

**Aerospace Medical Association**

**Council meeting minutes**

**AsMA Council Meeting**

**Sheraton Suites Old Town Alexandria**

**Alexandria, Virginia**

**November 20, 2013**

**AGENDA**

**AsMA Council Meeting**

**Salon 2 & 3, Sheraton Suites Old Town Alexandria**

**Alexandria, VA**

**November 20, 2013**

**Welcome**

Jeff Sventek, Executive Director, welcomed Council members at 9:00 a.m. Jeff indicated that AsMA has had a busy and interesting 6 months since May. He noted that attachments shown in the right column of the Council Meeting Book have links to their locations in the document. The Bookmarks section on the left can be used to return to other locations in the document.

Jim Webb, President, called the meeting to order at 9:04 and welcomed Council members in attendance.

**• Review and Approval of Agenda**

No changes were identified.

**• Extractions from the Consent Agenda**

There were none.

**• Consent agenda approval**

David Gradwell moved to accept the Consent Agenda, followed by a second. There was no discussion. The motion passed by voice vote. **(CLOSED)**

**• Approval/Acceptance of May 12, 2013 Council Minutes & May 14, 2013 Joint Council Minutes**

Steve Bernstein moved to accept the minutes of the May 12, 2013 Council meeting. The motion was seconded. There was no discussion. The motion passed by voice vote.

Joe Ortega moved to accept the minutes of the May 16, 2013 Joint Council meeting. The Motion was seconded. There was no discussion. The motion passed by voice vote. **(CLOSED)**

**Governance Reports (Scarpa)**

**• President’s Report (Webb)**

Jim Webb observed that the name change for the journal was approved by both the Executive Committee and Council. The change will occur on January 1, 2015.  **(INFO)**

Jim reported that the Executive Committee meeting held in August covered a number of issues. Among these were the name change for the journal and actions for the theme of the meeting. Jim developed the meeting theme with the Executive Director, Eilis Boudreau (Chair of the Education and Training Committee), and Dan Weaver (Scientific Program Committee Chair). The theme of the 2014 AsMA Scientific Program is “Exploring the Frontiers of Aerospace Medicine and Human Performance.” **(INFO)**

Another issue that arose was the establishment of an ad hoc committee to explore changing the bylaws to allow non-AsMA members to become members of Constituent organizations. Jim selected 2 co-chairs for the ad hoc committee who had opposite views of the issue. The co-chairs were unable to come to a consensus on the issue. Jim then asked Dr. Mike Berry, Past President, to convene a group of Past Presidents to see how they felt about the issue. Their recommendation was a resounding no. They felt that such a move would weaken the organization. Thus, Jim cancelled the effort during the ExComm meeting in August. **(CLOSED)**

A second ad hoc committee was established to conduct a review of the Policy Compendium. Chuck DeJohn chaired that committee that has done a fantastic job. The results will be discussed later. **(INFO)**

Jim represented AsMA at the International Congress of Aviation and Space Medicine (ICASM) meeting in Israel. He encouraged ICASM members to attend the AsMA meeting in San Diego. **(INFO)**

Jim also congratulated the AsMA headquarters staff for their wonderful efforts, and especially for the web site that won the Silver Davey award. **(INFO)**

Jim ended his report by noting that, in the future, we will have to look at where our income is coming from. **(INFO)**

**• Executive Director’s Report (Sventek)**

Jeff noted that it has been a tough year financially. Last year, the budget was planned and approved before federal government sequestration occurred. As a result, the budget overestimated the income from the scientific meeting. The meeting earned about $150,000 less than anticipated. It was necessary to withdraw $120,000 from our reserves to cover AsMA operating expenses. This is an aberration. **(INFO)**

Jeff took action to reduce cost of recurring expenses at the annual scientific meeting. First, he previously had problems projecting costs of the audio/visual (A/V) support. So Jeff and Walt Galanty developed a Request for Proposals that they sent to more than 10 companies, based on the A/V requirements we had in Chicago. He asked for bids for A/V support for the next 3 years in the cities where the Scientific Meeting will be held. After proposals were submitted, they requested a best-and-final offer from the final 2 companies. The final decision was to go with the same company that has provided A/V support for the past 7-8 years. However, the process resulted in a reduction in A/V costs for the next 3 years. For example, before last year, the most AsMA had ever previously spent on A/V support was $67K in Anchorage. Last year, A/V support cost $105K in Chicago. However, because of the new 3-year contract, the amount for A/V support in San Diego will be $55K, for Orlando will be $52K, and for Las Vegas will be around $55K. Jeff noted that because of the new contract and high expenses for last-minute requests, AsMA will not be very supportive of requests for A/V support that are made during the scientific meeting. We’re trying to get better control of costs and be in a better position to predict actual spending. **(CLOSED)**

In August ExComm voted an increase in non-member registration fees for next year and a $25 across the board increase in CME/MOC fees. **(CLOSED)**

Jeff said that, during this meeting, he would demonstrate the videos from the Grand Rounds/RAM Bowl that were recorded in Chicago and demonstrate CME opportunities that will be made available online. Jeff will be looking for Council’s approval to begin selling these materials online by December 1. **(INFO)**

Jeff noted that there were a lot of digital upgrades to web-based member services. He will demonstrate some of them later. Jeff said that he would demonstrate the new member biographical data form, which will support the Fellows Evaluation Committee. He noted that Gisselle had worked hard on that project. He also noted that the company that helped design the web site was so impressed with it that they nominated AsMA’s web site for the Davey Award. Jeff then noted Rachel Trigg’s hard work on the web site and encouraged Council members to congratulate her. **(INFO)**

Lance Annicelli, the Membership Committee Chair, is working to consolidate AsMA’s dues process with that of the Constituent Organizations. The process has been more difficult than expected but he believes he will be able to demonstrate the process to ExComm in February. Jeff noted that some constituents don’t want to participate in the process, which is OK. Seven Constituents and the Associate Fellows have already volunteered to participate in Alpha testing of the constituent dues collection process. Several representatives of constituent organizations volunteered to participate in Beta testing. **(INFO)**

Jeff said he went to the UK in late October to represent AsMA at a lecture by Art Thompson, Technical Director of the Red Bull/Stratos project. The lecture was held in a packed room at the Royal Aeronautical Society. David Gradwell said over 100 people attended – it was the highest attendance for a lecture since the lecture area was renovated. Mr. Thompson recognized AsMA for helping facilitate the distribution of data collected, through journal publications and the meeting process. **(INFO)**

ACCME put AsMA on probation based on their review last year. One of the best decisions Jeff made was to find a CME consultant. He paid the consultant $1250. She took the data and came up with some tremendous ideas about how to pitch our progress report to the ACCME. Jeff expects that, with her help, we will have a clean bill of health in March from the ACCME. The report is due to ACCME on Dec 6. A lot of the information for the report comes from the Scientific Program Committee Meeting that will occur tomorrow and Friday. **(INFO)**

Membership seems to have stabilized at a number between 2,150 and 2,250. We need to come up with some ideas to improve membership. Lance identified non-members who attended the scientific meeting in Chicago. He contacted them and some have signed up as members. **(INFO)**

Phil Scarpa, VP of Governance, introduced Joe Ortega to provide the Treasurer’s Report.

**• Treasurer’s Report (Ortega)**

Joe said that some of the 2013 reported losses were due to efforts to convert accounting methods to be consistent with generally accepted accounting principles. Last year we broke even but this year was a down year. We were down about $150K at the meeting in Chicago. Our expenses were higher in Chicago than in Atlanta and we earned more in Atlanta. The result was a reduction in revenue of $150K in Chicago when compared to previous meetings’ revenue. **(INFO)**

**• Review 2013 Financials**

Joe then discussed 2013 expenses up through September. In comparison to last year, even with the meeting loss, we’re only down about $70K through September. The fees for managing investments are lower than we had previously. We combined some of the smaller accounts into the Reserve account. We added some things to the reserves and also withdrew some to cover costs (as Jeff noted earlier). It was a tough year overall – as of September, we were about $50K in the hole. We will probably be down in the range of $140-$160K at the end of the year. That fits pretty well with the $150K loss from the meeting. We still have to account for unrealized gains and other paper issues that will affect the overall numbers. **(INFO)**

The August meeting with ExComm resulted in recommendations for increases in dues and CME/MOC fees and meeting registration. **(CLOSED)**

In response to a question from David about depreciation, Joe indicated that assets (such as the building) and liabilities aren’t included in this projection. There is a little bit of an income stream (rent) that wasn’t there a few years ago that helped to cover condo fees and maintenance costs. Jeff noted that the current value of the building is about $1.6 - $1.8M, that we own outright. **(INFO)**

**• Approve 2014 Budget**

We have 4 major categories of income and 4 major categories of expenses. We have been working on better estimating the expenses of the journal. The 2014 budget submission is very good. Our estimates for meeting income are lower for 2014. The dues increase will add to the income. We have been tightening expenses of the ED and the HQ Office. We need to diversify more to increase income so we can reduce risk of having a bad meeting year. **(INFO)**

The Finance Committee (Jim DeVoll, Dan Shoor, Johann Westfall) have been helping to put this budget together. Joe wants to bring in additional members from the Associate Fellows and the Fellows. We need to tighten up the Policy and Procedures Manual descriptions about the functions of the Finance Committee. **(INFO)**

Joe, representing the Finance Committee, moved that Council accept the proposed budget for 2014. No second was needed. During the discussion, Jeff pointed out that ExComm approved a dues increases for the first time since 2009. Active membership, 3 year membership, member & spouse dues increased, as well as Life member, Resident, and Corporate membership dues. Student, emeritus, and technician memberships did not change. The motion to accept the proposed budget was approved by voice vote. That concluded the Treasurer’s report. **(CLOSED)**

Phil noted that the numbers reported are troubling. We can only squeeze so much from a dues increase. We must diversify so we don’t rely on the annual meeting. Phil suggested making donations for operating expenses. A discussion ensued regarding donations. Could something be placed on the web site regarding other countries’ tax consequences of donating to AsMA – 501(c)(3) status applies to US only. Emphasis needs to be placed on AsMA’s efforts to provide international education opportunities. The information will be of value for officials in other countries to assess the tax consequences of making donations to AsMA. David Gradwell said he could draft language for the UK but that might not apply to other countries. Kris Belland recommended tasking the Finance Committee with drafting that language. Roland Vermeiren indicated that the Finance Committee could contact the Treasurer of the European Society – they have to develop language that can apply to all 45 member states. **(INFO)**

Jeff noted that he just learned that all information provided about charitable contributions to AsMA has to be provided in the Members Only section. There are rigid rules for soliciting charitable donations and we are currently in violation of them. We can provide direction on how members can access the information about making donations. Phil suggested that we need to consider other possible ways to make donations to AsMA. A suggestion was made to checking into becoming part of the Combined Federal Campaign (CFC). Jeff indicated that CFC solicits charitable donations. We have to register in every state before we can solicit outside of our membership. **(INFO)**

Jeff indicated that AsMA’s legal counsel is retiring. He found a group specializing in charitable nonprofit organizations (501(c)(3)s). **(INFO)**

**Approve Proposed Bylaws (Scarpa)**

Jim Laub, Bylaws Committee Chair, couldn‘t attend today so Phil presented the proposed Bylaws changes. The specific bylaws changes are included in the Council Meeting Book.

1. Membership of Council – section II.

The change is to strike the title of the journal and making the reference more generic. Also, change the reference in bylaws from the actual title of the journal to “official journal.” The change also specifies that all voting members of Council must be members of the Association.

Phil moved to send this change to the membership during the Business Meeting. The motion was seconded and passed by voice vote. **(FORWARD TO BUSINESS MEETING)**

1. Powers of the Executive Committee, Section 5. The Executive Committee is tasked with reviewing the Policy & Procedures Manual and ensuring those descriptions are not in conflict with the Bylaws. If a change is needed, that would be recommended to Council. The change would have ExComm approve changes to the Policy & Procedures Manual to eliminate delay.

Phil moved to accept the Bylaws change. The motion was seconded and passed by voice vote. Jeff thanked those who sent changes to the Policy & Procedures manual. **(FORWARD TO BUSINESS MEETING)**

1. Committees, Section 2. – The change made text consistent across committees. It specified the inclusion of a deputy, allowed establishing subcommittees, and reporting. The change made these items a requirement for all committees. Phil moved to accept the bylaws change. The motion was seconded and approved by voice vote. **(FORWARD TO BUSINESS MEETING)**
2. This change updates the name and description of the Aerospace Human Factors Committee. The name will be changed to the Aerospace Human Performance Committee, and the committee description will change to reflect the name change. The change came from the Committee and was approved by ExComm. Phil moved to accept the bylaws change. The motion was seconded and approved by voice vote. **(FORWARD TO BUSINESS MEETING)**
3. This change added more detail to the descriptions of the three new standing committees established during the last Business meeting: the Arrangements, Registration, and Scientific Program Committees.

Phil moved to accept the bylaws change and the motion was seconded. Valerie Martindale made an amendment to remove the second sentence from the description of the Arrangements Committee because it was ambiguous and was not present in the other descriptions. The motion for the amendment was seconded then approved by voice vote, after consultation with the parliamentarian.

Discussion continued on the amended motion. Nora indicated that what was said about the Registration Committee doesn’t reflect the information provided by the committee. Jeff indicated that the missing information will be added to the Policies and Procedures Manual. The level of detail provided was too much to include in the Bylaws. After we approve the list of draft P&P manual changes, the first change on the list for the next review will address the Registration Committee. The motion passed by voice vote. **(FORWARD TO BUSINESS MEETING)**

That concluded the report of the Bylaws Committee. **(CLOSED)**

**Approve Draft Policies & Procedures Manual**

David Gradwell moved to accept draft changes to the Policies & Procedures manual as shown in the Meeting Book. The motion was seconded and approved by voice vote. Additional modifications were identified that will be made in the next round of changes to the P&P manual. **(CLOSED)**

**Open Action Items (Webb)**

**• Consolidated Dues Payment (Belland)**

Kris Belland discussed the consolidated dues payment process. He noted that Chuck Fisher, J.R. Heil, the front office, Jeff Sventek, and Lance Annicelli did outstanding past work on this. Council had approved up to $7,500 for software development and support for consolidated dues payment. Lance Annicelli has been working with 7 Constituent organizations on requirements and software testing. That leaves 3 Constituents that, at present, are not interested in using that dues collection method. Jeff mentioned that while a budget of $7,500 was pre-approved, they will probably get the work done for about $1,500 instead. Travis Boyd, the ISSI programmer, and Gisselle have worked hard to put this together. Jeff said they will probably enter alpha testing in early December. Vince Musashe indicated that his organization wondered how the money would get from a dues payer through the AsMA web site to the Constituent organization. A short discussion followed about the mechanics of how a member would pay dues to constituent organization and AsMA at the same time. Jeff originally thought it would be necessary to align the Constituents’ dues payment date with each member’s date for paying AsMA dues but that may not be necessary. **(OPEN)**

**• Biographical Data Form**

Jeff discussed how biodata can be updated by members when they log in. He noted that they are currently experiencing problems with form completion when using Internet Explorer but not with Google Chrome or Firefox. Jeff then demonstrated how a member can examine biographical information already present in the record due to software extraction from membership data files. Members can add or edit information not present in AsMA files. The information can be used to compute points toward election as Associate Fellow and Fellow. The Fellows Review Committee has to verify the accuracy of the information. The Associate Fellows provided about $7,000 for the development of this functionality. Jeff thanked Gisselle for her work on this process. The functionality is not yet available but is currently being tested. **(OPEN)**

**• Member Mailings Opt Out**

Jeff described how to update your membership record to opt out of receiving mailings from third party organizations. Members may also opt out of receiving a paper copy of the journal. **(INFO)**

**• Council/ExComm Minutes on Website**

Also in the Members Only section, under Member Services, Council meeting minutes can be accessed. These are available for meetings since 2010. ExComm minutes are also available on the web site. Jeff also demonstrated how to make a donation. **(INFO)**

Other issues: Russell Rayman noted that a legacy program is available that allows donation of money to AsMA in your will. **(INFO)**

After a 15 minute break, Jeff introduced Walt Galanty and Megan from AIM Meetings & Events. Jeff said that those who have requirements for a room and A/V support at the May meeting should check with Megan to be sure that the information on the meeting grid is accurate. If you decide the day before the event that you need a room and/or A/V support, it will cost you and AsMA may not be able to support the request. Also, Pam Day noted that the inclusion of the new Reinartz lecture will bump committee meetings previously scheduled for Tuesday morning that will have to be rescheduled. For Example, the RAM Bowl and Grand Rounds are being rescheduled for Wednesday. **(INFO)**

**• Policy Compendium Review (Vermeiren)**

Roland Vermeiren reported on the work done by the ad hoc committee that reviewed materials included in the Policy Compendium. Jim expressed thanks to Chuck DeJohn and his committee members for their hard work. He indicated that a review of compendium items was needed because they were available on the public web site (sometimes inappropriately), and others were out of date. The group also organized the materials. He said that the Compendium committee was able to ask members of other committees and the Past Presidents about the relevance of items in the compendium. The final report will be available at the May meeting. **(OPEN)**

**• Membership CME Survey**

Valerie Martindale discussed the work done by the Education and Training Committee on the membership CME survey. The purpose of the survey is to contact AsMA members to get baseline information about what they need in the way of CME and how they prefer to receive it. Because of the various sub-specialties, requirements for CME are very different. In addition, members from different countries may have different criteria for different ways of counting their hours. Finally, preferred format for receiving training will be assessed. Jeff said that if anyone has any suggestions for improving the survey, they should contact Eilis Boudreau. **(OPEN)**

**Annual Scientific Meeting (Sventek)**

**• Meeting Venue for 2018**

Jeff discussed the meeting venue for 2018 that was determined by ExComm. The venue is chosen by ExComm 5 years out from the meeting. Due to sequestration-related budget cuts, the Request for Proposals developed for 2018 mandated that hotels had to offer rooms at the US government per diem rate. Usually, AsMA receives 40-45 proposals. This year we received 12. Jeff and Walt Galanty go through all the proposals. He and Walt reject dates that will fall on any holiday (including Mother’s Day). They reduced the number of proposals to 4 or 5. Walt briefed ExComm on the Top 4 at the meeting in August. ExComm reduced the number of hotels under consideration to 2. Walt then negotiated Best and Final bids from the Top 2 hotels and made a recommendation to ExComm. ExComm selected the Dallas Hilton Anatole as the 2018 meeting venue. Advantages include government per diem, free internet in the attendees’ rooms, free 500 gallons of coffee (where 1 gallon costs $100), and an aggressive program for calculating complimentary rooms based upon paid room reservations. One drawback was that, while wifi is available in public areas outside the meeting rooms, it will not be available in meeting rooms. This situation may change by 2018. **(INFO)**

Walt also renegotiated the room rates for the hotel in San Diego. The hotel in San Diego will provide per diem rates for US government employees. Starting in Orlando, all attendees will get US government per diem rates. David Gradwell indicated that there may be inquiries from governments of other countries about differential room rates that produce a disadvantage for international attendees. **(INFO)**

**• Posters (Sventek)**

There has been a change in placement of posters this year. ACCME requirements for accreditation specify that posters should not be placed next to exhibits. Starting in San Diego, the posters will be moved away from the exhibits. Posters will be in a room across the foyer from the scientific session rooms. **(INFO)**

**• Meeting Fees Chart**

ExComm reviewed 2013 meeting rates and recommended some changes to meeting fee rates for 2014. Meeting fees have been increased for nonmembers (including presenters). We should increase fees for nonmember CME with MOC to try to push participants towards membership. There may not be enough of a difference in current fee structure to encourage nonmembers to join AsMA. Valerie Martindale moved that Council approve the revised registration fees. The motion was seconded and approved by voice vote. **(CLOSED)**

**• 2014 Plenary Sessions (Webb)**

Jim announced the speakers for the three lectures.

o 60th Louis H. Bauer Lecture (Mon): The speaker will be Lt. Gen. Tom Travis. His subject will be Human Performance.

o 1st annual Eugen G. Reinartz Lecture (Tues): The speaker will be Dr. John West, who has done a considerable amount of research on mountain sickness.

o 49th Harry G. Armstrong Lecture (Thur): The speaker will be Dr. Michael Bagshaw.

Jeff reminded Council members that the addition of the Reinartz plenary session will change the schedule for other meetings typically scheduled for that time (e.g., Grand Rounds and RAM Bowl). **(INFO)**

**Spotlight Issue (Sventek)**

**• MOC Review at Meetings(Sventek)**

Also, thanks to ASAMS colleagues, one room will be dedicated to Board/MOC review series of lectures. Each session will be 90 minutes with “deep dives” of 30-45 minutes apiece. Will cover all the topic areas that a board certified Aerospace Medicine physician must review and prepare for recertification board requirements. We will videotape all of those sessions and will start making those available for sale online following the San Diego meeting. Jeff is hoping that will be a good revenue stream. Several people have asked about a review product. People from ASAMS are putting this together for us.

Justin Woodson added that they have developed a 3 year program to cover the ABPM MOC outline. Cheryl Lowry did most of the work to coordinate speakers. This is the first live year. They have a program every day including the clinical Grand Rounds & RAM Bowl. The next step is how to market and package it. Phil Scarpa noted that this is basically a Board review course covering more basic topics. Justin noted that sessions will be 1 ½ hours long with 2 speakers – 45 minutes per speaker. It is more of a didactic teaching opportunity than presentation of scientific abstracts. It’s a board review course set up over 3 years. If we tie that to enduring material on our web site, then we have a viable product.

Jim Webb asked if the fee structure for the online course differentiates between members and non-members. Jeff indicated that they hadn’t discussed it yet. For the other 2 specialties, you’re talking about a $750+ course. Over 3 years, that’s $250/yr, or half the fee of attending the conference each year. ASAMS will help us design what the costs will be.

A question was asked about whether the course could tie into an online CME opportunity. Joe indicated we’re trying to generate MOC content for the specialist. The way to generate it without much cost to AsMA is to use members who are experts to generate the content. This is consistent with the idea of generating new revenue streams so the organization can diversify. In Occupational Medicine, they sold MOC on video from their last conference for between $1300 and $1700. We’re not anticipating any additional fees for this series during the meeting –but the fees would occur after the meeting. It could serve as another magnet to get Aerospace Medicine specialists to attend the meeting. The 3 year cycle fits very well with MOC. And enduring materials must be reviewed every 3 years, according to ACCME.

Finding appropriate speakers to cover the material is very important. Jim mentioned that they had covered that issue with the Fellows group. **(OPEN – PRICING OF ONLINE MODULES)**

**• CME Mission Statement (Sventek)**

One of the deficiencies noted in the ACCME accreditation was Standard C15, How to continuously improve the CME program. AsMA is required to review the organization’s CME mission statement and identify things that could be improved. The ExComm took that on in August. If you look at types of activities, we used to stop at the statement that says Aerospace Medicine Area of Concern.” That was all we listed under type of activities because we only did what ACCME considers live activities (events that occur at the annual scientific meeting – sessions and workshops). Based on what we’ve discussed, we added the following: “Enduring materials associated with some of the annual scientific meeting sessions that offer physicians unable to attend the live CME activities the opportunity to advance their Aerospace Medicine knowledge through the completion of online CME activities.” The CME consultant thought that was fantastic. We can demonstrate to them some of the online activities that we’re going to make available very soon. With your approval, we will demonstrate this as part of our progress report due back to the ACCME on December 6. No vote is needed because ExComm already approved this. If you see other areas in the CME mission statement that need to be improved, don’t hesitate to notify Jeff. **(INFO)**

Phil noted that ACCME is big on obtaining feedback. Jeff said that in San Diego, AsMA will move away from using paper meeting evaluation forms and certificates. Instead, they will use Survey Monkey to build CME and meeting evaluation forms. After the meeting, Jeff will send out a notice that the Survey Monkey evaluation is ready. You must complete the evaluation with your name and email address to get certification credit for CME and MOC. Jeff will then send certificates by email to those who complete the online evaluation forms. **(INFO)**

ACCME also loves follow-up surveys. In September, we will survey attendees. We will ask how have you used what you learned during the meeting? What have you injected into your practice or your educational endeavors? We’ll continue to do that as well. **(INFO)**

**• Approve Internet CME videos/Demo Grand Rounds Session (Sventek)**

The company that recorded audio only DVDs in the past sent a videographer to the meeting in Chicago. They recorded all 3 clinical Grand Rounds sessions and the RAM Bowl. They built separate modules of those for CME & MOC credit and for sale (Intelliquest). There is a transaction page for AsMA Enduring Materials. You can pick one of the 4 sessions. The amount paid is based on whether you are a member or non-member. After you pay, you go to same page (required for ACCME) for each one. Talks about format, time to complete, learning objectives, disclosure policies, disclosures from session participants, how we validate the content of the activity and its independence, etc. That information is used for accrediting purposes.

After watching the presentations, the person seeking to get CME or MOC credit attempts to pass a test (by earning a score of 80%) and is allowed retakes. An evaluation form is included. Print the type of certificate paid for: CME, CME & MOC. A participation certificate is provided for those who are not eligible for CME & MOC (useful for internationals). AsMA keeps track of online course completion and CME/MOC credit for AsMA members.

Prices we plan to charge for members this year: If you want to just pay for CME, it’s $9. For CME and MOC, it’s $10. It costs more for non-members. Jeff thought we would keep it low for this year then raise the price next year. All videos are the same format. The slides are synched with the audio. You can watch it more than once.

Jeff indicated that we needed a motion to approve the materials for sale. Joe Ortega, as Treasurer, moved to sell the videos. The motion was seconded. Jeff indicated that a video release will be added to the appropriate speaker agreement for use in San Diego. For everyone who is speaking in a session in San Diego that will be recorded, they will all sign a release. After that discussion, the motion was passed by voice vote. **(CLOSED)**

**• Journal-based CME**

Jeff indicated that they had discussed moving back to Journal-based CME. Years ago, they had journal-based CME but it was cumbersome to execute. The company they are looking at for San Diego has systems to support journal-based CME. The journal-based activity would be identified in the journal. This includes which articles have been identified to be read. A test would be associated with those articles. The learner would go to the web site, make a payment, get the journal based activity they are interested in (probably as a pdf file), take the quiz, pass quiz, get a certificate. Once they pass, any CME or MOC information they pass would be transferred to our database for tracking.

A question was asked about how much the recording process would cost in San Diego. Jeff reported that recording 2 rooms all week will cost about $15K. That amount will also cover formatting the video and getting it into a marketable form. How many participants will there be? Jeff said that will depend on the price asked. This time the price won’t be $9 or $10. The sessions will be priced much higher. The additional cost will be for additional review of materials and testing opportunities, not just reading the journal or attending a meeting.

One advantage of using this company is that the enduring materials will be available to other people, not just our members. Bundle packages, allowing special prices for people who also attend the meeting, will also be available. Members will have the opportunity to prepay for these materials at a lower price. We will have to work out different cost options.

Everything we record will be available for CME and MOC credit, as we do now for MOC activities. This discussion is for information only, no decisions yet. Also, if anyone has ideas about improving CME/continuing education opportunities both inside and outside the meeting, they need to notify Eilis Boudreau, Chair of the Education and Training Committee.

We also need to look at CMEs for non-MD members. We have a number of psychologists. If we could offer continuing education for that group, it might provide an additional justification for attending the meeting. The Flight Nurses are in a similar position. There is also some discussion in physiology about requiring continuing education to maintain certification. The problem is that each discipline has different standards. At present, we are accredited for CME only, not for nurses or psychologists. We will need to find a different accreditation board for each discipline. Phil Scarpa asked Tracy Dillinger, AsHFA Representative to Council, if she would look into identifying the psychology requirements for continuing education. Jeff asked her to provide a document describing what is required, how often, and what kind of continuing education AsMA might be able to offer.

David Gradwell asked if members can claim credit for participating in Council and Scientific Program Committee meetings. It’s not Category 1 CME, more likely Category 2. But it means this kind of participation has value, particularly participation in the Scientific Program Committee. There is a value to participating in the management of a professional organization that can cut across disciplines and may qualify as continuing education.

Jeff noted that reviewers of peer-reviewed manuscripts may be able to claim some sort of CME credit. Vince Musashe noted that there’s no requirement for continuing education for aerospace physiology. But the Certification Board is looking into whether it might be useful to require some kind of continuing education to maintain active status as a certified aerospace physiologist. That could include meeting attendance and other activities that could increase the experiential basis and promote the study of aerospace physiology. They are looking at other opportunities. The certification board will take that on right now. **(OPEN)**

**Lunch Break**

**New Business**

**• Approve Society of NASA Flight Surgeons (SNFS) Constituent Application (Belland)**

Kris Belland reported that the Membership Committee reviewed the constitution and bylaws for the Society of NASA Flight Surgeons. They recommended strongly that we should approve this. However, the Membership Chair indicated that they needed clarification of the statement in their bylaws about membership in the context of members being a part of AsMA. Kris indicated that we could approve it as is or approve with a requirement for clarification.

Kris moved to make the Society of NASA Flight Surgeons the newest AsMA Constituent Organization. After the motion was seconded, the floor was open for discussion. An amendment requiring review of bylaws after changes before making the organization a constituent was made, then retracted. After some discussion, Kris agreed to withdraw the motion until a later time. No action was taken. When Jeff is sent the rewritten bylaws that move all non-AsMA Members out of the Membership category, he will send them to Council by email and request an electronic vote. **(OPEN)**

**• Corporate & Sustaining Affiliate Annual Funds (Belland)**

Jeff Sventek reported that Corporate Members of AsMA pay $400/year in membership dues and get certain benefits associated with membership. The Corporate and Sustaining Affiliate organization is like the other 40 affiliate organizations; AsMA membership not a requirement. The CSA has some AsMA corporate members and may have other members who are not AsMA corporate members, who pay $400 in corporate dues.

Kris reported that for the past 3 years, 10% of the corporate dues have gone back to the Affiliate organization. They use the money for speakers and other activities. There are 2 sides to the issue. First, sending 10% of the dues back to the CSA can be perceived as inappropriate. We’re a 501(c)(3) organization so there should be no perception that we’re treating one affiliated organization differently than another. On the other side, the corporate and sustaining organizations are an important part of Aerospace Medicine. They’re very involved in AsMA. If we were to remove the funds from them now, it would affect their plans for San Diego. In times of financial difficulty, it’s nice to have the money we get from the corporate organizations. Kris didn’t think we wanted to push people away by pulling support out from underneath them.

Gordon Landsman recommended continuing the 90%/10% split of dues into AsMA/CSA for another 2 years, but split it officially into 2 pots. For the next 1- 2 years, keep the total money spent by corporate members at the same level. From then on, if CSA needs more money, then let them raise their dues. Right now they need more time to sell the decision to the corporate members.

Jeff Sventek asked how many non-AsMA members are members of CSA. Leroy said he thought all CSA members were corporate members of AsMA and later confirmed that. Jeff pointed out that being an affiliate organization allows non-AsMA corporate members to be members of CSA. We have set a precedent for the other 39 affiliate organizations by donating AsMA dollars to an Affiliate Organization. As far as he knows, all Affiliate Organizations support their own activities using funds they have established for their organizations. It puts us in a tenuous position when the next Affiliate (or Constituent) requests financial help.

Gordon’s response was that we’ve already set the precedent by establishing differential dues. He wants to avoid having AsMA attempt to solve the problem by instituting an immediate dues increase. We should admit that we’ve made a mistake, split the money out now, and correct the situation over the next 2 years. Jeff said he would argue that we correct it by terminating it now. The 90/10 split is a revenue sharing activity that we don’t have with any other organization.

Kris said they wanted to bring this before Council to get their perspective on the issue. There are four possible solutions:

1. Do nothing and let the situation continue

2. Approve the current situation by an amendment and a vote

3. Disapprove the current situation, as Jeff suggests

4. Push the issue to Finance Committee and have them thoroughly evaluate the situation and suggest a solution. Then the issue would come back to Council at a later date.

The question was asked whether another Affiliate existed that consisted of entities and not individuals. Jeff said we probably have 1-2 others. Roland noted that the European Aerospace Medicine Association (ESAM) represents 45 different societies.

Jim said we’re open for a motion. Valerie Martindale moved to forward the issue to the Finance Committee to provide a little more time to develop a solution. After the motion was seconded, discussion occurred. Jim mentioned the issue had previously been moved to the Finance Committee. Jeff noted that the issue was kicked out of Council to the Finance Committee with the direction that the Finance Committee could make the decision. He said he was told the Finance Committee approved the 10% transfer of money to CSA.

Jim said that is something the Finance Committee may be able to do. He asked for a vote on a motion to refer the issue to the Finance Committee that will come back with a recommendation about whether the transfer of money should be continued, cancelled, or modified. The motion was voted on by a show of hands. Seven votes were against the motion. Jim noted that the ayes had it. The issue will be referred to the Finance Committee for evaluation. Jim said he hoped they could come back with a report to the Executive Committee in a few months. If not, we will have to address this issue again in May. **(OPEN – FINANCE COMMITTEE)**

**• Medical Guidelines Memo (Vermeiren)**

Roland reported that the Air Transport Medicine Committee had completed a useful tool, the Medical Guidelines for Airline Travel, in 2003. They agreed in 2012 to update and expand them.

The Guidelines should also become a living document. The question is how to go forward with this. There are 3 options:

1. Scrap the existing guidelines and publish the new ones in their entirety.
2. Replace the old chapters with the new ones and keep the old chapters that have not been revised.
3. Wait for all chapters to be complete before replacing any.

The Committee members felt that Option 3 would not be best because there would be a long delay. Option 1 would result in gaps. In Option 2, you could go ahead with the old ones but update in the meantime. The system of how to replace the Guidelines was questioned. Roland noted that some chapters specific to Aerospace Medicine could be written by AsMA experts. Other parts of the Guidelines could be provided by respected specialist boards, such as from the UK and US. In the future, there could be more specialists who publish Guidelines and we could incorporate those so that we don’t have to keep up with those details as a society. The ATM Committee’s proposal was to replace the old chapters with the revised ones and keep the old chapters that have not yet been revised until we can update them.

Jim confirmed that the ATM Committee made the recommendation. He noted that we don’t need a second for the motion. Discussion followed. Phil asked if Roland had the date of the last update of each section clearly visible so that readers would be aware of when the section was updated. Roland agreed that having the date on the sections would be very useful.

Russell Rayman observed that historically, the Medical Guidelines for Airline Travelers were written by multiple specialists. Jeff noted that that is how Dr. Thibeault is managing the process now. Phil said that we needed to ensure that AsMA is reviewing outside recommendations. Roland said an AsMA member could be invited into the specialist group from the country that is providing the link. He said that Dr. Thibeault felt that the AsMA guidelines should not only become a hyperlink system. There should also be something that makes it an AsMA product. In the end, it should be an AsMA guideline that has the support of respected specialist groups around the world. But the guidelines should also be useful for our purpose. Phil noted that we want to be seen as a useful contributor to Aerospace Guidelines. Roland said that in some cases, you will not find specialist groups for some topics, for example, a national society on jet lag.

David Gradwell mentioned that some guidelines are peer-reviewed. He agreed with the authority of the people who are writing the guidelines, but from a transparency and medical legal viewpoint, he thought it ought to go through an independent peer review process for those components that are not already being reviewed. So if a physician relies on that advice, and the advice was then questioned, it’s not simply his friend’s expert viewpoint, but should go through the formal peer review process in addition to the AsMA review. Phil asked to which peers that are not part of this process would you refer for a review. The response was that even if we are the people who know the information and the advice you are giving is well-founded, then there should be no problem sending it out to others for their review.

Jim observed that in the policy compendium, we have many issues that were not peer-reviewed. David noted that those are not clinical guidelines. This is patient management. Someone is going to make a decision based on this evidence and manage somebody. If there was an adverse event, the doctor’s defense would be “I used the guidelines published by AsMA.” If you’re talking about the 3 big reviews, they have been published in reputable journals and have gone through a peer-review process, so you’re on much more firm footing. If approved by a committee, however august, without having gone through the peer-review process, it’s open to challenge. Alex asked about the process of review for material published in the journal.

Phil said you have the group of experts in the world doing this. When you have this august a group writing it, he doesn’t see the advantage of getting a peer review. Alex noted that going through the process gives you a rubber stamp. We could write a disclaimer that identifies the people who wrote it but notes that it hasn’t been published in a peer-reviewed journal, which means it loses value. David said that means he can’t use it. He provided an example of an article that had 20 noted authors but a journal still sent it out for peer review and there were revisions made as a result of that review, partly to make it more user-friendly for people who did not comprehend some of the issues.

Jim said this has come up before and he thinks it is a relevant issue. He then asked Fred Bonato if it is feasible for him to call upon 3 people, even members of the committee, to do that review and officially sign off on it even if it is not published in the journal. Fred said he has a database of all the reviewers used for journal reviews, so yes. Jim asked David if that would be adequate. David said that to be able to say that this has gone through independent peer review gives the document an authority that it would not have otherwise.

Roland noted that for articles written in the past, where we provide the hyperlink, we are covered. For those articles not covered by a peer-review, we must provide that. Even though ATM committee members are the main drivers, there are still probably other experts who didn’t attend the ATM meetings and could provide an independent peer review. We must find those people. Phil asked if they make a revision to the web site the day after it is published, must we pull it? David said it’s not done like that – typos don’t count. But there are areas that come straight from the BTS guidelines. But there are areas for which there are no extant guidelines and the ATM committee produced advice. So it is done chunk by chunk. So if you are going to revise the section on surgery, then the surgical component undergoes review. Just like the BTS guidelines were published in 2011, each section went through multiple reviews. On each occasion, the whole thing was updated in totality. Phil said he guessed we could do it in pieces. But only the stuff on the web site would need to be peer reviewed. David said each section is dated, so you know when it was reviewed.

Jim asked Fred how difficult that would be. It would be done in small sections. Jim asked David – 2-3 pages? David noted that the thoracic section is huge but we wouldn’t have to worry about that. The cardiovascular one is big but again, it is dealt with outside. The issue is the sections for which there is no other publication. Roland said that the old ones are 12 years old. They were reviewed at the time. Jeff said he gets calls from doctors all the time who go to those medical guidelines and ask if there’s anything newer. He tells them it’s under review. Roland said that before we can include something new as a chapter then first it has to be updated, then it has to be reviewed, and only then can they replace it.

Jim said that we now need a formal motion to publish, not publish, or send for some form of peer review before being published on the web site as medical guidelines, not just a paper or position paper. Bob Orford noted that the committee made a specific recommendation - #2. That’s the motion which hasn’t been formally made. If the committee wants to formally make the motion, then Dr. Gradwell can move to amend it to add the peer-review component. Roland, representing the ATM committee, moved to replace the old chapters with the revised ones and keep the old chapters that have not been revised. As the motion came from the ATM Committee, it did not require a second. During the discussion, David moved to amend the motion to say that each section should be dated when revised and that as each section is revised, if it has not already previously gone through peer-review, it should go through a process of peer-review developed by the editor of the journal. The amendment was seconded. Dr. Rayman noted that the previous medical guidelines were not peer-reviewed. They were published as an addendum to the journal. The amendment passed by voice vote.

The original motion is now under consideration as amended. Additional discussion: Jeff asked Fred if the sections are peer-reviewed by the journal review staff and approved, where would we publish the sections? A suggestion was made to publish them as best practices. Phil noted that people want this to be available and updated timely. It appears now that half of them will have to be pulled off the web site. He said he hoped that publication on the web site is not reliant on journal publication because that will slow down the process even more. So when a change is made, it needs to get back out there quickly.

Valerie asked why it would be necessary to remove material that is already there that hasn’t been changed. Confirmation was provided that the amendment addresses changes going forward. Once a section goes out for peer review and is approved, it can be updated on the web site immediately without having previously been published. David said that what is there at the moment was developed as is.

There is an issue concerning people who are asked to write sections for which there are no existing journal publications and their writing will be peer-reviewed by independent reviewers. Phil said he was concerned about those sections. David says those sections written in 2003 will be progressively rewritten and will undergo the review process. Roland said the sections completed so far are Forward, Introduction, Phases of Flight, Airline Special Services, InFlight Medical Care, Medical Kit recommendations, Inflight Illness and Death, Fitness to Fly, and Medical Clearance. Those are the ones that are ready.

Phil said the ones that were just written will not appear on our web site until they go through peer-review. A significant number have been written but will not appear yet. (Pam Day noted that they could have been done by now.) Roland noted that it’s a conflict of 2 values –the possibility of concern about legal issues vs practicality and speed of having the information. A question was asked about publishing the new sections on the web with a disclaimer and a notice that they are currently under review. Jim said ATM is not happy with such a statement.

Jim asked David if a different word could be used instead of guidelines, such as recommendation. Would it work to use recommendation now and change the wording to guidelines when peer review is completed? Roland says there are now 3 sources. Old guidelines (not reviewed), new recommendations (not yet peer reviewed), new material (goes through peer-review before publication). Other discussion – Dr. Rayman believes that the material written by Aerospace Medicine specialists does not require peer review. He compared the material to that in textbooks, which are not peer-reviewed. Phil asked why this can’t be a committee report. Pete Mapes compared the review that is done by the Scientific Program Committee with the review that occurs when a group is writing a paper and evaluating each other’s writing. Why isn’t a product of a committee of Aeromedical specialists considered peer-reviewed? If an Individual writes something, then that needs to be peer-reviewed. If you appoint a committee to write something, that is peer-review.

Jim asked David with regard to use of material as medical guidelines, could Fred choose random names from the ATM Committee and ask them to do a review. Is that OK? David said he disagreed with Russ about the review of textbooks. Each textbook is reviewed by someone who is not the author. And when things go to the Scientific Program Committee, you don’t review your own abstract. If you are named as an author of a paper, you don’t expect to see it show up in your inbox from Fred to ask if you can review your own paper. If it is of sufficient authority and merit, and it is sent to 3 others and they read it and say it makes sense, then that’s good. If they say it needs major revision, then we should look at ourselves. But if we haven’t even asked ourselves the question, we might be accused of having a certain amount of hubris. Jim then asked whether everyone in ATM committee signed off in some way. Answer is probably not. Fred could choose from among other ATM members who did not participate in the writing of the material.

Jim then called for a vote with the amendment stipulating dating of items and the necessity for peer review of items that have not been peer reviewed. The motion passed by voice vote. Three were opposed. Jeff then mentioned position papers written by members that are accepted by Council as the stated AsMA position. Why can’t these documents be approved by Council, which is Association Leadership? Why can’t that review serve as the peer review? Phil said if we want to push these up to the Medical Guideline level, then you have to get peer review. This could be a position – this is our consensus as an organization about what should be done. Alex noted that if you do a peer review that takes a month longer, then the quality is improved. **(OPEN)**

**• Approve Traveler’s Thrombosis Position Paper (Vermeiren)**

ATM requested to approve as a position paper the paper on traveler’s thrombosis, written by Dr. Johnston and Dr. Hudson, that was published in October 2013. The proposal is to approve it as a position paper of AsMA. It has already been published with different wording. Fred said that the paper was mistakenly submitted to our journal as a review paper and went through 2 rounds of peer review. This paper could be very well-cited. Jeff asked whether position papers go through peer-review? The answer is no, they come through Council. Pam said that they publish position papers at the recommendation of Council.

It was noted that if position papers are peer-reviewed, it will increase the journal’s impact factor. Position papers will be cited, perhaps more than the scientific papers. David noted that if we don’t get our impact factor up, our journal is dead. These things that go through the process have authority and increase our impact factor so we get referenced in important journals. Phil said he was concerned with the redundancy of the work and secondly, the timeliness. Other organizations are writing guidelines because we haven’t gotten them out there since 2003. As a position paper, it has to be out there quickly. Alex noted that if adding a month through peer review puts it on PubMed, it makes it that much stronger. Roland said 1 month is not a problem but 6 months would be. He also noted that a position paper doesn’t have the same legal impact as medical guidelines. David said he would refer to the same article published in Lancet. Those are the same materials published by the same authors in Lancet. We’ve got to get our impact factor up.

Roland moved to approve this as a position paper. The motion was seconded. Fred said that speed has to do with how he manages the journal. If it is a position paper, he can push that. Another question was asked about the potential harm of not having this appear as a position paper but simply as a peer-reviewed article. Joe Ortega said that raises a question about the progression of the literature that we develop internally. Joe thinks that all of our writings should be peer-reviewed and published in our journal regardless of how it flows. Suppose that ATM has a position paper that is approved by Council. You can put that up quickly and edit it quickly. As it is peer-reviewed, it can be published in whatever way we want. But you have to know the life cycle of knowledge and how we’re going to post it. Pete reiterated that a paper written by a committee of AsMA is peer-reviewed and doesn’t have to be looked at separately because it is a committee of experts. Fred argued that this particular paper has been slowed down by this process because it was ready to be published and had to be pulled out so that Council could review it. Phil said that if it’s already been peer-reviewed, he doesn’t see the value of having it approved as a position paper.

Another comment was made that not only are we publishing this as a journal article, we as Council adopted it as a position and put our stamp of approval on it. Following that, Jim called for the vote. The motion to publish the paper was approved by voice vote. Another comment noted that one sentence if the abstract is misleading and Council is putting its stamp of approval on a misleading statement. **(CLOSED)**

**• AsMA Business Plan (Belland)**

Kris Belland informed the Council that this presentation was for informational purposes only. One could argue that AsMA is going through challenging times with 5 year overall decrease in members and finances with $20K taken out of our financial coffers. Kris says we really need to focus on getting our house in order as we go forward. Bernice Cohen wrote a book called Leading at the Edge of Chaos about how to create a nimble organization. All great organizations have a beginning, middle, and end, or an arc. Truly successful organizations, instead of driving down into the ground, they jump to a higher level. To do that, we have some things that are very important. The bylaws and Procedures Manual are important. Among the things we don’t currently have are a business plan and a strategic plan.

Einstein said the definition of insanity is doing the same thing over and over and expecting different results. Over the last 3 or 4 years, we have seen it coming. We know that the meeting is going to be a challenge every year and we could potentially lose. One of the key central points in Leading at the Edge of Chaos is that the situation is not going to get better next meeting. It’s not going to get better 2 years from now or 4 years from now. So you have to intellectually accept that to be able to move ahead. High functioning organizations have a mission, vision, strategic plan. We have a rough one that’s in the Council minutes for you to look at. We talked about it at ExComm. We talked for about an hour on how we can go to the next level. We talked about different offsites, holding meetings in other parts of the world, some things that we could do to increase our income, some things that we could do to establish our base long term. What’s in the Council minutes is pretty rough and is open for discussion. Anyone who is interested in being involved, please let Kris know.

Kris’ goal is to have something in May for ExComm to look at. We’re looking at marketing and branding a way ahead, with heavy input into IT technology, Facebook, Twitter, LinkedIn, using blogs. Also, the 3-5 year membership drive is part of the business and strategic plans. We need to enhance our AsMA product. A lot of discussion was about Education and Training, continuing medical education, and resiliency, so we don’t have 1-2 bad meetings and then we’re shot. We can’t afford for that to happen. Then there are our customers, people who come to our meetings and use our products. We want to leverage some of the emerging fields that are out there in Aerospace Medicine: civilian space flight, remotely piloted aircraft, the U class F35, systems integration, human performance, human factors engineering. They’re all the issues that are so relevant. You’re not going to like where we’ll be if we’re not relevant. So the goal is to work on this Business Plan and Strategic Plan and present it to ExComm and then in San Diego hopefully have a good product for everyone to look at. **(OPEN)**

Jim noted that we were down into the Consent calendar, which had previously been approved. No reports needed to be brought back. He then asked if anyone else had anything to discuss. Russell Rayman brought up the Federal Air Surgeon’s new policy on the requirement for AMEs to include BMI as part of the periodic flight physical examination. Another proviso was that some of those pilots would have to be sent to a sleep medic for consultation. He recommended that this should be addressed by the appropriate committee in AsMA and we need a way in. CAMA will be doing that and AOPA will be doing that and ALPA and others. We should be there too.

Warren Silberman noted that it’s very appropriate for us to come out with something on this. You do know that based on an accident in 2006 outside of New Orleans, there was an NTSB hearing and now they’re creating AMEs for commercial truck/ bus drivers. One of their medical standards is 17” neck circumference.

Jim DeVoll said that given that we’re aware of the explosion of the epidemic of obesity, and the recent decision by AMA that obesity is a disease. This is an important thing because it affects everyone. It’s the big issue in aviation.

Jim Webb asked the ATM, Aerospace Safety, and Human Performance Committees get together and come up with something by May for the annual meeting. He said he didn’t know if we could come up with a paper or letter before the meeting. The question is to address policy change for medical certification. Pete Mapes responded that if you wait until May, it will already be too late and you’ll have zero impact then. Jim then said he wanted a report or some kind of response to the Executive Committee by February. Phil asked if this was intended to be a review or policy. Pete said it has been announced as policy—they initiated policy. What we need is a reasoned, prompt, scientific review based on medical knowledge and we need to get that piece of information out and every week that we wait makes it less and less useful. Phil said we’re swimming upstream.

ATM, HF, and Aerospace Safety would have to get with someone from the FAA who can articulate this well or at least point them to the site where it’s listed so they know what they’re addressing more specifically. Jim DeVoll offered to have the 3 committees contact him for information. But FAA members have to recuse themselves from participating in developing a position. Phil recommended several sleep specialists to participate, Mark Ivey and Eilis Boudreau. Jim mentioned John Caldwell. Jim suggested that the fastest way to do this might be to provide the experts with what was announced by the Federal Air Surgeon. Jim asked the 3 committees to coordinate through Jim DeVoll. Phil asked the ATM to take the lead and work through the VP to coordinate it. Roland indicated that he would contact Martin Hudson. **(OPEN)**

Kris Belland requested help on awards. Cheryl Lowry and Mark Sheehan are co-chairs. They’re looking for a Tuttle Committee chair for 2014. If interested, let Cheryl or Mark or Kris know. They need applications for members worthy of award, especially for the Tredici, Boothby Edwards, Klinker, Longacre, Marvingt, Stapp, and Tamisiea awards. Nominations are needed by January 15. **(INFO)**

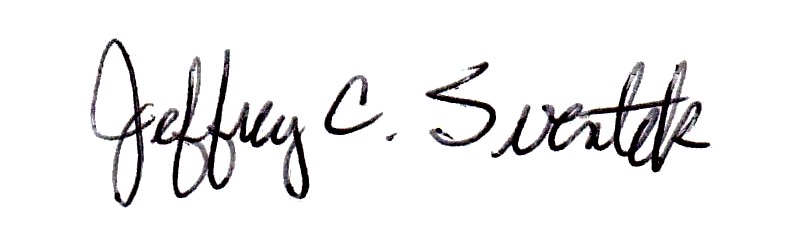
Joe reviewed Capital Campaign donations. As a challenge to the organizations, he reviewed the donations from last May, which totaled $5,501. Some constituents haven’t contributed anything. Today is the 15th anniversary of the International Space Station. We’ve had almost 13 years of continuous human presence in space. It was also noted that this is the 50th anniversary of the dedication of the School of Aerospace Medicine at Brooks AFB. Jim said there’s a big celebration going on now. **(INFO)**

Pete Mapes said he was successful getting funding last year when he reported that, per dollar of CME, our meeting was the most cost-effective. We were the lowest cost professional meeting that provided CME and that is what swayed his organization. With all the talk about hotels, we need to emphasize that the meeting and CME costs are the lowest of the medical organizations. That should be a selling point for us, especially in the medical realm. **(INFO)**

Jeff thanked everyone for coming.

This coming year will be the 20th anniversary of AMSRO.

The meeting ended at 2:27 p.m.

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

Secretary Executive Director

