emergencies to altitude sickness using standardized patients (actors).

Our field trips consisted of a Blue Angels Air Show over Jacksonville Beach, a trip to see F-15's at the local Florida Air National Guard Base, and a day at Kennedy Space Center. I had to leave 2 days prior to the course ending to fly to Abu Dhabi where the 69th Annual International Congress on Aviation and Space Medicine (ICASM) was held. What an amazing opportunity to travel to the United Arab Emirates and attend such a wonderful conference! Highlights were a tour of Ethihad Airlines where I got to slide down an evacuation slide and see the mockup of the level above 1st class called "the residence."

I also had the great privilege to present how we developed the Aerospace Medicine Elective and the academic productivity that has followed. I so enjoyed meeting several young international doctors forging a path to Aerospace Medicine despite limited opportunities. This really opened my eyes as to how lucky we are to have access to such a wonderful field with training programs here in the US and

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relative ease in becoming AME's.

I'm finally catching my breath and am so very happy to introduce myself to our members. I look forward to seeing you in Chicago for CAMA Sunday and our CAMA luncheon during AsMA. Then in September, I welcome all to my hometown of Jacksonville, Florida for our next annual meeting.





*Kris Belland, DO, MPH, MBA
CAMA Vice President of
Management and Planning*

We are committed to improving an already well running CAMA family organization. In that light, we are working to improve our processes and procedures. There are some opportunities to update our original articles of incorporation, banking relationships, business meeting agendas, and election processes and procedures. You will see movement in all these areas as the year unfolds.

Following is a high-level overview of some international meetings that have occurred recently. These organizations play key roles in maintaining global standards and safety, especially in areas like aerospace medicine and public health:

International Civil Aviation Organization (ICAO):

This is the go-to agency for anything related to international air travel. Established in 1944 under the UN, the ICAO sets standards and regulations to ensure safe, secure, efficient, and environmentally responsible aviation. It's crucial for issues such as air navigation, border crossing procedures for aircraft, and flight safety. Dr. Ansa Jordaan is the Chief Medical Advisor for both ICAO and CAPSCA. We have several CAMA members who serve on ICAO committees (Aviation Medicine, Pilot Mental Health, and CAPSCA (see below).

Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA):

This program is a bit more niche but super relevant to your field. CAPSCA helps coordinate efforts to prevent and manage public health risks in aviation. It involves the ICAO, World Health Organization, and other international bodies. They work on vital issues such as preparing for health emergencies, managing risks during outbreaks, and maintaining safe and efficient air travel. CAPSCA met regularly throughout the COVID-19 pandemic. I along with many of our aerospace medicine CAMA specialists have contributed to both CAPSCA and ICAO efforts. Our work has been crucial in ensuring the safety and preparedness of the aviation sector throughout the pandemic. One of our work products is **ICAO = Doc 10152 Testing and Cross-Border Risk**

Management Measures Manual. <https://shorturl.at/ivVX3>

WHO Pandemic and Epidemic Response Team (PRET):

This team is a crucial part of the World Health Organization (WHO), the global health arm of the United Nations. The PRET focuses on preparing for and responding to pandemics and epidemics. They serve as the emergency responders for global health crises. Their work includes surveillance and monitoring, rapid response, guidance and training and research and development. We now have aerospace medicine representation on the PRET.

American Osteopathic Association, OMED:

The OMED 2023 conference, hosted by the American Osteopathic Association (AOA), was a significant event in the field of osteopathic medicine. Held from October 6-8, 2023, in Orlando, Florida, this annual conference united thousands of osteopathic physicians, medical students, and other health professionals from across the country. It was celebrated as the world's largest gathering of osteopathic physicians. The conference offered a hybrid format, allowing attendees the flexibility to participate either in-person or online, which was a notable aspect of this year's event.

American Osteopathic College of Occupational and Preventive Medicine (AOCOPM):

The AOCOPM conference, held during the AOA OMED 2023 in Orlando, FL, presented a comprehensive program covering various aspects of occupational and preventive medicine. Aerospace Medicine Day on October 8 included sessions such as "US Navy Aircraft Carrier TopGun Mishap Investigations and Resultant Reduction in Mishaps" and "Commercial Airlines: Applying COVID-19 Lessons Learned in Preparation for the Next Pandemic" by Kris Belland, DO, MPH, MBA.

Aviation Health Conference (AHC) 2023:

Convened by IATA (International Air Transport Association) and IAMA (International Airlines Medical Association) in London, offered a comprehensive agenda focusing on current issues in aviation health. The conference, chaired by Dr. Rui Pombal, featured notable presentations and discussions over two days. Key topics included the legal implications of psychosocial risk in aviation, strategies for managing infectious disease risk, and the use of multi-layered defenses against future airborne diseases. There were also sessions on aviation-informed simulation for pandemic preparedness, managing health challenges in the post-pandemic world, and cabin air quality studies. Other important discussions revolved around

(Continued on Page 6)

leveraging medical volunteers in flight, fatigue management in airline operations, the effectiveness of airline telemedicine solutions, and managing operational responses to regional infectious disease outbreaks. The conference provided a platform for experts to exchange insights on critical health issues affecting the aviation industry.

The 69th International Congress of Aviation and Space Medicine (ICASM)

in 2023, held under the auspices of the International Academy of Aviation and Space Medicine, was a notable event in Abu Dhabi from October 26 to 29. The congress featured a high-quality and varied scientific program, covering a wide range of topics in aerospace medicine, including medicine, science, and human factors. It presented opportunities for professionals in aerospace medicine, such as doctors, nurses, scientists, and others involved in the field, to actively participate and contribute to the scientific program through oral or poster presentations.

Dr. Leigh L. Speicher (CAMA President) presented on the topic of “Blast Off! How aerospace medicine can launch the resident internist.” Dr. Kris Belland Co-Chaired Dr. Speicher’s panel on “Space: The Space Medicine Physician” and also presented “Emerging aviation multi-layered disease defense strategy (AMLDDS) Ultraviolet (UV-C).”

I am looking forward to serving CAMA, please let me know if I can ever be of assistance.



ICASM Session 4: Space: The Space Medicine Physician

Photo Left to Right:
 Co-Chair Dr. Henry Lupa;
 Dr. Leigh L. Speicher, USA, CAMA President;
 Mr. Jamesy Hury, USA;
 Dr. Dana Levin, USA; and
 Dr. Kris M. Belland, USA, CAMA VP M&P



Photos from the top:
 Leigh Speicher, MD, MPH,
 speaking at ICASM meeting in
 Dubai in October, 2023, on
 “how aerospace medicine can
 launch the resident internist”

Kris Belland, DO, MPH, MBA,
 presenting at ICASM meeting in
 Dubai, October, 2023, on
 “Multi-layered disease defense
 strategy Ultraviolet”

Left: Dr. Speicher on “Space:
 The Space Medicine Physician”
 panel

CAMA was recently contacted by [The MITRE Corporation](#), a not-for-profit organization that works in the public interest across federal, state and local governments, and industry and academia. MITRE is currently working on an effort in partnership with the FAA's Aerospace Medical Research Division to bring together industry partners to **collaboratively re-envision aeromedical certification**. They felt that CAMA and our members might have key input into exploring what a future state may look like and how best to achieve it.

The MITRE Corporation has done some initial outreach with a number of individuals working in aviation—many of whom are pilots. They are interested in scheduling some time with the appropriate people at CAMA in the next few weeks to provide an overview of the effort and to gather some initial input on key questions related to needs, challenges, and ideas regarding managing medical risk to aviation safety. A one page detailed description of the effort is attached on Addendum Page (see Page 8 of this publication) for your information should you wish to participate in this information gathering effort.

Rebecca Lehner
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Editor's Note: The MITRE group made a lunch presentation during the Omaha Annual Scientific Meeting to collect information and input from practicing AMEs and other medical professionals involved in the aviation industry. Participation is entirely voluntary.

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A Fresh Look at Aviation Safety and Medical Risk



The Vision

We have all experienced regulations or standards intended to serve the public that did not clearly align with our perception of the risk. That may have caused puzzlement, frustration, a loss of trust in the rule-making authority, or disregard for the rule.

Now imagine a future where the criteria for medical fitness-to-fly are transparent and more logical. A future where pilot health requirements are clearly aligned to the performance requirements of their assigned aircraft. A future where pilots can seek the medical care they need without fear of loss of livelihood from a potentially overly conservative standard. A future where innovative and enduring risk management methods accommodate differences in pilots, aircraft equipment, and automation to optimally manage systemic risks to aviation safety.

The Case for Change

Aeromedical risk acceptance may be conservative due to uncertainty about a pilot's health as they ready for a flight and the specific mental and physical demands of them for a given aircraft and operation. These risk management challenges – along with government resourcing and economic constraints, pilot workforce growth, healthcare ecosystem changes, and increasing population morbidity – all indicate that business as usual and minor process adjustments are not sufficient. Now is the time for new thinking – and we sense stakeholders are ready to collaborate in shaping a new approach.

An Opportunity for Collaboration

The public has high expectations for aviation safety. The FAA has the responsibility to translate public expectations into regulations and standards. Operators control their operations and have data about how aircraft systems perform. Pilots manage their health and fly safely. Together, these perspectives and data can inform risk-based safety criteria for medical certification, reducing conservatism caused by uncertainty, and favoring evidence based decisions and processes.

Since the operational community can establish a richer and more practical control set, we seek input on key questions (see sidebar). You are invited to an exploratory discussion to share your needs, challenges, and ideas regarding managing medical risks to aviation safety. We will not attribute statements from these conversations to you or your organization. Following an initial exploratory discussion, stakeholders may choose to participate in follow-on workshops that are intended to clarify opportunities and collaboratively shape solutions.

We seek industry partners to collaboratively re-envision aeromedical certification. Together, we will explore and shape the feasibility of fresh, new future approaches for better managing medical risks to aviation safety.

Industry input can help address questions about the future of aviation safety such as *how might we...*

- better manage pilot health-related safety risks?
- verify that risks are consistently managed at an acceptable level of risk?
- optimize data use to ensure the public's interest in aviation safety is met?
- benefit from integrating physical and mental health into a collaborative safety management approach?

MITRE

MITRE's mission-driven teams are dedicated to solving problems for a safer world. Through public-private partnerships, as well as the operation of federally funded R&D centers, we work across government to tackle challenges to the safety, stability, and well-being of our nation.

CAMA SEAL EVOLUTION: 1955 to 2023

By Gerald W. Saboe, DO, MPH – Chairman, CAMA Logo Committee and Past CAMA President



The formal launching of the Civil Aviation Medical Association (CAMA), transitioning from being the Airline Medical Examiners Association (AMEA), occurred following the unanimous approval of all attending members at the Hotel Statler, Washington, D. C., on Saturday, March 19, 1955, at

the first annual business meeting. The last president of AMEA and the first CAMA president, Gerald “Jerry” Backenstoe, MD, developed the beautiful emblem or seal of the new Association, which was unanimously adopted by the Board of Trustees at its second meeting on June 6, 1955. New membership

was actively sought under the vision, “I believe the future of America rests in its air power. I will be glad to help build aviation in every way possible.”



Original 1955 CAMA Seal

The original CAMA emblem or seal incorporates the use of a central planetary earth Globe overlying a stylized Caduceus of Hermes. The Caduceus of Hermes had previously inspired the US Army Medical Corps logo design adopted in 1902. Both designs consisting of two fighting snakes coiled around a central Staff with outstretched wings, however the CAMA design differs from both in that in the CAMA design the wings wrap around the globe and are overprinted with Civil Aviation Medical Association. At the bottom of the CAMA design are olive branches and olives symbolizing peace and friendship. The CAMA motto, “PRO BONO PUBLICO,” was positioned beneath meaning “to serve the field of civilian aviation interests for the public good.” The CAMA slogan, “HELP BUILD AVIATION,” was placed at the bottom meaning, “To assist in the development of American Aviation and aeronautical manpower to the greatest possible

extent for national security and world peace.” The motto and slogan were separated by the year of CAMA’s launching, “1955.” The Caduceus of Hermes design was stylized and adopted by the US Army in 1902 (at the left below) as the symbol of the US Army Medical Corps, with its version having a larger head of the staff, having two larger wings, and two larger intertwined fighting snakes with the heads of the snakes at the top. The middle symbol below is the Caduceus of Hermes from which the US Army design originated. The symbol below to the right is the Rod of Asclepius, which historically represents medicine and healing.



Since 1955 there have been occurrences of vendor produced CAMA pamphlets, brochures, bags, banners, plaques, medallions, and lapel pins made with design anomalies that have occurred and had gone unnoticed for long periods of time to the current CAMA Executive Board’s surprise. Equally, over the nearly 70 years since CAMA was formed, many inventions and technological breakthroughs have opened the gates for widespread global air travel innovation, as well as for initial venturing into civil commercial space operations. The CAMA Executive Board (EB) at the Feb 2023 meeting agreed an ad hoc CAMA Logo Committee should be formed for assessing the history and status of the CAMA Logo being used, to make recommendations for immediately needed changes, and to develop ideas for a new CAMA Logo design creation. After developing a CAMA Logo specification from logo committee member’s ideas, Logos were drafted by a professional graphic design company based on ideas/images we as a committee chose to convey what represents the mission of this Association, within the constraints of CAMA Bylaws, “Looking to the future but remembering the past...” Considerations for use of the designs were based on the logo use on lapel pins, letterhead, advertising, large banners, and on large presentation screens. Below are the EB chosen two logo designs, 1 & 2, for the new CAMA logos. The first design will be used in black and white, full color, and both designs are available with or without a CAMA abbreviation positioned beneath the logo. The full color design 1 symbolism starts with the central Rod of Asclepius, which historically represents medicine and healing,

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with outstretched broad wings symbolizing flight. At the top of the Rod of Asclepius, are two small yellow stars representing Aviation and Space, with a larger central yellow star representing the merger into Aerospace. The red flying ship streaks from the atmosphere of Earth with a trajectory towards the Pleiades open star cluster (Seven Sisters) representing travel into space. The CAMA motto, "PRO BONO PUBLICO," is positioned beneath meaning "to serve the field of civilian aviation interests for the public good."

they derive their English name from Greek legend in which the stars represent the daughters of the ocean nymph Pleione. Astronaut theorists and believers in aliens suggest there's an extraterrestrial species from the Pleiades star cluster called the Pleiadians. Scientists estimate that the entire cluster is no more than 150 million years old, and possibly as young as 75 million.

The second logo design for use when an open-style design is wanted, also has the central Rod of Asclepius, which historically represents medicine and healing, with outstretched broad wings symbolizing flight. The red flying starship streaks from the atmosphere of Earth with a trajectory traveling into space, with stars surrounding the daylight side of the Globe representing aviation and space travel. The CAMA motto, "PRO BONO PUBLICO," is positioned beneath meaning "to serve the field of civilian aviation interests for the public good."



CAMA CAMA

The Pleiades are an asterism, or pattern of stars, as well as an open star cluster, made up of more than 1,000 stars. They are located in the constellation Taurus and are about 410 light-years from Earth. Also known as the "Seven Sisters" and Messier 45,



CAMA

The "stand alone" CAMA abbreviation is for use as situationally desired.

Tackling the tough questions about healthcare avoidance in our pilot patients

By William Hoffman MD



William R. Hoffman MD is a neurologist and an affiliated assistant professor of aviation at the University of North Dakota John D. Odegard School of Aerospace Science with an interest in aircrew brain health and pilot healthcare behavior. Follow him on LinkedIn at: <https://www.linkedin.com/in/william-hoffman-md-ame>.

Pilot healthcare anxiety is often well known within aerospace medicine. In fact, the military established flight surgeons – physicians who work closely and often fly with pilot patients – over a hundred years ago in hopes of addressing the issue. But despite a century of incredible progress in aviation, pilot healthcare anxiety remains an increasingly urgent concern. Amidst recent news, this is particularly the case for mental health. This article summarizes current research around pilot healthcare avoidance and raises questions about how aerospace medicine might work to address the challenges ahead.

Our primary tool to ensure airmen meet medical standards is by asking about new symptoms or use of healthcare services. Pilots seeking care and disclosing new health information during aeromedical screening run the risk – usually temporarily – of certification loss, potentially resulting in negative occupational and social repercussions. This paradigm can inadvertently leave some pilots weighing the risks of seeking care or disclosing health information against the risks to their career or hobby. For this reason, some have argued that pilots [face a barrier](#) to seeking medical care due to what a change in health status might mean for their flying status. Of course, this is not news to most aeromedical physicians. Informal conversation with an off-duty AME may include surprise at how much one airman was willing to share and questions at what was left unsaid by another. But despite this experience, new data is making clear just how prevalent this issue remains. A study of [3,765 US pilots published in *Journal of Occupational and Environmental Medicine*](#) showed that 56.1% reported a history of healthcare avoidance (defined by as self-reported history of at least one of the following: incomplete disclosure during aeromedical screening, new and non-disclosed symptoms, non-disclosed prescription medication use or informal healthcare seeking) due to fear for loss of flying status. Perhaps not surprisingly, pilot groups associated with compensation – including being in a union or flying

commercially – reported higher rates than others. Interestingly, healthcare avoidance seems to extend beyond the United States – a recent study published in [Occupational Medicine of over 5,000](#) pilots showed nearly the same rate of healthcare avoidance due to fear for loss of flying status between US and Canadian pilots. In short, pilot healthcare avoidance appears to be prevalent in the US and beyond.

The US aerospace system is incredibly safe, made so by system redundancies and the incredible work of safety sensitive personnel across the enterprise. So how does pilot healthcare avoidance fit in? We feel this story is less safety and more about the presence of an unintended healthcare barrier that our pilot patients face. Unfortunately, such a barrier may have consequences. [A *Journal of Occupational and Environmental Medicine*](#) publication showed 60.2% of a sample of US pilots reported a history of forgoing or delaying medical care due to fear for loss of flying status. Delaying medical care can have consequences on health outcomes, evidenced by the same sample reporting a lower likelihood of seeking medical care for various durations of chest pain compared to non-pilot controls. Delayed presentation to care can influence health outcomes in select circumstances and may ultimately have a negative impact on the health of the pilot patients for whom we care. While these data are self-reported with risk of bias, clinical experience supports the existence of healthcare anxiety in the population with potential implications to care. If the purpose of the aeromedical system is to ensure pilots are healthy and fit for duty, these data challenge us to think hard about how we might do better. More broadly, these data challenge us as aerospace physicians to consider our role in addressing these perceived barriers in the aeromedical system of the future.

How do we better meet the unique healthcare needs of pilots while maintaining aviation's exceptional safety record? It is an open question. But despite the long-term questions ahead, there are several short-term actions we can take to mitigate these challenges. First, talk openly about pilot healthcare seeking anxiety. Raising awareness about the perceived barriers pilots face in seeking care encourages the shared use of terms and exploration of potential solutions at many levels within the system, ranging from policy to individual clinical care. Second, tell success stories. Misinformation about certification, special issuances, and disqualifying conditions continues to exist. Telling true stories about pilots getting the care they need and safely returning to duty within policy guidance not only normalizes care seeking but can also provide instruction about processes. This may be

(Continued on Page 12)

particularly helpful related to mental health amidst existing stigma. Finally, support research. This can take many forms, ranging from leading your own efforts to advocating for research funding. The Aerospace Medical Association (AsMA) is soon to publish research priorities related to mental health in aviation that aim to optimize both mental wellness and safety. AMEs and aerospace medicine physicians should spread the word, encourage researchers (including those in graduate programs looking for projects) to tackle these questions and incorporate evolving data into their practices. Similar research prioritization efforts should be considered in other aerospace medicine fields to help focus efforts to address the most pressing questions ahead.

Want to read more by Billy Hoffman?
Here is an article from *Air and Space Forces* entitled "Lie to Fly", in which Dr. Hoffman is quoted:
<https://www.airandspaceforces.com/air-force-pilot-mental-health/>

Op-Ed – *Seattle Times*
<https://www.seattletimes.com/opinion/we-study-airline-pilot-mental-health-heres-how-we-can-do-better/>

Op-Ed – *Medpage Today*
<https://www.medpagetoday.com/opinion/second-opinions/106432>

Op-Ed - *Scientific American*
<https://www.scientificamerican.com/article/we-need-to-change-the-system-that-keeps-pilots-from-seeking-mental-health-care/>

The views expressed in this article are only those of the author and do not necessarily reflect those of any other organization.

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.



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PASM Perspectives: A Student's Experience with UTMB's Aerospace Medicine Course



Corey Morris is a current 2nd year family medicine resident with The Appalachian Osteopathic Postgraduate Training Institute Consortium (A-Optic) at Lake Cumberland Regional Hospital in Somerset, KY. He is a graduate of LMU-DeBusk College of Osteopathic Medicine in Harrogate, TN as well as

Tennessee Technological University in Cookeville, TN. He is passionate about rural outpatient family medicine, wound care/hyperbaric medicine, and aviation/space

Section 1: The Course Overview

The Principles of Aviation and Space Medicine (PASM) course, hosted annually by the University of Texas Medical Branch (UTMB), has long been a cornerstone of introductory Aerospace Medicine experiences. The course was an intensive three-week program featuring daily online lectures from 8 am to 5 pm, immersing us in introductory Aviation and Space Medicine topics. This year, it took on a new dimension with the addition of a one-week, in-person workshop in Houston, Texas.

Section 2: Course Content

Throughout the course, we delved into fascinating subjects such as orbital mechanics, spatial disorientation, aviation/spaceflight and body system specific physiology and pathology, civil aviation safety, aviation/spaceflight psychology, and diving medicine, among others. The highlight was the opportunity to learn from renowned leaders in the field, representing institutions like UTMB, Mayo Clinic, NASA, the FAA, and Commercial Space Companies, just to name a few. The course broadened my perspective on the vast and exciting domain of Aerospace Medicine.

Section 3: Networking and Collaboration

In addition to the knowledge gained, I had the privilege of networking with peers who shared my passion for Aviation and Space Medicine. This field, although niche, fosters a unique sense of camaraderie among like-minded individuals. It was a rare chance to "nerd out" with fellow enthusiasts and forge valuable connections for the future.

As the course continued, it was clear that this was more than just an academic pursuit. Meeting peers

who shared my curiosity and ambition in aerospace medicine was a highlight. In the often-isolated world of medical training, this course was the first time I could engage with others who were equally fascinated by the subject matter. Our shared enthusiasm for aviation and space medicine became a source of inspiration and motivation.

Section 4: Student Presentations

The course culminated in a day where students presented on an Aerospace Medicine-related topic. The presentations were awe-inspiring, showcasing the depth of knowledge and enthusiasm among my peers. It reassured me that the future of aerospace medicine is indeed in capable hands.

Section 5: The In-Person Workshop

Following the virtual course, we embarked on the first annual UTMB post-course, in-person workshop in Houston, TX. The first two days, we attended lectures at the Neutral Buoyancy Lab, experiencing firsthand the challenges of hypoxia on aviators, the physiology and treatment of decompression sickness, and exploring space suit design and EMUs. We even had the privilege of touring the NBL pool and experiencing the dive and altitude chambers.

On day three, we embarked on an unforgettable tour of Johnson Space Center. While there, we learned about countermeasure systems, environmental health systems, and health maintenance systems. Special access to Mission Control, the Space Vehicle Mockup Facility, and the Countermeasures Training Room made this an unforgettable experience.

On the fourth day, we ventured to Galveston, TX, the home of UTMB's Public Health and Aerospace Medicine office. There, we continued our exploration of Aviation Medicine, learning from esteemed faculty at Mayo Clinic and UTMB. The day culminated in a spirited game of Aerospace Medicine Jeopardy, where we tested our knowledge and camaraderie with current UTMB faculty/NASA Aerospace Medicine physicians.

The last day was reserved for tours of commercial aerospace companies and Ellington Field. We gained valuable insights into the cutting-edge developments happening in the aerospace industry and flight training of current astronauts, reaffirming the innovation and growth potential of this field.

(Continued on Page 14)

Section 6: Conclusion and Future Plans

My journey in Aerospace Medicine with UTMB has been nothing short of transformative. It has solidified my pursuit of a career in this field, and I am deeply grateful for the opportunities it has afforded me. The course and in-person workshop have expanded my horizons and kindled a passion that will guide my future endeavors, and most importantly, gave me a chance to forge many new friendships along the way.

Closing Remarks: I would like to express my sincere gratitude to CAMA for allowing me to join this organization as a resident member and share my recent journey. I encourage all readers with an interest in Aerospace Medicine to explore this dynamic field. Feel free to reach out with questions or to connect with a fellow enthusiast.

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A Glance on Keratoconus By Dr. Noha Maher Emara, MS, ICO, FRCS Glasgow

Noha Maher is an Egyptian female ophthalmologist and a long-time participant in CAMA activities, publications, and Annual Scientific Meetings. She graduated with honors in December 2006 from Ain Shams university. In 2011 she received her master's degree and in 2015 FRCS Glasgow in ophthalmology. Dr. Noha has worked for about ten years as an ophthalmologist and an AME in the Aeromedical council, Egyptian Ministry of Civil Aviation. Dr. Noha loves reading, dancing, painting and watching adventurous, fantasy and horror movies. She also sometimes writes poetry.

Please also see Dr. Noha's article entitled "Inverted Globe Scan by Ultrasound" in the December 2019 edition of The Flight Physician on the CAMA website.

Dr. Noha enjoying a balloon flight in Luxor, Egypt (August 2023)



First – some basic pathology:

Normally, we see a clear image when the light from a given point is focused by the refractive system of the eye (cornea and lens) **on** the retinal surface into a **single point**. If the light is focused **in front** of or **behind** the retina; we will see a blurred image. Also, if the light is not focused into a single point, we will see a blurred or skewed image.

If the light is focused in front of the retina, this is called **myopia**. Behind the retina is **hyperopia**. In case the light is not focused in a single point, this happens in case of **astigmatism**. Astigmatism can be regular (light is focused in two points) or irregular (the focus is multiple/ill-defined points). (figure 1¹)

What is Keratoconus "KC":

Normally the ocular surface is regular and reaches its final size and shape around the age of 18-20. In cases of KC the cornea is not as rigid or stable as it should be, so it yields under the ocular pressure into

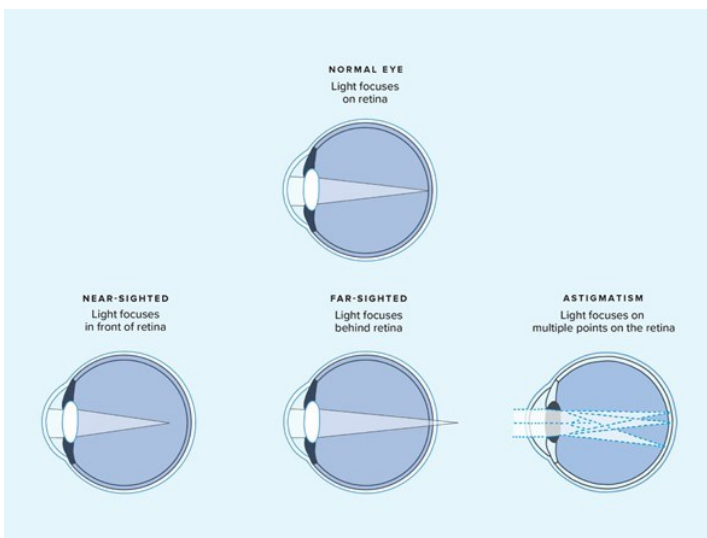


Figure 1

(Continued on Page 16)

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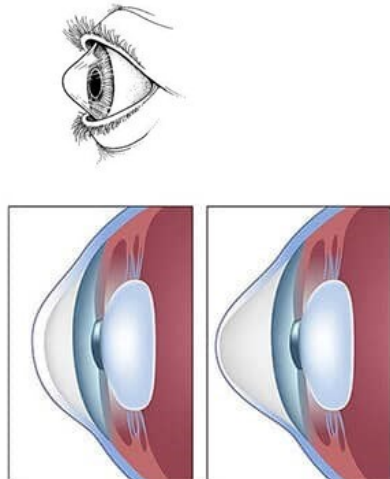
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a dome shape, which is inferior by the effect of gravity. (figure 2^{2,3}). This results in a change in the refractive state of the eye. Early by myopic astigmatism. Later the cornea becomes irregular so that there's no possible spectacle correction.



Figure 2



Normal Keratoconus

Figure 3

Why do we need to know about KC!!!?

KC is a bilateral disease, luckily it is not symmetrical. Usually there's a good eye and a bad eye. The problem is that it is progressive. KC usually presents in the late teens and early twenties. It may progress for 10-20 years, then may slow or stabilize. The early stages are sometimes misdiagnosed.

Does KC have symptoms?

Usually the first symptom is frequent change of spectacle prescription. Other symptoms include blurred vision, halos, light streaks, double vision and light sensitivity.

Furthermore, an eye with KC is more fragile than a normal eye. It carries the risk of rupture with blunt trauma.

We need to screen, who?

Children and adolescents with changing vision or increasing astigmatism. The earlier keratoconus is

diagnosed, the better the chance of optimizing these patients' visual outcomes⁴

Can KC be cured? And how?

KC is a treatable disease. Collagen crosslinking is the only treatment currently available to stop or slow down the progress of the disease. It also may result in some flattening of the corneal bulge.

Crosslinking achieves this through a chemical reaction using a combination of riboflavin (vitamin B2) and ultraviolet (UVA) light to strengthen the cross-links between the collagen fibers within the stroma layer of the cornea⁵. (figure 4⁵)

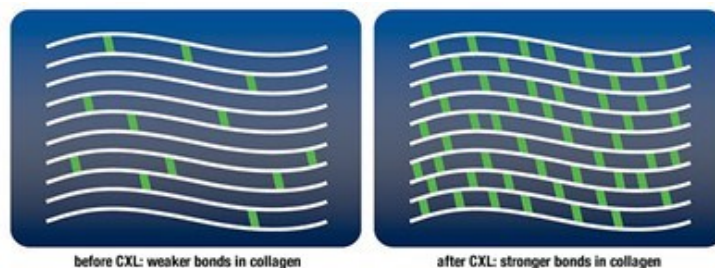


Figure 4

For mild KC contact lens fitting can help achieve a clearer vision. Late neglected cases may require corneal transplantation.

We need to screen, who?

KC is a progressive bilateral disease. Ophthalmologists should have a high suspicion index in case of frequent prescription change or high astigmatism. The best outcome is as early as possible treatment.

References:

1. <https://www.warbyparker.com/learn/refraction-eye-exam>
2. <https://barryandsargent.co.nz/eye-health/keratoconus/>
3. <https://www.clevelandeyeclinic.com/eye-disease-ohio/keratoconus/>
4. <https://crstodayeurope.com/articles/jan-2022/pearls-for-keratoconus-screening-and-treatment/#:~:text=Until%20this%20becomes%20an%20attainable,optimizing%20these%20patients%20visual%20outcomes>
5. <https://www.keratoconus.org.au/treatments/corneal-collagen-crosslinking/>

Home Office Activities and Information



*Sherry Sandoval
CAMA Executive Vice President*

Dues and Membership 2024

The CAMA Board voted during the Fall Executive Board Meeting October 4, 2023, in Omaha, Nebraska, to increase CAMA Membership Dues for 2024. Regular membership dues for a calendar year will be \$250.00, Sustain Membership will be \$500.00, a fully retired AME may retain CAMA membership for \$85.00, Life Membership will be \$2500.00 for a Life Membership, and \$Corporate Membership will be \$550.00. Medical Students, Interns, Residents, and Fellows may become CAMA members at no cost. The various dues forms are available at the end of this newsletter and can also be accessed on the Members Lounge page of the CAMA website at www.civilavmed.org. Please take a few moments and pay your 2024 CAMA dues so that you do not miss out on any news or activities.

Most individuals paying dues 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 websites, 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.

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

2023 Annual Scientific Meeting Held in Omaha, Nebraska

The Annual Scientific Meeting was held at the DoubleTree Hotel in downtown Omaha October 5-7, 2023. There were 135 total participants at the meeting, including two FAA representatives, eight one-day lecturers, one keynote speaker, 13 guests, and 108 medical professionals, of whom 60 were FAA designated AMEs. We had 22 individuals representing 11 of our Corporate Members participating in the meeting, with five hosting exhibit tables during the meeting.

One of the most popular activities of the Omaha meeting was the field trip to the Strategic Air Command (SAC) Museum and our catered dinner in the atrium of the museum under the wings of the beautiful Blackbird war plane. The museum personnel had both of the simulators online for our guests to try out. The manipulations that our many pilots put those machines through were fascinating to watch from the ground!

At the Honors Night Banquet, our keynote speaker, Byers W. Shaw, MD, spoke of his experiences as a transplant surgeon who also experienced anxiety at the peak of his career. Dr. Shaw was presented the Forrest and Pamela Bird Recognition Award for his contributions to aviation medicine.



*Byers W. Shaw, MD,
Honors Night Keynote
Speaker*



*David G. Schall, MD, MPH,
CAMA President, presenting
Byers W. Shaw, MD, with the
Bird Recognition Award.*

(Continued on Page 18)

As part of the Honors Night Ceremonies, outgoing CAMA President David G. Schall, MD, MPH, passed the gavel to incoming President Leigh L. Speicher, MD, MPH. Gregory A. Pinnell, MD, was elected as President-Elect, and Kris M. Belland, DO, MPH, was elected as Vice-President of Management and Planning. The remaining officers were unchanged.

The following Trustees were elected to serve a term expiring in October 2026:

Herminio Cuervo-Delgado, MD, MPH
 Daniel Danczyk, MD, MPH
 Fred A. Furgang, MD
 Farhad Sahiar, MD, MS
 Alex M. Wolbrink, MD, MS



David G. Schall, MD, MPH and Harris Award Recipient R. Ronan Murphy, MBChB

Honors Night Awards

Matthew M. Cooper, MD, MBA, was the recipient of the Audie and Bernice Davis Award sponsored by Harvey Watt and Company in recognition of his outstanding performance as an Aviation Medical Examiner (AME) and exceptional service to airmen, the aviation/aerospace industry, and to the FAA.

David G. Schall, MD, MPH and President's Commendation Award recipient Alison, Leston, MD, PhD



The President's Commendation Award recipient was Alison Leston, MD, PhD, for having been instrumental in arranging CAMA's Educational Program for the past two years, including articles for the newsletter, lectures at the Annual Scientific Meetings and participating as a panel member of the FAA Neurology Review Board.



Dr. Matthew M. Cooper Audie & Bernice Davis Award Recipient

2023 CAMA Fellows

CAMA was very proud to announce two new CAMA Fellows for 2023:

Charles R. Fisher, MD, MPH and
 Marsha Reekie, RN

The Jim and Sammie Harris Award was presented to R. Ronan Murphy, MBChB, CAMA Vice President of Education, for his exceptional service and excellence in coordinating outstanding educational content for the CAMA Annual Scientific Meetings and CAMA Sunday programs since 2018.

David G. Schall, MD, MPH, and Charles R. Fisher, MD, MPH



(Continued on Page 19)



David G. Schall, MD, MPH, and Marsha Reekie, RN



David G. Schall, MD, MPH, receiving the Presidential Service Award from Gerald W. Saboe, DO, MPH, Past President and Chair of the Awards Committee.

Passing of the Gavel



Leigh L. Speicher, MD, MPH, incoming CAMA President and David G. Schall, MD, MPH, outgoing CAMA President

(Continued on Page 20)

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At the end of the Honors Night Ceremonies, the gavel and President’s pin were passed from David G. Schall, MD, MPH, who served as President from 2021 through 2023, to Leigh L. Speicher, MD, MPH, incoming CAMA President for 2023 through 2025.

Presidential Service Award

CAMA wishes to express to David G. Schall, MD, MPH, our heartfelt gratitude for his service as President for 2021 through 2023. His wise council and unfailing patience, not to mention his somewhat dry sense of humor, got us through many a challenging situation over the past three years. We appreciate you, Dr. Schall and wish you the best of luck going forward.

2024 Annual Scientific Meeting in Jacksonville, Florida

Thee Sheraton Hotel Jacksonville will host our 2024 Annual Scientific Meeting in Jacksonville, Florida, September 19-21, 2024. The hotel is located near a large shopping mall and a number of restaurants and has free parking for meeting participants.

Our plans are to have a meet-and-greet cocktail party on Thursday evening at a new Flight Base of Operations (FBO) facility at the Jacksonville Executive Airport. The FBO hangar is currently undergoing renovations and improvements that will be completed by the time of the 2024 Annual Scientific Meeting. Ryan Smith, Chief Growth Officer of JAX Executive at the KCRG Airport, promises a number of beautiful aircraft will be staged in the upgraded hangar around which we will spend an hour or so with light appetizers and a couple of cash bars to relax and network with the attendees and those corporate members who elect to participate in the conference activities. Ryan has also indicated that in honor of the annual meeting, he will offer tiedown and aviation fuel incentives for any CAMA attendees who fly into JAX Executive Airport and use his FBO for services. Additional information will be provided next year once registration for the 2024 Annual Scientific Meeting opens in May of 2024.

The newly established Deerwood Castle and Jacksonville Sports Car Museum to host the second leg of our field trip and catered dinner among an amazing collection of exotic cars, some of which belonged to celebrities and several from some well-known movies (all of which are for sale, so bring your wallets)! Deerwood Castle will be designing a terrific menu for us over the next few months.

Both the new FBO (it is currently in operation, even during the renovations) and Deerwood Castle/Jacksonville Sports Car Museum are new businesses in the area, and CAMA is proud to work with and support these local establishments to host various aspects of our 2024 annual meeting field trip.

Leigh Speicher, MD, MPH, the new CAMA President for the 2024 and 2025 Annual Meetings lives in Jacksonville and works at Mayo Clinic, Jacksonville, so having her first Annual Scientific Meeting as CAMA President take place in her home town will be a special occasion. We hope to be able to invite a number of specialists from Mayo Clinic Jacksonville to speak at the 2024 meeting. CAMA Trustee Sergio Seoane, MD, is in negotiations with NOAA to arrange a presentation by the "hurricane chasers" of that organization during our meeting.

2025 Annual Scientific Meeting in Spokane, Washington

We are very excited to announce that our 2025 Annual Scientific Meeting will take place September 18-20, 2025, at the Mirabeau Park Hotel in Spokane, Washington. The hotel includes a fabulous destination restaurant called Max, and Chef Andrew has promised us an amazing dining experience during our conference!

The Forrest Bird Aviation Museum and Inventor Center, located at Pappy Boyington Field just north of Coeur d'Alene, Idaho, is a short bus ride from the Mirabeau Park Hotel and will host our 2025 field trip and catered dinner. Forrest M. Bird, MD, PhD, was President of CAMA 1993-1995, and was a tremendous supporter of the organization until his death in 2015. His wife, Pamela Riddle Bird, carried on his support of CAMA until her passing later in 2015. Her daughter, Rachel Riddle Schwam, is the Executive Director of the museum and looks forward to hosting CAMA at Dr. Bird's museum among some of his favorite airplanes, cars, and amazing inventions, including the first mechanical respirator and the "Babybird" respirator that reduced the rate of breathing-related infant mortality from 70% to 10%. To read more about this fascinating individual, check out his Wikipedia page at [Forrest Bird - Wikipedia](#).



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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

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

Pilot Minute: [How can I get my medical certification if I have high blood pressure?](#)

Pilot Minute: [Is there a better way to get medical documents to the FAA?](#)

Pilot Minute: [Do I have to report all skin cancers?](#)

Pilot Minute: [How can I get my medical certification if I have high blood pressure?](#)

Pilot Minute: [Is there a better way to get medical documents to the FAA?](#)

Pilot Minute: [How can I survive a crash in the desert?](#)

Pilot Minute: [What are some important safety considerations regarding sunglasses?](#)

Pilot Minute: [What is a verbal authorization and how does it work?](#)

Pilot Minute: [Why is it important to report disability benefits in MedXPress?](#)

Pilot Minute: [What is jet lag and how can I prevent it?](#)

Pilot Minute: [How is the FAA approaching new treatments for cancer?](#)

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?](#)

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 26-28, 2024	San Diego, CA	Refresher
March 4-8, 2024	Oklahoma City, OK	Basic
April 12-14, 2024	VIRTUAL	Refresher
May 6-9, 2024	Chicago, IL	AsMA
June 10-14, 2024	Oklahoma City, OK	Basic
August 9-11, 2024	TBD	Refresher
September 19-21, 2024	Jacksonville, FL	CAMA
October 21-15, 2024	Oklahoma City, OK	Basic
November 22-24, 2024	TBD	Refresher

The FAA recommends that you make sure all travel and lodging reservations are refundable. While scheduled to proceed as in-person seminars, one or more of these sessions may be rescheduled as a virtual seminar with little notice. These seminars will open for registration when the contract is approved and hotel room block information is received. The CAMA seminar registration will open in May 2024.

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 website Annual Meeting page (www.civilavmed.org) or by calling CAMA at 770-487-0100.

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 should I warn my pilots about kava and kratom?](#)
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- [AME Minute: Why would a pilot need an interim medical certificate?](#)
- [AME Minute: Why are categories required for documents when uploading in AMCS?](#)
- [AME Minute: Why do I need to confirm a pilot's name matches official identification?](#)
- [AME Minute: Why did the FAA change vision limitations?](#)
- [AME Minute: Why are commercial balloon pilots asking for exams?](#)
- [AME Minute: Why do CACIs require specific verbiage?](#)
- [AME Minute: Why does the FAA list some medications as conditionally acceptable?](#)
- [AME Minute: Why did the FAA revise the GO AME website?](#)
- [AME Minute: Medical Certification Updates for the AME – September 2017](#)
- [AME Minute: 10 Color Vision Testing](#)
- [AME Minute: Why should AMEs review visits to health professionals?](#)
- [AME Minute: Why would a pilot need a verbal authorization?](#)
- [AME Minute: Why did I receive a letter about a vision restriction?](#)
- [AME Minute: Why does the FAA disallow AMEs from using PRNC?](#)
- [AME Minute: Why does the FAA allow recertification of pilots with CHD?](#)
- [AME Minute: Why do different anticoagulants have different wait times?](#)
- [AME Minute: Why did the FAA introduce a policy on the TAVR procedure?](#)
- [AME Minute: Why is the FAA concerned about left atrial appendage closure?](#)
- [AME Minute: Why are there new requirements for AFIB or A-Flutter?](#)
- [AME Minute: Why can breast cancer be issued by an AME?](#)
- [AME Minute: Why do AMEs need to update their profile in DMS annually?](#)
- [AME Minute: Why did the FAA issue new guidance regarding pancreatitis?](#)
- [AME Minute: Why is the FAA concerned about Over the Counter Sleep Aids?](#)
- [AME Minute: Why does the monitoring protocol for ITDM require so many reports?](#)
- [AME Minute: Why is the FAA now certifying pilots who are on insulin?](#)
- [AME Minute: Why did the FAA add an upload feature to AMCS?](#)
- [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?](#)
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- [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](#)

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