

- COUNCIL Meeting 11/17/62
- b. If there is no evidence of brain dysfunction, a special medical certificate could be issued with the proviso that the aviator would be followed clinically at least semiannually.
 - c. If performance decrement develops or there is evidence of neuropsychological impairment, disqualification must be considered.

IV. ACTION: Publish AsMA's new HIV policy in accordance with the Aerospace Human Factors Committee position paper recommendations. (Rayman, Cohen)

d. IDDM

Council members were sent advance copies of the Aviation Safety Committee (Dr. Glenn Merchant, Chair) position paper on the medical certification of IDDM aviators. In general, the recommended policy is to consider special issuances to a subset of aviators with IDDM excluding those with an increased risk of a hypoglycemic event. Furthermore, there are provisos for frequent clinical monitoring as well as preflight and in-flight glucometer self monitoring of blood glucose. Flying with a copilot would also be required. A motion was made to accept the recommendations of the Aviation Safety Committee put forth in their position paper. However, the motion was defeated by a vote of 15 to 11. Council directed that another paper be prepared explaining the rationale for this negative vote and that it be published in our Journal. Likewise, a letter should be sent to the US Federal Air Surgeon and explain AsMA's action on this issue.

V. ACTION: Prepare a paper for publication in the Journal explaining rationale of AsMA's action regarding the IDDM position paper; also inform the US Federal Air Surgeon. (Merchant/Rayman)

e. Foundation

Dr. Orford gave further follow-up on his initiatives to explore the feasibility of establishing an Aerospace Medicine Foundation. He suggested that we seek contributions from industry, and that the initial budget be \$50,000 to \$150,000. In order to establish a Foundation, AsMA must receive a 501C(3) designation from the IRS (we are currently 501