

Vol.27, No. 3
June 2024

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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Flight Physician

A publication of the Civil Aviation Medical Association

CAMA News

CAMA had two significant events that occurred the first week of May 2024: CAMA Sunday and the CAMA Luncheon. Both of these activities were CME training events taking place during the Aerospace Medical Association (AsMA) annual meeting in Chicago.

The CAMA Sunday and CAMA Luncheon programs are shown on Pages 3 and 4 with a listing of keynote speakers and presentation subjects. Copies of the video library with CME are available for purchase from Podiumcast.com for \$69.00. You may also purchase the non-CME version of the video library for \$39.00. See Page 5 for order and purchase information. This is the first time that such an offer is available for CAMA Sunday programs.

Please see the CAMA President's Article on Pages 7 and 8 for a review and photos of CAMA activities and awards during the AsMA Annual Meeting in Chicago in May.

The CAMA Annual Scientific Meeting will take place September 19-21, 2024, at the Sheraton Jacksonville Hotel in Jacksonville, Florida. Please see Pages 28-29 for a copy of the program and Page 30 for the registration form. You may also register on the "Annual Meeting page" of the CAMA web site at www.civilavmed.org. Registration for this educational meeting is open until August 20, 2024, after which there will be a late registration fee. Please make your hotel reservations and register to attend this meeting at your earliest convenience. This program has been approved by the AAFP for 22.75 hours of CME!

If you plan to fly your own airplane to Jacksonville to attend this meeting, check out the discounts and specials being offered by JAX Executive Jet Center for meeting attendees!! See Page 10 for details.

This edition of the CAMA newsletter also contains a number of very interesting and pertinent articles of interest to Aviation Medical Examiners and other individuals involved in aviation medicine or the aerospace industry. If you have information, photos, case studies, or other items that you wish to share with your colleagues, please contact the CAMA Home Office for information on how to have your article published in a future edition of "The Flight Physician."

We look forward to seeing all of you at the 2024 Annual Scientific Meeting in Jacksonville, Florida, September 19-21, 2024!

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The CAMA Sunday and CAMA Luncheon Programs are now available for purchase on Podiumcast.com for \$39.00 (no CME included). You may also purchase the CME version of these programs for \$69.00 from Podiumcast.com. To receive the CME, purchase the video library, watch the programs. When the entire library has been viewed, you can download a CME certificate for 5 hours of CME. See order form on Page 5.

2024 CAMA SUNDAY AND CAMA LUNCHEON PROGRAM AGENDAS

CAMA Sunday Lectures – Four hours comprised of four presentations, rated by the AAFP for four hours of CME credit.

Title: “Space Medicine Considerations for AMEs”

Program Objective: The physician will understand and recognize the medical issues associated with commercial space flight that could arise during a medical examination for space flight operators and passenger candidates.

Date, Time, Location:

Sunday, May 5, 2024, 8:00 AM to 12:15 PM
Hyatt Regency Hotel, Chicago IL., Grand Hall I

Objective: The physician will be able to discuss how human research is used to screen, select, and train the best candidates for commercial spaceflight both as flight operators and as other participants in order to assure the best performance and health outcomes during space flight.



One Hour Presentation by Melchor J. Antunano, MD, MS

Director, Civil Aerospace Medical Institute, Aviation Safety Office of Aerospace Medicine, Federal Aviation Administration



One Hour Presentation by Aubrey L. Florum-Smith, PhD, RN, AFAsMA

Clinical Assistance Professor, Medicine-Primary Care and Population Health, Stanford University School of Medicine

Lecture Module Topic - Commercial Spaceflight: Future Steps—Implications for CAMA

Objective: The physicians will better understand the health conditions that would complicate an individual's participation in spaceflight by using screening criteria that will preserve participant health and safety; and, Physicians will be able to discuss advantages of interprofessional civilian space medicine research teams.

Lecture Module Topic - Medical Certification for Commercial Space Flight and FAA Research Priorities in Support of Human Commercial Spaceflight

Objective: The physician will better understand the role of aerospace medicine in commercial spaceflight and the roles of the FAA in regulation of and development of standards for the medical certification of space flight participants.



One Hour Presentation by Michael F. Harrison, MD, PhD, FAsMA

Aerospace Medicine Specialist, Critical Care Specialist, Emergency Medicine Physician, Associate Medical Director, Medical Officer for Axiom

Lecture Module Topic: Would You Fly With This Commercial Astronaut?

Objective: The physician will be able to discuss how appropriate medical screening, selection, and training of astronauts can affect mission success and safety during commercial spaceflight missions and performance.



One Hour Presentation by Emmanuel Urquieta Ordonez, MD, MS, FAsMA

Assistant Professor, Center for Space Medicine, Department of Emergency Medicine, Baylor College of Medicine

Lecture Module Topic – Considerations in Commercial Spaceflight Human Research

(Continued on Page 4)

CAMA Luncheon and One-Hour Presentation, rated by the AAFP for one hour of CME credit.
Monday, May 6, 2024, Hyatt Regency Chicago Hotel, Chicago, IL



**One Hour Presentation by
Kris M. Belland, DO, MPH,
FAsMA**

Past President AsMA, Vice-President Management and Planning CAMA, Retired Captain USN Flight Physician and Pilot

Lecture Module Topic – United States Naval Strike and Air Warfare Center, Navy Fighter Tactics Instructor Program (TOPGUN): Carrier Air Wing Mishap Reduction Retrospective

Objective: The physician will learn how to ascertain by utilization of a retrospective non-randomized study: Did Human Factors Analysis Classification System Informed Operational Risk Management Training Reduce Carrier Air Wing Mishaps at Naval Strike and Air Warfare Center and Navy Fighter Tactics Instructor Program (TOPGUN). The physician will understand James Reason's Swiss Cheese theory of risk mitigation as it applies to aviation mishap reduction and other high reliability fields such as medicine. This theory can be used in the hospital environment to reduce medical errors and mishaps.



CAMA President, Leigh L. Speicher, MD, MPH, presenting the David P. Millett Oratory Excellence Award to Kris M. Belland, DO, MPH at the CAMA Luncheon during AsMA.



Following is a video on Aerospace Medicine, which is outstanding, especially for those who are new to the field:

<https://utmb.hosted.panopto.com/Panopto/Pages/Embed.aspx?id=8daf6194-5952-4896-8a1f-b15d0123b16d>



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4 Flight Physician June 2024



**May 5, 2024 (Held during
AsMA 2024)**

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There are two options on the Podiumcast.com Online order page—one for in-person attendees to purchase a copy of the programs for \$39.00 after receiving CME on-site, and the other for non-attendees to order or purchase the program and earn CME by viewing the programs using the video library for \$69.00. You may use the following link to order either version of the CAMA Sunday/CAMA Luncheon video library: <https://podiumcast.com/store/events/CAMASunday2024>

The Aerospace Medical Association (AsMA) Annual meeting in Chicago was absolutely amazing! A number of CAMA members received awards and recognition during the meeting. Below are photos of these events.



Corey Morris, CAMA Student Member, received the Jeffrey Davis, MD AsMA Scholarship. We are immensely proud of Corey!



Dr. Gregory A. Pinnell, CAMA President-Elect was voted AsMA Fellow



Dr. Kris Belland and Dr. Pamela Durham-Belland with Dr./Astronaut Joe Kerwin.



AsMA reception with Astronaut / Senator Harrison Schmitt and Dr./Astronaut Joe Kerwin (seated second and third from the left)



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 about 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 the cut-off date is August 20, 2024.



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

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 serves as 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

Hello all! I hope you are having a wonderful summer!

The annual AsMA meeting in Chicago did not disappoint! I had a wonderful time learning, visiting with colleagues, and representing CAMA. With our new ability to register for CAMA Sunday on AsMA's registration page, we saw a lot more interest and participation on our four hours focused on Space Medicine considerations for AMEs.

Dr. Basil Spyropoulos brought together a wonderful group of speakers. I found the sessions helpful and loved the interaction during questions and especially for Dr. Harrison's talk that was case-based.

Aubrey L. FloromSmith, PhD, RN, AF AsMA from Stanford spoke about how we can engage the right stakeholders to work on future steps in commercial spaceflight.

Emmanuel Urquieta Ordonez, MD, MS, FAsMA from Baylor spoke about current and future plans for commercial spaceflight participants. He also spoke about a database that is being built for researchers to access.

Melchor Antunano, MD, MS, FAsMA, and Past-President, who serves as the Director of the Civil Aerospace Medical Institute, was gracious to pinch hit for Dr. Charles Dukes who had an obligation to be at the later delayed launch of the Boeing Starliner. Dr. Antunano is such a wealth of knowledge on so many aspects that we will need to work through as the commercial space industry grows.

Lastly, Michael F. Harrison, MD, PhD, FAsMA from Axiom asked us all "Would You Fly With This Commercial Astronaut?" I would like to thank Dr. Spyropoulos and all the speakers for this engaging session. We certainly plan to try to stay abreast of how AME's may be utilized for commercial

spaceflight participants. Please let me or the CAMA Home Office know if you have any other ideas for CAMA Sunday in the future.

CAMA Sunday Program Lecturers:



*Basil Spyropoulos, MD,
CAMA Sunday 2024
program coordinator*



Dr. Aubrey L. Florom-Smith, PhD, RN, AF AsMA



Emmanuel Urquieta Ordonez, MD, MS, FAsMA



Michael F. Harrison, MD, PhD, FAsMA

(Continued on Page 8)



Leigh L. Speicher, MD, MPH, CAMA President and Melchor J. Antunano, MD, MS, FASMA, and Director of the Civil Aerospace Medical Institute

Kris M. Belland, DO, MPH, FASMA, Past - President AsMA, Vice-President Management and Planning CAMA spoke about mishap reduction training in the TOPGUN program. He brought us into the ready room to show us how he educated his pilots about risk mitigation and the benefits shown in mishap data following his work. He was awarded the David Millett Oratory Excellence Award for this interesting talk. (See photograph on Page 4)

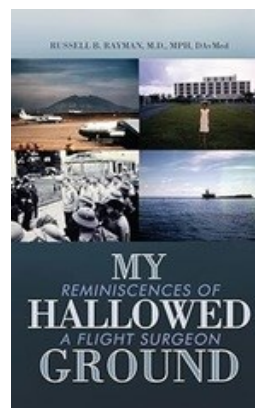
If you missed CAMA Sunday or our CAMA Luncheon or just want to review the lectures again, the 5 total hours of CME are available on Podiumcast.com as well as a non-CME version of the program. See Pages 3-5 for additional information regarding these video libraries.

I also had the pleasure of congratulating the winners of our two CAMA sponsored awards at Honors Night up on stage. Angus Rupert, MD, PhD received the Hastings Award for his work in Aviation Safety and Human Performance. We would like to thank Dr. Gregory Pinnell and his company AirDocs, who generously funded the honorarium for the John D. Hastings Award. Our very own Past-President, Gerald W. Saboe, DO, MPH, was this year's

recipient of the Tamisiea Award. He was honored for his work as a researcher, human factors design and testing innovation, and clinical acumen in taking care of pilots. Congratulations Drs. Rupert and Saboe!

We are also happy to announce that Dr. Russell B. Rayman, MD, MPH, DAvMED, FASMA, and Past-President, will be serving as our Keynote Speaker for our CAMA Honors night banquet on 9/20/24. He recently published a book and will be sharing some of his most meaningful memories with us. His book entitled, "My Hallowed Ground: Reminiscences of a Flight Surgeon," is available at this link [Amazon.com](https://www.amazon.com) or other fine book stores.

All proceeds from Dr. Rayman's book are to be donated to the Aerospace Medical Association Foundation. I'm sure that we can talk him into signing a book or two! See Page 9 for an order form for Dr. Rayman's book.



Sherry has already visited Jacksonville and the hotel, catering, and fieldtrip have been vetted and organized. I had a great time checking out Deerwood Castle with her and know that all the car lovers in this group are going to have a blast! Registration is open: [Annual Meeting Registration – Civil Aviation Medical Association \(civilavmed.org\)](https://www.civilavmed.org/Annual-Meeting-Registration). I hope to see you in September!

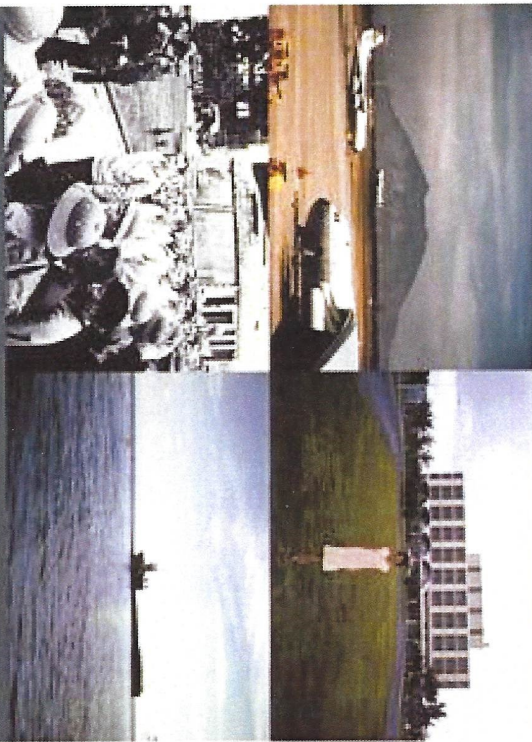


AsMA President Dr. Joe P. Dervey (L) and CAMA President Dr. Leigh L. Speicher presenting the John D. Hastings Award to Dr. Angus H. Rupert



AsMA President Dr. Joe P. Dervey (L) and CAMA President Dr. Leigh L. Speicher presenting the John A. Tamisiea Award to Dr. Gerald W. Saboe

RUSSELL B. RAYMAN, M.D., MPH, DAVMed



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IN MEMORIAM
SAMMIE RUTH HARRIS

July 6, 1927 — April 9, 2024
Oklahoma City, Oklahoma

Reprinted from the www.smithandkernke.com website



Sammie Ruth Harris was born at home July 6, 1927, and died peacefully in her home with her daughter by her side on April 9, 2024. She was 3 years old when her mother died leaving her and her sister to be raised by their father Fred Phillips on their farm in Parker County, Texas. She graduated from Brock High School in 1946 and attended Weatherford College in Weatherford, TX.

She married James L. Harris on Sept 5, 1948. From their first date, he never went a day without speaking to her or seeing her. He died in 2013 after 65 years together. They were partners in every aspect of life - true soul mates. She was so proud of him and loved him with every part of her being. She called him "My Gem." When they moved to Washington, D.C. for Jim's work, she worked for the Navy Dept.

Their lives were blessed by the birth of Lauranne in 1961. Sammie was the best mother - always supportive of Lauranne's endeavors and provided a home anchor as Jim's job required travel often. The family moved to OKC in 1968. She returned to work at FAA when Lauranne was in high school and enjoyed working in the computer-based instruction unit. She had the knack for creating a welcoming atmosphere for her coworkers and the students who often dropped by the office when they were in OKC to thank her for her caring efforts. Both her organizational abilities and loving nature were recognized when she was selected 1993 employee of the year for the entire FAA Aeronautical Center.

When Jim retired from FAA in 1991, he became Executive VP for Civil Aviation Medical Association and for the next 17 years, she helped him support this organization sharing her friendliness and loving kindness with the physician members and their families thus making her many good friends along the way. When they retired from that position, CAMA created the Jim and Sammie Harris award in their honor.

When she retired from FAA, she went to work as receptionist in her daughter's OBGYN practice. She was the glue that held the office together and Lauranne's patients appreciated her caring touch. She retired in 2013 but continued to work behind the scenes to support her daughter's work. Even now

Lauranne's patients often speak of how much they value Sammie and how she enhanced their health care. She radiated love and had a real gift for showing people how much she loved them—a shining example of how to share God's love wherever she was and whatever she was doing. Friends were very important to her—she had many good ones and enjoyed maintaining those connections. Her faith in God was always evident - a lifelong Methodist, she was member at St. Luke's for more than 50 years. There she and Jim helped start the Insight class which she continued to attend even by zoom during the pandemic.

She was a supporter of Lauranne's work with St. Luke's ministry in Ulyanovsk, Russia and visited there in 2011. When she began to experience the effects of heart failure 2 years ago, she continued to do what she could every day to live every moment in a spirit of gratitude. She had a list of people she prayed for every day. She enjoyed word puzzles, kept up with the news daily, and was an avid Thunder fan.

She leaves a Sammie-sized hole in our lives that no one can fill but we know we will be reunited in heaven and will always feel her love. She was preceded in death by her parents, husband Jim, sister Virginia and brother-in-law Bill Carter. She is survived by her daughter Lauranne Harris, M.D. and nephews Freddie (Patricia), Joe Bill (Sharon) and Brad (Vicky) Carter and niece Darla (Ricky) Berry and the Galant family - Vera, Sergey and Tim (who she loved as a grandmother) and many dear friends. She designated memorials to Circle of Care, Skyline Urban Ministry or St. Luke's Russia Ministry.

*Photo below taken at the Bird Ranch, Sandpoint, ID
Dr. Mark Eidson, Sarah Eidson, Sammie Harris,
Dr. Forrest Bird, and Jim Harris.*



In the April edition of "The Flight Physician," an abstract of this study regarding potential use of Ultraviolet-C in passenger aircraft for the purpose of disinfection and to prevent the spread of disease during flights was published. Following is the full study information and results. It is reprinted from AEROSPACE MEDICINE AND HUMAN PERFORMANCE Vol. 95, No. 3, March 2024, with permission from AsMA and the authors of the study.

Safety and Effectiveness Assessment of Ultraviolet-C Disinfection in Aircraft Cabins

Kris Belland; Diego Garcia; Charles DeJohn; Gary R. Allen; William D. Mills; Stephen P. Glaudel

- INTRODUCTION:** Aircraft cabins, susceptible to disease transmission, require effective strategies to minimize the spread of airborne diseases. This paper reviews the James Reason Swiss Cheese Theory in mitigating these risks, as implemented by the International Civil Aviation Organization during the COVID-19 pandemic. It also evaluates the use of airborne ultraviolet-C (UV-C) light as an additional protective measure.
- METHODS:** Our approach involved a thorough literature review by experts and a detailed risk-vs.-benefit analysis. The review covered existing research to understand the scientific foundation, while the analysis used established techniques to assess the impact of influenza and COVID-19 in terms of infections, deaths, and economic costs.
- RESULTS:** Integrating UV-C light in aircraft cabins, when applied with appropriate scientific understanding and engineering safeguards, has the potential to reduce in-flight disease transmission. This additional mitigation strategy can work synergistically with existing measures.
- DISCUSSION:** The research and risk-vs.-benefit analysis present strong evidence for the safety and effectiveness of continuous UV-C disinfection in aircraft cabins. It suggests that UV-C light, maintained below exposure limits, can be a valuable addition to existing measures against disease transmission during flights.
- KEYWORDS:** UV-C disinfection, ultraviolet-C, UV-C, aircraft, sanitization, airborne pathogen, disease disinfection, disease transmission, disease translocation, risk mitigation strategy.

Belland K, Garcia D, DeJohn C, Allen GR, Mills WD, Glaudel SP. Safety and effectiveness assessment of ultraviolet-C disinfection in aircraft cabins. *Aerosp Med Hum Perform.* 2024; 95(3):147–157.

The use of ultraviolet (UV) light to decrease in-flight disease transmission has received attention as a potential measure to reduce the spread of infectious diseases, particularly during the COVID-19 pandemic. This paper is prepared in support of adding UV-C light-emitting diode (LED) lighting aboard aircraft to reduce the transmission and translocation of airborne diseases. Infectious diseases claim millions of lives globally each year.^{12,57,58} The World Health Organization (WHO) addresses this situation as a major global health challenge, especially for low- and middle-income countries.⁵⁷ Many respiratory pathogens, including severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), influenza, respiratory syncytial virus, common colds, tuberculosis (TB), etc., are transmitted via three principal mechanisms: 1) inhaling infectious airborne droplets (from unshielded coughs or sneezes) before they fall to the floor (within 1–2 m);^{40,42,53} 2) touching contaminated surfaces (fomites) before the pathogen decays; and 3) exposure to infected persons even by simple breathing or

talking, which can produce aerosols that linger for minutes to hours and travel much farther than the 1–2 m traveled by droplets.^{8,9,53} Early in COVID-19 pandemic, it was recognized that aerosols are a significant route of infection in indoor environments.⁵¹ All pathogens that possess either DNA or RNA—viruses, bacteria, fungi, protozoa—are susceptible to UV disinfection.¹ This by no means suggests that UV-C airborne use is the only risk-mitigation strategy, but that it supplements other multiple layers including high efficiency particulate air (HEPA) filters, air flow, outside air ventilation, masks, vaccines,

From AeroClenz Inc., Bonita Springs, FL, United States.

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The Barber, The Astronaut And The Golf Ball

This is "The Barber, The Astronaut And The Golf Ball" by Jonathan Richards on Vimeo, the home for high quality videos and the people who love them.vimeo.com

Recently a very interesting video was sent to CAMA by Daniel "Ed" Supkis, MD, and his wife Barbara Radnofsky, Esq., on the subject of Astronaut Alan Shepherd and his barber. They are writing a book on the subject, which should be published soon. Ed is an active CAMA member, and he and Barbara have attended several CAMA Annual Scientific Meetings. The following 25 minute video documentary is very thought-provoking, and we hope you enjoy viewing it. Activate the link above to view the video (control/click):

Barbara Radnofsky and Daniel "Ed" Supkis grew up in the 1960s in the shadow of NASA's Manned Spacecraft Center, and married each other in 1982. They have three children and five grandchildren. The couple —with many other community members — are co owners of Brazos Bookstore, an independent bookseller.

As children of NASA scientists, Barbara and Ed had front row seats to the development of the space program and the community built around that program on rural cow pastures near Webster, Texas.

Barbara Radnofsky is a mediator, author teacher and lawyer. Barbara co-founded the Houston chapter of the National Association of Urban Debate Leagues and has served on numerous charitable boards and as a volunteer peer mediation teacher in public and private schools.

Ed is board-certified anesthesiologist who specialized in cardiac anesthesia, working with Dr. Michael DeBakey and at MD Anderson Cancer Center, where he served as Director of quality assurance for the division of anesthesiology, and as Medical Director of Respiratory Care for the Division of Surgery and anesthesiology. He then served as Medical Director for the Methodist Hospital Anesthesia Preoperative Assessment Clinic, where he was awarded the Hospital's Patient Safety Award. He's served numerous national and international committees devoted to quality improvement, standards, testing, and patient safety. With many inventions, Dr. Supkis is known for the Supkis catheter, a specialized device used for safe exchange of breathing tubes in patients with difficult airways. Ed now serves as a Senior Aviation Medical Examiner for the Federal Aviation Administration.

Ed is an instrument-rated, multi-engine private pilot.



Barbara Radnofsky, Esq.



Ed Supkis, MD

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On Being a HIMS AME

By Petra Illig, MD

Petra Illig graduated from University of Washington School of Medicine (Seattle) in 1981, one month after she received her private pilot license. Much of her medical training took place in Alaska, and she loved being involved in the aviation community there. Board certified in ER Medicine, she spent the next 15 years working in ER's in Washington State. She became an AME in 1984, but as there was no place in hospitals to do flight physicals, she created an AME exam room in her home. Often the pilots would fly in for their physicals as she lived in a residential airpark near Seattle. In 1998 she was hired by Delta Air Lines as their new Regional Director of Aircrew Health Services, based in Salt Lake City. However, Alaska kept calling, so she opened Aviation Medical Services of Alaska and moved to Anchorage in 2001. Along with various AME partners throughout the years, her office has become one of the busiest aviation medical practices in Alaska, if not in the Pacific Northwest. Because of her aviation experience, the CDC offered her a position as Alaska's Quarantine Medical Officer in 2007, giving her oversight of public health concerns regarding air, land and sea travel. Her most rewarding project was to help write the CDC guidelines for cabin crew to protect themselves from potentially infectious materials. Now anytime she is on board and sees a flight attendant wearing gloves to pick up passenger garbage, she smiles and thinks, "I did that!". She retired from the CDC in 2015, and is now back working half-time in her office. She is looking for an AME (younger than herself!) to join her practice, and eventually take it over. Anyone out there wanting to come to Alaska?

She is currently Secretary of CAMA and also of the Lake Hood Pilot Association in Anchorage. She also was the Secretary for the International Airline Medical Association (IAMA) for eight years, and is a Fellow of IAMA and of AsMA. She has two children, one of which flies a Pacer on tundra tires, the other who does not like flying in little airplanes so married a Marine Corp pilot instead. Petra flies a two-seater homebuilt tailwheel (Christavia) airplane and is currently learning how to fly a drone. Her website is www.AirSpaceDoc.com.

There is probably nothing more challenging – and satisfying – for an AME than to successfully work a HIMS case. On the flip side, there is probably no other type of Special Issuance case that will earn an AME less financial reward for the effort spent!

Then why would anyone want to become a HIMS AME?

The first reason to be HIMS trained is to be able to offer guidance to one's own airman clients who run afoul of DUI or other alcohol or drug-related offences. Pilots are much more comfortable dealing with an AME they already know and hopefully trust, rather than letting the internet find someone for them. Secondly, one's HIMS experience is helpful to other AME's who may call for advice and who may ultimately refer the pilot to them for assistance.

A search on the FAA's "Locate an AME" site in May 2024 indicates there are currently 258 HIMS AME's in the US; about one in 10 AME's is HIMS credentialed. This means, of course, that 90% of us are not HIMS trained.

The HIMS concept regarding drug & alcohol cases was extended to include SSRI cases in 2012, thereby increasing the numbers of individuals who need to be case-managed by a HIMS AME. Although it is not known what percentage of pilots chronically use SSRIs, the prevalence of SSRI use in the general population ranges from about 10-15% depending on age and gender. Therefore, a third reason to become HIMS trained is that there are a lot of pilots and student pilots who need HIMS SSRI services.

For the purposes of this article, I will focus on the alcohol / drug-related case, but the process is similar for the SSRI cases.

First, the DUI – then what?

The most common way a pilot comes into the HIMS world is by a DUI arrest, although there are many other entry pathways. Upon a DUI conviction, a pilot has 60 days to notify the Security Division of the FAA. However, such events often come to light much sooner as applicants are obligated to disclose even a not-yet convicted arrest on their next MedXpress application (8500-8, question 18.V). There are rules regarding how an AME handles such information, as in some circumstances the AME may issue a certificate after determining that a particular situation is not indicative of an alcohol use disorder. See: https://www.faa.gov/ame_guide/media/DUIDWI_Alcohol_Incidents_Disposition_Table.pdf

Briefly, if there a DUI-like event occurred within five years, or two or more events occurred in a lifetime – OR any of the BAC's were either refused or $\geq 0.15\%$, the AME defers the case.

See: https://www.faa.gov/ame_guide/media/DUIDWI_Alcohol_Incidents_Disposition_Table.pdf

This is a good opportunity to give that pilot a roadmap of what is yet to come. If deferred, the applicant will soon receive further correspondence from the FAA wanting to know more details. You can

help the pilot start gathering information.

Help the pilot be proactive

The FAA will ask for a lot of information once it learns of the DUI. The pilot will receive a letter mostly likely requesting the following:

- Police report and court records.
- DMV records of every state they have had a drivers license in the past 10 years.
- Personal statement – which should describe the event in question as well as to summarize their history of alcohol use, whether they had ever undergone treatment, and if so, be ready to provide those records.
- Character references from 2-3 reputable individuals who know them well and long enough to be able to make statements regarding their drinking behavior.
- Treatment records, if any.

You can offer to help them review these items before submitting to the FAA to make sure they are complete.

Next Steps

Almost always, this first letter will be followed by a second letter requesting a HIMS psychiatric evaluation and to consult a HIMS AME. Sometimes pilots try to navigate this themselves and end up calling HIMS psychiatrists all over the country, but without knowing what to ask for. I believe it is best if the pilot first consults with a HIMS AME to assess the situation, and then be referred to a HIMS psychiatrist at the appropriate time. This is another opportunity to help your pilot avoid further delays and frustrations. This is a very stressful time in their lives and your guidance will be appreciated.

If the pilot is part of an airline that has a HIMS program, sometimes they will already have completed in-patient treatment and are either in Intensive Outpatient (IOP) care or aftercare counseling and may be ready for a final HIMS psychiatric evaluation by the time they see you. However, if the pilot is either referred to me or finds me on their own, I meet with them in person before any of the eventual HIMS evaluations are done to explain the HIMS process in detail. This helps them know what to expect and also gives them an idea of the expenses involved.

Even though the FAA usually requests a HIMS psychiatric evaluation, I generally reserve that formal evaluation until after they obtain a thorough Substance Abuse Evaluation (SAE) by a qualified Substance Abuse Professional (SAP). This is to

establish a working diagnosis and appropriate level of treatment and helps anticipate when they are ready for the next steps.

Please note: a court-ordered evaluation and the subsequent DUI educational component is generally not accepted by the FAA as a valid SAE and treatment. Please also note that there may be significant differences between DSM diagnostic criteria and FAA regulatory definitions of substance abuse and dependence. For example, if a pilot's BAC at time of arrest was ≥ 0.20 , the FAA will automatically consider them to be alcohol dependent – no matter what the SAP believes. This detail is important as the required treatment and eventual length of HIMS monitoring is determined by this distinction. Dependence cases will be monitored under Special Issuance as long as the pilot wishes to remain medically certificated, while abuse cases in sustained remission may eventually be released from monitoring after a few years.

I should also mention that if the pilot works for an airline with a HIMS program, then it is important to bring those entities to the table sooner than later. They have wonderful resources that will help the pilot along the way.

Proof of abstinence

From the beginning, I inform the pilot that they must be committed to 100% abstinence and to start a chemical monitoring program right away. Depending on the situation, they will undergo frequent random urine testing for drugs of abuse and/or ethyl glucuronide, and / or daily breathalyzer testing such as with Soberlink.

Once I have a solid SAE and the pilot is involved in appropriate treatment (in-patient, IOP, or outpatient counseling, depending on the diagnosis and severity), and they have established a support group (AA and/or airline-based peer program), time will tell when they are ready for the next big – and expensive step

HIMS Psychiatric and Neuropsychological evaluation

In HIMS jargon, this is called the PNP, and both these examinations must be performed by HIMS credentialed psychiatrists and neuropsychologists. While there are regional differences in prices, these two evaluations together can cost up to \$10,000. Unless a pilot works for an airline that offers this as a benefit, it is most often an out-of-pocket expense as it is usually not covered by health insurance.

(Continued on Page 17)

My preference is to schedule the NP evaluation first, as it gives the psychiatrist more information to work with. Timing is also important, as the NP evaluation is generally not performed until six months of sobriety is achieved.

Putting the story together

Once I am confident that the pilot is in full and stable recovery and have favorable PNP evaluations, it may be time for an updated flight physical to get the ball rolling. You can be sure there are a lot of reports that must be sent in and not to forget other medical conditions that may require additional Special Issuance documentation.

Hurry up and wait

This is probably the hardest and most frustrating part of the process. Due to FAA backlog and complexity of many cases, it can take months – even over a year in some cases – for the FAA to determine eligibility. Sometimes the flight physical expires in the meantime and needs to be updated to keep the process going. During this time, it is critical that monitoring and treatment continue and that the pilot checks in with the AME periodically. Hopefully, the next correspondence from the FAA will be a Special Issuance Authorization and a Medical Certificate. That is a day of great joy, indeed! But this is only the beginning of a long relationship between the pilot and the HIMS AME, as monitoring and aftercare continue together for a long time.

This is only a very brief description of the AME's role in the HIMS program and how I approach such cases, but it leaves out a lot of important details. Even if not interested in HIMS work, it behooves AME's to be familiar with the recovery resources in their community, develop referral relationships and to seek advice from other HIMS AME's. And not to forget that one should charge fairly – not only for the pilot, but also for oneself.

CAMA has a HIMS Committee which is working on ways to assist AME's in this work. There is also an informal HIMS AME Zoom group that tries to meet monthly to share information and to provide mentoring. If interested in this group, please contact Dr. David Rogers.

How to become a HIMS AME

I hope I haven't scared you away from considering being a HIMS AME, as it truly is an important service to the aviation community. It's an opportunity to make huge positive impacts on a pilots' lives, and to help bring them back from one of the worst times in

their existence.

If you want to become a HIMS AME, you will need to attend an annual Basic HIMS conference which meets every fall in the Denver area. This requires an invitation, either from AAM-200 or your Regional Flight Surgeon. Once credentialed, HIMS AME's are required to renew training every three years, most conveniently at a one-day Advanced Topic seminar, scheduled throughout the year.

I've been doing HIMS cases for 20 years and have learned a lot. Although I will never get rich doing HIMS work, certainly it is one of the most rewarding parts of my AME practice.

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- Current BLS certificate from the American Heart Association
- Minimum of 35 hours of direct patient care in the past year
- Minimum of 3 years' experience in the last 10 years as a privileged flight surgeon at a US Military installation

*Some positions have additional or alternate requirements. For a full, complete, and more detailed account of these positions and their requirements, please click on the location you are interested in above.

[FOR MORE DETAILS AND TO APPLY CLICK HERE](#)

Proposed Bylaws changes to be voted upon during the Annual Meeting Business Meeting on Friday, September 20, 2024, in Jacksonville, FL.

Current Bylaws:

ARTICLE VII. OFFICERS

Section 1. The Officers of the Association shall be:

President
Immediate Past President
President-Elect
Secretary-Treasurer
Vice President of Education
Vice President of Management and Planning
Vice President of Representation, and
Communications
The EVP will be an ex-officio member of the EB
and EC

Current Bylaws:

Section 3. Standing Committees

A. The following standing committees will report to the following Vice Presidents and be organized as follows:

1. Vice President for Management and Planning

- a) Awards. The appointed Chair for this committee is to be the Immediate Past President by default. If the Immediate Past President declines or abstains from accepting this appointment, then a volunteer or duly nominated non-elected member may be appointed as the Awards Chair by the Nominating Committee.
- b) Bylaws. The appointed Chair of this committee is also to be names and conduct meetings as the Parliamentarian by default. If the Bylaws chairperson declines to accept the Parliamentarian role, or is absent from a meeting, then a volunteer or duly nominated non-elected member may be appointed as Parliamentarian by the Nominating Committee – on either a temporary role during meeting
- c) History. The appointed Chair for this committee is to be named the Historian.
- d) Long Range Planning. The appointed Chair is to be the President-elect by default.
- e) Membership
- f) Civil Space Medicine

2. Vice President for Education

- a) Arrangements
- b) Education/Training
- c) Safety and Human Factors
- d) Scientific Program

Proposed Bylaws with **changes in red:**

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- e) Membership
- f) Civil Space Medicine
- g) Finance Committee**

2. Vice President for Education

- a) Arrangements
- b) Education/Training
- c) Safety and Human Factors
- d) Scientific Program
- e) Human Intervention Motivation Study (HIMS)**

MISFORTUNE WITH MEDICATIONS



AEROMEDICAL ADVISORY

a checkup on all things aeromedical



By Susan Northrup, MD, MPH Federal Air Surgeon
Reprinted with FAA permission from FAA Safety Briefing
dated May/June 2024

Given the IFR theme of this issue (*of the FAA Safety Briefing*), I thought it would be useful to review several fatal accidents in which spatial disorientation and/or medication possibly contributed to the outcome (special thanks to Dr. Loren Groff at the NTSB for his assistance) and explain why we place restrictions on some of these conditions/medications. Here are a few examples listed by the NTSB's Case Analysis and Reporting Online (CAROL) number (carol.nts.gov).



✂ **CEN21LA089:** A student pilot with a passenger on board, took off into night, instrument conditions despite having been advised that he could not carry passengers and was specifically told not to fly that day due to weather. At his Class III medical six months earlier, he had not disclosed his history of ADHD (attention deficit hyperactivity disorder) nor the use of Vyvanse, an amphetamine. The latter's concentration greatly exceeded the therapeutic level and both it and the ADHD would have made him prone to impulsivity and poor decision-making. Following 20 minutes of erratic flight after take-off, he entered a spiral descent that led to a fatal crash.

✂ **CEN14GA135:** The commercial instrument pilot impacted the terrain on a fire-spotting mission in marginal VFR conditions. The Cessna 210 was instrument equipped but not maintained for instrument flight. There was no evidence that the pilot

obtained a weather briefing prior to flight. Three weeks prior to the accident, the pilot had started nortriptyline, an anti-depressant also used for chronic pain, and tramadol, a synthetic opioid used for pain control. Neither is authorized for use when flying. While the pilot had disclosed the chronic knee pain, he began both medications after his last FAA medical examination.

✂ **ERA17FA180:** The non-instrument rated private pilot and his passenger were in a fatal crash following continued flight into IMC conditions and probable spatial disorientation. While the pilot did have over 80 hours of instrument experience, he had no instrument time logged in the past year and was not instrument rated. The pilot had not disclosed the use of imipramine, an anti-depressant not authorized for use by the FAA due to cognitive impairment and sedation, as well as doxylamine, a sedating antihistamine with a 60-hour no-fly period following use.

✂ **CEN14FA042:** A flight instructor and private pilot impacted rising terrain while on an instrument approach during a combined business trip and instrument training flight. The mishap was at night in instrument conditions at the end of a long day which began approximately 13 hours earlier and after almost 6 hours of flying over three legs. Toxicological testing showed the presence of dextromethorphan in the blood of the flight instructor and diphenhydramine at therapeutic levels in the blood of the private pilot receiving instruction. Both medications cause cognitive impairment and drowsiness. The FAA period for the residual concentration to be clinically insignificant is 48 and 60 hours, respectively. It could not be determined who was the pilot flying at the time of impact.

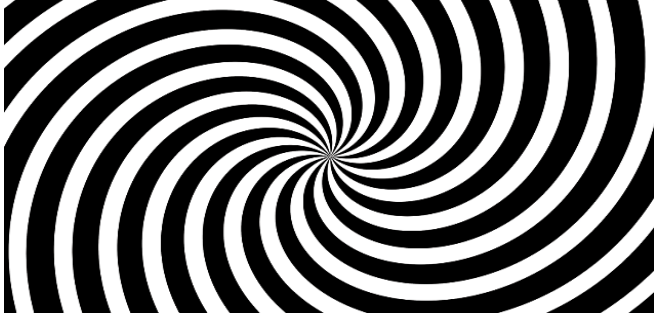
Looking at these accidents, it is clear that experience does not prevent spatial disorientation or controlled flight into terrain accidents. Pilots ranging from students to instructors, sport pilots to commercial pilots are represented. What is clear is that some medical conditions and many medications can impair both judgement and the ability to control an aircraft. There are reasons that these are considered incompatible with flying and disqualifying for an FAA medical. Flying either as a sport pilot or under Basic-Med offers no protection from the impairment from these different conditions and medications. Of the total accidents between fiscal years 2019 and 2023, the percent positive for psychotropic medications (affecting the mind) rose from approximately 8.5% to approximately 13%. These medications include antidepressants, antipsychotics, anxiolytics, and stimulants with antidepressants the most common. Please note that this does not reflect accidents related to other conditions or medications. Remember, sometimes the best decision is not to go; you may save your life.

It's a Confusing World Up There

The Specifics of Spatial Disorientation

Reprinted with permission from the [FAA Safety Briefing](#) May/June 2-24, Article Published in "Cleared for Takeoff", May 6, 2024

By Nicole Hartman and Rebekah Waters, FAA Safety Briefing associate editors and technical writer-editors in the FAA's Flight Standards Service.



It's sobering to search the National Transportation Safety Board (NTSB) database for accidents caused by spatial disorientation, or "spatial D." The query produces page after page of accidents — hundreds of aviators have succumbed to this confusing condition. Statistics show that between 5 to 10% of all general aviation accidents are attributed to spatial disorientation, and 90% of those are fatal. NTSB data suggests that spatial D is a more common occurrence at night or in limited visibility weather conditions. All pilots are susceptible to the optical illusions that may cause loss of aircraft control at any time. Let's take a closer look at the causes of spatial disorientation, review the types, and discuss strategies for preventing this source of aviation accidents.

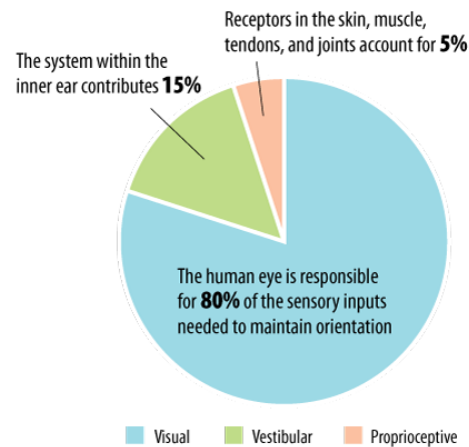


Seeing Isn't Always Believing

Spatial orientation is our natural ability to maintain our body's orientation and/or posture in relation to the surrounding environment (physical space) at rest and

during motion. The three-dimensional environment of flight is unfamiliar to our bodies and creates sensory conflicts and illusions that make spatial orientation difficult. The numerous sensory stimuli (visual, vestibular, and proprioceptive) during flight vary in magnitude, direction, and frequency and can lead to sensory mismatches resulting in disorientation. This condition is known as spatial disorientation — the inability of a pilot to correctly interpret aircraft attitude, altitude, or airspeed in relation to the Earth or other points of reference.

Becoming spatially disoriented is the result of a properly functioning human system, which we are hard-wired to trust, misinterpreting our actual position or orientation in space. It goes against our natural instincts to accept that our orientation isn't what it appears to be. Even a brief loss of orientation while in flight for 10–15 seconds can result in an unusual aircraft attitude putting the pilot and passengers at risk for an accident. The sensory inputs needed to maintain orientation automatically and sub-consciously used to orient ourselves include visual, vestibular, and proprioceptive.



© The visual system includes the eye and its component parts that are necessary for visual acuity (focus), depth perception, and assessing the body's position in space relative to other objects both fixed and moving. During flight, visual reference is the largest contributor to accurate spatial orientation. By using visual references, the pilot can gather information about distance, speed, and depth. Any condition that deprives the pilot of natural visual references, such as clouds, fog, haze, darkness, terrain, or sky backgrounds with indistinct contrast (i.e., arctic whiteout or clear, moonless skies over water) can rapidly cause spatial D.

👂 The vestibular system includes the sensory organs contained within the inner ear that detect relative motion of the head in space within its axes of movement. It consists of two major components: the semicircular canals that detect changes in rotational

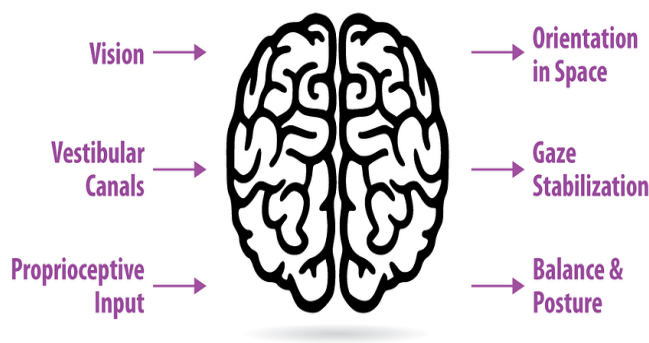
(Continued on Page 21)

acceleration, and the otolith organs that detect linear (straight) acceleration. Your vestibular system's primary function is to detect rotational and translational movements of the head and generate a corresponding response signal. But this system was designed to function on the ground in a 1G environment (normal gravity). Accidents can occur due to a combination of vestibular illusions and poor visibility. When the body is subjected to certain forces that cause a vestibular illusion, vision is often the only sense that can contradict these false perceptions. However, in darkness or other poor visibility conditions, it is much easier to be deceived by an illusion and to ignore information provided by your instruments.

✋ Proprioception is a term that encompasses the human sensation of the body's (trunk/limbs) position as it relates to space and forms the foundation about which the other sensory organs guide desired movements within that space. Proprioceptive sensory inputs give us a reference to posture and the relative position of our body in relation to our environment.

Prone to Puzzlement?

It is important to recognize that even when a pilot's visual, vestibular, and proprioceptive systems are working properly, associated underlying medical conditions or human factors can increase the risk for spatial D. There are both external and internal factors that will increase a pilot's susceptibility to spatial disorientation. Any visual condition that reduces a pilot's ability to maintain orientation to the horizon (i.e., clouds, haze, night conditions, terrain) will increase the risk of spatial D. Additionally, a pilot may be more vulnerable to spatial disorientation as a result of age, fatigue, stress, anxiety, or get-there-itis. Some medical conditions, medications, smoking, alcohol, and other drugs that affect the visual, vestibular, or proprioceptive sensory inputs can also increase susceptibility.



The brain combines sensory signals (left) in order to maintain control of the body.

(Be sure to read the [Aeromedical Advisory](#) in this issue for examples of how certain medications can exacerbate spatial D: "Misfortune with Medications" by Dr. Susan Northrup)

Don't Trust Your Gut

Without visual references (e.g., VFR at night/low visibility and IFR flying), pilots can become disoriented, especially in situations like low visibility or turbulent weather, where sensory inputs can be conflicting or misleading. When visual cues are absent, your body will turn to your vestibular system for information. The vestibular system is complex and can be easily deceived in certain flight conditions. When motion makes this system unreliable, pilots experience vestibular illusions. These dangerous illusions are the most likely culprits of spatial disorientation.

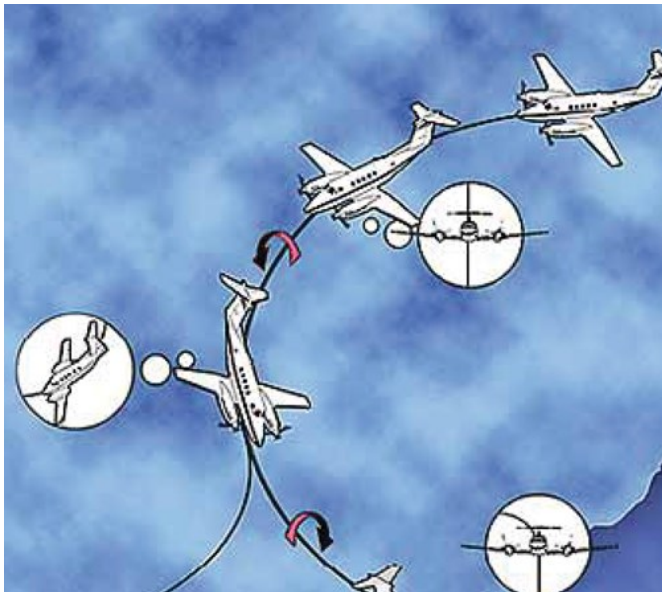
There are six types of vestibular illusions you may encounter while flying IFR. The most common illusion, "the leans," occurs after a sudden return to level flight after a gradual and prolonged turn. If the rotational acceleration of the turn is 2 degrees per second or lower, your vestibular system will not detect this movement. When you level out after a turn like this, you may experience the illusion that your aircraft is banking in the opposite direction. If you rely on what your body is telling you, you might lean in the direction of the original turn to regain what you think is the correct vertical posture.



If a pilot is in a turn long enough for the fluid in the ear canal to move at the same speed as the canal, the "Coriolis illusion" can occur — the most dangerous vestibular illusion. A sudden head movement, such as looking down at something you dropped during a prolonged turn can give you the false sensation of rotation or acceleration on an entirely different axis. When disoriented by this illusion, you might maneuver the aircraft into a dangerous attitude while trying to correct your aircraft's perceived attitude. This is why it's so important to practice moving your head as little as possible

(Continued on Page 22)

during instrument cross-checks or scans. Make sure you keep your head as still as possible when reaching for charts and other objects on the flight deck.



A prolonged coordinated constant-rate turn could cause the sensation of flying straight and level. This is when you are in danger of experiencing the “graveyard spiral.” Aircraft tend to lose altitude in turns unless you compensate for the loss in lift. When making a constant-rate turn, you may notice a loss of altitude, even though you aren’t experiencing the sensation of turning. This creates the illusion of being in a level descent. Your gut might tell you to pull back on the controls in an attempt to climb or stop the descent. If you listen to your gut instead of trusting your instruments, the spiral will tighten and increase the loss of altitude. This could lead to a loss of aircraft control.

The “somatogravic illusion” occurs during rapid acceleration and creates the same feeling as tilting your head backward. Pilots experiencing this feeling can mistake it for a climb, especially while flying IFR. This disorientation could make you want to push the aircraft into a nose-low or dive attitude. A rapid deceleration could make you feel the opposite sensation and urge you to pull up, putting you in danger of a nose-up or stall attitude.

When you make a sudden return to straight and level flight after a climb, it can feel like you are tumbling backward. This is known as “inversion illusion.” The disorientation you feel from this might lead you to push your aircraft abruptly into a nose-low attitude, which can intensify the illusion.



Like the “inversion illusion,” the “elevator illusion” is also caused by an abrupt change. A sudden upward vertical acceleration, as can occur in an updraft, can stimulate your otolith organs and create the illusion of being in a climb. This could make you want to push the aircraft into a nose-low attitude. An abrupt downward vertical acceleration, usually in a downdraft, has the opposite effect making you want to pull the aircraft into a nose-up attitude.

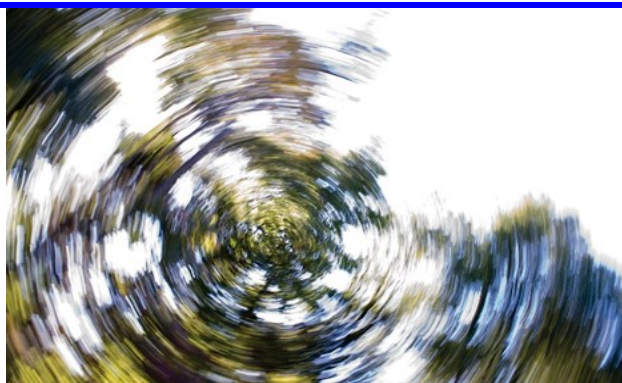
Do Your Eyes Deceive You?

Spatial disorientation can also be caused by visual illusions. Your mind believes what it sees, which can be dangerous for pilots. “False horizon” occurs when your mind uses inaccurate visual information, like a sloping cloud formation, when trying to align your aircraft with the actual horizon. This type of illusion can be disorienting and lead you to place your aircraft in a dangerous attitude. “Autokinesis” is another visual illusion that can happen when flying at night. If you are attempting to align your aircraft with a stationary light, autokinesis could create the illusion that the light is moving. When this happens, you become disoriented and could potentially lose control of your aircraft.

Combating Spatial D

Reviewing the NTSB data reveals that there are many causes of spatial disorientation, but the outcome for the majority of the accidents is the same — fatality. So, what can you do to avoid these dangerous situations? “Preflight weather planning is critical to avoiding an inadvertent encounter with instrument conditions,” said Katherine Wilson, senior human performance NTSB senior human performance investigator. “But if a pilot finds themselves in that situation, it is important they trust their instruments and exit the conditions as quickly and safely as possible.”

(Continued on Page 23)



Your first line of defense against spatial D should be practice, practice, and more practice. Undergo regular training on spatial disorientation recognition and recovery techniques so you will be aware and prepared for potentially disorienting situations. Consider experiencing spatial D firsthand, either with a flight instructor or in a simulator. You could also immerse yourself in the visual and vestibular illusions that you might encounter at a spatial disorientation laboratory. Many universities and the military use labs to simulate various flight conditions and scenarios to train pilots to recognize and cope with spatial D. Experience the disorientation in a controlled environment, and practice overcoming what your body is telling you so you can commit to trusting your instruments. To learn about training offered by the FAA go to bit.ly/FAACAMIED.

Set yourself up for success — to help prevent spatial disorientation, pilots should:

- Obtain training and maintain proficiency with flying instruments before flying with less than three miles visibility.
- Use and rely on your flight instruments, especially at night, in reduced visibility, and in featureless and sloping terrain. Be sure to test your flight instruments before each flight as well as during your preflight and taxi.
- Maintain night currency if you intend to fly at night. Include cross-country and local operations at different airports.
- Do not attempt VFR flight when there is the possibility of getting trapped in deteriorating weather.
- If you are flying with another pilot and start to experience spatial D, transfer control. Pilots rarely experience visual illusions simultaneously.
- Plan your transition to instrument flying before you enter IMC. Start your instrument scan while you are still in visual conditions.
- Avoid movements in the cockpit that are prone to cause spatial disorientation when flying by reference to instruments. Sudden head movements, or the classic “reaching down to pick up a dropped pencil” may bring on sudden disorientation.

In addition to these tried-and-true methods of combating spatial D, it is also important to:

- Study and become familiar with unique geographical conditions in areas where you plan to operate.
- Check weather forecasts before departure, enroute, and at your destination. Be alert for weather deterioration.
- Consider practicing maneuvers that illicit illusions with your flight instructor to maintain proficiency.
- [Contact your FSDO](#) for opportunities to use a full motion simulator and experience the illusions you might encounter.
- Set personal minimums for VFR and IFR flight designed to minimize your exposure to conditions that increase your risks.

Remember, once you enter instrument conditions, completely commit to instrument flying. Attempting quick transitions to visual flight because you spotted a hole in the clouds or caught a glimpse of the ground below may cause spatial disorientation that could have been avoided by maintaining a proper instrument scan. Although it's tempting to reengage in visual flight when going in and out of clouds, keep the instrument scan and don't transition back to visual flying until you have the necessary visibility and visual references to do so safely. Resist this temptation, and follow the strategies mentioned above to make sure you have a safe and successful flight no matter what flying conditions you encounter!

Learn More

- [Spatial Disorientation Fact Sheet](#)
- [Pilot Safety Brochure & Visual Illusions Brochure](#)
- [Aeronautical Information Manual \(AIM\), Chapter 8](#)
- [Instrument Flying Handbook, Chapter 3](#)
- [NTSB Visual Illusions Safety Alert \(SA-052\) & Reduced Visual References Safety Alert \(SA-020\)](#)
- [Condition Inspection, a look at specific medical conditions, FAA Safety Briefing, Mar/Apr 2020](#)



We are very proud to share the news that Sir Rodney Williams, MBBS, MD, and CAMA Trustee has received the Most Involved Distinguished Alumnus Award from the University of the West Indies. Congratulations to Dr. Williams!



THE UNIVERSITY OF THE WEST INDIES
OFFICE OF THE VICE CHANCELLOR - INSTITUTIONAL ADVANCEMENT DIVISION
UWI Regional Headquarters, Hermitage Road, Kingston 7, Jamaica, West Indies
Telephone: (876) 977-0052/54
iad@alumni.uwi.edu www.uwi.edu/alumnionline

April 8, 2024

H.E. Sir Rodney Williams
Governor General
Government House
St. John's, Antigua and Barbuda

Your Excellency,

I am writing to extend my heartfelt congratulations to you on being named the recipient of the inaugural **Most Involved Distinguished Alumnus Award** by the Alumni Relations Arm of the Institutional Advancement Division, The UWI. This prestigious accolade is a testament to your outstanding commitment and active service to both The UWI and the UWIAA Chapter of Antigua and Barbuda.

Your dedication to advancing the goals and values of our Alma Mater through tangible outreach, networking, media, venues and philanthropic support has not gone unnoticed. Your efforts have not only strengthened the bonds within the UWI community but have also contributed significantly to the development and prosperity of graduates in Antigua and Barbuda, which has in turn impacted your nation.

Both your unwavering support, as well as your commitment to The UWI exemplify the true spirit of a distinguished alumnus. Your contributions have made a lasting impact, inspiring others to follow in your footsteps and continue the tradition of excellence set forth by our esteemed institution.

On a personal note, I want to express my deepest gratitude to you for your incredible loyalty and faithfulness as a graduate of The UWI. You and your staff have always made my team and I feel like royalty when visiting your beautiful country. Your exemplary leadership and dedication serve as an inspiration to us all, and it is with great Pelican pride that I extend my sincerest thanks to you.

Once again, congratulations on this well-deserved recognition. We consider you to be a beacon of inspiration and a shining example of the values instilled in us by our beloved University.

With warmest regards,

Celia Davidson Francis
Director – UWI Alumni Relations,

Copy Chancellor Robert Bermudez
Vice Chancellor, Professor Sir Hilary Beckles
PVC & Principal Justin Robinson – Five Islands Campus
Ms. Coleen Letlow – Head of Site, Global Campus Antigua & Barbuda
Mrs. Sandra Griffith-Carrington, Global Campus Alumni Officer
Mr. Shavar Maloney – Campus Alumni Officer, Five Islands



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Home Office Activities and Information



Sherry Sandoval
CAMA Executive Vice President

Dues and Membership 2024

Current Regular membership dues for a calendar year are \$250.00; Sustaining Membership is \$500.00; a fully retired AME may retain CAMA membership for \$85.00; Life Membership is currently \$2500.00; and Corporate Membership is \$550.00. Medical Students, Interns, Residents, and some 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. If you have not done so already, please take a few moments to pay your 2024 CAMA dues so that you do not miss out on any news or activities.

Call the CAMA Home Office at 770-487-0100 or email civilavmed@aol.com if you have questions or experience problems using the CAMA website to pay your annual dues or to register for this year's annual scientific meeting.

2024 CAMA Sunday and CAMA Luncheon

Each year during the Aerospace Medical Association (AsMA) annual meeting, CAMA hosts a four hour CME educational event called CAMA Sunday. This year's program took place on Sunday, May 5, 2024, at the Hyatt Regency Hotel in Chicago, IL. We had four incredible presentations addressing how an AME or other physician might become involved with Space Medicine and/or other issues that address or deal with commercial space travel for both airmen and passengers. Please see Page 3 for the full program and objectives for this event. CAMA's own Kris M. Belland, DO, MPH, CAMA VP of Management and Planning, gave the amazing the keynote presentation during the CAMA Luncheon on Monday, May 6, 2024. Copies of all of these presentations, both with and without CME can be purchased from Podiumcast.com See Pages 3-5 for additional information

**2024 Annual Scientific Meeting in
Jacksonville, Florida
REGISTRATION IS OPEN!!**

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 activities during this year's event include having a meet-and-greet appetizer and cocktail party on Thursday evening at a new Flight Base of Operations (FBO) facility at the Jacksonville Executive Jet Center. The FBO hangar and pilots' lounge have been undergoing renovations and improvements that will be completed by the time of the 2024 Annual Scientific Meeting. The FBO is offering some specials and discounts for CAMA members who plan to fly their own aircraft in during the meeting. See Page 10 for information about these specials and the new JAX Executive Jet Center.

Jordan Patrish, Director of Marketing, and R. Blake Wrinkle, FBO Manager of JAX Executive Jet Center at the KCRG Airport, promise 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.

After the meet-and-greet at the FBO, we will have dinner at the newly established Deerwood Castle and Jacksonville Sports Car Museum as the second leg of our field trip. Deerwood Castle has 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!)

It is now time to register for this year's Annual Scientific Meeting! You may register online on the CAMA website at www.civilavmed.org or by using the forms included in this newsletter on Page 30. The annual scientific meeting program has been sanctioned by the FAA as fulfilling the requirements for AME recertification/refresher purposes. The program (see Pages 28-29) has been approved by the AAFP for a rating of 22.75 hours of CME and attendees will receive a CME certificate upon completion of the conference.

In addition to a fantastic educational program, great food, fellowship, networking opportunities, and CME, each registered medical professional will also receive a video library of the entire program, every lecture and every slide, to keep as a reference and educational instrument.

(Continued on Page 27)

The link with which attendees can make hotel reservations at the host hotel, the Sheraton Jacksonville, can be found on the Annual Meeting page of the CAMA website. For your convenience, the link is also posted here:

[Sheraton Jacksonville Hotel - CAMA Annual Conference 2024](#)

We look forward to seeing all of you at the 2024 CAMA Annual Scientific Meeting September 19-21st in Jacksonville, Florida!

2025 Annual Scientific Meeting in Spokane, Washington

We are very pleased 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 who was such a huge part of CAMA history, check out his Wikipedia page at [Forrest Bird - Wikipedia](#).

2026 Annual Scientific Meeting in Dayton, Ohio

The Marriott University of Dayton Hotel has been contracted to host the 2026 meeting, and we have contracted with the National Museum of the US Air Force for that facility to host our 2026 field trip and catered dinner. Check out this museum on their website at: [National Museum of the USAF](#)

Dayton, Ohio, has a number of other very interesting museums and attractions, many of which are within walking distance of the host hotel. Among those CAMA attendees will want to see: The Wright Brothers National Museum, The National Aviation Hall of Fame, The Wright Brothers Memorial, Carillion Historical Park, and many other sites.

Wright State University is the repository for the CAMA Archives. On the CAMA website (www.civilavmed.org), click on the "About CAMA" tab and scroll to "CAMA History" - the direct link to view the CAMA Archives is:

[Civil Aviation Medical Association Records \(MS-526\)](#)
[| Wright State University Research | CORE Scholar](#)

This website is fully searchable and contains documents, newsletters, and photographs documenting the amazing history of the Civil Aviation Medical Association.

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– Aerospace Medicine & Human Performance Journal



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**THE CIVIL AVIATION
MEDICAL ASSOCIATION
ANNUAL SCIENTIFIC MEETING**
September 19 – 21, 2024

**"EVOLVING TREATMENT AND
CERTIFICATION IN TEMPORARY
AEROSPACE MEDICINE"**

**NOTE: CAMA SSID/Conference WiFi password is:
CAMA2024!**

WEDNESDAY, SEPTEMBER 18, 2024

03:00 PM to 06:00 PM **CAMA Board Meeting**
Ballroom

07:00 PM to 09:00 PM **Meeting Registration**
Sheraton Jacksonville Lobby

THURSDAY, SEPTEMBER 19, 2024

07:00 AM to 08:00 AM **Breakfast Buffet**
Hotel Dining Room – Bring your
Breakfast Voucher

08:00 AM to 08:30 AM **Welcome and Introductions**
Ballroom

- **Welcome from CAMA**
Leigh L. Speicher, MD, MPH
President, CAMA
- **Welcome from FAA/CAMI**
Sherry Sandoval
Executive VP, CAMA
Schedule & Field Trip Info
- **Welcome from FAA/CAMI**
Deann King, EdD, Manager, Aerospace
Medical Education Division, FAA
Oklahoma City, OK

08:30 AM to 09:30 AM **AME Program Overview and
Performance**

Jason Sigmund, MD, FACS
Regional Flight Surgeon,
International/US Military/Federal
Medical Officer, Aerospace Medical
Education Division, AAM400
Oklahoma City, OK

09:30 AM to 09:45 AM
09:45 AM to 10:45 AM

Morning Break

**Aeromedical Assessment
Updates from the Federal Air
Surgeon's Office**
Susan E. Northrup, MD MPH,
Federal Air Surgeon,
Washington, DC

10:45 AM to 11:45 AM

**"Certification issues – CACI
Conditions and Working with
the Online Guide for AMEs"**
Judith A. Frazier, MD, MBA
Medical Officer, FAA Aerospace
Medical Education Division,
Oklahoma City, OK

11:45 AM to 12:45 PM

Luncheon Buffet
Hotel Dining Room

12:45 PM to 01:45 PM

**"Mental Fitness to Fly:
"Pathway to Psychiatric
Certification"**
Daniel Danczyk, MD, MPH
Head Psychiatrist, FAA
Washington, DC

01:45 PM to 02:45 PM

"Medical Legal Issues"
Brian K. Khan, JD, Senior
Attorney, FAA Office of Chief
Counsel, Enforcement Division,
Washington, DC

02:45 PM to 03:00 PM

Afternoon Break

03:00 PM to 04:00 PM

"Ophthalmology FAA Updates"
Alan M. Kozarsky, MD
Ophthalmologist
Atlanta, GA

04:00 PM 5:00 PM

"FAA Medications Updates"
Vinh "Vickie" Kieu, PharmD,
BCACP, FAA Pharmacist
Washington, DC

05:30 PM – 5:45 PM

Load Buses for Field Trip

06:15 PM – 10:00 PM

**Field Trip to the JAX Executive
Airport FBO and Catered
Dinner at Deerfield Castle**
Casual dress and comfy shoes
recommended.

FRIDAY, SEPTEMBER 20, 2024

07:00 AM to 08:00 AM

Breakfast Buffet

08:00 AM to 09:00 AM

Hotel Dining Room – Bring Voucher
**"NOAA Aircraft Center
Missions and Capabilities"**
Captain Nathan Kahn
Commanding Officer NOAA
Lakeland, Florida

09:00 AM to 10:00 AM

"Aerospace Pulmonology"
Clayton T. Cowl, MD, MS
Pulmonology, Mayo Clinic
Rochester, MN

10:00 AM to 10:15 AM

Morning Break

**"Infectious Disease Update
2024 with Covid-19 Declared
Over"**

Richard S. Roth, MD, Senior
AME, Infectious Disease/Internal
Medicine, Savannah, GA

11:15 PM to 12:15 PM

**"Alcohol and Drug Use:
Roadmap to Certification"**
Christopher F. Flynn, MD
Psychiatrist, Washington, DC

12:15 PM to 12:30 PM **CAMA Business Meeting**
12:30 PM to 01:30 PM **Luncheon Buffet**
Hotel Dining Room

01:30 PM to 02:30 PM **"Aviation Neurology Update"**
Joseph I. Sirven, MD
Neurologist, Mayo Clinic
Jacksonville, FL

02:30 PM to 02:45 PM **Break**
02:45 PM to 03:45 PM **"What's in the Future for Neurocognitive Testing for Aviators?"**
Kelenne Fercho, PhD, FAA
Psychologist, CAMI
Oklahoma City, OK

03:45 PM to 05:00 PM **In-Flight Medical Emergency Simulation**
Dana Herrigel, MD
Assistant Professor of Medicine,
Director of Clinical Education,
Mayo Clinic, Jacksonville, FL

06:30 PM to 07:00 PM **Happy Hour Ballroom Foyer**
07:00 PM to 08:00 PM **CAMA Honors Night Banquet Ballroom**
The dress is business casual – more formal wear optional.

08:00 PM to 09:00 PM **Keynote Presentation: "My Hallowed Ground – Reminiscences of a Flight Surgeon"**
Russell B. Rayman, MD, MPH,
DAWMed, Preventive Medicine
and Aerospace Medicine, Col.
(Ret.) USAF, Past Executive
Director of AsMA, Past CAMA
Trustee, Author

09:00 PM to 09:30 PM **Awards ceremony**

SATURDAY, SEPTEMBER 21, 2024

07:00 AM to 08:00 AM **Breakfast Buffet**
Hotel Dining Room – Bring Voucher

08:00 AM to 09:00 AM **"Obstructive Sleep Apnea and Fatigue"**
Jason Signmon, MD, FACS
RFS, International/US Military/
Federal Medical Officer, Aerospace
Medical Education Division,
AAM#00, OKC, OK

09:00 AM to 10:00 AM **"Orthopedic Considerations in Aviation Medicine"**
Guy Foulkes, MD
Orthopedic Hand Surgery
Hilton Head Island, SC

10:00 AM to 10:15 AM **Morning Break**
10:15 AM to 11:15 AM **ENT FAA Update***
Jason Signmon, MD, FACS
Manager FAA Certification
CAMI, Oklahoma City, OK

11:15 AM to 12:00 Noon **Mayo Aerospace History Video: "Mayo Clinic Heritage Films/Mayo Clinic History & Heritage" (Rising to the Challenge)**

12:00 Noon to 01:00 PM **Luncheon Buffet**
Hotel Dining Room

01:00 PM to 02:00 PM **"Update on Medical Certification of Cardiac Conditions"**
Thomian Filipe, MD
Cardiology, Mayo Clinic
Jacksonville, FL

02:00 PM to 02:15 PM **Afternoon Break**

02:15 PM to 05:00 PM **Case Study & Panel Discussion: "Would You Fly with This Pilot? – Aeromedical Decision-Making"**
Moderator: Susan Northrup, MD, MPH,
Federal Air Surgeon
Washington, DC

Panel Members:
Joseph I. Sirven, MD, Neurology
Thomas Filipe, MD, Cardiology
Christopher F. Flynn, MD, Psychiatry
Jason Signmon, MD, MPH, ENT
Alan Kozarsky, MD, Ophthalmology

05:00 PM **Adjourn****

****Please pick up your CME Certificate from the CAMA table at the completion of the meeting on Saturday.**

To receive FAA credit for recertification/refresher training, you must complete the FAA test online no later than Tuesday, September 24, 2024.

No CAMA dinner is planned for Saturday evening. You are free to plan your own activities for the evening or to depart for home if you prefer.

Emergency Contact During the Meeting:
Sherry Sandoval, CAMA EVP
Call or Text 770-487-0100

PROGRAM OBJECTIVES:

- To understand and apply the changes in aviation medicine to the individual's private practice
- To assess specific clinical conditions/disciplines with respect to aviation medicine to correctly utilize the Federal Aviation medical standards with the specific conditions discussed
- To Comprehend the FAA medical program initiatives
- To understand to be able to work with the aeromedical certification system
- To comprehend the legal aspects of being an AME

The AAFP has reviewed Civil Aviation Medical Association Annual Scientific Meeting 2024 and deemed it acceptable for up to 22.75 Live AAFP Prescribed credit(s). Term of Approval is from 09/19/2024 to 09/21/2024. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 credit(s)™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.

This program is approved for FAA-AME training.

Civil Aviation Medical Association
P. O. Box 823177, Dallas, TX 75382
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FAX: 770-487-0080
Email: civilamed@aol.com
Web Site: www.civilamed.org



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**CIVIL AVIATION MEDICAL ASSOCIATION
ANNUAL SCIENTIFIC MEETING, SEPTEMBER 19-21, 2024
SHERATON JACKSONVILLE HOTEL, JACKSONVILLE, FLORIDA 32256**

ATTENDEE NAME & TITLE*:		AME NUMBER:	
*(MD, DO, MBChB, MBBS, PhD, MS, etc.) SPECIALTY:			
ARE YOU BRINGING A SPOUSE OR OTHER GUEST(S) WHO WILL BE EATING MEALS WITH YOU, AND/OR GOING ON THE FIELD TRIP WITH YOU?			
YES:		☐	NO: ☐
SPOUSE/GUEST NAME AND TITLE* IF APPLICABLE:			
NOTE: There is a \$895.00 registration fee for each participating guest to cover eight meals and the field trip. (Tickets to the field trip and/or banquet are NOT sold separately. If your guest is also a medical professional in need of CME, please provide that information and titles.)			
ATTENDEE ADDRESS:			
(Please use the address you wish to be used in the participant roster that will be given to all in attendance)			
CITY:		STATE/PROVINCE:	
ZIP:		COUNTRY:	
PHONE:			
EMAIL (REQUIRED):		CELL PHONE:	
DO YOU OR YOUR GUEST HAVE ANY SPECIAL DIETARY NEEDS?		YES: ☐	NO: ☐
		PLEASE DESCRIBE: (Vegan, Vegetarian, Gluten intolerant, etc.) and indicate which individual.	
REGISTRATION FEE MAY BE PAID BY CHECK (U.S. DOLLARS) OR CREDIT CARD			
CREDIT CARD TYPE:	VISA: ☐	MASTER CARD: ☐	AMERICAN EXPRESS: ☐
CREDIT CARD NUMBER:		SECURITY CODE (CVV)	ZIP CODE OF CARD BILLING ADDRESS
EXPIRATION DATE:		SIGNATURE:	
AUTHORIZED CHARGE AMOUNT (U. S. DOLLARS):			
CHECK ENCLOSED (U.S. DOLLARS):		CHECK AMOUNT:	

PERSONS REGISTERING TO ATTEND THE CAMA ANNUAL SCIENTIFIC MEETING - PLEASE MAKE YOUR HOTEL RESERVATIONS ONLINE BY USING THE FOLLOWING LINK (use "control" + click to activate link):

Sheraton Jacksonville Hotel - CAMA Annual Conference 2024 THIS IS A SPECIAL LINK EXCLUSIVELY FOR CAMA MEETING ATTENDEES TO USE TO RECEIVE THE CAMA ROOM RATE OF \$159.00, PLUS APPLICABLE FEES AND TAXES. ALL RESERVATIONS MUST BE MADE BY AUGUST 20, 2024, TO RECEIVE THE CAMA RATE AND FOR AVAILABILITY. ROOMS AFTER THAT DATE ON AVAILABILITY BASIS ONLY.

CAMA MEMBER REGISTERED ON OR BEFORE AUGUST 20, 2024	-----\$1395.00 U. S. DOLLARS
CAMA MEMBER REGISTERED AFTER AUGUST 20, 2024	-----\$1445.00 U. S. DOLLARS
SPOUSE/GUEST OF ATTENDEE	-----\$ 895.00 U. S. DOLLARS
*NON-MEMBER REGISTERED ON OR BEFORE AUGUST 20, 2024	-----\$1670.00 U. S. DOLLARS
*NON-MEMBER REGISTERED AFTER AUGUST 20, 2024	----- \$1720.00 U. S. DOLLARS

NOTE: Registration and guest fees include 8 meals – Buffet breakfast and lunch on Thursday, Friday, and Saturday, a field trip to the Deerwood Castle Exotic Car Club with a catered dinner on Thursday night, and the Honors Night Banquet on Friday Night. No activities are scheduled for Saturday evening.

***NON-MEMBERS - IF YOU WISH TO REGISTER AT THE LOWER MEMBER RATE, YOU MAY BECOME A MEMBER OF CAMA BY REQUESTING A 2024 MEMBERSHIP FORM OR BY COMPLETING THE FORM ONLINE AT OUR WEB SITE WWW.CIVILAVMED.ORG ON THE MEMBERS' LOUNGE PAGE. THE FORMS CAN BE SUBMITTED SIMULTANEOUSLY.**

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

CIVIL AVIATION MEDICAL ASSOCIATION
P. O. BOX 823177, DALLAS, TX 75382

PHONE: 770-487-0100
FAX: 770-487-0080
EMAIL: civilavmed@aol.com

*All registrations will be acknowledged by email - an email address is required. If you do not receive a confirmation email that your registration has been received, please contact CAMA. We do not share email addresses with any other groups or individuals. **YOU MAY ALSO REGISTER AND PAY ONLINE AT WWW.CIVILAVMED.ORG on the ANNUAL MEETING PAGE.***

THIS MEETING IS APPROVED FOR FAA-AME PERIODIC TRAINING. CME HAS BEEN APPLIED FOR.

EDUCATIONAL OPPORTUNITIES

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

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/amettraining/

- 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

Aviation Medical Examiner (AME) Designee Information

An Aviation Medical Examiner (AME) serves the Federal Aviation Administration (FAA) and the flying community by medically certifying pilots. Each pilot is required to meet specific medical standards depending on the class of medical certificate for which the pilot applies. The FAA Regional Flight Surgeon (RFS) in your area is responsible for determining the current need for AMEs in their region.

If you are appointed by the RFS to become an AME, you are required to attend a week-long training seminar, typically conducted four times each year in Oklahoma City, Oklahoma. This seminar is also known as the Basic AME Seminar.

After successfully completing the Basic AME seminar, subsequent training is required at three-year intervals. This training is available via our [AME Seminars](#) held at various locations in the United States. Some AME training can be completed on-line. Our AME training is accredited by the Accreditation Council for Continuing Medical Education and does meet your Continuing Medical Education (CME) requirements.

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

- [Pilot Minute: Can I get my medical approved if I used to be on medication for ADHD?](#)
- [Pilot Minute: Can I take a weight loss drug and still fly?](#)
- [Pilot Minute: What are some aviation specific reasons to stay fit?](#)
- [Pilot Minute: What happens to my ability to control an aircraft if I'm too cold?](#)
- [Pilot Minute: If I'm on BasicMed, would I ever have to come back through the FAA again?](#)
- [Pilot Minute: What happens when I get diagnosed with prostate cancer?](#)
- [Pilot Minute: What happens if I get a DUI?](#)
- [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?](#)
- [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?](#)



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NEEDS A SOLID
GROUND CREW.**

We'll be yours.

Being a member of AOPA is more than having a huge list of resources and pilot benefits. It's more than access to aviation experts waiting to answer your questions, and all the latest safety and training resources. Joining AOPA empowers general aviation with a louder voice, keeping our skies safer and open to pilots everywhere.

Amplify your power to fly. Join AOPA today.
AOPA.org/Join

AOPA

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
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	San Antonio, TX (Pending)	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 did the FAA update the technical requirement for ECGs?](#)
[AME Minute: Why is it important to correctly assign time limitations on a certificate?](#)
[AME Minute: Why is it important to review a pilot's past medical history?](#)
[AME Minute: Why did the FAA allow AMEs to issue pilots with BPPV?](#)
[AME Minute: Why did FAA establish rules for some diabetic medications for weight loss?](#)
[AME Minute: Why is a pilot's age relevant to a CACI issuance for glaucoma?](#)
[AME Minute: Why does the FAA have two tracks for ADHD?](#)
[AME Minute: Why should I warn my pilots about kava and kratom?](#)
[AME Minute: Why is it important to provide details in Item 60?](#)
[AME Minute: Why did the FAA add a CACI for essential tremor?](#)
[AME Minute: Why did the FAA add another medication for psychiatric conditions?](#)
[AME Minute: Why are categories required for documents when uploading in AMCS?](#)
[AME Minute: Why should I warn my pilots about kava and kratom?](#)
[AME Minute: Why did the FAA add a CACI for essential tremor?](#)
[AME Minute: Why are categories required for documents when uploading in AMCS?](#)
[AME Minute: Why do different categories of anticoagulants have different wait times?](#)
[AME Minute: Why does the FAA now allow AASI recertification for pilots with a history of CHD?](#)
[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?](#)
[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](#)

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:

Corporate Members & Sponsors

Aerospace Medical Association (AsMA)
320 South Henry Street
Alexandria, VA 22314-3579
www.asma.org

Aerospace Medicine Strategic Consultation
(AsMSC), PLLC
1804 Kinsale Drive
Keller, TX 76262
aerospacemedicinestrategiccons.godaddysites.com/

Aircraft Owners & Pilots Association (AOPA)
421 Aviation Way
Frederick, MD 21701
www.aopa.org

AirDocs Aeromedical Support Services
Gregory Pinnell, MD
MBS International Airport
8430 Garfield Road
Freeland, MI 48623
www.airdocs.net

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

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

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

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Lake in the Hills, IL 60156
www.BarnettLegal.com

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San Diego, CA 92123
www.betternight.com

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

The Ison Law Firm
Anthony Ison, Esq.
P. O. Box 6342
Lakeland, FL 33807
www.thepilotlawyer.com

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

Neurocognitive Specialty Group
112 Magnolia Estates Drive
League City, TX 77573
www.neurocognitivespecialtygroup.com

Pilot Medical Solutions, Inc.
David Hale, CEO
7220 NW 63rd Street
Bethany, OK 73008
www.leftseat.com

Somnomed
6513 Windcrest Drive, Suite 100
Plano, TX 75024
www.somnomed.com

Wingman Med, LLC
225 N. Pace Boulevard, Suite 410
Pensacola, FL 32505
PilotDoctors.com (Find an AME)
www.wingmanmed.com

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Stephen D. Leonard, MD	Alex M. Wolbrink, MD, MS

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Lakefront Airport, Suite 162,
Cleveland, OH 44114
AME, Pilot, AMA, AsMA, EAA
Specialty: Pulmonary Medicine/
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William A. Blank, MD
W5843 Vista Drive
La Crosse, WI 54601
Senior AME, Pilot, HIMS, EAA,
AOPA
Specialty: Ophthalmology

Colleen Campbell, MD
Tampa, FL
Senior AME, AMA
Specialty: Internal Medicine

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Miami, FL 33156
Senior AME, Pilot, AOA, EAA
Specialty: Aviation Medicine/
Family Medicine

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Senior AME, Pilot, HIMS, AAFP
Specialty: Family Medicine/Urgent
Medicine

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Leominster, MA 01453
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Specialty: Addiction Medicine

Julie Kollar, MD, MPH
213 Placemark
Irvine, CA 92614
AMA, AsMA
Specialty: Preventive Medicine

John D. Koziarski, MD
1485 Shorelands Drive E
Vero Beach, FL 32963
Senior AME, Pilot, EAA
Specialty: General Surgery

Ronnie C. Marrache, MD
Elm City Medical Associates, PA
109 Silver Street
Waterville, ME 04901
Senior AME, Pilot
Specialty: Hospital Medicine/
Aerospace Medicine

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PhD
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AMA, AAFP
Specialty: General Medicine/
Aviation Medicine

Steven Yucht, MD
Gainesville, FL
Senior AME, AMA, EAA
Specialty: Emergency Medicine

NEW STUDENT MEMBERS:

Wiaam Elkhatib, MD
449 E. Center Street, Apt. 308
Rochester, MN 55904
ASMA, AMSRO, AOPA, AMA
Specialty: Internal Medicine/
Aerospace Medicine/Fellowship

Ari J. Epstein, DO, Fellowship
5298 RFD
Long Creek IL
ASMA, AMSRO, AOPA, AAFP,
Space Medicine Assn
Specialty: Sports Medicine/Family
Medicine

Merwan Faraj, DO, BSN, RN
2937 Dominion Avenue
Norfolk, VA 23518
ASMA, AMSRO, Navy RAM in
2025
Specialty: Aerospace Medicine

Ana Carolina Pedroso, MD
Rua Dona Avalina 361, Vita
Mariano
Sao Paulo, SP 04111-010, Brazil
ASMA, AMSRO
Specialty: Aerospace Medicine/
Internal Medicine

Kyle Peterson, MD
Jacksonville, FL 32250
ASMA
Specialty: Radiation Oncology
Resident

Darshan Reval, MD
3551 San Pablo Road S
Jacksonville, FL 3222
ASMA, AMSRO
Specialty: Internal Medicine
Resident

Gabriela Alves Rodrigues, MD
Rua Alfonso Lopes Viera, 55, 2D
Lisbon 1711-011, Portugal
ASMA, AMSRO
Specialty: Surgery Resident,
Space Medicine

Lynn Stanwyck, MD
838k S. Bond Street, Apt. 3
Baltimore, MD 21231
ASMA, AMSRO, AMA
Specialty: Internal Medicine
Resident

Michelle Tan, DO
2336 E. El Paso Avenue
Fresno, CA 93720
ASMA, AMSRO, CMDA
Specialty: RAM 4th Year Medical
Student/BS/MD Biology

Nick (Nicolas) Vassiliev
513 S. Daner Ave, Apt 80f7
Chicago, IL 60112
ASMA
Specialty: Medical Student in
Emergency Medicine





CAMA MEMBERSHIP DUES NOTICE FOR 2024

(*Required Information)



CAMA

CAMA

*MEMBER NAME & TITLE:					
*MEMBER STREET ADDRESS:					
*MEMBER STREET ADDRESS:					
*MEMBER CITY/STATE/ZIP/COUNTRY:					
AME NUMBER:		SENIOR AME?	YES	NO	
Permission to add name and address to the CAMA Web Site in the Members Only Section?					YES
					NO

Please complete and return with your payment.

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

Membership dues..... \$ 250.00 U.S. Dollars

Sustaining Membership dues (optional)..... \$ 500.00 U.S. Dollars

Membership dues for Retired Members..... \$ 85.00 U.S. Dollars (Retired from medical practice AND no longer performing AME examinations for the FAA)

Membership dues for Students..... \$ FREE

Life Membership..... \$2500.00 U.S. Dollars

Payment Options: CAMA Accepts checks, MasterCard, VISA, Discover, or American Express.

CHECK ENCLOSED	#	MASTERCARD	VISA	American Express	x
CREDIT CARD NUMBER:					
EXPIRATION DATE:					
CVV/CVC SECURITY CODE:					
BILLING ADDRESS ZIP CODE:					
TOTAL AMOUNT/AUTHORIZED CHARGE \$					
PRINT NAME:					

Signature or authorization statement for charge: _____

SPOUSE/SIGNIFICANT OTHER NAME:	
--------------------------------	--

Check if you are a member of:

PILOT	YES	NO
AME	YES	NO
AMA	YES	NO
HIMS	YES	NO
AOA	YES	NO

EAA	YES	NO
AOPA	YES	NO
FPA	YES	NO
AAFP	YES	NO
AsMA	YES	NO

*MEDICAL SPECIALTY:	
*CELL PHONE NUMBER:	
OTHER PHONE NUMBER:	
FAX NUMBER:	
*EMAIL ADDRESS:	

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

NOTE: YOU MAY ALSO INITIATE OR RENEW YOUR CAMA MEMBERSHIP ON OUR WEBSITE AT WWW.CIVILAVMED.ORG ON THE "MEMBERS' LOUNGE" PAGE USING OUR SECURE PAY APPLICATION.



CAMA STUDENT & TRAINEE MEMBERSHIP FORM AND ANNUAL SCIENTIFIC MEETING AUDIT REQUEST



*MEMBER NAME & TITLE(S):			
*MEMBER STREET ADDRESS:			
*MEMBER STREET ADDRESS:			
*MEMBER CITY/STATE/ZIP/COUNTRY:			
WHAT IS YOUR FIELD OF STUDY?			
WHAT IS YOUR SPECIALTY OR ANTICIPATED SPECIALTY?			
WHERE ARE YOU CURRENTLY A STUDENT, INTERN, OR RESIDENT? ON FELLOWSHIP?			
WHEN DO YOU EXPECT TO GRADUATE?			
WHAT DEGREE(S) DO YOU CURRENTLY HOLD?			
WHAT DEGREE(S) DO YOU ANTICIPATE UPON GRADUATION OR COMPLETION OF STUDIES?			
Permission to add name and address to the CAMA Web Site in the Members Only Section?		YES	NO
IF YOU PLAN TO AUDIT PRESENTATIONS DURING THE CAMA ANNUAL SCIENTIFIC MEETING, PLEASE ANNOTATE WHICH DAYS OR EVENTS YOU PLAN TO ATTEND SO THAT ID CREDENTIALS CAN BE PREPARED FOR YOU:			

Check if you are/are a member of:

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

**OTHER ORGANIZATIONS/GROUPS	
CELL PHONE NUMBER:	
OTHER PHONE NUMBER:	
FAX NUMBER:	
*EMAIL ADDRESS:	

**(E-mail address is REQUIRED, please – all CAMA correspondence, registrations, notifications, and publications are sent via email. Please notify CAMA of any email address changes. CAMA does not share your information with any other entity or with any changes, so that you do not miss any important communication with our organization.*

NOTE: CAMA does offer discounted student registrations for our Annual Scientific Meetings, and Students may audit the educational sessions at no charge (no meals or CME included without prior payment). We do request advance notice for planning and space arrangement purposes.

PLEASE RETURN FORM TO: CIVIL AVIATION MEDICAL ASSOCIATION (CAMA)
P. O. BOX 823177
DALLAS, TX 75382
TELEPHONE/TEXT: 770-487-0100
EMAIL: civilavmed@aol.com



CAMA CORPORATE MEMBERSHIP FOR 2024



Corporation/Business Name and Address:

Please complete and return with your payment.

NOTE: Membership is from January 1st through December 31st.

Corporate Membership dues..... \$ 550.00 U.S. Dollars.

CAMA accepts MasterCard, VISA, Discover, American Express, and checks only.

NOTE: You may pay corporate dues online on the "Members Lounge" page of the CAMA web site at www.civilavmed.org using our secure payment application.

Payment Options:

Check Enclosed # _____ MasterCard _____ VISA _____ AMEX _____

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CVV/CVC Security Code: _____

Zip Code of Billing Address: _____

Expiration Date: _____ Authorized Amount \$ _____

Print Name on Card: _____

Signature: _____

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

PLEASE PRINT (* required information)

*Contact Person(s) Name: _____

*Specialty/Type of Business: _____

*Phone: # () _____

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

Fax: # () _____

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