President’s Page

Friends, Colleagues,

I’ve often spoken to you about how critical it is for our more experienced members to bring on-board and mentor our newest members (see last month’s President’s Page on “Operation Outreach”). I return to this theme again here, because I would like to ask you to assist some of our newer members, to counsel them to contribute abstracts for the upcoming meeting. Indeed, we are now well into the Fall and with that, yet another month closer to our meeting in Los Angeles this coming May.

Our annual scientific meeting is the focal point of our organization’s aeromedical year. It is here that we not only share the wealth of knowledge from the plethora of specialties falling under the aerospace medicine umbrella, but this is often the only opportunity that many of you may have to meet with friends and colleagues from around the globe. Our annual meetings help foster the exchange of ideas, provide a venue in which members of affiliate and constituent societies can gather, socialize, and conduct formal meetings. It is also the opportunity for our newer members and prospective members to learn more about AsMA, to see how the organization functions, to meet many of their colleagues and in general, to become involved in the plethora of activities and meetings offered by the association. It is especially a wonderful opportunity for zealous new members to volunteer their services to help AsMA grow and flourish.

I therefore request that you contact some of your colleagues who may be new to AsMA or who may be contemplating becoming members. Ask them if they know of our meeting in May and, if so, if they plan to attend. If the answers to these questions are ‘yes’, then ask them if they intend to present a paper, poster, or participate as a member of a panel session. If the answer is again ‘yes’ or even ‘well, I’m not certain...’ then you might consider offering your good counsel as an experienced presenter to guide our first-time presenters through the process. I am certain that they will very much appreciate this personalized approach to mentorship. Keep in mind, however, that there remains precious little time to do this for the 2009 meeting; indeed, this process should already be well underway.

In this regard, you may have already received your notice with the last AsMA “Blue Journal” indicating that abstracts for the May 2009 meeting in Los Angeles are due no later than the end of this month. The AsMA on-line abstract submission pages have been up and running for some time. If you have not already sent in an abstract, then please consider doing so now. All abstracts must be submitted via the electronic submission system linked to the association’s web site. Go to www.asma.org and click on the link to the abstract submission site. Please note that abstracts are due no later than 31 October 2008. Authors with questions regarding the abstract submission process should contact AsMA directly at (703) 739-2240, x101 (Ms. Pam Day); or e-mail pday@asma.org.

Andrew H. Bellenkes, Ph.D.
U.S. Transportation Secretary Announces FAA Grant to the X PRIZE Foundation

WASHINGTON, DC—Marketedwire -released July 10, 2008 - U.S. Secretary of Transportation Mary E. Peters announced that the FAA has selected the X PRIZE Foundation to develop a strategy to create monetary incentives for developing renewable aviation fuels and technologies to stem the effect of pollutants from air travel.

The race to refuel American aviation is on and our hope is that the X PRIZE will jump-start investment and spur innovation," said Secretary Peters. "It will be a competition that everyone wins, because a breakthrough in alternative jet fuels is a potential game-changer that could bring lower airline fuel costs, greater U.S. energy independence, and cleaner air. "Clean fuels and technologies are critical to maintaining our productivity as a society and we are thrilled to receive this funding to explore options for alternative aviation fuels," said Dr. Peter H. Diamandis, Chairman and CEO of the X PRIZE Foundation. "In working with this grant, the X PRIZE Foundation will utilize its comprehensive capabilities in the areas of energy and the environment, including clean fuels, renewable power, efficient homes and buildings and environmental protection.

The Ansari X PRIZE was awarded in 2004 after generating a 10-fold investment in research that fostered innovation and creativity in private-sector human suborbital space flight. Since that time, three additional X PRIZEs have been launched in the areas of geonomics, lunar exploration, and automotive transportation.

Over the next 11 months, the X PRIZE Foundation will consult with industry experts to develop a strategy to bring together the best minds in the aviation and science communities to solve the technical challenges and speed up the development and implementation of cost-effective renewable aviation fuels and technologies that have an environmental life-cycle benefit and do not present potentially negative side effects, such as the creation of food production or the incurrence of land use changes that would lead to additional greenhouse gas emissions. The X PRIZE Foundation will work with various organizations, including the private-sector and academic members of the FAA's Commercial Aviation Alternative Fuel Initiative (CAAFI). In addition, the Foundation will define an implementation strategy that could lead to advances in environmentally friendly alternative aviation fuels and technologies that will ultimately accelerate their introduction at a faster pace than the market would normally provide. The strategy will facilitate discussions among industry and the government to identify prize sponsors and initiate the prize competition. For more information, please visit www.xprize.org. Contact: Sarah Evans (310)582-5903; prcontact@xprize.org.

Environmental Health Standards Published by WHO

The World Health Organization has recently published “Essential Environmental Health Standards in Health Care,” edited by John Adams, Jamie Bertram and Yves Chartier.

With health-care associated infections affecting between 5 and 30% of patients in medium- to low-resource countries, the burden of disease is extremely high. Ensuring safe environmental health conditions in health care can reduce transmission of infections.

The document provides guidance for health care providers, health promoters, clinical and nursing staff, health managers and planners, architects, urban planners, water and sanitation staff in medium and low-resource countries. Available from WHO Press: www.who.int/bookorders

Aerospace Medical Association Seeks Executive Director

The Aerospace Medical Association (AsMA) is seeking applicants for the position of Executive Director. The Executive Director serves as the chief operating officer responsible for all management, administration and professional activities of the Association. Applicants should possess a doctoral degree and be familiar with the AsMA. Major responsibilities include membership services, planning and conducting an annual scientific meeting, publishing a scientific journal, and conducting liaison with related national and international organizations. Salary will be commensurate with these responsibilities and the experience of the applicant. Applications should include a 1- to 2-page narrative describing interest, professional qualifications, and vision for the Association. Also include a professional resume, salary history, and salary requirements. A position description may be obtained by calling (301) 469-5461. Mail applications to: Robert R. McMeekin, M.D., Chair, Search Committee, 7435 Arrowood Road, Bethesda, MD 20817-2822.

NEW IMPROVED WEB FEATURE: POLICY COMPRENDIUM

Our archive of position papers and policies dates back to 1992. Now you can now view and print each paper from the table of contents. Just go to our Home Page (www.asma.org) and click “About the AsMA”. Then scroll down to “Downloadable Materials”. Select “Policy Compendium.”
This Month in Aerospace Medicine History—October 2008
By Walter Dalitsch III, M.D., M.P.H.

Seventy-five Years Ago

Life of an airline stewardess (written by a stewardess on United Airlines): “Aviation is the newest large industry, and it is therefore proper that the newest profession for women should concern flying. Three years ago United Air Lines, which operates the Coast-to-Coast airway from New York to California and other routes in a nation-wide system, conceived the idea that stewardesses aboard its largest passenger-mail-express planes flying between Chicago and the Pacific Coast, and so in June, 1930, the first air stewardesses took up their jobs. United employed eight young women and placed them on the big air liners. Today United Air Lines employs nearly one hundred stewardesses, who are regular third members of the crews of every multi-motored plane in operation on United’s routes.

“From the standpoint of the girls themselves, the work is greatly interesting, in fact, even fascinating at times. It is at the same time rather trying; she finds a display of initiative and effort on the part of the girls, all of whom are particularly anxious to keep their jobs, because the waiting lists for these positions are certainly long ones...

“For one thing, a stewardess is a sort of aerial conductress, because at the start of the journey she must assign passengers to their proper seats and collect their tickets, checking over the destinations and making out a manifest, so that passengers will reach properly the points for which they are bound.

“The stewardess also provides reading and writing materials, serves luncheon aloot, answers questions concerning interesting points along the airway and details about the airplane itself. She sees that night flying passengers are comfortably arranged in their reclining chairs, and in other ways makes the passengers more comfortable.

“The stewardess is able rather well to classify, so to speak, the passengers which board her plane. If a person is making his first flight, the stewardess generally is aware of it, and quietly and unobtrusively proceeds to make him feel at home. By eliminating his natural preliminary nervousness, the stewardess insures that he will get the fullest possible enjoyment out of his introduction to air transportation.

“Incidentally, conversation represents one of the more important of the stewardess’ duties. Many people making a fairly long trip by airplane are inclined to tire of reading or watching the scenery and desire to talk a little. Believe me, the airplane stewardess has to keep extremely well posted on topics of current interest, for she is liable to display a lack of initiative in her conversation with one passenger about the relative chances of the New York Yankees and the Washington Senators in the American League baseball race, and a few moments later she may be talking with another passenger about the probable effects of the new Industrial Act sponsored by the Administration. Versatility of conversation is indeed an important requisite of the position of stewardess.

“In this connection, requirements for the job are several. First—and this is the requirement which eliminates a great many applicants—the stewardess must be a graduate nurse. This prerequisite is imposed by United Airlines because it has found from experience that an institutionally trained girl knows the meaning of discipline, and is certain to have a degree of responsibility developed in her by reason of her nursing training...

“In the matter of physical requirements, the girl must be fairly small because the payload of an airplane is an important consideration, and the smaller the stewardess, the more weight is available for mail and express. United Air Lines imposes a maximum weight limit of 130 pounds, and the stewardesses average around five feet three inches in height. In age the stewardesses range from twenty-one to twenty-seven years, as a rule.

“Finally, the stewardess must possess a pleasing personality and the ability to meet and deal with the public” (1).

Fifty Years Ago

Vertebral fractures in aircraft mishaps

Vertebral fractures incurred in aircraft accidents were the most frequent type of major non-fatal injury. One-hundred and fifty-seven such injuries were reported, accounting for 29 per cent of all major (non-fatal) injuries and for 44 per cent of such injuries in jet aircraft accidents... Furthermore, the vertebral fracture rate among survivors has increased steadily since 1950... This trend is associated with the Air Force progressive transition to jet aircraft which occurred during the same period. The additional observation that three out of four vertebral fracture cases were incurred in jet aircraft accidents further demonstrates the importance of this factor...

“Several proposals have been made to reduce the incidence of vertebral fractures. The one receiving unanimous endorsement is that which stresses the need for improved methods of upper torso restraint. Chest straps and the inverted ‘V’ leg straps may be used. Improved seat design should consider the normal spinal curve and be fashioned to prevent hyperextension. Seats should be stressed and dynamically tested to insure retention. Parachute support should be considered when the back type parachute is used and, finally, some method of shock absorption, possibly a constant yield seat cushion or perhaps hydraulic suspension of the seat, should be studied further” (3).

Twenty-five Years Ago

Developing a preventive health assessment (Environmental Medicine Department, Naval Health Research Center, San Diego, CA): “This study compares the morbidity (hospitalization) rates by age of male Navy aviators (n=22,417) with rates for three male control populations: non-pilot aircrew members (n=9,483), unrestricted line officers (n = 55,593), and staff officers (n = 46,565). Aircrew members and pilots have the highest hospitalization rates of the four officer groups for both total admissions and for most of the 16 major diagnostic categories. Aircrew members and pilots have the highest rates for the disorders of tooth development and eruption and accidental injuries (primarily sports-related) while one of the highest rates for older pilots is observed for circulatory diseases. Compared to civilian samples, the four officer populations are considerably healthier...

“The incidence of many disorders would seem to be readily preventable or, certainly, reducible. Improvements in physical training programs and warm-up exercises would lead to a lower rate of sports-related hospitalizations. Changes in an individual’s lifestyle and personal habits as well as adverse occupational influences would prove beneficial in lowering hospitalization rates for stress-related disorders and chronic disease.

“As a first step in this reduction of morbidity, however, a health appraisal procedure should be developed to identify those individuals at risk, not only for these conditions but also for all other stress-related diseases. At the time of the annual physical examination, flight surgeons could institute an assessment, similar to the USAF Coronary Artery Risk Evaluation (CARE) Package which, after obtaining measures of an individual’s fasting blood sugars, blood pressure, weight, total cholesterol, HDL cholesterol, and amount of smoking, can be used to determine the individual’s relative risk for cardiovascular disease by sex and age. On the basis of these objective results, the medical practitioner could decide whether or not the individual qualified for enrollment in an intervention program...

“At present, the Navy is developing several programs, such as an expanded medical screening procedure and a lifestyle enhancement program, which should be operational as early as 1983” (2).

REFERENCES

An Examination of the “CSI Effect”—Relevance for Expert Witnesses in the Aerospace Community

John Soper, Ph.D., Toxicology Consultant, Oklahoma City, OK.

The TV show “CSI” (Crime Scene Investigation) is allegedly the most popular television program in the world (5). The unique way in which CSI, and similar programs, deal with the investigation of forensic evidence is called the “CSI Effect.” One side suggests that this increases the prosecutor’s burden by creating an expectation that scientific evidence will always be presented. The other view is that the defense must overcome the perception that scientific evidence is infallible (1). While there are many media reports of a “CSI Effect” (2), there are only a small number of journal studies investigating this phenomenon.

This column considers two points: 1) many readers of this article have either testified as an “Expert” or can expect to; and, 2) if this effect is real, you must consider it. We shall examine two published reports, examine attorney viewpoints, and investigate attempts by scientific and legal societies to provide a better understanding of the scientific evidence submitted in trials. Finally, we shall provide references for some of the actual “science” used in the scripts for CSI.

One of the first studies was done by Andrew F. Thomas, chief prosecutor for Maricopa County, AZ (fourth most populous county in the U.S.) (7). Thomas heads a staff of 300 prosecutors, with about 40,000 felony trials each year. In June 2005, 102 prosecutors were surveyed for their opinions regarding a “CSI Effect” in their cases. Of these 64% claimed that they “usually talked” to jurors after a trial, and 38% felt that they had at least one case resulting in an acquittal, or a hung jury, because of the lack of corroborating forensic evidence.

Prosecutors stated that a strong circumstantial case is no longer sufficient, because jurors demand “hard” forensic evidence (e.g., DNA evidence, handwriting analysis [sof]). In about 40% of acquittal cases, jurors have raised post-trial issues about items such as mitochondrial DNA," “trace evidence,” etc., even though these terms were never brought up in court. Therefore, prosecutors allege jurors are less likely to convict in a case where scientific evidence is not presented. While Thomas acknowledges that "verdicts have not yet noticeably changed from guilty to not guilty," he has been much more pro-active in explaining why certain forensic evidence may not be present in a particular case.

Taking the opposing perspective, Professor Thomas Tyler, lecturing in the NYU Psychology Department, as well as its Law School, argues that jurors are more likely to convict defendants, because they have a view of science as... [an] infallible objective method that is always right (8). In addition, he asserts that “CSI and similar shows make jurors rely too heavily on scientific finding, and are unwilling to accept that those findings can be compromised by human or technical error.”

The general message of CSI is that scientific methods, and related evidence, are legitimate and backed by the General Social Survey, conducted by the National Opinion Research Center, found that 40% of Americans expressed at least “a great deal of confidence” in the scientific community, while only 19% expressed a similar trust in the courts and the legal system. In a recent study of 300 federal trials, from 2000-2001, the opinions of judges were compared with verdicts. The study reported an “overwhelming number of judges were in agreement with the jurors.” Professor Tyler notes, however, that there has been no systematic tracking of these data, so we can’t determine if there is any shift in these relative opinions.

The Honorable Donald Shelton has conducted the most extensive investigation of theCSI effect (5). In a representative illustration of the issue, Judge Shelton once heard a juror complain that the prosecution hadn’t done a thorough job, because “they didn’t even dust the lawn for fingerprints.”

Between June-August 2006, questionnaires were completed by 1,027 randomly summoned judges in Judge Shelton’s court, located in Waseca County, MN. Jurors were asked a number of questions concerning demographic data, TV viewing habits, and likely reactions to 13 crime scenarios. Optimally, when asked to choose a pre-trial verdict, jurors should state “I’m not sure what I would do,” regardless of the existence of scientific evidence. In fact, in all cases, roughly half of the jurors did just that. Forty-six percent of all respondents expected to see guilty verdicts. The Honorable Donald Shelton has conducted the most extensive investigation of theCSI effect (5). In a representative illustration of the issue, Judge Shelton once heard a juror complain that the prosecution hadn’t done a thorough job, because “they didn’t even dust the lawn for fingerprints.”
Space Medicine at NASA Headquarters
(Office of the Chief Health and Medical Officer)

by Rich Williams, M.D.

The Office of the Chief Health and Medical Officer (OCHMO) at NASA Headquarters in Washington, DC, is responsible for the health of the entire NASA workforce. The Office meets this responsibility by establishing policy and exercising continuous oversight of the NASA health care system, which consists of both space medicine and occupational health practice. NASA is developing the next generation of space vehicles to support future space exploration, and is still actively operating the Space Shuttle, and is extensively involved in constructing the International Space Station (ISS). The health and productivity of the entire NASA workforce is crucial to the success of all of these missions.

In the area of space medicine, OCHMO sets policy that guides the medical and health care support of astronauts before, during, and after space missions. This includes oversight of the policies guiding medical practice, the development of medical and health-related technical standards, and implementing applications from NASA’s biomedical research efforts as they are developed. OCHMO is also instrumental in maintaining collaborations and coordination with NASA’s partners on the ISS through a set of multi-lateral medical management boards.

In response to recommendations from the Institute of Medicine, OCHMO has been working in concert with the management authorities at the Johnson Space Center (JSC) and other NASA Centers to integrate an occupational health approach to the practice of space medicine. Central to this approach is an integrated standards-to-deliverables process that is guided by principles of risk evaluation and management based upon the analysis of currently available medical evidence. This approach enables better prioritization and targeting of NASA’s human research efforts, more fully informs ongoing spacecraft development activities, and results in better health care for its spaceflight crewmembers.

Among recent activities is the development of policy documents to guide the formulation of health requirements to protect human crews engaged in long-duration spaceflight missions. This addresses the levels of care that are applicable to different future mission architectures. It establishes permissible exposure limits (PEL), fitness-for-duty (FFD) criteria, and permissible outcome limits (POL) for several medical areas that are involved in long-duration human spaceflight. These standards are designed to reduce the risk of illness and injury during spaceflight and maximize human health in the extreme environments that will be encountered in future space exploration. A standards document addressing all aspects of human habitability and human factors is also under development, in concert with the NASA Offices of the Chief Engineer and Safety and Mission Assurance. This standards document will be used to facilitate the integration of hardware and mission architecture into the developing systems engineering designs. Through this effort, the OCHMO is facilitating cooperation between the medical, life sciences, and engineering cultures of NASA to ensure optimal human health and productivity through all phases of current and future human spaceflight programs. NASA medical authorities have also updated the NASA Crewmember Medical Standards—Selection and Periodic Certification, which are fundamental in maintaining crew health and career longevity. The NASA standards and policy setting efforts have been substantially assisted by work at the George Mason University School of Public Policy. At the University, workshops have been conducted on the ethics of medical care prioritization in resource-constrained environments, on aero space medicine policy formulation, and on the development of a scientific evidence base to support the practice of space medicine.

Actual medical practice is implemented at NASA Centers. The JSC flight surgeons and medical operations personnel are responsible for the astronaut medical care provision, which is based upon the best currently available evidence. The data for an evidence-based space medical practice is gathered from spaceflight experience and analogue environments, which include Antarctic outposts, undersea habitats, isolation chambers, bed rest studies, parabolic atmospheric flights, drop tower experiments, animal research investigations, and research at the cellular level. Space medicine training is supported through aerospace medicine residency programs at the University of Texas Medical Branch (UTMB) and Wright State University (WSU).

Technological authorities in engineering, safety, and medical disciplines were established several years ago at NASA in response to recommendations made by the Columbia Accident Investigation Board. Technical authorities are intended to balance programmatic decision-making authority, which is often constrained by costs and schedule pressures. Health and medical technical authority has been integrated into space vehicle development and operations. This promises better integration of the human system, enhanced crew health protection, and increased mission success. The JSC, which has primary responsibility for the design and operation of the space shuttle, is the first center to have a Chief Medical Officer (CMO) under the auspices of the NASA Chief Health and Medical Officer as a function of this technical authority. Chief Medical Officers at Kennedy Space Center (KSC), Ames Research Center (ARC), and Dryden Flight Research Center (DFRC) are currently being appointed using this NASA Headquarters/OCHMO to JSC/CMO organizational model. OCHMO is responsible for the oversight and implementation of all of the NASA activities associated with its occupational health program and is responsible for assuring that NASA is in compliance with all of the regulations and statutes that guide the use of animal and human subjects in its many research programs. The Occupational Health Program at NASA has enjoyed outstanding success in supporting the health and safety of all of the NASA employees. This program has been satisfying the regulatory and legal requirements of the Occupational Safety and Health Administration and other agencies in exemplary fashion for almost 60 years. Along with the Office of Safety and Mission Assurance, OCHMO has surpassed all established Safety, Health, and Return-to-Employment (SHARE) goals and has been continuously decreasing accident numbers and severity. The NASA Occupational Health Program is standardizing health data collection at NASA by instituting and evaluating an Agency-wide Health Risk Assessment (HRA) instrument using one of the Mayo Clinic Embody Health Initiatives elements as a tool. NASA’s electronic medical records system, which is the product of more than 10 years of effort, will begin to come online during the next year. The Occupational Health Program at NASA began a 2-year independent external quality assurance and improvement review of all Employee Assistance Programs to address the behavioral health of the NASA employees. On a broader level, critical incident stress management (CISM) training and teams provided by the OCHMO continue to support NASA with real time behavioral health support in contingencies and emergency response operations.

Although a relatively small office, the OCHMO brings a broad range of professional expertise to bear on NASA medical policy and oversight, including physicians, life scientists, dieticians, audiologists, behavioral health professionals, industrial hygiene specialists, and safety professionals. Working directly for the Deputy Administrator of NASA, and serving on the senior advisory boards to the NASA Administrator, the NASA Chief Health and Medical Officer is the voice of health and medical policy for an Agency whose mission and charter are to explore the unknown. That mission is about to become more challenging as NASA, the United States, and the world move into a new era of space exploration.
Aerospace Nursing Society News

Colleagues… Friends,

I cannot believe it’s already October. Happy fall to everyone! It seems like our scientific meeting was just yesterday. By now everyone has put summer memories behind them, started back into their school and work schedules, and is looking forward to the holidays. However, I would be remiss in my duties as president if I did not remind everyone about the call for abstracts. Our Los Angeles meeting is a mere 7 months away, and abstracts for the meeting are due by October 31. This is a wonderful way to improve your professional expertise as well as networking with others in aviation research and development, so don’t be shy.

I wanted to briefly discuss my goals for the ANS for the upcoming year and beyond. Responsibility to be mentors and active organizational participants: Our attempts to create an active membership/mentorship agenda have been… well… unsuccessful. However, I am still convinced that the best way to recruit and keep new members is to provide them avenues for interaction with members who are well acquainted with AsMA. That means, busy or not, all of us who are long-time members of AsMA should become active participants in recruiting and mentoring new members. As AsMA/ANS members, we can personally attest to what the organization has to offer both professionally and personally and how AsMA works while providing new colleagues invaluable assistance establishing themselves within the organization. If not for Lt Col Nora Taylor, who did this for me when I first attended AsMA, it is possible I would not have become an active member and would have missed this wonderful opportunity to be your president. Nurses are mentors by nature, so it should be natural for us to recruit and mentor others. So, go forth, recruit and mentor!

International perspective: In discussing goals for 2008, our new secretary, LCdr Cloutier, came up with an excellent idea to recruit more international members. AsMA is an international organization representing about 75 nations across the globe; that is, approximately a quarter of our members are from countries other than the United States. Each year, the scientific meeting has three panels (Spanish, German, and French) as well as panels from our Canadian and Australian colleagues. My goal is to expand membership by promoting recruitment of international members, working to promote joint organizational activities (papers, presentations, etc.), and providing membership incentives to join AsMA/ANS. LCdr Cloutier and I are very excited about recruiting new international members to our organization and welcome suggestions related to our international colleagues’ recruitment.

Active participation: I mention participation again because it is so vitally important. Many members have the perception that joining AsMA/ANS involves attending the annual scientific meeting, attending the ANS luncheon, and getting the journal monthly; that only a few members are needed to manage, oversee, and govern the organization(s). This could not be further from the truth as involvement is the key to the health of our organizations. We need all of our members to get actively involved in the functions of ANS/AsMA. Everyone can and should recruit and mentor new members.

Additionally, all members should consider participating on a committee, leading a panel or just assisting in any way possible. It is great fun, you get to meet lots of interesting and exciting people, and you will be contributing to your professional growth and the growth and maintenance of our organization.

Expanding ANS membership to include under-represented specialties: ANS is a network encompassing many specialties including aerospace nursing and medicine as well as other related fields such as occupational health and preventative medicine. However, to expand our membership, I believe we need to branch out to other related fields such as human factors, emergency medicine, and allied health science. Currently, I know a number of colleagues in these fields join organizations other than AsMA/ANS because these organizations are thought to better serve these particular specialties. Working together we can turn this trend around by offering them opportunities for growth, development, and leadership.

Now, as I think about the coming year serving as your President, I want to take a minute to express my appreciation to Cathy DiBiase who mentored me as President-Elect. The organized, absolute professional she is, Cathy’s contributions left ANS better prepared for the future and left a legacy she can be proud of. Cathy’s patience and consummate leadership have helped smooth my transition into this position… thank you Cathie.

As I look forward into 2009, I see many changes on the horizon. The road might not always be easy, but with your help and support, we can have our best year yet.

Diane Fletcher, ANS Treasurer
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Phone: (618) 206-8467
Home: (618) 830-4581
diane.fletcher-02@scott.af.mil
Fletcher4echarter.net

Join the Aerospace Nurses Society Today!

Dues are just $10 ($5 allied health professionals). For further information, contact: Diane Fletcher, ANS Treasurer
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Nominations Sought for 2009 AsMA Awards

The Awards Committee of the Aerospace Medical Association, which is responsible for selecting the annual winners of special awards, has set a December 15 deadline for receiving nominations for awards to be presented at the 2009 Annual Scientific Meeting in Los Angeles, CA. The names of prospective award winners should be submitted as far in advance of the deadline as possible. Lots of time is needed to review all of the names and select the winners. To view a list of past recipients and award descriptions go to the AsMA website: http://www.asma.org/pdf/awardwin.pdf

Nominations can be made by any member of AsMA.

Rules:
1. The nominee must be a current member of the Association, with the sole exception that the Sidney D. Leverett, Jr., Environmental Science Awards is open to nonmembers.
2. Employees of a company sponsoring an award are eligible to receive the award. Self nomination is not allowed. Deceased members may be nominated.
3. Nominations for the Tuttle and Environmental Science Awards must cite a specific paper printed in Aviation, Space and Environmental Medicine. The award will be given to the first author only.
4. An individual can only receive one award in any one year.
5. The form is available on the AsMA website. You may either submit the nomination directly from the website or you may download the nomination form into your computer for e-mailing as a Word document attachment. Nomination forms sent via e-mail should be addressed to the Awards Committee Chair, Dwight Holland at Dwightholl@aol.com; and Ms Gisselle Vargas at AsMA Headquarters (gvargas@asma.org). If e-mail is not available, you can send a hard copy of the form via normal mail to:
   Dwight Holland
   4874 Glenbrooke Dr.
   Roanoke, VA 24081
   Phone: (540)761-1576
   AsMA FAX: (703)739-9652.
   Any auxiliary biographical material in electronic or hard copy attachments must be limited to 3 typed pages, and will be retained in Association files.
6. Nominations received by Dec. 15 will be considered for awards to be presented at the next annual meeting. Unsuccessful nominations will be retained in the active file through three award cycles.

Send information for publication on this page to:
Kim Barber
flygrl141@woh.rr.com

Aviation, Space, and Environmental Medicine • Vol. 79, No. 10 • October 2008

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Hello, Wing Sisters,

It seems like an eternity since I’ve seen or talked with any of my fellow Wing Sisters. I was very disappointed that I could not attend the meeting in Boston, and I am very anxious to see photos and receive articles from those of you fortunate enough to be able to attend.

I “echo” our President’s, Peggy Trumbo’s, words…”Every one of you is important to the entire circle of the Wing that spans the globe. The circle is not complete without you.”

I look forward to working with all the new Wing Members, Board Members, and any of the Wing members who have news that they would like to share with the rest of us. We will only have six articles for the Journal, and I hope that this year’s articles will be the best.

Having been a part of the Wing for almost six years, I know that there are a lot of talented, terrific, and very interesting women in this group and I hope that you will be willing to share your experiences and news with the rest of the Wing Members.

Looking forward to working with all of you to make the Wing Page in the Journal the best ever!

Greetings from your Publicity Chairman—Jennie Bendrick

New Board Member from the Lone Star State—Wanda Reynolds

Hailing from West Texas hill country, Wanda Reynolds, our new Air Force Board Member-at-Large, labels herself a “true homemaker.” She and husband Randy have built their future-retirement home in Dripping Springs, TX, surrounded by longtime friends and family. They met at Alpine College where Wanda majored in Art. She continues her art interests doing occasional interior design over the years and in cross stitch (14 count aida cloth) which she frames. “Everyone needs something to get lost in, and I can lose myself for hours in cross stitch,” says Wanda.

Wanda also does event planning for her church and enjoys reading. But what she does in earnest is the result of a volunteer job she had when they were stationed in Guam. There she managed the wives gift shop, and as such, she became a discerning and specialty shopper, buying in foreign countries for the gift shop and window shopping until she found exactly the right thing.

Other stations for the Reynolds have been Hawaii, Australia, Arizona, and several tours in San Antonio. Randy had a tour in Iraq for six months and a year in Korea, but they are “home now” according to Wanda.

Wanda has been a member of The Wing off and on since 1992, depending on where they were living at the time. She is looking forward to helping the students in the RAM class learn about AsMA, and all the things that happen in The Wing for their spouses to do when they come to meetings. Wanda sounds like just the right person for her board position, and it is great to have her enthusiasm and clear thinking.

The Board of The Wing of AsMA

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2008-2009, Los Angeles

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The financial resources of individual members alone cannot sustain the Association's pursuit of its broad international goals and objectives. Its 79-year history is documented by innumerable medical contributions toward flying health and safety that have become daily expectations by the world's entire flying population—commercial, military, and private aviation. However, support from private and industrial sources is essential. The following organizations, who share the Association's objectives or have benefitted from its past or current activities, have affirmed their support of the Association through Corporate Membership.

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Air Canada
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In Memory of George Martin

By Cathy DiBlase, NASA-KSC, FL

On July 21st of this year, a colleague and friend to many in Aerospace Medicine, was lost in a B-52 crash near Guam. Col. George Martin, USAF, MC, was a 25-year Air Force officer and was serving as Deputy Commander of the 36th Medical Group Air Force Clinic at Anderson AFB, Guam, when he perished with five others in the crash of a B-52 flight participating in Guam Liberation Day celebrations.

George is survived by his wife Ursula, 12-year-old daughter Gemini, with another child on the way, and four siblings. George had ties to his home State of Ohio and to Florida. He attended Ohio State University, obtaining a B.S. in Microbiology in 1980. After 4 yr of military duty as a mission launch officer, and earning a Masters, he returned to Ohio State to start medical school. In 1989 he began his Emergency Medicine Residency at John Hopkins University. Following completion of his residency he returned to military duty. In 1994 he diligently worked to convince his ranking officials to become more involved in space medicine by allowing military medical personnel to detail with NASA. George was so convincing that he was allowed to detail to NASA’s Kennedy Space Center from 1995 to 1998. From 1998 to the present, George had served as a Flight Surgeon and Clinic command staff.

George was well liked by all who knew him. If you perform a search on his name you will find comments from those who mourn him from all over the world. Medics from Brevard County, Florida Fire Rescue and Nurses from Wuesthoff Hospital in Rockledge, FL (where George moonlighted) commented that shifts in the ER were made more enjoyable by his sense of humor. Medics, co-workers, and colleagues alike, warmly commented on his intelligence, caring manner, and love for space.

I asked several personnel from Kennedy Space Center who worked with George to share their thoughts:

Philip Scarpa shared – “George was a special guy. A rare individual nowadays. A true space fanatic. He was more outward about it than most, and proud of it for sure. George was a pioneer and a bit of a rebel. He created the position and was our first KSC DoD detailee and he loved every minute of it. A medical group would have been, and should have been an astronaut. For fate or other factors, that didn’t work out, but from my few interactions with George since his time at KSC I know he never stopped believing in the need for space exploration and the promise it held for humanity’s future. He always had a great smile, a good sense of humor, and an abundant enthusiasm that I, as a fellow space cadet, will miss most of all.

Godspeed George Martin.”

Martha Vreden wrote – “Working with Dr. Martin was an inspiration to me personally. He had a way about him that made you reflect about your self and made you want to be the best person you could be by the way he lived his life. He was someone to look up to, someone to respect, he walked the talk. We did the KSC Bone Marrow Drive together one year and while working that project I got a chance to get to see a little bit more through his bright cheerful smile. I learned he loved being a physician, no surprise there; it wasn’t that he accomplished something big in his life personally it was that he could accomplish something big in others lives. Simply put - he just wanted to heal others, to stop others from suffering and his greatest sense of giving was when he found out the person had no insurance he would reassure them it wouldn’t matter that there would be no bill. In my eyes that is who he was to me, a giving man, who loved his family dearly. I will cherish the memories of working with Dr. Martin; he is the true definition of a hero in my eyes.

Though this was difficult to write, remembering George and reading what others stated was an enriching experience. George was indeed a person full of life, who lived with passion. His love for the space program and the Ohio State Buckeyes was unparalleled. He also loved golf, diving, and sports cars. George always dreamed of being an astronaut so I hope that now he is soaring amongst the stars with those he idolized. We will all miss him.

In Memoriam

Arthur P. Ginsburg

Arthur P. Ginsburg, Ph.D., a pioneer in vision science and testing, died in January. He began his career in vision research in the United States Air Force in the late 70s. Combining his engineering knowledge with a growing interest in creating a “seeing” machine, Dr. Ginsburg began perfecting a mathematical model of how we see. He also worked on ways to test the functional vision performance of Air Force pilots. He pioneered the transfer of basic research on human vision modeling to new functional vision performance test methods and systems. His growing belief in research and work on functional vision performance tests prompted the Air Force and NASA to ask him to develop a test for shuttle astronauts to conduct while they were in space. Over 10 shuttle missions have included his innovative testing devices.

See GINSBURG, p. 1006.
Dr. Ginsburg held 10 technology patents, most of which were related to vision testing devices, glare view-in devices, and functional vision outcomes for FDA clinical trials. He also developed a day/night driving simulator used to measure functional vision outcomes for the Department of Defense.


He was an Associate Fellow of AsMA and a member of the Optical Society of America, Human Factors and Ergonomics Society, Advancement of Research in Vision & Ophthalmology, American Society for Cataract and Refractive Surgery, Aerospace Human Factors Society, and The Society of Forensic Engineers.

Ginsburg established a private research firm to continue his work on functional vision testing technologies. Based on his more than 32 years of work in basic and applied vision research, he was recognized as an authority and was sought for expert advice and consultation services by the government, academia and the private sector on vision problems, performance and functional standards. As a consultant to both ophthalmic and disease industries, Dr. Ginsburg designed and implemented study protocols and developed a day/night driving simulator used to measure functional vision outcomes for FDA clinical trials of pharmaceuticals and intraocular lenses. He published over 60 works including scientific book chapters, research papers and research grants.

**Publications**

- **Self-Assessment CD-ROM**  $20
  The newest version (3rd ed.) of our very popular aerospace medicine self-evaluation. With over 900 questions and answers, it's a great way to prepare for boards and other professional exams.

- **A Primer on Aircraft Accident Investigation for the Aerospace Medicine Investigator**  $15
  This primer provides basic information for military or civil aerospace medicine investigators. It is generically written with a particular effort to avoid parochial considerations such as specific policies or forms of any regulatory agencies. To make the primer easier to use, it’s divided into four sections: Pre-investigation preparation; accident site investigation, off-site investigation, and general considerations.

**To purchase, contact Sheryl Kildall at 703-739-2240, x107; skildall@asma.org**

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**Remember!**

Council Meetings are open to all members of the AsMA. Your input and attendance are always welcome. Our next meeting will be November 19, 2008 at the Eisenhower Ave. Holiday Inn, Alexandria, VA.