

**Aerospace Medical Association**

**Council meeting minutes**

**Westin Alexandria**

**Edison EFG Rooms**

**Alexandria, Virginia**

**November 19, 2014**

**AsMA Council Meeting**

**Westin Alexandria, Edison EFG Rooms**

**Alexandria, Virginia**

**November 19, 2014**

**Attendees**

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| --- | --- | --- |
| Philip Scarpa - President | Chuck DeJohn – Member-at-Large | Sharmi Watkins – SNFS Rep |
| Kris Belland – President-Elect | Nic Green – Member-at-Large | David Miller – SoUSAFFS Rep |
| James Webb – Immediate Past President | Warren Silberman – Member-at-Large/Fellows | Denise Baisden – Bylaws Committee Chairperson |
| Eilis Bourdreau - VP, Education & Research | Quay Snyder – Member-at-Large | James (Jay) Phelan – Registration Committee Chairperson |
| David Gradwell – VP, International Services | Fred Bonato – Editor-in-Chief | Justin Woodson – Scientific Program Committee Chairperson |
| Valerie Martindale, VP, Member Services | Bob Orford – Parliamentarian | Joe Dervay – Membership Committee Chairperson |
| Roland Vermeiren – VP, Representation & Advocacy | Anita Mantri – AMSRO President | Rob Monberg – LSBEB President-Elect |
| Carol Manning - Secretary | Gordon Landsman – AMDA Rep | Richard Sloan – Flying Physicians Association President |
| Joe Ortega – Treasurer | Vince Musashe – AsPS Rep | Pam Day – Managing Editor |
| Yael Barr – Member-at-Large | Tracy Dillinger – AsHFA Rep | Rachel Trigg – Assistant to the Managing Editor |
| Genie Bopp – Member-at-Large | Johann Westphall – ASAMS Rep | Pete Mapes – Member |
| Walt Dalitsch – Member-at-Large | Kathryn Hughes – IAMFSP Rep | Jeff Sventek – Executive Director |
| Volker Damann – Member-at-Large | Don White – LSBEB Rep |  |

**Welcome**

Phil Scarpa, President of AsMA, called the meeting to order at 8:35 a.m. on Wednesday, November 19, 2014. He welcomed attendees and thanked everyone for coming. Phil noted that we lost a few members recently, notably Arleen Saenger and Stan Mohler and his wife. Members observed a moment of silence for the departed. Meeting attendees then introduced themselves.

After discussing a few administrative items, Jeff Sventek announced that Council members should see Phil Galanty if they had any questions about the upcoming annual scientific meeting in Orlando. Phil has the matrix of locations for all the meetings. Phil and Walt will be at the Council meeting through lunchtime. The link for making hotel reservations for the meeting became available last weekend and is working smoothly. This year there will be no multi-tier room rate. Everyone will receive US government per diem rate ($115/night) for rooms at the Dolphin Hotel. Jeff noted that there will be a mandatory resort. That fee has been negotiated down to $14 per day. It covers in-room internet access, 2 free bottles of water per day, and access to the hotel’s exercise facilities. Jeff said that government employees can get reimbursed for the resort fee. In addition, Jeff is currently negotiating for reduced rates for Disney World tickets.

**• Review and Approval of Agenda**

Phil Scarpa asked if everyone had reviewed the agenda and if anyone had comments. No comments were made.

**• Extractions**

Valerie Martindale asked to extract the Membership Committee and Awards Committee reports from the Consent Agenda. No other extractions were requested.

**• Consent agenda approval**

Roland Vermeiren moved to accept the amended agenda. The motion to accept the agenda as amended was passed unanimously.

**• Approval/Acceptance of Council Minutes – Sunday, May 11**

Kris Belland moved to accept the Minutes of the Council Meeting held on Sunday, May 11, 2014. Joe Ortega identified several changes:

Page 10 should say “face-to-face” instead of “fact-to-face.”

At the bottom of page 10, it says that insurance companies and state boards of licensure are responsible for MOC. The American Board of Medical Specialties (ABMS) is responsible for MOC. They put it out there. The boards, like the American Board of Preventive Medicine, are responsible for implementing MOC for Board Certification.

Page 11 should refer to Journal-based CME instead of Journal-base CME.

Council members voted to approve the minutes as amended. The motion passed unanimously.

**• Approval/Acceptance of Joint Council Minutes – Thursday, May 15**

The second set of minutes considered was for the Joint Council meeting held on Thursday, May 15. Joe Ortega moved to approve those minutes. Roland Vermeiren said that his name was spelled wrong in the Representation and Advocacy Report section of the minutes. Council members voted to approve the minutes as amended. The motion passed unanimously.  **(Closed)**

**Governance**

Kris Belland, Vice President for Governance, introduced each Governance item on the agenda.

**• President’s Report**

Phil Scarpa said that it was his lifelong dream to be President of AsMA. He loves the organization. His theme this year is “Making a Difference in Aerospace Medicine with the Help of AsMA.” The organization is a powerful tool to help us make things happen and to influence our field. The goal of the organization is to improve the health, safety, and human performance of those who fly in the air and space and other extreme environments. Phil said this is a unique group of people working in a unique field and having a unique organization. The President’s page has been dedicated to that message. Phil has been pulling together short stories for the President’s page about making a difference and sharing value with the rest of the organization. The stories include valuable lessons that help us remember the theme.

With the help of Kris Belland, AsMA has been updating its Strategic and Business Plans that will improve and strengthen our already-great organization. The areas of initiatives that Phil has chosen to emphasize this year are improving our financial revenue, stability, setting a financial goal, increasing membership, improving member services and value, better enfranchising worldwide members, and strengthening our position as a research and education global authority on every aerospace issue. We have been working on all of these fronts.

We have endorsed an AMA Resolution on the efforts to educate and guide physicians in inflight medical emergencies. This came out through the AMA through the work of Dr. Bertina in Indiana. With our AMA delegates, Joe Ortega and Dan Shoor, we have a voice in AMA to say that we will help our colleagues better address this issue. We were already positioned to help guide our colleagues in the community with the excellent work by Dr. Claude Thibeault and others on inflight medical emergencies. This will really help that effort in the future.

We have an excellent position paper on Obstructive Sleep Apnea and screening of pilots. Warren Silberman brought up at a Council meeting that the FAA had opened for comment the proposal that we should be serious about screening for sleep apnea in pilots who have a large BMI and neck circumference. We weighed in on the subject with the excellent work of Dr. Eilis Boudreau and her Committee. The paper on sleep apnea screening in pilots is done and has been approved and will be slated for publication soon. It should be definitive guidance on this topic.

We have been asked to look at 2 position papers that will be discussed during this meeting. These documents were provided by Dr. Quay Snyder, who works with several organizations focusing on Aviation Safety and Medical Certification. One deals with the American Diabetes Association’s recommendations for FAA Class 1-2 medical certification of insulin-dependent diabetics. The second is from the National Business Aviation Association Safety Committee on pilot noncompliance with FAA-required supplemental oxygen. The Aerospace Safety will look at the Diabetes paper and the ATM Committee will look at the supplemental oxygen paper.

Two proposed resolutions on commercial space flight are being reviewed by the Resolutions Committee, led by Chuck DeJohn. They are both out of the Space Medicine Association (SMA). I think they are timely and I hope we can come up with some timely endorsements. Both deal with commercial space flight, which is something that we, as an organization, need to be ahead of.

Phil Scarpa reported that he supported two non-US meetings this fall. The first meeting was the 4th European Conference in Aerospace Medicine (ECAM), which was held in Bucharest, Romania, in September. The theme of the meeting was screening for and preventing health problems in aviation. He presented recommendations from our ad hoc committee on pilot mental health. It was well-received. This was an excellent meeting, though small, but very dynamic. There was a lot of discussion from a lot of the key decision makers in Aerospace Medicine in Europe. In that meeting, Phil also promoted a joint meeting with ESAM that will be discussed later. Phil also attended the meeting of the International Congress on Aviation and Space Medicine (ICASM), which was held in Mexico City in October. The theme for that meeting was integration of human technology innovations in Aerospace Medicine. It was a very exciting meeting. In both meetings, in addition to the usual Aerospace Medicine issues, the groups talked about Ebola, a very timely issue that had critical mass of an international audience that needed to have decisions made.

We are looking forward to a new journal title, “Aerospace Medicine and Human Performance.” Phil thanked Dwight Holland, Jim Webb, and others who have been pushing the idea of human performance. Finally, we have been active in the areas of Marketing and Branding. We have an ad hoc committee on social media, led by Dan Buckland. Phil said he thinks social media is a great tool. Phil has been tweeting to reach out to those of the next generation who are interested in Aerospace Medicine. Phil has 79 followers of his Twitter account, many who are not AsMA members but are interested in Aerospace Medicine. Kris Belland has worked with a minter to mint an AsMA coin. It’s a very good recruitment tool. **(Info)**

**• Executive Director’s Report**

In introduction, Kris Belland recognized the contributions of Jeff Sventek and the Home Office staff and asked for a round of applause from Council members. Jeff Sventek reported that, in San Diego, we had moved away from paper-based meeting evaluations forms and reporting of CME and MOC by the physicians. Instead, they used a survey using Survey Monkey. It was a huge success. Jeff and Gisselle Vargas are very impressed with its effectiveness. When using paper evaluations, they got, at most, about 300 reviews of the meeting. This year, they tied presentation of CME and MOC certificates and credit to filling out the evaluation, and got 533 evaluations. This strengthens our ability to find out where deficiencies are and strengthen the process in future years. The Survey Monkey process works pretty easily and well and will be continued.

Jeff Sventek reported that AsMA did alright in the financial statement review this past year. He said that the Governance of this organization decided several years ago to do full audits every 5 years. The first full audit was in 2011. We did financial statement reviews (because they are much less expensive) in 2012 and 2013. The financial statement reviews are done by the same CPA firm as the audits but they just look at financial statements and review for glaring issues. The next full audit will be on 2016 fiscal year books.

The San Diego meeting was very good financially, much better than the previous year in Chicago. We also expect a very good meeting in Orlando. Jeff said they toured the hotel in June. While it is the Swan and Dolphin resort, our rooms and the meetings will be in the Dolphin part.

Jeff Sventek showed a graph with membership by year. The graph shows a drop in membership in 2012 that was related to cleaning up the information in the membership database. That drop has leveled off at about 2,150 paid up, active members. There are more Life Members than before. **(Info)**

**• Treasurer’s Report**

Joe Ortega presented the Treasurer’s Report. In 2011, the auditors recommended changes in the way they did the accounting. We had more cash in 2012 but took paper losses due to accounting changes. In 2013, attendance was down and expenses were up at the meeting in Chicago, resulting in lower net income. We were down about $150-180K. The meeting finances were better this year; net income was comparable to the years before Chicago.

Joe then showed revenue vs expenses (through September) for 2014. Several years ago, we started spreading income for multiple-year memberships across several years to defer income. For example, we divided up dues for 3 year memberships across 36 months over 3 years. That is helping us now. The next slide compares this year’s income with last year. This year is much better. Below-the-line items balance out the books. Most of the amount comes from depreciation of the building.

The next slide compares reserves in 2013 & 2014 as of the middle of the year. There was a lot of change there. Last year, we were up a little higher than this year but we had to pull out some money to cover expenses in 2013 because of the loss of revenue from the Chicago meeting. We rolled up a couple of separate accounts to reduce fees. Year to date profits are about $100K but I expect we will spend about $50K between September and December. So I expect we will break even this year and may even be about $15-20K ahead at the end of the 2014. **(Closed)**

**• Approve 2015 AsMA Budget**

Kris Belland said the Treasurer was doing a great job. Joe Ortega then talked about the budget for 2015. Joe and Jeff Sventek have done some analysis of the budget over the past 4-5 years. They have been trying to predicting annual income and expenses. They have been doing a pretty good job of predicting income from the meeting. They are also getting better at estimating journal expenses and membership income. Prediction of operating costs is improving - Jeff is reducing the operating costs. They are generating a little income from rent for office space and parking spaces. So the budget for 2014 has matched actual income and expenses pretty well so far. The primary source of uncertainty is the cost of medical insurance for staff – medical costs under the Affordable Care Act are not easy to predict.

Joe Ortega, representing the Finance Committee, moved to approve the 2015 budget submission. No second was required. Kris congratulated Joe Ortega for a job well done. Joe briefly described the 2015 budget. Some things have changed but overall, it’s pretty similar to 2014. The membership data matches the stability of the membership roster. Projected income from MOC is up. Roland Vermeiren asked why the projected income for the Orlando meeting was 20% higher than previously. Joe said that depended on projections of several amounts – it was based on the number of projected attendees who are members and nonmembers, increases in MOC fees, expectation that more people will travel to Orlando because it’s a better destination. This is a budget estimate – they are usually a little conservative, estimating income a little lower and expenses a little higher than they could be. Jeff Sventek observed that they underestimated the income from the San Diego meeting by quite a bit so they adjusted the Orlando estimate. Joe Ortega said they are trying to improve the accuracy of the estimates.

Don White asked what was driving the change (reduction) in corporate membership dues. Jeff said there was a lack of interest. They’re not seeing a return on their investment. There were as many as 56 Corporate Members at one time and now the number is down to about 38. Corporate membership will be discussed later. Council members voted unanimously to accept the budget. **(Closed)**

**• Finance Committee Report**

Joe Ortega then described the accomplishments of the Finance Committee during the past year. He also described some of the things that need to be done during the next year. The issue about charitable contributions and other Finance Committee issues will be addressed later. **(Info)**

**• Increase Transparency of AsMA Leadership Nominating Process**

Kris Belland reported that Marian Sides will be here later today to provide the Nominating Committee report. We’re trying to make the nominations process more transparent. Jeff put out an email to all AsMA members that we’re initiating the nominations process. Kris encouraged the Constituent members to have their representatives stay involved with the process. They are an important part of this process because they are selecting our leaders for the future. To be open and transparent, as soon as the slate of officers is approved, that information will be distributed. They will not wait until the opening ceremonies at the meeting. Members will see the information ahead of time so they can review and understand it before the meeting. We are working hard to make that process open and transparent. Glenn Merchant was supposed to chair the Nominating Committee. He became ill and Marian Sides assumed his role. **(Info)**

**• Proposed Bylaws/P&P Manual Changes**

Denise Baisden provided the Bylaws report. Five bylaws changes were proposed and there are 5 changes to the Policies and Procedures Manual. They are shown in the Meeting Book. Presenting each change will result in a motion that it be approved by Council to be passed to the membership for their vote at the business meeting next May.

The first bylaws change changes the language of the vision statement: “The international leader in aerospace medicine and human performance. “ The change would be more relevant, broader in implications and is more clearly inclusive of research conducted by and reported by non-physicians. The change is more consistent with the mission statement and is reflective of the change to the Journal title. This motion was passed unanimously by Council. **(Closed)**

The second proposed bylaws change would remove the word “Advisory” from the name of the journal’s Editorial Board in the description of ExComm’s role in recommending members for the Board. The change would make the wording in the Bylaws consistent with the wording in the journal. This motion passed unanimously. **(Closed)**

The third proposed bylaws change includes two changes to the description of the membership of the AsMA Council. The first change removes the reference in the bylaws to the Regent of the American College of Preventive Medicine (ACPM) as a position on Council and replaces it with the Delegate to the American Medical Association (AMA). The second change is to add a Delegate from the American Osteopathic Association (AOA) to the AsMA Council. The American College of Preventive Medicine Board of Regents adopted changes to ACPM's governance structures that would convert categorical and regional regent positions to at-large positions, thereby eliminating the Regent positions from each specialty. This change removes the ACPM Aerospace Medicine Regent Council position since it is going away. It replaces that Council position with the AsMA delegate to the American Medical Association. In addition, The American Osteopathic College of Preventive Medicine has agreed to add a delegate from the Aerospace Medical Association to the American Osteopathic Association. The addition of this delegate to AsMA Council would provide for a balanced representation of MDs and DOs on Council.

A question was asked about potential cost increases associated with adding an AOA representative who would be funded to attend AOA meetings. The response was that AsMA has traditionally sent a delegation of people (3-4, a delegate, an alternate, and some section council representatives) to the AMA. We can discuss further whether AsMA wants to provide support for a delegate to attend AOA meetings. However, the purpose of this motion is to determine whether an AOA delegate should be added to AsMA Council. Kris said that we’re recommending Warren Silberman as the AOA delegate. Another comment was that having AsMA representatives to major organizations participate on the AsMA Council makes it easier for the delegates to represent our positions. It was determined that costs of attending meetings would be determined later. The motion passed with 1 abstention. **(Closed)**

The fourth proposed bylaws change adds the following sentence to the description of constituent organizations: “A Constituent Organization may have Sustaining Partners, however, that are not active members of the Aerospace Medical Association. These Sustaining Partners are not Members and do not count toward the 2% criterion for Constituency status.” This change would clarify that non-member Sustaining Partners that are affiliated with a Constituent Organization would not count toward the 2% rule for Constituency. These Sustaining Partners cannot vote on or direct any of the organization’s business. Valerie Martindale discussed the capitalization of the word “members” in the change. After discussion, it was determined that the capital M should be replaced. Because that was a clerical change, it was determined not to be necessary to amend the motion. It was also noted that the bylaws change did not intend to tell the Constituent organizations how to label classes of people who belong to them. The motion was approved unanimously. **(Closed)**

The fifth proposed bylaws change modifies the description of the Resolutions Committee by specifying the method to be used by AsMA members to vote electronically for resolutions. During the discussion, Jeff Sventek noted that the proposed method for voting is very easy to accomplish electronically. Getting the membership engaged in reviewing and approving proposed resolutions outside the business meeting is what this bylaws change is trying to accomplish.

A discussion was held about the number of members required to participate in a vote. It was determined that the proposed wording of the last sentence might be interpreted as specifying that a majority of the entire AsMA membership would have to vote for approval. David Gradwell made a friendly amendment that says “a majority of those voting is required for final approval of the proposal.” The friendly amendment was seconded then passed unanimously. The proposed bylaws change, as amended, was then passed by unanimous vote. **(Closed)**

Proposed Policies and Procedures Manual Changes were then presented. Phil Scarpa clarified that these Policies and Procedures manual changes are being presented for the information of Council. ExComm has the authority to approve the changes.

The first P&P Manual change clarifies how appointments of standing committee chairs are made. The second P&P Manual change codifies the electronic discussion and voting that is currently being conducted by the Council for issues that arise between regularly scheduled in-person meetings and provides some guidelines and ground rules for conducting electronic business. The third change codifies the electronic discussion and voting that is currently being conducted by the Executive

Committee for issues that arise between regularly scheduled in-person meetings and provides some guidelines and ground rules for conducting electronic business. The fourth change requires that proposed products (e.g., position papers, statements, letters, and resolutions) should be 1) compared with current products already in the AsMA Policy Compendium, and 2) circulated to all AsMA committees and Council organizational representatives to ensure awareness. This will ensure that AsMA will not put forth conflicting statements, policy positions, etc. The fifth change specifies that the President-elect will review, update, and present the AsMA Strategic/Business Plan to the Executive Committee and the Council on an annual basis. **(Info)**

Kris Belland expressed his gratitude to Denise Baisden for her excellent work on the Bylaws Committee.

**Open Action Items**

Phil Scarpa introduced the discussion of open Action Items.

**• Consolidated Dues**

Jeff Sventek indicated that they tested the Consolidated Dues payment process and made some adjustments to the software. He thanked the Associate Fellows group for helping to troubleshoot the process. Jeff then demonstrated the process. The program shows an individual’s memberships in both AsMA and the Constituent organization. The member can check or uncheck a box to indicate that he/she wants to pay dues for both organizations at the same time. Combined costs for membership renewal in both organizations are shown. The member can update demographic information. When the member chooses to pay, he/she makes one credit card payment to cover both dues payments. If you have more than one membership in a Constituent organization, all five will be shown. The member can uncheck a box associated with one of the Constituent organizations if desired.

Jeff said they are getting ready to test the process with ASAMS next. Expiration dates for the Constituent organizations will be synced with AsMA’s dates. This will provide a way to join most Constituent organizations. Some Constituents have specific requirements to join. For those organizations, a contact point will be provided. Only full members (members of AsMA and the Constituent organizations, not “sustaining partners”) will be able to use this process. Not all Constituent organizations are participating in this process (e.g., AMDA, Space Medicine Association). AsMA will take out 5% of the payment made to the Constituent Organization for administrative support and handling. Don’t forget that credit card transactions produce a 2-3% fee that AsMA has to pay. However, this process will reduce the amount of work required of the Constituents to process the dues payments. Apple Pay and American Express will not be accepted. You can’t do an automatic renewal – the database software doesn’t yet meet security regulations required to keep credit card numbers in the database. AsMA needs a clean list of members of each Constituent organization to set up the system. Special memberships, such as Life Members, emeritus members, and sustaining partners will not be covered at this time but Life Members can be added later. We’re getting close. **(Closed)**

**• Policy Compendium Review**

Roland Vermeiren introduced the completion of the Policy Compendium review being conducted by an ad hoc committee led by Chuck DeJohn. Chuck provided an update. He said he had a lot of help. Two ad hoc committee members reviewed the documents independently. (More than 110 documents were in the Compendium and were reviewed.) After the committee member review, the documents were forwarded to the appropriate committee or organization for another review. Some documents were reviewed by more than one organization. These were consensus reviews, not reviews made by individual members. All the organizations’ reviews have been completed. Chuck said he sent the report to Jeff Sventek. Jeff will collate the information in the report and will send it to ExComm.

Quay Snyder said that the last policy document was added to the Compendium in 2011. He wondered if additional documents will be added after this process is complete. Chuck DeJohn said that more documents can be added over time. One of the Policies and Procedures Manual changes presented earlier specified what needs to be done to add new documents. We have to make sure that a new document is not in conflict with documents already in the Compendium. Jeff Sventek said that new position papers and policy statements should be added to the Compendium after they have been sent out. He said he has not been posting those documents since 2011 because of the review process. He said he thought that we would be better off leaving them out of the Compendium until everything is cleaned up. Those documents can either be added or undergo another review process. The newer documents shouldn’t require much review. Jeff said he needs some guidance because in the past, they included letters (to regulating agencies) and other documents that probably don’t need to be on there. Jeff said they aren’t going to include everything that has been included in the past.

Phil Scarpa said that a review of the new materials needs to be done. After this task is completed, such a review is unassigned. When we get ready to start posting the new documents, we’ll have to decide if the materials will go back to Chuck. We want to review things that were decided before and, if necessary, label them as out of date. Roland Vermeiren said it is necessary to have a standing task because otherwise, we will have to go through the Compendium review process again in the future with a large number of documents. Automatically, after a certain number of years, a document should go through a review automatically to see if it is still appropriate. Chuck DeJohn said he agreed that we don’t want to do this again.

Quay Snyder asked how the Compendium would be accessed. Currently, it is only available through the Members Only site. Will the materials be publicly available or restricted to members only? Chuck DeJohn said that part of the review addressed whether the document should be made available to the public. The reviewers decided whether the public should have access then the organization, during their review, decided whether they agreed with the reviewer. The availability of many of the articles in the Compendium review changed after the review. Some documents were recommended by the reviewers to be rewritten. Jeff Sventek said that all documents are currently available publicly.

Joe Ortega said that AMA has a 10 year sunset rule–a committee reviews their policies every 10 years. If the policy has been overcome by events, it is removed. Those that are considered valid may be debated again. Bob Orford said that many organizations have that process. Roland Vermeiren said that he thinks 10 years is a long time in Aerospace Medicine. It is a quickly evolving domain. He believes a review should happen more often than every 10 years. Phil Scarpa directed Roland Vermeiren to recommend how to deal with updating the Compendium in the future. Roland and Chuck DeJohn should develop recommendations about how it should be done in the future, when it should be done and who should do it. Roland said that it was necessary to build a process for continuing review. **(Closed)**

**• Membership CME Survey**

Eilis Boudreau discussed the Continuing Medical Education survey for members. The survey was approved at the last Council meeting but David Gradwell provided some additional changes at the August ExComm meeting. Those changes were forwarded to Katrina Avers at the FAA, who is providing support for the survey. Eilis said they are waiting for those changes to be incorporated so the version of the survey that appears in the meeting book is not the current version. Jeff Sventek said that, if necessary, he could build the survey using Survey Monkey. A few more changes to the survey were then requested by Council members. **(Open)**

**• OSA Position Paper**

Eilis Boudreau reported on the status of the Draft Obstructive Sleep Apnea position paper. She said that the OSA position paper was approved. The decision at the Council meeting in May was to hold the submission until the Sleep CPG for ASAMS was rewritten. That was completed over the summer and submitted to ASAMS. Eilis said she requested from ASAMS permission to submit the draft paper to the journal for review and they agreed. The paper has been reviewed; the final revisions will be completed within 2 weeks. Eilis said they still need input from ASAMS on the changes for the CPG. Phil Scarpa complimented Eilis on the effort. Roland Vermeiren said that they have been holding discussions in EASA about developing guidance for Aeromedical examiners about this issue so this will be a very useful document. **(Closed)**

**• Biographical Data Form**

Jeff Sventek reported that Warren Silberman and Gisselle Vargas have been working on this with the ISSI programmer. Warren has access to the completed software. This software will provide a capability for the people who provide a Quality Control review of Fellows applications to make changes (move things around). It will allow the changes to be saved so the candidate can review them and will tally the modified number of points. This software will allow Quality Control of applications and computation of points to be much easier. There is no subjectivity in scoring any more. The biggest area now requiring Quality Control is the human review of the content of articles submitted. Phil Scarpa said that this is a great tool that reduces the amount of labor required. The result can be passed to the Fellows Nominating Committee. **(Closed)**

**• AsMA Medical Guidelines Update**

Jeff Sventek reported that they met with the Air Transport Medicine Committee in San Diego and devised a plan to take the 2003 Medical Guidelines, 2nd Edition, and break it into components that will be reviewed separately. They also reached agreement with some professional specialties who already had air travel medicine publications specific to those specialties. The old medical guidelines was an 8-10 page position paper that was published in the journal in 2003 and hadn’t been updated since. They decided to break it into components and refer them to those specialty groups that had solid travel medicine references and recommendations and update the others on a continual basis. The document is not available yet on the web. The ATM is working on it aggressively. Jeff Sventek demonstrated what the document will look like when it is finished. It will be broken up by topic –there will be a separate pdf for each topic that can be accessed separately. The footer for each topic notes the date when it was last updated. They are updating the references as well. The guidelines incorporate links to other specialties’ travel medicine web sites. They are currently working on the immunization section. Dr. Thibeault contacted the CDC, which has an excellent web site on this issue, to get their permission to link to their web site. We can add/delete/update modules/sections to this as required. Jeff told Jim Webb that they are looking for someone need to update the section on decompression illness.

Phil Scarpa said that they had discussed waiting until the entire document was done to post a new version, but updating each section as it is completed is the best way to go. The result is a living document, as it should be, that refers to the current state of the science. Where we need to, we refer out. We have a chance to work with others in the future and utilize their input but we provide the resource. David Gradwell said this is an outstanding way to update the process. For example, the British Society of Hematology is currently updating their guidelines on air travel and sickle cell disease. All of those pieces where we incorporate guidelines and recommendations that are published in a medical journal and are read by a community of clinicians who don’t necessarily have a close awareness of Aerospace Medicine issues bring us into their purview in a positive way. His only caveat is something we discussed before – are there any elements that are not published in one of the mainstream journals but are generated within our own community. We need to ensure those go through the review process to establish that their validity and authority is as good as those who went through mainstream journal review. Phil Scarpa said that we agreed that any topics not references to a link will have to go through a peer review process. Fred Bonato confirmed that the unpublished recommendations are undergoing peer review. David said that from a medical and legal standpoint, because if that information is relied upon as part of their medical practice, and it is challenged, it can be defended as having undergone peer review.

Walt Dalitsch said that this is a great resource and will provide good PR for the organization. Should additional topics be added, such as diving and flying? Phil Scarpa said any topic can be dealt with in that way. Gordon Landsman said it would add validity if each topic undergoes journal peer review and is then posted and eventually published in the journal after receiving approval. Jeff said that posting to the web site can occur more quickly than publication in the journal. Roland Vermeiren said that this is a web-based set of guideline system—we will not replace any articles. If doctors anywhere in the world are Googling the information, how will they find it? He said that a method for identifying the information was needed because not everyone knows about AsMA. Jeff Sventek said that they would need to use something like Joe Ortega suggested. The titles for these topics should start with something like “Aerospace Medical Guidelines:” then topic name. Phil Scarpa said that each of those topics may be a search keyword. Jeff Sventek said that whenever you Google anything related to Aerospace Medicine, our organization comes up pretty high on the list.

Jeff Sventek said that we need to keep this moving. Fred Bonato said that he hadn’t looked at any of these documents yet. However, he wouldn’t say that these topics would undergo a different review process. This could be a very well-cited process for 2 reasons: the topics are relevant and they are free from the web site. That is good for the journal and could increase our impact factor. But the impact factor will only be affected if the documents are peer-reviewed so he doesn’t want to interfere with the peer review process. However, Fred can expedite the review process. Some reviewers are faster than others. Phil Scarpa asked when this review process could start. Jeff Sventek said he can get some of the documents into the process next week. Eilis Boudreau said that the OSA position paper was reviewed very quickly. Jim DeVoll asked if it would be helpful to establish a suggested format for the guidelines that could expedite review. Fred Bonato said they should be short, concise review articles that give the reader the current state of that area. He wouldn’t expect them to be very long – the longest should be about 4 pages. He said that documents that will be considered part of the Aerospace Medical Guidelines should be tagged so they can be identified and processed appropriately. Phil Scarpa said that Fred would coordinate the reviews of each topic. We don’t need to be strict about the format of the documents. Jim DeVoll noted that the review of the OSA paper (related to medical certification of pilots) was different (much faster) than reviews of medical guidelines for travelers. These are Medical Guidelines for airline travelers, not related to medical certification of pilots. David Gradwell confirmed that these are guidelines for people who already have one or more specific medical problems. They provide information about how the flight environment is likely to affect people with those medical problems and may sometimes provide reassurance. All the information must be evidence-based and may provide a meta-analysis of research results from multiple studies. Jeff Sventek said that, because of the Ebola issue, he had been interviewed 4 times recently by the media about how flying affects the body. Phil Scarpa said excellent progress had been made toward this valuable tool for AsMA that will contribute to our reputation. **(Open)**

**• Online CME & MOC**

Jeff Sventek said that the issue of online CME and MOC has been a constant struggle. There is a fine line between how much we offer online because many organizations will deny funding to attend the meeting if too much CME and/or MOC is offered online or through a conference call. Jeff said they captured every presentation in San Diego with the exception of those people who said they would not allow their presentations to be recorded. Those have been recorded, but it takes a lot of work to taking one of those presentations and developing the required documentation to meet ACCME requirements to put it online. They did it for the RAM Bowl and Grand Rounds from the Chicago meeting and made it available. They sold some but didn’t recover what it cost to build the module. Jeff said he hasn’t done anything with the San Diego material yet. Jeff wants some input about what to do. He thinks that rather than converting the basic presentations (slide and panel) to enduring materials, it would be better to develop materials for use by Board Certified Aerospace Medicine specialists preparing for recertification and looking for review opportunities. ASAMS started a formal review process last year – they provided 3 sessions. Jeff said they captured all that material. He could take those sessions, build them into appropriate enduring material opportunities, and sell them for appropriate pricing. He could work with ASAMS to come up with a pricing model and a revenue sharing process because they put on the session. They may develop sessions on 2 or 3 more topics this year. That would be Jeff’s suggestion rather than converting panel or slide presentations from the meeting. Jeff said he worked with USAFSAM last year and was asked how much of the meeting material is available online? If you put too much online, they don’t have justification to approve funding for these people to attend the annual meeting.

Jeff said the problem is not a matter of format. They already ask presenters to provide access to their slides and get some denials. Jeff said he can convert the slides to pdf easily but you have to build a large volume of paperwork for each section for ACCME. This includes bios for each speaker and there are costs involved. Phil Scarpa said that one of the primary issues is whether it is profitable to convert the materials. The demand just wasn’t there. And we’re shooting ourselves in the foot by providing materials that may result in fewer people being approved to attend the meeting in person. Joe Ortega said he is not sure profitability is the driver for everything we have to do in AsMA. The journal is not a profit-center for us. But it’s a professional obligation that we have. So he thinks that we should put out some of this information by selecting the proper sessions that are the most usable. That’s why they started with clinical sessions. Grand Rounds has a lot of good clinical information that anyone could be interested in getting. Part of the MOC process that ASAMS was putting together was those reviews, 3 lectures on different dates from the Grand Rounds, and the Grand Rounds is part of the MOC track. So those would be the key things that ASAMS thinks are critical. There are a couple of others like clinical practice guidelines. If we do any talks on the travel guidelines, those might be externally marketable. They might not generate huge volume but if you advertise the availability of relevant guidelines to specialty societies that could generate some income. Phil Scarpa said that holding webinars is another idea.

Eilis Boudreau said that when they provided journal CME, they consistently had low volume and lost money. Because some people are able to get some CME or CE available online for free, we need to be selective about the choice of materials. Board review is a really important driver for why people will pay for CME. Jeff Sventek said he will continue to record everything and the company that makes the recordings will still sell recordings to everyone.

Roland Vermeiren said that the presentations given at ECAM Bucharest are only available (and are free) for those attending the meeting (paying registration). They send a CD or provide a link. But if you don’t attend, you can’t purchase the material. David Gradwell said he thinks the Academy is moving in the same direction. Jeff said he will ask ASAMS if they think this is the right direction to go. Dan Shoor said he thinks it is. However, he asked if the Survey Monkey evaluation conducted last year asked about the success of the MOC trial last year. Jeff Sventek said they didn’t ask about that. Dan Shoor said that anecdotally, the attendees said that everyone was willing to pay the extra money to get that MOC if they were not in attendance. So they would like to try it again this year and maybe we should ask our members if this is something they want in the future. Jeff Sventek said that they need to focus on making the review blocks available and also the 3 sessions of Grand Rounds. Jeff said he would work with ASAMS to market those. Last year he basically gave them away and didn’t get a lot of buyers. Dwight Holland asked how much it cost to do that. Jeff Sventek said it’s basically a $2,000 investment to build the modules and get them posted with their provider. He hopes that 30-40 people will buy those sessions. Dwight Holland asked if $5K would be a reasonable estimate of direct and indirect costs? Jeff Sventek said that he thought $4-5K was reasonable. Dan Shoor said that there will be a number of people who cannot attend. They will offer them the opportunity to get CME and MOC. Jeff Sventek said if they sign up for all blocks, they could get 9 CME and 9 MOC credits. Dwight Holland asked if they could protect the property from being shared with others. Dan said yes. Joe Ortega said he thought it was an online process. Jeff Sventek said it’s not now but it will be. If you log into AsMA as a member, the site sends a message to the CME or MOC tracking when you complete the module. Phil Scarpa referred the issue to Education and Training, in coordination with the Finance Committee, ASAMS, and the Scientific Program Committee for further assessment. Phil asked them to think about what products we want to maintain, such as he review course, clinical sessions, required MOC, etc. Eilis Boudreau will take responsibility for it. **(Open)**

**Annual Scientific Meeting**

**• 2014 Meeting**

Jeff Sventek said there were 1436 paid attendees at the annual meeting last year. Attendance was almost as high as it was for the meeting in Atlanta. The financial breakdown showed that the meeting was profitable. The evaluations collected with Survey Monkey were phenomenal. Everyone liked San Diego. The science was good and people liked the location and the hotel. **(Info)**

**• 2015 Meeting**

The theme for the 2015 annual scientific meeting is “Making a Difference in Aerospace Medicine.” Justin Woodson provided an update on the numbers associated with the scientific sessions. He said that 593 abstracts had been submitted. With so many abstracts, we have to ask how many rooms we want to maintain. We’re going to have to turn some abstracts down to make room for those that remain. One of the questions that comes with that situation is where to set the bar. Justin then talked about the Scientific Program Committee. We have been successful in the past few years building a sense of progression within the Committee. More than 100 people are part of the Scientific Program Committee. But the subcommittee chairs are really the people who put it all together. This year, they have selected a Deputy sub-chair for each group. For those who want to become President of AsMA, the time to think about when to plug people into this committee is not when you become President-elect. If you know people who are going to be good for the Scientific Program Committee, you need to get them plugged in a few years in advance. We’re looking at at least 2 years of reviewing abstracts, then coming in as a Deputy sub-chair, then rotating through the Deputy sub-chair positions, then through the sub-chair positions. The process that is used now has been developed over the last 5 years.

For the most part, panels are being submitted. More than half of our abstracts are submitted for panels. Jeff Sventek said that there will be a new Track this year, a non CME, non-MOC track. This will help us resolve some of our conflict of interest issues we’ve had in past years. This track will allow those of you who are scoring, if you have conflict of interest concerns about a good paper, to move the abstract into the non-CME track. Then we don’t have to worry about ACCME standards required.

Justin Woodson also discussed remote review. Valerie Martindale has headed this up. We tried this two years ago. This year, we finally got a process worked out for remote review. We don’t have a lot of participants this year, only 5 people, but we’ve been able to incorporate that process into the Scholar One system. As things move forward, as it gets harder and harder for people to travel, you can spread the word about that remote review is becoming a viable option. We won’t eliminate the face-to-face review but remote review is there for those who can’t travel to the meeting.

Jeff Sventek reported that room rates at the Dolphin Hotel are at Federal Government per diem for all attendees. The Executive Committee was approached after Jeff and Walt Galanty traveled to Las Vegas last year to review the hotel facilities. They were approached by Caesar’s Entertainment about the 2016 meeting, which was scheduled to be in Las Vegas. Caesar’s Entertainment also owns resorts in Atlantic City. Harrah’s will finish construction next year on a new, state-of-the-art meeting space/convention center attached to the hotel. They were looking for a large group to sign up to be their first large group at the facility. Jeff and Walt toured the facility in Atlantic City. They found that the new facility will be really special. They decided to accept the offer from Caesar’s. A number of incentives besides the facility were being offered. This year, in Orlando, Caesar’s Entertainment is sponsoring the Welcome Reception for us by providing $15K. We will add to that amount, which will produce a really nice reception.

We will be going to Atlantic City instead of Las Vegas in 2016. Caesar’s Entertainment will contribute $45K to our master account. The Atlantic City Visitor’s Bureau is matching that. Room rates will be $92 a night with wifi in the rooms. The Las Vegas meeting will move from 2016 to 2019 and Caesar’s provided incentives for that meeting as well. Room rates in Las Vegas will also be at government per diem.

John Darwood, Chair of the Arrangements Committee, discussed the Dick Trumbo 5K run. It will be on Monday morning before Opening Ceremonies. Jeff Sventek provided some history about Dick Trumbo. Dick Trumbo is a retired Air Force Colonel and Aerospace Physiologist. He was the Deputy Executive Director for AsMA for many years. He did meeting planning for many years before AIM became our meeting planner. He was very passionate about the 5K run. He is struggling with Alzheimer’s and cannot attend the meeting. Jeff Sventek said they wanted to start up the 5K run again at meetings. Disney has some good experience with this. The AsMA Foundation established a Trumbo 5K run fund to which members can contribute a donation. The fund will grow over time to cover future expenses associated with the 5K run. Jeff said that this will honor Dick Trumbo. John Darwood said each runner will also pay $10 to help cover costs. Phil Scarpa thanked John for being the Arrangements Committee Chair. It’s not an easy task.

Jeff Sventek said he had been approached by international meeting attendees questioning the logic of playing the US National Anthem at Opening Ceremonies. Jeff said he asked the Executive Committee to discuss this topic during the August meeting. We have four non-US members on the Executive Committee who said it was kind of nice to stand and recognize the country, and hear the National Anthem, since the meeting is being held here. That group said it was not a problem as long as the meeting is being held in the US. The tradition will continue this year. They are currently arranging for a band.

Phil Scarpa asked the Council members what they thought about playing the US National Anthem at the annual meeting? Roland Vermeiren said a similar issue had arisen during ESAM meetings. They concluded that if the meeting is being held in the US, it’s not a problem to play the US National Anthem. If ESAM were meeting in another country, they would honor the country of the meeting by playing their National Anthem. Phil Scarpa said we want to be sensitive to the fact that we’re an international organization. Almost all meetings are held in the US but that may not be the case in the future. If we’re meeting in another country, then we will honor that country. **(Info)**

**New Business**

**• Diabetes Panel Recommendations**

Quay Snyder said he was approached by the American Diabetes Association to look at expanding US standards for insulin-treated diabetic pilots to first and second class and to revise the 3rd class standards to bring them up to the standards of care. Quay said they originally brought it to Dr. Tilton when he was the Federal Air Surgeon and he tasked the ADA to form an expert committee to look at that to make suggestions to revise the guidelines. They did that with the idea that they will bring that to the state of the art. We’ll incorporate current technology into it but not specify specific technology requirements. Another purpose was to tighten up some of the controls we have, looking at what standards of care are right now, and also looking at safety, with the overall goal of trying to establish standards that would make the risk of inflight incapacitation no greater than the general population. The ADA had a series of meetings. In one meeting held at the end of June, that is outlined here, the attendees were 5 experts from the American Diabetes Association. Quay said that he and Jim DeVoll were participating from the Aerospace Medicine Community. There were a couple of pilots and a couple of ADA folks.

They proposed some recommendations. These have not been reviewed by the FAA. They are looking for input from AsMA as far as the validity and any suggestions that they might have. It’s not fair for me to represent the entire Aerospace Medicine community. In that context, Quay Snyder said that Phil Scarpa had referred this to the Aerospace Safety Committee. Phil Scarpa said that it would be referred to several other committees as well. That would provide Quay with a good share of the AsMA opinion about this issue. Roland Vermeiren said he is looking forward to that because they are currently fighting about this issue in Europe. One country has certified these pilots. EASA has held a meeting of experts with representatives from different countries but Roland said he heard it was more of a fight than a discussion. The ESAM position at that time was that there would be a possibility of certifying those pilots but some countries do not want to do it. Phil Scarpa said he was going to ask if ICAO came down with an opinion. Quay said he thought they were fairly neutral still against it but were opening up the possibility. The French were adamantly opposed. Warren Silberman said that’s the way it would have to work in the US – both guys have it or neither. Roland Vermeiren said that in ICAO, you have the flexibility of making individual exceptions, without changing the rule. The EASA rules allow that in principle, but you cannot deviate from the rules. It’s not even medical; it’s a legal battle now between the European Commission and the UK Civil Aviation Authority because those pilots are flying. It’s a complex matter. I hope it will be the focus of science. There will be more and more systems available on the market to ensure that pilots are safe because new methodologies and education and new checking of levels will make it possible that you don’t have sudden incapacitation. Some countries do not want one pilot to inform the other one and has to make medical measurements when flying. Phil said then if there’s a critical thing going on, they are allowed not to.

Quay Snyder said all of those things were considered in this meeting. But the overriding consideration is safety. In the US, we have third class pilots who are flying solo and we have air traffic controllers who have to have someone else available to them. British Commonwealth countries who have adopted this do not allow single pilots to do this. They do it at what we would call the first class level where we have a 2-pilot crew. The ADA wanted to stay away from the 2-pilot requirement so that the single-pilot requirement would be retained. We’ll see how that goes. Roland Vermeiren said that in Europe it has been introduced for the level, which is the light aircraft pilot’s license, which is equivalent to the sport pilot in the US. But we have a system of limitations. They all have a limitation that you fly with a safety pilot or you fly without passengers. Quay Snyder said the ADA was looking for input. The initial approach to us was that they’d like to go through the legal or the legislative process. We recommended going through the scientific process and look at safety issues rather than trying to bring this into the courts.

Jim DeVoll asked Quay where the document came from. Quay Snyder said it came from the American Diabetes Association panel from that meeting. Jim DeVoll then asked who wrote the document. Quay said that it was written by the five people who were up there on the top. Jim DeVoll said that the FAA has not seen the document and has not been provided with it. Jim then provided a couple of points for clarification. First, Jim said he wanted to be sure that AsMA stays with the science and doesn’t get involved with advocacy or politics one way or the other. As background, ADA came to the FAA in June of 2013 and had a meeting. Dr. Tilton was there. The ADA is clearly an advocacy group for pilots with diabetes. Dr. Tilton said I’m willing to allow or certificate pilots to fly commercially in the US, with first or second class medical certification, if there is science to show that there is an acceptable way to have them fly where they are not at increased risk of sudden incapacitation, compared with other pilots who are otherwise generally healthy. That was the challenge to the ADA. The meeting that was referenced here was the first meeting that Jim said he was aware of where they put this together. In terms of aviation medical specialists, Dr. Snyder and Dr. (Keith) Martin were there. Jim said that he was there also. But he was not there as a specialist part of the panel. He was there as a liaison from the FAA.

Second, there is an error here. At the top of the second page, it says “The panel concluded that it is possible to identify pilots using insulin who pose no greater risk of in-flight incapacitation from any cause than does the typical pilot.” That is not what the panel concluded. The panel concluded that there were a lot of questions that need to be asked and they were going to take that for more work. That is why I have no idea where this came from.

Jim also pointed out that the former professional pilots with insulin-treated diabetes were not there because they have diabetes. Those individuals were supposed to be there because they were pilots and understood the technical aspects of being a commercial pilot and how having diabetes might affect their performance. It turns out that both of them do have insulin-treated diabetes. It was very clear from that meeting that they were there to advocate for themselves individually. Jim said he objects to having this in our meeting documents because we don’t know where it came from, who authored it, and the date it was written. It has implications beyond just the US and FAA airman medical certification, but also for other countries internationally as well. So Jim said he was not sure it was appropriate to have this document in here at this time because of some of the issues.

Now the advances that are current in diabetes, particularly, we’ve heard over the last couple of months about the initial trial of an artificial pancreas, which is really exciting. There will be advances, hopefully within the next 2-3 years, that will allow us to have pilots fly first or second class commercially in the US because there will not be the risk of hypoglycemia and we won’t have the issue of pilots testing while flying. Jim said he asked the following question of the assembled experts – do you want to be sitting in the back of a plane for 3 minutes prior to going into DCA in bad weather, with one of the two pilots in the front being required to stop and divert his attention from what he is doing to check his blood glucose level? They said now that you mention it, I’m not really sure that’s what we want.

Putting the document into that context, there are lots of issues with it. Jim said he thought Quay has done a valuable service by providing the document. He just has some issues with this document because it does not necessarily represent all of the context. The ADA was tasked the experts to go back and look at this but there was not a final recommendation.

Roland Vermeiren asked if Jim DeVoll would agree that the ATM Committee could review scientific data and recommend how we could move forward with this. They would review this document and many others and perhaps after that review, could provide some advice. Jim said that he agrees that it is based on the evidence-based scientific literature where a subgroup of individuals with insulin-treated diabetes can be identified who can be treated and are not at increased risk. The other thing that is important is that we categorically rejected the idea that the risk mitigation strategy included the pilot having to take his or her own glucose manually and cognitively making a determination of whether or not they have to do something. The question is what if they look at it and say “I feel pretty good, I don’t need to do anything” but their judgment is affected. We’re asking the person to make a determination about something where their ability to judge might be adversely affected. Jim said he was overdramatizing a little. Roland Vermeiren said to go into that system with actual measurements, as a pilot, you have to be a little bit masochistic because we have counted the number of measurements you would have to take over 15-20 years and the amount of testing you have to do is huge. Jim Devoll said this is a really important issue and it has to be driven by science. He said he doesn’t want it being driven by advocacy groups. It shouldn’t be driven by the FAA either but from an AsMA standpoint, they should focus on the science—how can we identify the risk and what are the risk mitigation strategies. How those are implemented by individual countries or by uniformed services in terms of decisions to certificate will be based on differences in laws or procedures that are outside of the scientific domain.

Phil Scarpa asked if there were any other comments about the issue. Phil said that this report was provided for our information. We were approached to evaluate it from a scientific perspective. Phil said that we were not aware and will take note of the interpretations of who agreed to what. However, Phil encouraged continuing with an evaluation on a scientific basis and come back with input under those lead committees. The science should direct the organizational opinion. Phil said he thought there was some value to weighing in on this topic. Jim DeVoll said that using this document as a statement of the problem is good. Phil Scarpa said he had assigned this to the Air Transport Medicine Committee (Paolo Alvez is the lead). They should coordinate the review with Aerospace Safety Committee and the International Activities Committee. Anyone else who is interested can also participate. **(Closed)**

**• 14 CFR 91.211 Non-Compliance Risks**

Quay Snyder said he was approached by the National Business Aviation Association Safety Committee about the second issue. The Committee is looking at regulatory noncompliance, intentional noncompliance with regulations. The topic that came up as the most frequently violated is the Supplemental Oxygen rules. The requirement is to use an oxygen mask in these types of operations above 41,000 feet. It’s widely known and widely ignored and regulatory bodies don’t enforce this rule at all. Quay said that, previously in his career, he was adamantly opposed to changing this rule from a physiology perspective. Quay said that this paper shifted his thinking because the emphasis on the safety management system and risk assessment and mitigation. This paper makes an argument for one of four options:

1. Do nothing and ignore the rule, allowing intentional noncompliance
2. Modify the aircraft and aircraft equipment to make the requirement to use a mask more palatable (in a safety sense too)
3. Make a rule change
4. Go through a process of petition for exemption

For Part 91, not airline operations or charter operations, this paper raises some significant issues about the risk associated with compliance and describes why there is intentional noncompliance in this community that is widely accepted and widely tolerated by regulatory authorities. He asked for review and comment by the appropriate committee. Jim Webb asked who wrote the paper. Quay Snyder said there were four individuals in a Supplemental Oxygen Working Group, which was a subcommittee of the NBAA Safety Committee. The Chair of that subcommittee was Rick Miller. Quay said he was not involved in writing this document but he is a member of the Safety Committee. The document came to him after it was written. Quay said he has a little problem with the oxygen toxicity argument. Other than that, he hadn’t thought about increased risk with compliance. It’s completely different than his military experience.

They’re incorporating the General Aviation Manufacturer’s Association (GAMA) and Bombardier, Lear, etc. to look at the true risk because they haven’t recorded a rapid or explosive decompression short of a bomb or mid-air collision in this type of aircraft for at least 20 years. It may be high risk for decompression sickness and hypoxia but the likelihood of occurrence is exceedingly small. Jim Webb said that decompression sickness is not the issue; hypoxia is the issue. As far as oxygen toxicity is concerned, they’re wrong.

Gordon Landsman talked about his experience at United Airlines. You have pilots flying 12-14 hours at 8000+ feet cabin altitudes who were complaining about fatigue going into San Francisco. Gordon said he looked informally at their airplanes. The oxygen masks that everyone uses once or twice a day that he wouldn’t put on his dog. They said that if they want everyone to use oxygen masks, they should issue each pilot a mask like the air force does. Also, getting oxygen in place is a problem. What they were looking at was from Top of Descent into San Francisco because of fatigue and other problems, the pilots felt that they were more effective and less fatigued using oxygen from TOD to Approach but they refused to use the equipment. Some of the things said in the paper are valid, from his perspective.

Quay Snyder said that in EASA, it’s based on not flight altitude but cabin altitude for the requirement. Also, this paper advocates for an education process. That’s why he referred to the Compendium stuff from AsMA where we recommended altitude chamber training, both for hypoxia in 2002 and subsequently for decompression sickness. But as an alternate means of compliance, requiring training either in an altitude chamber or some sort of hypoxia training. Education is required but not the experience.

Nicholas Green said that he can see why pilots are noncompliant, based on the experience they have had in Great Britain. Phil Scarpa referred the issue to the Aerospace Safety Committee, with the help of other committees such as Aerospace Human Performance, International Activities, and Science and Technology Committees. Jim Webb requested the addition of the Aerospace Physiology Society. Phil asked those groups to review the document.

Pete Mapes said that last week was the first confirmed save of an F16 due to the use of auto GCAS. The system is going in the F35, but not into the F22. They got it into the UH1N helicopter. Phil Scarpa said it was a success story nonetheless. Dwight Holland said it was a remarkably robust system too. **(Closed)**

**• Solicitation of Charitable Donations**

Jeff Sventek talked about solicitation of charitable contributions to the Association. A few years ago, we were approved by the IRS as a tax exempt, nonprofit charitable organization engaging in science and education operating under section 501(c)(3) of the Internal Revenue code. That allowed us to collect donations and provide tax deductions for individuals who contribute money. The primary drive was to allow volunteers who donate their time to deduct their expenses on their federal income taxes.

After that occurred, some people asked why not solicit for donations? When he started looking into that possibility, Jeff learned that thirty-nine states and the District of Columbia have rules on the books for nonprofits who want to collect donations from residents of those states and DC. They all require that a nonprofit organization who plans to solicit donations has to register in those locations. It’s a very onerous task because you have to complete different paperwork – Some organizations have put together a uniform standardized application form but each state has addenda at the back of the form. If you hire a company to do this for you, they charge about $9K for the initial application packages, and about a $4-5K reporting fee each year to report donations from each state and how they were used. Registered nonprofit organizations must have a full audit every year. We do a full audit every 5 years. Jeff was floored by the costs and conferred with Phil Scarpa and Kris Belland. Their recommendation was to refer the issue to the Finance Committee. Joe Ortega said they previously put a few links on the web site, including a link in the membership renewal area, to request charitable donations. Those links have been removed, even for members.

The amount given by charitable donations has been variable. But it does not cover the costs of registration, reporting, and audit that Jeff described previously. If we want to ask for donations, it would cost $20-25K for startup and the annual fee would be about $17K to maintain the legal status. The Finance Committee debated issues and decided that it doesn’t make sense to request donations.

Genie Bopp asked how this would affect the Foundation. Joe Ortega said the same rules would apply to the Foundation but their board of directors would have to deal with that. Genie Bopp said she was on the board of several nonprofits that don’t get annual audits. They get a single audit every 3-4 years. Joe said this was the case for the 39 states and DC for those organizations requesting charitable donations. You can still operate as a 501(c)(3) without following these rules if you don’t ask for charitable donations. Phil Scarpa asked if the Foundation has received legal advice. Dwight Holland said there are there are conservative legal opinions about the risk of that you’re going to get in trouble about many matters then there are liberal opinions. Dwight’s experience is that the opinion we got was fairly conservative. That doesn’t mean it’s wrong and he doesn’t blame Jeff for wanting to be protective. But understand that this isn’t a black and white thing. We might want to get a second opinion. Joe Ortega said the Foundation is a great arm to solicit donations. AsMA could petition the Foundation to support certain activities and raise funds. We need to be sure that the Foundation is aware of the issue and let them sort through how to deal with it. But based on what Jeff discovered, it doesn’t make much sense for us to proceed at this time, based on the information available. If we get new information, we could review the decision.

Kris Belland said if we don’t know for sure, we shouldn’t do it until we have better direction. Part of the concern is that the Foundation doesn’t follow these guidelines. We have entered into discussions with the Foundation (that will be discussed later) where we have a rough Memorandum of Understanding with the Foundation that specifies the relative roles of the two organizations. Leaving it up to the Foundation seems to be a good strategy. We set up initial discussions with Foundation members and sent them a draft MOU. We will meet with them

Dwight Holland said that if the Foundation is going to become our de facto fundraising arm, then we might want to think about establishing a formal relationship with the Foundation. If we’re going to go down that road, there are consequences we have to consider. Phil Scarpa said that all these things have been discussed. He thinks that we should stop all solicitations at the moment until our liability is reduced. This is a legal question and we need to consult with legal counsel about this. What the Foundation does is up to them, but if we take money from the Foundation, we will probably have some accountability. Depending on the legal opinion, we will provide that information to them. We want to have the Foundation as a fundraising arm. An MOU is in the works with the Foundation. Legal advice will affect that. If you all agree, I advise that we stop solicitation, consult with our lawyer, and get a referral, if necessary. We will discuss this later. We need guidance. Kris Belland said that we can still receive donations but can’t ask for any. Phil Scarpa said he was assigning this issue to Governance and the Finance Committee. **(Open)**

**Lunch was provided at AsMA’s expense**

After returning from lunch, Jeff Sventek introduced the AsMA Headquarters Home Office staff: Gisselle Vargas, Operations Manager; Gloria Carter, Director of Membership; Sheryl Kildall, Assistant Membership Director and Subscriptions Manager; Pam Day, Managing Editor of the Journal and Director of Abstract Submission; Rachel Trigg, Assistant to Managing Editor and AsMA Webmaster.

**Strategic Plan Focus Areas – President**

Phil Scarpa said that this is the part of the agenda where we talk about what we can do to improve our great organization. Kris Belland talked about the purpose of the Strategic Plan and provided an update on progress made. Kris said that AsMA is a great organization as it is now. But if we have a strategic plan, it will improve the value of the organization. We are currently in the implementation stage.

Steps are developing a strategy, transitioning the strategy, implementing it. We’re currently in the implementation stage. Then you sustain it: you monitor, determine what is working and what is not, and modify as needed. The strategy we developed fits well with our organization. The four AsMA Vice Presidents fit with our four objectives. Each Committee assigned to the Vice Presidents can help accomplish the relevant objective. The items on the agenda are in alignment with the strategic plan. Each of the VPs is empowered to identify initiatives, then collect and prioritize them. There may be too many initiatives this year but that’s OK. Status of the initiatives is shown as green, yellow, and red. The Executive Committee will track the status of each initiative. This will allow the strategic plan to be a living breathing working document.

Phil Scarpa said that the point is that you don’t know where you’re going if you don’t have a plan. We’re trying to align what we’re doing with our strategy. This strategy needs to be reassessed every year. We were in need of reassessing our business strategy. If you don’t look at it, it will become obsolete. These initiatives go through this process. We then allow our energies to be focused on them. Phil thanked Kris for his efforts on the Strategic Plan.

**Strategic Plan Focus Areas/Initiatives – VP Governance and Treasurer – Financial**

Kris Belland talked about the Governance initiatives status (red, green, yellow)

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**• Formation of a Space Medicine Committee**

Kris said that there was an early discussion about forming a Space Medicine Committee. Having a Committee would allow AsMA to address more specific Space Medicine issues. However, the SMA feels they can answer Council’s questions without forming a committee. Phil Scarpa said historically it was hit-or-miss about whether our space medicine issues were referred to our Space Medicine resources. More recently, SMA has been helpful in responding to AsMA’s needs. Phil said that if they were interested, we could institutionalize that relationship better with a Committee. Initial response was that SMA is handling that. But could that relationship be codified somehow, perhaps in the Policies and Procedures manual? Denise Baisden is looking at developing that kind of language. Walt Dalitsch asked if that codification could apply to other organizations. Phil said that the need, in this case, would be because SMA is a Constituent Organization and the relationship wouldn’t ordinarily be institutionalized in the organization’s charter. Committees can expand on roles and responsibilities, as needed.

Genie Bopp said she was representing the SMA President, who was unable to attend. She reported that the organization discussed the benefits of having a Committee. But the SMA, as the Constituent organization that is the central location for all of space medicine folks in the organization, it would make sense for the Executive Committee to be that. Denise Baisden came up with language that captures the discussions about the role of the organization. It has been reviewed and approved by their Executive Committee and they are currently waiting on input from the Bylaws Committee. Jim Webb said that last year they changed the name of the Aviation Safety Committee to the Aerospace Safety Committee. Subcommittees include Military Safety and Civilian Safety. Jim thinks another subcommittee could be formed called Space Safety. It could work with SMA. Genie Bopp said she thought that establishing a committee might push the SMA aside. But if SMA is consulted, they can find the best person to answer a question. Phil Scarpa said that right now the relationship seems to be working. Pam Day asked if efficiencies might be gained if some of the standing committees were disbanded in favor of the Constituent Organizations taking over their roles. One example might be Aerospace Human Performance Committee (due to its similarity to the Aerospace Human Factors Association). Phil Scarpa said that he would leave it up to the constituents to determine if they want to do something similar. Genie Bopp said codifying this relationship could add responsibility to the Constituent role and could improve the relationship with AsMA. Phil Scarpa encouraged committees and constituents to think about whether they wanted to change their roles. **(Closed)**

**• Set a financial self-sustainment goal**

Phil Scarpa reported that Glenn Mohn, UBS, briefed the Executive Committee in August on AsMA’s investment strategy and the performance of AsMA’s investments. The Finance Committee then reassessed the investment strategy. AsMA’s investment strategy can be described as a conservative/moderate strategy but where we could lean forward, we should take advantage of that. Phil said he was encouraged by that. On the other hand, we should try to tweak every part of our income streams. We set a financial goal of reaching $400K more in 6 years and $1M in 10 years, which would produce a total of $2-2.5M total, which was our original target for a self-sustaining level. At that level, the interest would hopefully pay for things on its own instead of having to dip into reserves. **(Closed)**

**• Work with AsMA Foundation**

Phil reported that a Memorandum of Understanding is being developed with the Foundation. We will address some of the issues about solicitation of funds. Phil emphasized that the AsMA Foundation is a fantastic organization. They have been set up to help us. We are trying to eliminate any perception of competition and confusion and want to work better with each other. **(Open)**

**Strategic Plan Focus Areas/Initiatives – VP member Services**

Valerie Martindale said that she had extracted a couple of Committee reports from the agenda. These will be addressed first.

**• Set up Tiered Donor Structure for Corporates**

Peter Lee is the Chair of the Corporate & Sustaining Membership Committee. He is unable to attend today but his report is included in the Meeting Book. Valerie Martindale provided a brief description of the history of the organizations The Corporate and Sustaining Members were put together as an Affiliate organization. Due to changes such as our establishment as a 501(c)(3) and increased requirements of the ACCME, some things about the relationship of that Affiliate organization with AsMA did not work. Other member categories did not work. The Committee and Affiliate met several times over the past year about restructuring: they will dissolve the Affiliate and will replace it with an organization called the Corporate Forum.

1. Have a collective organizational entity called the Corporate Forum. Our Corporate and Sustaining members will join that forum. They will have a unified voice. This increases the value to them.
2. They will have a voice within AsMA. They will have a seat on the AsMA Council but they won’t be a voting member.
3. They requested an operating budget. We will set aside a budget within AsMA for their use. The money stays in the AsMA treasury and AsMA will approve expenditures, which will be for things like arranging for a speaker during the meeting.
4. We will jointly establish a tiered corporate sponsorship structure. (See page 130 of the Meeting Book for the current draft of the tiered structure). The plan specifies how much they will contribute and the benefits they will receive at each level of sponsorship. The costs of non-educational events they can sponsor (such as lunches, receptions, and dinners) and the costs associated with each of the benefits (such as advertising and exhibit space) were estimated and used to develop the tiers.

At higher levels of Corporate membership, they can receive different numbers of individual memberships that they can distribute as they wish. Corporate Membership is not the same as an individual membership.

Valerie Martindale then discussed the 4 items in more detail. Jeff Sventek briefly discussed the idea of the Corporate Forum. The Corporate Forum is a collection of the Corporate Members who meet with AsMA senior leadership to discuss where each group is, what the future holds, and how we might help them facilitate their operations. Valerie Martindale said that the vision for that is a specific Corporate Forum meeting which might be a breakfast or a luncheon during the annual meeting like they have now that would be dedicated to them. Marian Sides said the Corporate Forum used to be an event that they held during the annual meeting. But when they needed to come up with a different relationship with AsMA then they had to come up with a different name. But the Corporate Forum is more than an event. It replaces the Affiliate entity that it was in the past. The Corporate Forum is a consortium of companies and associations with like interests that collectively and in a unified fashion will function within the Association. One of the issues is how we will connect with the organizational chart of the Association. So the Corporate Forum involves all of the members in doing the things that we did before. We sponsored things, we had a collective voice, we worked together, we shared ideas, we came up with positions, and sponsored events like the Speaker’s Bureau.

After the Corporate and Sustaining Affiliate was established, they split out some of the responsibilities and working initiatives. Some stayed with the Corporate and Sustaining Committee and some went with the Affiliate. The Committee consists of individual members and the CSA consisted of corporations and businesses. Phil Scarpa wanted to know if AsMA needed a position paper or advice on a product or recommendations or research gaps or technology development in a corporate sense, would we ask the Committee. The answer was yes. Would not the Committee serve as the voice of the Corporates to AsMA? Marian said that the Committee was formed was to bring the individual Corporates together and identify common interests. The Affiliate members were pleased with that structure. They could say that as an Affiliate they contributed to the Association and furthered their own efforts.

Eilis Boudreau asked if the Corporate Forum was going to take over some of the functions that the Affiliate used to do. Marian Sides said that the Corporate Forum is another name for the Affiliate. It’s the same thing with a different name. We’re just being dissociated from the other Affiliates. One of the reasons why that initiate was taken was because of the perceived special treatment that the Corporate Affiliate received in getting funding. Eilis Boudreau asked if they will still meet as a Corporate Forum. Marian Sides said that they will retain their structure, with bylaws, a President, Secretary, Historian, etc. That is the intent. Eilis Boudreau said so essentially they are calling the Affiliate something different to ensure we abide by all our 501(c)(3) requirements but will retain the same structure. And an event will also be held that is part of that but we’re not losing the infrastructure they developed. Marian Sides said that event used to be called the Corporate Forum but as we look for other possible names, but the one that seemed to be most suited is the Corporate Forum. Leroy Gross said they decided to remove the Affiliate and replace it with the Corporate Forum. Dwight Holland said we don’t want to solicit members. But are we walking in that gray area by soliciting corporate members? Valerie Martindale said that this is not a charitable donation. This is corporate sponsorship and the Corporate Members will write it off as a tax-deductible business expense. They are not supporting a charity. Phil said to crystalize the status of where we are right now, we have corporates who want a voice and deserve a voice. We hit them up for money all the time and we say thank you. They have a very useful input to our organization. We have to ensure that they do not unduly influence ACCME concerns. We had some issues with the Affiliate. So they proposed this corporate advisory group on Aerospace Medicine issues, positions, devices, things that they can give us to use and capitalize on as members for our organization. I’m OK with that concept. Part of that is that tiered structure. He was concerned about their desire for a seat on Council.

In response, Valerie Martindale read from Peter Lee’s Corporate & Sustaining Membership Committee Report to Council: “Voice and visibility within AsMA: Corporate members have long been recognized as a valued member of AsMA. In return, corporates derive benefits from their activities and exposure in the Association. However, in order to best voice their concerns and interests, there should be a mechanism for the Corporate Forum to have their voices heard in the Association. **We recommend that a representative of the new Corporate Forum have a seat on the AsMA ~~Executive~~ Council. We recognize the concern of the perception of inappropriate commercial interest in AsMA** **and thus would consider a non-voting seat as a compromise.** This would provide the Corporate Forum with the voice and recognition it seeks without any direct (voting) influence on the Association’s activities.” **(Open)**

**• Encourage the Corporate Forum and provide Corporate participants an opportunity to meet during annual meeting**

Phil Scarpa said he would like the idea of having a Forum and having a voice and having a tiered sponsorship structure. He then asked for comments about having a seat on Council. Roland Vermeiren said he had a slight problem with an official seat but he understands the need for being here. He suggested that we give them the role of Permanent Invitee, a permanent invitation to the Council Meeting without having a seat because when you have a seat, you may steer decisions. When you are invited, you can give advice, which is different. Leroy Gross said he wasn’t sure he understood Roland’s point. Roland Vermeiren said that a permanent invitation gives them the possibility to always be there and to speak and give advice. On the other hand, it gives AsMA the assurance that that they will not be seen as being part of making official decisions. Leroy Gross said that some organizations he belongs to have to advertise that they are having public meetings. Are these meetings open to the public or are they closed? Phil Scarpa said the meetings are both open and closed – they are open to members but not to the public.

David Gradwell said he endorses Roland’s position. The problem is that being a member of Council in any capacity is being a part of the organization’s Governance. We have to tread a very careful line because if they are involved in approval of CME and ethics and the organization needs to be seen as being beyond reproach and no accusation could be sustained of having an undue influence. If we invite them to be present and contribute, it’s different from putting them in a position where they are part of the governance of the organization, even if they have no vote. Pam Day asked if someone from the Corporate and Sustaining Committee could be a liaison between the Forum and Council because everyone who is a Committee Chair or representative of that Committee is invited to be here and present a report. They would then be in this room and have the same voice that other nonvoting attendees have. Joe Ortega said he thought that was the point of the invitee status. Pam Day said that we already have the Committee and they could be the liaison between the Forum and this body. That would be a good function for the Committee. Don’t create a new position for someone else when the Committee already exists.

Valerie Martindale said that she would send that question back to the Corporate and Sustaining Membership Committee to look at it. The third item is the Operating Budget. The Operating Budget provides recognition that they have a unique status. They are not capable of acting as a Constituent and collecting dues. AsMA has done that for them in the past. AsMA could set aside a budget that could be used by the Corporate Forum to cover their events and activities. Phil Scarpa asked for comments about the budget.

Phil Scarpa asked Valerie if the money came from the tiered plan. Valerie responded that the money would not be directly tied to the sponsorship funds but instead would be set aside from the annual AsMA budget. That allows us some flexibility so that if we are trying to attract more corporate members, we can put more money into the budget in an attempt to do that. Phil Scarpa asked where the money would come from. Valerie said that at this point, we would start with the amount provided by historical budget. Eilis Boudreau said this is similar to what other organizations do. They recognize the importance of the Corporates to the mission of the organization but it leaves the control of the money with AsMA, which is an important point. It allows us to recognize the contribution and input without crossing the line. We need to keep emphasizing that that the Corporates are critical to what we do and we value not only their contributions but also the expertise they bring. So it allows us to recognize that expertise. Gordon Landsman said that we allow members of this organization who join focus groups, the Constituents. And we allow them, as Affiliates and Constituents, to come to the Council meeting. If we have a group of people who are members of this organization, and they have a common bond of corporate backgrounds, as long as we recognize that they can come and speak at this meeting but they’ve got a separate Forum for them that we know is commercialized. But the purpose of this place is education and to share things. The people in corporations are not there to take all our money away but to support our need for equipment, direction, and so forth. And they’ve got to get a feeling for what we need; that’s why there are in the Corporate area. Why does all this knowledge and direction come at the board level – without including them as members in a Focus Group that they call the Corporate Forum. We do this with everyone else – we’ve got physiologists that group together. They’re pushing the direction for this organization. This open forum called Council that lets us banter back and forth to get a correct direction for this organization. Excluding one group would not be for our benefit.

Dwight Holland asked Marian Sides, based on her experience, how she would recommend that we go forward with respect to these matters. Marian Sides said that it’s not an easy answer. The dialog is important. This group should go back to the Corporate and Sustaining Membership Committee and the Corporate and Sustaining Affliliate. They need to be open-minded. Times have changed; our issues have changed. In the past, we didn’t have the issues with the CME and perceived conflict of interest. Marian said she didn’t want to give an individual opinion or perspective even though she’s been involved for many years. She would just like the right thing to be done for the Corporates and whatever that is may come out of this collective dialog but we may need to go back to the Affiliate and see what some of the Corporate members feel, and to the Committee, which consists of individual members of this Association. Marian said we’ve had good dialog and we’re moving ahead with some clarification and raising these issues is good. Even though she has a strong vested interest in the corporates, she’s open minded and she’s very willing to hear different views about crafting the future. Someone asked a question about where that money was going in the past. She said that it was used for plaques for speakers, events, Speaker’s Bureau, honoraria for outstanding papers presented by young investigators and sponsoring panels. It gave a visibility and recognition to the Corporates for contributing to the Association and at the same time allowed them to claim having participated so they could add that to their Annual Report. A lot of benefit was gained from what the Corporates did after the consortium was formed.

Joe Ortega said he thought the Corporate and Sustaining Membership Committee did a good job of collating the issues that the Finance Committee was dealing with. He thinks the structure they proposed was quite good. We’re already doing some things internally. The line item in the budget is part of the meeting expense of putting on an event. There may be a little bit extra to do additional activities. That would just become an AsMA line item – those things are doable. Particularly with the proposed tiered structure he thinks we’ve gone a long way since last year in discussing this. He was really pleased with the detail that was included in the Committee report. He thinks our ability to move forward with the first Corporate Forum this coming meeting. Also the new track of non-CME presentations that Jeff mentioned should also benefit the Corporates. Joe said he thought they had accomplished a lot so far. Leroy Gross said he was very pleased. They have had many meetings about these issues. They have a lot of expertise in the corporate world that this organization can draw upon to help with some of the issues that were discussed today.

Phil Scarpa suggested that this go back for further review by the Corporate and Sustaining Membership Committee with the guidance of Valerie Martindale, VP for Membership Services. They should come back with an update. Valerie can draw from the Finance Committee or anyone else she thinks is necessary. This discussion was about the Corporate Forum and where they want to be represented. Phil echoed that this was a great effort. It’s been in the works for quite some time. The Corporates deserve a voice and they deserve it in Council.

Valerie then displayed the tiered sponsorship table again. The top table shows sponsorship levels, with categories and benefits received. The bottom table shows how much different contribution levels are worth in terms of benefits. Phil asked for comments on the table and the values included there. Phil asked for comments about the table. Valerie said the values in the tables were informed by values provided by the Headquarters Office. Part of the value of sponsoring events can’t be described monetarily. What is the value of having a sign in the hall that says I sponsored an event? Leroy Gross said that was a very important chart because CFOs in corporations will ask what they are getting out of paying for sponsorship. He’s very pleased with that because of questions that arise in austere times about return on investment. Phil Scarpa asked if Leroy Gross felt the numbers in the table were appropriate. Leroy Gross said he asked if something like that could be developed. Marian Sides said that some companies said strongly that benefits of sponsorship needed to be quantified and this is a good way to quantify benefits. Everyone on the CSA felt that the information in this table was very important. Marian said that the values in the table attempted to quantify benefits but she wasn’t sure that those were the actual values. Leroy Gross said that it looked very close to him but he wasn’t sure if Council agreed. Phil Scarpa said we were getting comments right now. They certainly wanted input from the Corporate members because they are going to be the sponsors.

Walt Dalitsch said if he were a corporate sponsor, that looks great. He would become a Platinum Level sponsor because he would get $4400 worth of return. But do we need to give them that much detail or just say it’s a $4400 value? Phil Scarpa said that they need to itemize the benefits provided. Walt said he had some questions from a member’s point of view. I know it’s not costing us that much value but if they are giving us $2500, how much does it cost AsMA to provide that value? Phil Scarpa said that some of those benefits will cost real money and some will be in-kind benefits, like putting the sign up. We can say we would have charged you a certain amount if you didn’t pay the sponsorship donation. Phil Scarpa said he wasn’t sure how much of the value was a real cost that AsMA would have to cover or if it was in-kind. Jeff Sventek said they didn’t provide much advertising now. So offering half off of advertising should sound good to a corporate sponsor but he thought we would end up making operational money on at least some of these benefits. Jeff said he was more comfortable with the table than with any other part of the proposal. Jeff said he agreed with Dr. Gross that this is exactly what a CFO will be asking for when deciding whether or not to be a sponsor or join the organization. Valerie Martindale said she wanted to ask Jeff Sventek and Joe Ortega if they think the values in the table should be reviewed by the Finance Committee. Joe Ortega said he was not sure how to measure intangible elements in the table. But he thinks this is a good effort for the first time around. He thinks we should go with this, recognizing that we can monitor these numbers over time and see where they need adjustment. We’ve been talking about this for a couple of years and he thinks this table is a great product.

Valerie Martindale summarized the discussion by saying that we are accepting this framework. The numbers may be adjusted in practice but the tiered structure is something that we could begin writing into the bylaws for the May Council meeting. Joe Ortega moved to accept the table and begin the work required to make bylaws changes required to implement. These could be brought to ExComm to look at. The motion was seconded. Phil Scarpa said we’ve had our preliminary discussion. The numbers are more comfortable to us. It is a good explanation. The Corporates who are attending this meeting are saying that it looks like the numbers are in the ballpark. Phil said he was eager to get it going for Orlando. Kris Belland asked Valerie to discuss each of the values for the Silver sponsor category in the table. Valerie said that starting at the top, a silver-level corporate sponsor spends $1000. This allows them to be Corporate Members and also to call themselves a Sponsor (a Standard Corporate member is not a sponsor). They get a luncheon and the journal. They can participate in the non-CME track. Valerie says she thinks this is quite significant because it will allow them to talk about brand-name products. It’s still under the control of the Scientific Program Committee so that it will be of scientific value. But the people who go in will be told that yes, there’s a conflict of interest, but the speakers can talk about proprietary things. They will get an advertising discount of a tiered percentage for all ads published in the journal. At present, they get an advertising discount but it is not tiered. The registration discount is also tiered. The exhibit discount is something that other organizations do. If that encourages more exhibitors, that’s good for us too. Event sponsorship is completely intangible. Details like the size of the sign advertising event sponsorship will have to be worked out. Individual memberships can be distributed as the corporate sponsor desires. They can give them to employees, can raffle them off, or can give them as an award.

Jim Webb said he’s a little confused with the phrase Corporate Membership. Is that Corporate Forum membership or does that imply Association Membership? Valerie Martindale said that is an Association Corporate Member. When we write the bylaws, a Corporate Member will be different than any other type of member category. Jeff Sventek has checked with other organizations. They do use the term “member.” We had tried to get away from using that term but were unable to. However, the bylaws already specifically define what a Corporate Member is as compared with any other type of member. Jeff Sventek said if we retain the term “Corporate Member,” and we find that we find during legal discussions that if we can solicit donations from members only, then we can solicit donations from our corporate members. Pam Day said she thought the amounts to be charged of the corporate sponsors seem low when you look at the benefits provided. Pam’s estimated advertising costs in a way that suggested that, depending on the number of times the Corporate sponsors used them, the advertising discount could be much larger than the amount shown in the table.

A discussion was held about the motion to accept the table. Joe Ortega said the motion was to accept the table as is and send it to the Bylaws Committee to determine how it would be implemented. They might send it to the Policies and Procedures manual but they should make that decision. Phil Scarpa said that the motion was to vote on the chart for acceptance in our organization. It would have to be codified somehow, perhaps in the Policies and Procedures Manual. Phil said he had questions about whether we would lose money on the values in the table. But his feeling was that we could try it. Kris Belland said there were two ways to look at this. First, we already tabled this issue and put it back to the committees. You could amend that to send it back to the Committee and Finance or you could table the second issue and not vote on it and send it to the Finance Committee for evaluation.

David Gradwell proposed referral of the issue to the Bylaws Committee to identify the mechanism for implementation and to the Finance Committee to look at the numbers in the table. The issue was referred to the Finance Committee for a report back to the Executive Committee and Council.

Council then considered the original motion as amended. Valerie Martindale said she wanted to clarify that the representation on Council is a separate issue that will be addressed independently. Genie Bopp said we should amend the motion again and accept it if the organization won’t lose money. Roland Vermeiren commented that the prices aren’t literal. You couldn’t tell what how much money would or wouldn’t be saved depending on the number of times advertisements were placed. Yael Barr seconded the motion. Eilis Boudreau said we needed to let the Finance Committee run the numbers. The proposed amendment might tie our hands in ways that we can’t anticipate. Joe Ortega said that the Finance Committee was going to run the numbers and give an answer to ExComm that would allow them to make the decision to move forward, regardless of whether we lose a little money. It is not possible to assess intangibles like how much a Corporate sponsor would be incentivized to advertise based on the amount of discount they were provided. But taking into account that we would track this over time and adjust the numbers as we figure out where our losses might be. Joe said we don’t need that as an amendment because it will be part of our deliberations. Roland Vermeiren said the Finance Committee could specify boundaries that could prevent the Association from losing too much money. The second proposed amendment to the original was defeated. The vote was then held on the original motion. The motion, as amended, was to approve the concept of the table for acceptance in the organization, subject to review by the Bylaws Committee on how to implement it and to the Finance Committee to review the numbers. The vote on the concept of the table for acceptance into the organization passed with 1 abstention.

Phil Scarpa verified that the idea of the Corporate Forum was referred back for further review by the Corporate and Sustaining Membership Committee with the guidance of Valerie Martindale, VP for Membership Services. **(Open)**

* **Awards Committee**

Valerie Martindale said the Awards Committee report had been extracted from the Consent Agenda so it could be presented. Jeff Myers, Awards Committee Chair, reported that the Awards Committee has nominees in all categories for all but 4 of the AsMA awards. The four awards that still need nominations are the Boothby-Edwards (research/clinical support of professional airline pilots); Sidney Leverett (excellence in environmental science and support of Aerospace Systems); Marie Marvingt (to honor a French pioneer who was a pilot and physician, and specializing in medical evacuation, to recognize excellence in aerospace medicine). Jeff said he has been communicating with the French aviation medical group for potential nominees they might have; and the Tredici award to recognize excellence in aerospace opthymology and vision science). Jeff said they would like to have the nominations by the end of the year. **(Info)**

* **Membership Committee**

Valerie invited Joe Dervay to give the Membership Committee report. He reported on 4 efforts he had made to identify new members.

1. Joe said he has looked into different ways to reach medical students. There are about 90,000 medical students. The Association of American Medical Colleges (AAMC) has a web site that covers 50,000 -70,000 students, who regularly access this site. Joe contacted George V. Richard, Ph.D. Director, Careers in Medicine at AAMC and discussed ways that AsMA might better advertise itself and AMSRO. Jeff Sventek said he will meet with George Richard to discuss information that we can submit to the AAMC website about AsMA; providing invitations to the Annual Scientific Mtg for students; and sharing of info on various AsMA scholarships and stipends.
2. There are approximately 3,500 residency programs. The Accreditation Council for Graduate Medical Education (ACGME) examines education for about 300,000 physicians in training (residents). The Council doesn’t have a Listserve but they have email addresses by specialty areas. The Membership will work with the Home Office to create a list of emails for the residency programs since one overarching list does not exist.
3. Dentists. There is an International Association of Aerospace Dentists. Contact was made with Dr. Michael Hodapp. Dr. Hodapp will help us reach out to his contacts in the ADA. He is willing to submit an article to various newsletters highlighting AsMA and the value of dental professionals joining our ranks.
4. Coast Guard Flight Surgeons. The overall number of Flight Surgeons and various medical officers/contractors is likely less than 100. But many are members of the Uniformed Services Academy section of the American Academy of Family Physicians. And the Commissioned Officers Association of the United States Public Health Service. They are interested in Board preparation. Their annual meeting is in March. We are seeking website links to those specific sections as well as points of contact.

Anita Mantri, AMSRO president, talked about the financial burden on students. She said that we need to do something to increase membership and retain the students. Dwight Holland mentioned two organizations that might join AsMA. One is the Human Performance in Extreme Environments group that used to be associated with AsMA but broke away a number of years ago. The second is the Association for Aviation Psychology (AAP). They are currently preparing for their meeting, which occurs the week before ours. Dwight suggested that they might want to join us and become a constituent organization in a couple of years. Phil Scarpa said he would sign a letter of invitation to them. Dwight said that three new members have joined AsMA because of the AsHFA FaceBook page. (Suggestions were made about how to attract additional members).

Anita Mantri also suggested recruiting non-medical graduate students. Someone suggested looking at biomedical spaceflight programs and space physiology programs. There are few enough of those that you could contact them by school. Roland Vermeiren said that the International Activities Committee could use similar efforts to locate members in international locations.

Jim DeVoll said there are 2500 AMEs (some in CAMA) and Medical Directors in hospitals. Walt Dalitsch asked if anyone had heard of an Aerospace Social Worker – those individuals could join the organization. **(Info)**

**Strategic Plan Focus Areas/Initiatives – VP for International Services**

David Gradwell said that international membership in AsMA has increased. Internationals comprise 1/3 of AsMA members and 1/3 of AsMA meeting attendees. Their numbers are substantial and they are fiscally important to AsMA.

Yael Barr, Deputy Chair, has done a lot of work this year on the International Activities Committee (IAC).

**• Possible name change of International Activities Committee to International Committee**

One recommendation is to remove “Activities” from the committee’s name and simply to call it the International Committee. Another suggestion was made to call it the Global Liaison and Outreach Committee (GLOC). David Gradwell went over a relevant list of upcoming activities. Roland Vermeiren will talk about ECAM and IATA will also be discussed. **(Open)**

**• Publish International Affiliate Reports on web**

The posting of International Affiliate reports was approved by ExComm. Available reports were uploaded to the AsMA website on the Affiliates page (in the publicly accessible part of the website). 23 reports are available (out of 40 Affiliates). **(Closed)**

**• Training in Aerospace Medicine working group**

An ad hoc committee was convened to discuss Aeromedical specialty training at the level of consulting or attending physicians, with the goal of national accreditation. A meeting was held during the last Annual Scientific Meeting. A panel will be provided at the 2016 meeting to discuss the training of Aviation and Space Medicine Specialists.

The International Committee also discussed developing a database of international aerospace medicine education, research, and training centers. They proposed approaching Affiliate organizations and currently enrolled international students at Wright State and UTMB for information regarding education, training and research opportunities in their home countries.

Another issue is the expense of attending meetings for International attendees. If they are not sponsored by an organization, a small contribution, such as $100 off the registration fee, may help.

One of the President’s initiatives is to consider a discount to AsMA members who are self-funding and travelling from locations outside the Continental US. The proposed conditions under which such a discount would be offered were outlined by the IAC. The Finance Committee will be contacted with a request to evaluate the financial ramifications of various levels of discounts. Of note, discounts may encourage more attendance and that may offset any income losses. **(Open)**

**• Increase AsMA presence and co-sponsorship at regional and non-US meetings**

Another issue being considered is holding full AsMA meetings outside the US. Logistics and meeting costs would be difficult. But a collaboration with AsMA may work. AsMA is considering co-sponsoring the European Society of Aerospace Medicine’s (ESAM’s) European Conference in Aerospace Medicine (ECAM) meeting in Oslo, Norway in 2016. Up to now, AsMA and ESAM have been working together and have had some involvement in each others’ meetings. The meeting in Oslo would be considered a regional meeting for AsMA. AsMA would co-sponsor the meeting with ESAM and the Norwegian Society for Aerospace Medicine. That means AsMA would share the costs and revenues from the meeting. The Oslo meeting could be combined with the FAA’s refresher AME course and the Scandinavian regional meeting. Jeff said they could offer CME/MOC at this meeting for AsMA members who were unable to travel to the US. Kris Belland moved to co-sponsor the 2016 ECAM/AsMA meeting. Phil Scarpa asked about cost estimates for the CME track. Jeff Sventek said that 1-2 staff members would have to travel to manage the CME and MOC parts. Their travel would cost about $7500 and total cost would be about $10K. The scientific program would be developed by a combination of members from the two organizations. That sort of review can be done virtually. Eilis Boudreau said they could apply for Grants for Education and use the money to fund attendance at this meeting. The motion passed unanimously. **(Closed)**

**Strategic Plan Focus Areas/Initiatives – VP for Representation & Advocacy**

**• Proposed Resolutions**

Roland Vermeiren introduced the Resolutions Committee. The Space Medicine Association submitted two resolutions dealing with commercial space transportation. There is some urgency associated with them because the commercial space transport industry is moving to eliminate medical requirements.

Chuck DeJohn went over the proposed Resolutions. Resolution 2014-01 specifies that FAA should require a Class 1 medical certificate for crew members with flight-related duties and those participating in commercial space flight. It was noted that this resolution is consistent with previous positions held by the Association. As the resolution came from the Resolutions Committee, it was considered a motion and required no second. A question concerned whether flight-related duties were considered operational duties. Phil Scarpa said there was some urgency in passing this resolution. Jim DeVoll said that the FAA thought medical requirements should cover all those involved in commercial space flight activities, including test pilots. Phil Scarpa said we would use the rules for voting on resolutions that were passed during the May meeting. Council has the power to approve or not but there is still a 60-day comment period that occurs before the meeting, when the resolution comes back to Council. The motion passed unanimously. **(Closed)**

Resolution 2014-02 said that AsMA recommends establishing a non-attributable medical database for commercial space crew members and participants. The motion to accept came from the Resolutions Committee and did not require a second. Chuck DeJohn said that he wondered whether the term non-attributable refers to a de-identified database. Records in the database would be for crew members and passengers. Phil Scarpa said the proposed resolution was consistent with previous recommendations from the Association. Nicholas Green asked whether the data are gathered and how will they be used. Valerie Martindale said it may be necessary to explain the purpose of the term non-attributable. A discussion was held about whether an IRB was done for a database or projects using data from the database. Several members observed that IRBs were submitted and approved for projects. Eilis Boudreau noted that there was a new IRB mechanism for databases. Chuck DeJohn said that FAA had been declared a public health agency for some of its accident data. Medical data were sometimes obtained for individuals and matched into the record. HIPPA exclusions covered such information requests. Chuck said in this case, there was no IRB unless the data were used.

Dwight Holland called the question. More than 50% of the Council members voted to call the question. The motion passed with FAA employees abstaining.

Jeff Sventek demonstrated the web capability being provided for members to comment on resolutions during the 60-day comment period. He said submitting comments about resolutions was like submitting comments to a blog. **(Closed)**

**• Ad Hoc Committee on Social Media activities**

A report was provided for the ad hoc Social Media Committee. The Education and Training Committee also participated. Phil Scarpa reported that his tweets had 32 followers in July and now have 79 followers. There are 49 FaceBook followers. Half of the tweets are international. **(Info)**

* **Increase opportunity to explain Constituent & Affiliated organizations’ activities**

Jeff Sventek discussed the poster corner for International and Affiliate activities. This will allow those members to provide information about their organizations. Jeff said they have the poster room reserved on Monday and Tuesday and could keep the poster boards and use the room for International and Affiliate activities on Wednesday. The same information can be published online or in the newsletter. **(Closed)**

**Strategic Plan Focus Areas/Initiatives – VP Education & Research**

Eilis Boudreau said that the reports for the Education and Training Committee were available in the Meeting Book. Most of the committee’s action items had already been discussed during the meeting – CME/Online CME/CME survey/sleep Apnea paper. She then discussed an opportunity for CME – we could export our expertise to other specialties. One example is in the area of patient safety. There are 850K licensed physicians – they all need expertise in patient safety. Eilis’ proposal was to identify knowledge gaps and provide expertise to fill those gaps. They could partner with other medical specialties. We can provide infrastructure to develop CME. We can write grants to fund development. We could develop 1-2 safety modules and use those for other specialties. We should export our expertise.

Also tracks – study design for new and developing areas. There is an epidemiology workshop on Sunday. David Gradwell said that in the UK, you become a member of a Defense Society rather than getting insurance. In the aviation medicine Defense Society newsletter in July/August, there was a discussion about the risk to GPs who give advice on fitness to fly with no experience in Aviation Medicine. Without that expertise, they could be found to commit malpractice. Volker Damann said there’s scattered research in Europe. They steer money to areas where it is needed. Research could be steered through AsMA. **(Info)**

**Strategic Plan Focus Areas/Initiatives – ED – Meetings**

**• Consent Agenda**

Jeff Sventek said the consent agenda approach has been used for 2 years. He thought it was working. Phil Scarpa said you have to determine whether the pros outweigh the cons. The pros are that the consent agenda makes meetings more efficient and less time consuming. The cons are that some members become disenfranchised. Use of the non-CME/MOC track can reduce some of that disenfranchisement. **(Closed)**

**• Evaluate Future Meetings Length and Structure**

Jeff Sventek held a discussion about whether to extend the length of meetings. Jeff said it couldn’t be done for 5 years due to contracts established with hotels. Phil Scarpa suggested establishing an ad hoc committee to review suggestions. Jeff Sventek said that we pick up the keys on Sunday and turn them in on Friday. So we could hold more committee meetings on Sunday or on Friday. We might be able to negotiate with the hotel for more time on Friday. Dwight Holland said it would be hard to stay over on Friday if there were no sessions. Phil Scarpa noted that in that case, people would still have to miss sessions to attend committee meetings. Jeff Sventek noted that we had a workshop on a Saturday one time. Dwight Holland said it may be more affordable. Jeff Sventek said he wanted to continue looking into the issue. He could work with the chair of the Scientific Program Committee. Phil Scarpa directed the ED and the chair of the Scientific Program Committee to explore the question more. They can readdress it later. **(Open)**

**• Advance notice of Resident & Student awards**

Jeff Sventek reported that for years, AsMA and the Constituent organizations have used the same approach of selecting scholarship and award winners and keeping the information secret. A few years ago, our awards program changed and we started notifying AsMA award winners when the Executive Committee approved the list with the hope that they could bring family and friends to Honors Night. It appears that the secret mentality has been retained by some of the Constituent organizations. Anita Mantri, AMSRO president, said that the students make their hotel reservations based on cost. By providing advanced notice, it allowed them to budget and make reservations in advance, and ensure that they can be in attendance. It is important to let the students know in advance so they can be there.

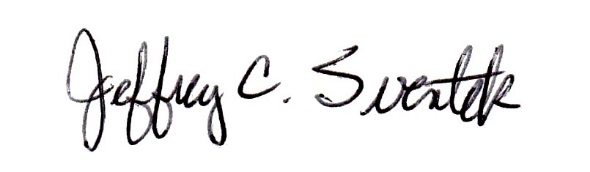
Phil Scarpa said they have our full endorsement. The message to everyone is to let them know in advance.

Phil said he had one more thing to discuss. Educational grants were brought up a few months ago. It was a surprise to him that you could write for grants and get people paid to come to meetings and learn things. Phil said that he would like for Education and Training and any other group to examine the Educational Grant database and identify promising educational grants that we could apply for and get and use to fund folks in need of coming to the meeting. The same thing should be done for research. There are things out there that we can tap into and educational grants are one of them. Phil said he would concentrate on obtaining funds for AMSRO students. Phil said we have a few token scholarships to fund students but he was talking about more substantial grants that could take care of a lot of costs.

Jim DeVoll said that because there were a couple of resolutions on space-related activities, one that would sign up the FAA Office of Aerospace Medicine to do airman medical certifications for astronauts. Another part of our safety program is under 49 CFR Part 40, which is the DOT Drug and Alcohol Testing Program. You might want to consider a resolution extending the support of drug and alcohol testing on a random basis to require it for crew members involved in Commercial space flight. Jim said he didn’t believe that the current law would cover Commercial Space activity. Phil Scarpa said that Council would have to request that the Resolutions Committee draft something like that. Anyone, through their AsMA organizations, can submit a proposed resolution to the Resolutions Committee.

Marian Sides provided the report of the Nominating Committee. She said that they just completed the first cycle of nominations, discussion, and voting for the President Elect. They are entering the second cycle of voting for Vice Presidents. After Christmas, they will vote for Secretary, Treasurer, and Council at Large members. The process is year-long, not just during the week of voting. This is everyone’s responsibility. This is a recognition and shaping of the leadership of the Association over time. It involves scouting and nourishing and mentoring of people who are put into the pipeline. If a person is nominated, it’s a privilege and an honor – everyone wins. If someone isn’t selected, they can be put into the pipeline and mentor them and bring them back the following year. Marian wanted the group to increase their awareness. If we can think of people who might be great candidates, let’s nominate them and it doesn’t matter if we have a lot of nominations. Phil Scarpa thanked Marian for stepping up to take over the role of the chair.

Gordon Landsman moved to adjourn the meeting. The motion passed. The meeting ended at 4:50 p.m.

Carol Manning, PhD Jeffrey C. Sventek, MS, CAsP

Secretary Executive Director

**Council Meeting Book**

**November 2014**

