President’s Page

Rethinking Health in a Changing Environment: A Global Challenge

Is climate change a threat to human health? According to the World Health Organization, climate change is an emerging threat to human health and its evidence is now clear and convincing. Climate change is a global phenomenon that I believe should become an issue of priority for AsMA from a preventive public health perspective. As an advocate of public health, climate change and its associated threats to health also become our concern.

What exactly are these changing patterns and what threats do they pose? Extreme weather events, such as heat waves and floods can have severe impacts on health, including mental health, due to personal and economic loss and stress. An increase in ultraviolet radiation reaching the Earth’s surface due to a decline in cloud cover and ozone depletion may cause an increase in skin cancer and cataracts. Sunnier and warmer summers may encourage people to spend more time outdoors, thus increasing their ultraviolet exposure.

Changing patterns of infectious disease is a major issue of public concern. Vector-borne diseases transmitted by mosquitoes or ticks are climate sensitive and can increase or be introduced due to climate change. Other diseases, such as malaria, could emerge among the traveling public. Finally, higher temperatures in summer could cause an increase in food poisoning, specifically salmonella.

Increase in the frequency of severe winter storms can lead to an increase in personal injury. Possible contamination of storm water outflows could lead to increase in water-borne diseases by carrying disease into basements and nearby rivers, affecting the health of residents. These public health issues frame just a snapshot of possible and actual challenges within the spectrum of climate change. So, how do we respond to these threats to human health? The World Health Organization has identified a range of policy challenges, including adaptation policies to minimize health impacts to climate change and mitigation policies to reduce the scale of climate change in the future. Initiatives are in process in select global segments, such as the United Kingdom, for instance, which are characterized by a holistic risk management approach to climate change issues.

Against this platform of issues, the first order of responsibility for AsMA should be to increase public awareness, starting with our own membership. We need to educate health professionals to recognize the scope and specific nature of these enormous health challenges related to climate change, with an emphasis on making people more aware of risks, which would ultimately influence people’s behavior. From a policy perspective, we need to shift from disaster management towards risk management.

To address these challenges, I have selected a theme for the 82nd Annual Scientific Meeting in Anchorage, “Thriving in Changing Environments.” Many scientific events, including invited lectures, panel presentations by the American Meteorological Society, and slide presentations will enrich the meeting around this theme. One featured event in particular is the Armstrong Lecture, which is presented on Thursday afternoon and sponsored by Environmental Tectonics Corporation. Some of you, especially newer members, might ask, “Who is Harry Armstrong?” I’m glad you ask! Major General Harry George Armstrong, February 17, 1899–February 5, 1983 (age 83), known as the “Father of Space Medicine,” was a U.S. Marine, a member of the U.S. Army Air Force, a Major General in the USAF, a physician, and an airman.

As Director of the U.S. Aeromedical Research Laboratory, he applied his medical and aviation knowledge to the improvement of aircrew protection from temperature extremes and the lack of oxygen at high altitude. Gen. Armstrong is widely recognized as a pioneer in the field of aviation medicine. The “Armstrong Limit,” the altitude above which water boils at the temperature of the human body, is named after him.

In 1977, the Harry G. Armstrong Award for Scientific Excellence was created by the Air Force Aerospace Medical Research Laboratory. Armstrong published 105 scientific papers in the field of aviation medicine and aerospace medicine. Among his many awards and decorations was his induction into the National Aviation Hall of Fame in 1998.

On May 12th, in Anchorage, AK, we will hear the 46th Harry, G. Armstrong lecture. As part of our effort to become more aware of how space activities interface with public health, we ask the question, “What does public health look like from space?” In order to become more familiar with this juxtaposition of space and environmental health, this year’s presentation will focus on “The Impact of Climate Change on Human Health: NASA’s Unique Perspective from Space.” Our speaker will be John Haynes, Program Manager, Aviation and Public Health, Applied Sciences Program, NASA. John is a meteorologist, a member of the American Meteorology Society, and a recipient of numerous awards during his tenure at NASA Headquarters. He is a Program Manager for Weather Applications, Public Health Applications, and the Gulf of Mexico Initiative in the Applied Sciences Program of the NASA Science Mission. John is unique in that he bridges the worlds of aviation and public health and will expand our vision on issues related to space, environmental health, and climate change. You don’t want to miss it!

“Climate change should be seen as the greatest challenge to face mankind, but together, united, and in large enough numbers, we could prove decisive in turning the tide.” — Prince Charles
Association News

Article of Incorporation Redux:

AsMA Members,

During the May 2010 Business Meeting in Phoenix, AZ, the revised AsMA Articles of Incorporation for the District of Columbia were approved so that your Association could convert our IRS classification from 501(c)(6) to 501(c)(3). The approved AsMA Articles of Incorporation were filed with the District of Columbia Corporations Division for approval. Application for 501(c)(3) incorporation with the District of Columbia was disapproved because “there are no provisions in the DC code that allow for amended or restated articles for DC nonprofits. The code only allows amending of following: name, purpose and the membership.” AsMA legal counsel recommended our Association pursue 501(c)(3) incorporation in the state of Virginia since our home office moved from the District of Columbia in 1988 and now resides in Virginia. The following Articles of Incorporation of the Aerospace Medical Association have been revised to reference the appropriate Virginia codes and were approved by AsMA Council. Dr. Marian Sides will bring these Articles to a vote at the Annual Business Meeting in May in Anchorage. Please take a few minutes to review them and be prepared to vote at that time. If we succeed in our efforts to incorporate as a 501(c)(3) in Virginia, there will be a tax break for every U.S. member. Thank you for your support on this issue. Please call me if you have any questions.

Jeffrey Sventek
Executive Director
(703)739-2240, x.105

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Annual Scientific Meeting
Tucson, Arizona
October 6-8, 2011

“Cognition, Sleep Disorders and Fatigue in Aviation: A Comprehensive View”

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AME Seminar Credit

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david.millett@yahoo.com

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The AsMA Foundation supports the field of Aerospace Medicine through financing educational & scientific programs, providing scholarships, supporting grants for research, etc. Please visit: www.asma.org/asma_foundation/foundation-index.php. Send checks to: AsMA Foundation, 700 Gemini St., Suite 110, Houston, TX 77058. Donations are tax deductible.

ARTICLES OF INCORPORATION OF THE AEROSPACE MEDICAL ASSOCIATION

WHEREAS, the “Aero Medical Association of the United States” was organized as a District of Columbia Nonprofit Corporation effective March 5, 1930 as memorialized in Incorporation Liber No. 46, Folio 163 among the official records of the District of Columbia; and

WHEREAS, the Aero Medical Association of the United States changed its name to the “Aero Medical Association” effective June 6, 1947, as memorialized in Incorporation Liber No. 66, Folio 430 among the official records of the District of Columbia; and

WHEREAS, the “Aero Medical Association” changed its name to the “Aerospace Medical Association” effective May 11, 1959, as memorialized among the official records of the District of Columbia; and

WHEREAS, the Council of the Aerospace Medical Association believes the best interests of the Association would be served if it were to qualify as a Virginia corporation; and

WHEREAS, to that end, the Council of the Aerospace Medical Association approved these proposed Articles of Incorporation (the “proposed Articles”) by affirmative vote of two-thirds of the Council members present at a Council meeting held on November 17, 2010, where a quorum was present; and

WHEREAS, these proposed Articles were also published in Aviation, Space and Environmental Medicine, the official journal of the Association, and notice thereof was received by its members at least 60 days prior to the said Annual Meeting as required by Article XII of the Association’s prior Articles of Incorporation; and

WHEREAS, these proposed Articles were subsequently approved at the Annual meeting of the Association by affirmative vote of two-thirds of the votes entitled to be cast by members present or represented by proxy at the said meeting held on May 10, 2011, at which a quorum was present; therefore,

THE UNDERSIGNED, pursuant to Chapter 10 of Title 13.1 of the Code of Virginia, state as follows:

ARTICLE I
NAME
1. Name: The name of the corporation is Aerospace Medical Association (the “Association”).

ARTICLE II
DEFINITION
As used in this document, “aerospace medicine” is the multidisciplinary application of professional and scientific knowledge, training, and research to promote and maintain the health, well-being, safety, and performance of those involved in aerospace activities.

ARTICLE III
PURPOSE AND OBJECTIVES
A. Purpose: Said corporation is organized exclusively for charitable, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

B. Objectives: The objectives of the Association are:

1. To promote research in the field of aerospace medicine;
2. To provide a comprehensive aerospace medicine education program including:
   a. A quality scientific journal presenting the diverse facets of aerospace medicine.
   b. A quality scientific program providing a forum for interchange among the various disciplines involved in aerospace medicine.
   c. Additional educational activities developed to meet member requirements.
3. Joint and cooperative efforts with other scientific and professional organizations throughout the United States and international communities to promote interdisciplinary discussion and education benefits in aerospace medicine.
4. To provide an organization to accomplish all the activities of the Association.
5. To develop a sound financial structure, with appropriate planning, to insure continuity of the organization, respond to future financial requirements, and provide maximum member benefits at least possible member cost.
6. To enhance member satisfaction and participation in order to attract and maintain the membership needed to advance aerospace medicine and insure progression of the Association.
7. To achieve national and international recognition by aeromedical groups, other medical organizations, and “user” communities as the center of expertise in aerospace medicine.
8. To advise and advocate official Association policy on issues of current aerospace medicine interest.
9. To assist other charitable, scientific and educational organizations in the conduct of similar activities.
10. To engage in any and all lawful activities to accomplish the foregoing primary purpose and objectives, except as restricted herein.

ARTICLE IV
POWERS
In order to accomplish the foregoing primary purpose and objectives, this Association shall also have all the powers granted to corporations by Section 13.1-826 and Section 13.1-827 of the Code of Virginia, or the corresponding sections of any future Virginia Code, provided, however, that this Association shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purpose of this Association.
ARTICLES, from p. 156.

ARTICLE V
STOCK
The Association shall have no authority to issue capital stock.

ARTICLE VI
MEMBERSHIP
The corporation shall have one or more classes of members with such designations, qualifications and rights as set forth in the By-Laws.

ARTICLE VII
FELLOWS
There shall be the following categories of Fellows as defined in the By-Laws: (1) Fellow, (2) Associate Fellow, and (3) Honorary Fellow.

ARTICLE VIII
OFFICERS
The officers of the Association shall be the President, President-Elect, four Vice Presidents, Secretary, and Treasurer.

ARTICLE IX
COUNCIL OF THE AEROSPACE MEDICAL ASSOCIATION AND EXECUTIVE COMMITTEE
A. There shall be a Council of the Aerospace Medical Association as defined in the By-Laws. This Council of the Aerospace Medical Association shall hereinafter be referred to as the Council.
B. The Council Members shall be elected by the members, as provided in the By-Laws.
C. There shall be an Executive Committee as defined in the By-Laws.
D. The Council shall have the power to appoint an Executive Director.

ARTICLE X
ORGANIZATIONS
There may be Constituent Organizations, Affiliated Organizations, Certification Boards, Subdivisions, and Chapters as defined in the By-Laws.

ARTICLE XI
COMMITTEES
B. Other committees of the Association may be established as provided in the By-Laws or determined by the Council.

ARTICLE XII
MEETINGS
The Association shall hold at least one scientific meeting each year at a time and place selected by the Executive Committee. The annual business meeting shall be held during the annual scientific meeting at a time selected by the Council. The annual business meeting shall be devoted to the reception of the annual reports and other business, including the nomination and election of officers as provided in the By-Laws.

ARTICLE XIII
REGISTERED AGENT
A. The name of the corporation's initial registered agent is Priscilla G. Bommann.
B. The initial registered agent is an individual who is a resident of Virginia and a member of the Virginia State Bar.

ARTICLE XIV
INITIAL REGISTERED OFFICE ADDRESS
A. The corporation's initial registered office address, including the street and number, if any, which is identical to the business office of the initial registered agent, is 100 North Pitt Street, Suite 200, Alexandria, Virginia 22314.
B. The registered office is physically located in the City of Alexandria, Virginia.

ARTICLE XV
INITIAL DIRECTORS
The names and addresses of the initial directors of the Virginia corporation are as follows:

NAME(S)
Marian B. Sides, Ph.D.
President
Fananyl L. Anzalone, M.D.
President-Elect
Susan E. Northrup, M.D.
Vice President
Philip J. Scarpa, Jr., M.D.
Vice President
Jarnail Singh, M.D.
Vice President
James T. Webb, Ph.D.
Vice President
Arleen M. Saenger, M.D.
Secretary
P. Glenn Merchant, M.D.
Treasurer

ARTICLE XVI
PUBLICATIONS
The Association shall publish an official scientific journal and any other records, proceedings or publications as authorized by the Council.

ARTICLE XVII
FUNDS
Association funds shall consist of annual dues, subscriptions to Association publications, assessments, contributions, bequests, fees, or income derived from any source except through the issuance of capital stock.

ARTICLE XVIII
DURATION
The Association shall have perpetual existence.

ARTICLE XIX
RESTRICTIONS
A. No part of the net earnings of the Association shall inure to the benefit of, or be distributable to its Members, Council Members, Committee Members, Officers or other private persons, except that the Association shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof.
B. No substantial part of the activities of the Association shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Association shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.
C. Notwithstanding any other provision set forth in these Articles of Incorporation, the Association shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the Association's purposes.
D. Notwithstanding any other provision of these articles, the Association shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE XX
INDEMNIFICATION
The power of the corporation to indemnify officers, directors, employees and agents, and the power of the corporation to obtain insurance for the purpose of such indemnification shall be and is all of those powers set forth in Sections 13-1875 through 13.1-883 of the Code of Virginia, or any successor provisions, and as otherwise authorized by law without limitation.

ARTICLE XXI
DISSOLUTION
Upon the dissolution of the Association or the winding up of its affairs, the assets of the Association shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the Association is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE XXII
AMENDMENTS
The Association reserves the right to amend, change or repeal any provision contained in these Articles of Incorporation, provided, however, that any such action shall be calculated exclusively to carry out the primary purpose for which this Association was formed. The Articles of Incorporation of the Association may be amended at any annual meeting of the Association by vote of two-thirds of the voting members present at such meeting. The proposed amendments shall have been sent in writing or electronically to the members not less than ten or more than 60 days prior to the annual meeting. Publications of the proposed amendments in the official journal of the Association shall meet this requirement provided that this does not reduce the time requirement. Amendments may be proposed by the Council provided such

See ARTICLES CONTINUED, p. 159.
Upcoming FAA AME Seminars:

- Feb. 28-Mar. 4, 2011      Oklahoma City, OK   Basic *
- March 25-27, 2011      Providence, RI          O/O/E †
- May 9-12, 2011   Anchorage, AK          AsMA ‡
- June 13-17, 2011  Oklahoma City, OK   Basic *
- Oct. 31-Nov. 4, 2011  Oklahoma City, OK   Basic *
- Nov. 18-20, 2011   Portland, OR             N/NP/P †

Please note: The only FAA seminar AsMA takes registrations for is the one held in conjunction with our annual meeting in May. For all others, please see below.

N/NP/P = Neurology/Neuropsychology/Psychiatry
O/O/E = Ophthalmology/Otolaryngology/Endocrinology
* A 4-1/2 day AME seminar focused on preparing physicians to be designated as Aviation Medical Examiners. To sign up or for more information, contact your Regional Flight Surgeon.
† A 2-1/2 day AME theme seminar consisting of 12 hours of AME specific subjects plus 8 hours of subjects related to a designated theme. Registration must be made through the Oklahoma City AME Program staff. Please call (405) 954-4831 or (405) 954-4830.
‡ A 3-1/2 day AME seminar held in conjunction with AsMA’s Annual Scientific Meeting. Registration must be made through AsMA. To register or for more information, call 703-739-2240 x 106 or 107. AsMA charges a registration fee to cover their overhead costs. Registrants have full access to the AsMA meeting. CME credit for the FAA seminars is free.

For more information, you can visit the FAA’s site at: www.faa.gov/other_visit/aviation_industry/designees_delegations/designee_types/ame/seminar_schedule/

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European School of Aviation Medicine

Training Courses 2011 for JAA/FAA Aero Medical Examiners

Aviation Medicine/Travel Medicine
Diploma course 20  19–27 March 2011

AME class 2
Basic course 21  3–11 September 2011

AME class 1
Advanced course 21  3–11 December 2011

Venue: Lufthansa Aeromedical Center, Frankfurt Airport.
Application forms and further details under www.flugmed.org or www.eusam.org.

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44th UHMS Annual Scientific Meeting

June 15-18, 2011

Renaissance Worthington

Undersea & Hyperbaric Medical Society
Office of Naval Research
NAVSEA

www.uhms.org
mechanically right-justified
AsPS Awards: Call for Nominations in Aerospace Physiology
Operational Excellence, Training, Research and Leadership

by Eric G. Chase, Capt, USAF, BSC, Awards Committee Chair

The Aerospace Physiology Society (AsPS) presents three major achievement awards to recognize individuals who perform extraordinary work within the Aerospace Physiology Community. Awards will be presented at the Aerospace Medicine Association’s 82nd Annual Scientific Meeting, held in Anchorage, Alaska, 8-12 May 2011. Society Awards will be presented at the annual luncheon, Wednesday, 11 May 2011.

These awards are presented for outstanding achievement in all areas of aerospace physiology: operational support, training, research, and leadership. The descriptions of each award are:

**Paul Bert Award**
The Paul Bert Award, recognizes outstanding research contributions in aerospace physiology. This award was established in 1969 and was originally given for achievement in operational physiology. It is named in honor of the famous French physiologist, Paul Bert, the “Father of Pressure Physiology.” Nominations will be considered for research covering the previous five year period. Limit the nomination to two or three major research contributions. The Award committee considers unrecognized nominations from the past 3 years, though it is strongly recommended that those nominations be updated annually in writing. Research areas may range from basic science to research in highly applied areas of aerospace physiology. Wyle Labs currently sponsors the Paul Bert Award. The 2010 winner was Lt.Col. Lance Annicelli, USAF, BSC, CASP.

**Fred A. Hitchcock Award**
The Fred A. Hitchcock Award recognizes career contributions of senior aerospace physiologists for excellence in either operational aerospace physiology or aerospace physiology research. The award was established in 1972, and is named in honor of Fred A. Hitchcock Ph.D., co-translator of Paul Bert’s classic work, “Barometric Pressure.” International ATMO of San Antonio, TX, sponsors the Fred A. Hitchcock Award with an honorarium, a plaque, and an edition of Paul Bert’s classic work, “Barometric Pressure.” The Award committee considers unrecognized nominations from the past 3 years, though it is strongly recommended that nominations be updated annually in writing. Nominations for the Fred A. Hitchcock Award must be members of AsPS. The 2010 winner was CDR Thomas Wheaton, MSC, USN(Ret).

**Wiley Post Award**
The Wiley Post Award recognizes outstanding contributions in direct operational physiology and aeromedical training and education. In 1972, the Wiley Post Award replaced the Paul Bert Award for Operational Physiology. It is named in honor of the aviation pioneer Wiley Post and is presented for exceptional service and achievement in operational physiology, including education and physiological support of Dept. of Defense, FAA, NASA, or civilian aircrew. The Centex Corp. of Carbondale, PA, sponsors the Wiley Post Award with an honorarium and a plaque. Nominations will be considered for the previous 12-month body of work in operational physiology. Unrecognized nominations from past years will not be considered. The 2010 winner was Lt.Col. Paul Gardetto, USAF, BSC.

**Award Submission Criteria**

**DEADLINE: 04 April 2011**

The standard Aerospace Medical Association Awards form shall be the format. The nomination should include:

1.) A citation of 80 words or less,
2.) A bulletized list of significant accomplishments of less than 300 words,
3.) A one page professional biography of the nominee, and
4.) A portrait photograph of the nominee.

Standard award forms may be downloaded from the AsPS website (www.aspsociety.org), or obtained by contacting the Award Chair via email. Digital email submission of the award package is preferred. MS-Word for documents and TIF or JPEG files for graphics are the preferred file formats. Hard copy nominations will be accepted by mail. Awards not submitted on the AsMA form will not be accepted. Nominations should specify the time interval over which the nominee’s contributions were made.

Society and Association members are strongly encouraged to nominate and recognize outstanding contributions by professionals within the aviation scientific community. Nominations may be submitted by anyone, regardless of AsMA or AsPS membership. Chain of command endorsements are not required for military nominations, but may be considered by the committee.

Award nominations are due no later than April 4, 2011. Late nominations will not be considered or carried over to the next year. Send nominations to the Award Chairman at:

Capt Eric Chase
359 AMDS/SCPT
221 3rd St. West, Bldg 1040
Randolph AFB, TX 78150-4801
1st E-mail: eric.chase.5@us.af.mil
2nd E-mail: eric.chase@randolph.af.mil

**JOIN AsPS TODAY!**

Take advantage of the outstanding network potential and the chance to gain knowledge from the field’s top minds; take part in forums for the integration and utilization of experts in many diverse professional fields; and take the opportunity to recognize scientific achievement in the field of aerospace physiology. Membership is only $10. For more information, please contact:

Lt. Col. Andy Woodrow
hfprof@mac.com

**Aerospace Physiology Certification**

The Aerospace Physiology Certification Board of the Aerospace Medical Association will administer the certification examination at the 82nd Annual Scientific Meeting in Anchorage, AK, on Sunday, May 8, 2011.

Being awarded the gold pO2 pin and certificate of board certification says that a scientist has met significant academic challenges and is a true professional in a select field. In essence, board certification declares that an individual has formally earned the respect of his or her professional peers and their governing organizations. Finally, board certification serves as a goal that members can strive to attain through dedicated self-study and personal and professional contributions to the AsMA and AsPS. However, eligibility is not simply limited to individuals who possess the necessary academic backgrounds. Perhaps the most significant prerequisite is demonstrated interest, participation, and contribution to the field of aerospace physiology over a period of at least 5 years. Relevant education, experience, and professional contributions are each fundamental elements leading to board certification. Board certification in aerospace physiology says that a scientist takes the aeromedical profession seriously.

Application must be made prior to March 1, 2010, to assure consideration for the 2010 examination. Applications received after that date cannot be guaranteed consideration for the 2011 exam. Any late applications not considered for 2011, will automatically be held in abeyance for consideration for the 2012 exam.

To obtain an application form and complete information about certification requirements, submit a short biography describing your relevant background in aerospace physiology, and request for information to the Chair of the Admissions Committee:

Troy P. Faaborg, Maj, USAF, BSC, CASP
502 Westgate Drive
Warrington, MO 64093
Email: troy.faaborg@whiteman.af.mil (professional), or faaborgs@msn.com (personal)
Single-Agency Earth and Space Missions Less Risky

Earth and space science missions conducted by federal agencies in collaboration typically result in additional complexity, cost, and increased risks from divided responsibilities and accountability, says a new report from the National Research Council. Federal agencies should not partner in conducting space and Earth science missions unless there is a compelling reason to do so and clear criteria are met in advance.

“A common misperception among policymakers and individual agencies is that collaboration on these missions will save money or somehow boost capabilities,” said D. James Baker, director of the global carbon measurement program at the William J. Clinton Foundation and co-chair of the committee that wrote the report. “However, multiagency partnerships generally have just the opposite effect and drive up overall mission costs because of schedule delays, added levels of management, and redundant administrative processes.”

The committee examined case studies from previous missions, received briefings from several agencies, and drew upon committee members’ own experiences to reach its conclusions. While there are varying amounts of cooperation among agencies, the report says that generally the more interdependent agencies are for mission success, the higher the degree of complexity and risk.

The report notes that while an agency will often enter a partnership because its individual share of the mission is made more affordable, risks involved in meeting schedules and performance objectives are typically underestimated. International collaboration suffers from the same increase in cost and complexity, but the partnership can decrease U.S. costs because a foreign government absorbs some of the expenses. The report also notes that international collaborations typically receive more planning up front to define clear roles and responsibilities consistent with each entity’s strategic plans.

“Frequently, mission success is optimized when there is sufficient coordination of critical scientific needs among key parties, both domestic and foreign,” the report says. “In many cases, an individual agency would do well to consider alternatives to full partnerships and instead buy specific services or coordinate spaceflight data from other agencies,” said Daniel N. Baker, director of the Laboratory for Atmospheric and Space Physics at the University of Colorado, Boulder, and co-chair of the committee. “However, if full collaboration is deemed to be warranted, then the agencies must take special care to ensure that disciplined attention to systems engineering and best practices for project management are followed.”

The report recommends criteria that should be met by agencies to jointly pursue earth and space science missions. Partnerships should add significant scientific value that could not be achieved by a single agency; utilize unique capabilities housed within an agency that are necessary for the success of a mission managed by another agency; help facilitate the transition from research to operations if these functions require a change in responsibility from one agency to another; or meet a compelling need such as building capacity at a cooperating agency. The report also recommends key elements to incorporate in every interagency collaboration.

The report also examines long-standing problems associated with partnership between NASA and the National Oceanic and Atmospheric Administration in support of climate research. It concurs with a previous Research Council report that recommends action by an executive branch entity above the agency-level to correct mismatches of authority and responsibility, inconsistent mandates, and budgets that are not well suited for emerging needs.

The study was sponsored by NASA. The National Academy of Sciences, National Academy of Engineering, Institute of Medicine, and National Research Council make up the National Academies. They are private, nonprofit institutions that provide science, technology, and health policy advice under a congressional charter. The Research Council is the principal operating agency of the National Academy of Sciences and the National Academy of Engineering. For more information, visit http://national-academies.org.
From the President’s Desk

by Nevonna Schroeder

The mission of the Wing of AsMA states, “The Wing of the Aerospace Medical Association was formed in 1952 to support the specialty of aviation, aerospace and environmental medicine, and to promote and increase sociability among the members of AsMA and their families.”

Through the years I’ve had many opportunities to attend professional meetings and to accompany my husband when he attends meetings of the professional organizations to which he belongs. I’ve been thinking about these different meetings and how attending AsMA meetings is unique. When we are preparing to attend a meeting other than AsMA, I find myself researching the location, thinking about how I will spend my time, etc. When we are preparing to attend an AsMA meeting I am thinking about the people I will see. This defines the difference – and this difference exists because the Wing exists! The purpose of the Wing is to foster friendships, not only among members of the Wing, but also among our spouses. A growing body of research confirms that having friends is beneficial for our psychological and physical health. Some studies show that an “affiliative connection” can positively affect one’s immune system. According to the Mayo Clinic the connections of friendships can increase your sense of belonging and purpose, boost your happiness, reduce stress, improve your sense of self-worth, decrease your risk of serious mental illness, help you weather physical and emotional traumas, encourage you to change unhealthy patterns of behavior, and increase your sense of belonging and purpose. Connections among members, and the delight in discovering the contents of each representative gift!

When you think of AsMA meetings you’ve attended, do you recall going to the Wing Registration and Hospitality Room? There you can witness first-hand the reunions of Wing members who have been friends for years. There our purposefully low-tech registration process encourages personal interaction between members. New members and potential new members are identified and encouraged to join our group. And, there our spouses come, for a break, to meet us, to chat with friends while they drink our coffee and munch on our snacks. From moments like these, friendships begin to grow.

When you think of AsMA meetings you’ve attended perhaps you recall the Wing Members Receptions. There I have met some fascinating people! One year I sat next to a member from Israel, and learned about her life; another year I met a new member from Germany. Every year I enjoy observing the interactions among members, and the delight in discovering the contents of each representative gift!

When you think of AsMA meetings you’ve attended, do you recall the tours you went on? I think of the group members greeting one another as they gather in the lobby to board the bus. I think of the chatter and laughter on the bus. I probably remember the particular location for the tour, since they are designed to provide us with an enjoyable experience. While the experience of the tour is important, it is less so than the fact that we are enjoying the experience together as friends.

When you think of AsMA meetings you’ve attended you may recall some absolutely delicious Wing luncheons. If you had the chance to listen in on the conversations at the tables I believe you’d find people enjoying not only the food and the ambience, but making and renewing friendships. The luncheon is officially a business meeting of the entire membership, but throughout the week other business meetings occur. Becoming involved in the “business” of the Wing is another way in which friendships are built. Working together to plan and put on a successful meeting gives us a common goal, and a good excuse to keep in touch throughout the year.

When you think of AsMA meetings you’ve attended you may also recall attending AsMA functions as well as Wing functions. How many of the attendees at these functions are deeper and life is enriched. Other ways of maintaining connections also maintain friendships. The Wing has a Facebook page that is open only to Wing members. I find that I feel a closer relationship to those members who are also my Facebook friends, and who post comments and pictures. I enjoy knowing about what is important to them, and what is going on in their lives. At this time in our life my husband and I are privileged to be able to travel frequently. We have found that having the opportunity to visit with friends when traveling enhances the experience significantly. During the past year we enjoyed having dinner with Wing friends in England and Germany, as well as meeting with friends here in the USA. Recently one of our grandchildren commented, “Grandma, you have friends everywhere, don’t you?” Yes, because of the Wing of AsMA, I have friends everywhere!
Advitech Secures Contract with AFRL

Advitech, Inc., recently announced the culmination of a contract sponsored by the U.S. Air Force Research Laboratory (AFRL) for studies of Advitech’s X-Motion™ technology to be completed at Brooks City-Base located in San Antonio. At the request of Air Combat Command and Air Force Material Command, AFRL will study the X-Motion™ technology developed to combat and mitigate the ill effects of spatial disorientation and motion sickness. Brooks City-Base currently maintains sophisticated equipment for duplicating in-flight motion provoked sensations, including the Barany chair, simulators, and human centrifuge.

— For more information on this story, please visit www.advitech.net/documents/pdf/110910-%20Advitech%20Signs%20Contract%20with%20USAF.pdf for the full press release.

Baxter Advances Science Education, Haiti Relief Efforts, and Environmental Issues

Baxter International Inc.’s Science@Work education program recently hosted interactive science workshops by Baxter scientists to help Chicago-area high school students experience the science behind healthcare careers. The company also announced product donations to support relief efforts for the Haiti cholera outbreak and was recognized by Chicago-area high school students with Baxter’s long-standing relationships with global humanitarian aid organizations.

Baxter ranked first in the healthcare category of Newsweek magazine’s “Green Rankings” list. Baxter placed 15th in the overall list. The rankings assess each company’s environmental footprint and strategies to manage that footprint, policies, and reputation among environmental experts. Baxter also led the healthcare products subsector of the Maplecliff Climate Innovation Indexes (CII), created in collaboration with Bloomberg, for performance in climate-related innovation and carbon management in the United States. Baxter ranked 21st among the Maplecliff CII Leaders due to high scores in the areas of reduction in overall greenhouse gas emissions; management of climate change through policies, disclosure, targets, verifications, and supply chain processes; and mitigation of carbon emissions through policy responsiveness, partnerships, and efficiency.

— For more on this, visit www.baxter.com/press_room/press_releases/2010/12_15_10_sustainability.html.

Mayo Clinic Hospitals Among Top Cardiovascular Hospitals in U.S.

Mayo Clinic Hospital in Phoenix, AZ, has been ranked among the 50 Top Cardiovascular Hospitals in the country according to the 12th annual Thomson Reuters study that examined data from 1,000 hospitals. The Top 50 Cardiovascular Hospitals were evaluated in three comparison groups: teaching hospitals with cardiovascular residency programs, teaching hospitals without cardiovascular residency programs, and community hospitals. Mayo was recognized in the teaching hospitals with cardiovascular residency programs category. Researchers, in determining the top hospitals, reviewed clinical outcomes, clinical process measures, extended outcomes, and efficiency measures using public data. Saint Marys Hospital in Rochester, operated by Mayo Clinic in Minnesota, was also ranked among the Top 50 Cardiovascular Hospitals.

— For more information, please visit www.mayoclinic.org/news2010-sct/6099.html.

ETC Awarded Contract from Wells Fargo

Environmental Tectonics Corporation’s (ETC) Simulation Division, located in Orlando, FL, recently announced that they have entered into a contract with Wells Fargo Enterprise Incident Management to provide emergency response training using ETC’s Advanced Disaster Management Simulator (ADMS). The Wells Fargo Incident Management Team (EIMT) consists of a group of experts whose purpose is to guide company emergency managers in the event of an emergency situation. ADMS will be used to enhance their existing training program employing the latest in simulation technology. Using ADMS, Wells Fargo personnel will have the opportunity to train in a true-to-life, virtual reality environment, gaining experience in incident command, control, coordination, and communication. ETC Simulation will provide the necessary equipment, instructional staff, and training scenarios consistent with the objectives of Wells Fargo’s emergency management program. Training will take place at a non-disclosed Wells Fargo location.

— To read more, please visit www.ctecusa.com/corp/pressreleases/NR112310.html.

Shuttle Researcher Working with NeuroKinetics

A prominent aerospace researcher on sabbatical with NeuroKinetics Health Services has traveled to California to greet the space shuttle as it returns from its most recent mission to the International Space Station. Dr. Andrew Blaber of Simon Fraser University’s Aerospace Physiology laboratory is in Dryden, CA, is at the shuttle landing strip awaiting the spacecraft’s return. Blaber’s team will be the first researchers to get their hands on American astronaut Clay Anderson once he lands, as part of a study to look at how spaceflights affect human physiology and why astronauts can be prone to fainting after their return to Earth.

— For more information, please see www.neurokinetics.com/site/company/news/.

Wyle Awarded Task Order to Support JSF Program Office

Wyle has been competitively awarded a 5-year task order to provide engineering and integration support services to the Joint Strike Fighter (JSF) Program Office. Awarded by the General Services Administration’s Federal Systems Integration and Management Center, the company will perform the work for the JSF F-35 Lightning II Program under the GSA Professional Engineering Services Schedule (PES-717). Specific tasks will include strategic planning for technology programs and activities, concept development and requirements analysis, system design, engineering and integration, test and evaluation, integrated logistics support, Foreign Military Sales, acquisition, and life cycle management, all critical to the development of the F-35 and the mission of the program office.

Wyle will continue assisting the JSF Program ensuring the aircraft manufacturing team meets government requirements and required timelines to successfully deploy the F-35 air system to the warfighter. Wyle’s technical professionals, subcontractors, and teaming partners will support program management of the next generation strike fighter’s lifecycle, spanning development, test and evaluation, low rate and full rate production, and operations and sustainment. The majority of the work will be performed in Arlington, VA, with field support at the Naval Air Station Patuxent River, MD; Edwards Air Force Base, CA; Wright-Patterson Air Force Base, OH; Eglin Air Force Base, FL; and Ft. Worth, TX, where the F-35 air system is being developed and produced.

— To read more, please visit www.wyle.com/News/Pages/12-14-2010.aspx.
Focus on Members:

Maj. Gen. Thomas W. Travis, USAF, is now the Deputy Surgeon General, Office of the Surgeon General, Headquarters U.S. Air Force, Washington, DC. He directs all operations of the Air Force Medical Service and oversees the functions of the Air Force Surgeon General’s office comprising seven directorates. He also coordinates the Air Force Medical Service efforts among major command surgeons, Army and Navy agencies, Department of Defense Health Affairs, TRICARE Management Activity, and the Department of Veterans Affairs.

General Travis entered the Air Force in 1976 as a distinguished graduate of the ROTC program at Virginia Polytechnic Institute and State University. He earned his pilot wings in 1978 and served as an F-4 pilot and aircraft commander. He completed his medical degree from the Uniformed Services University of the Health Sciences School of Medicine, where he was the top Air Force graduate, and in 1987 he became a flight surgeon. For more than 3 years, he was Chief of Medical Operations for the Human Systems Program Office at Brooks Air Force Base, TX. He later served as the Director of Operational Health Support and Chief of Aerospace Medicine Division for the Air Force Medical Operations Agency in Washington, DC.

General Travis’ awards include the Legion of Merit with oak leaf cluster; the Meritorious Service Medal with four oak leaf clusters; the Aerial Achievement Medal; the Joint Service Achievement Medal; the Air Force Recognition Ribbon; and the 1994 Julian E. Ward Memorial Award and the 2007 Marie Marvingt Award from the Aerospace Medical Association. He is a member and former president of the Society of U.S. Air Force Flight Surgeons and the International Association of Military Flight Surgeon Pilots; an Academician in the International Academy of Aviation and Space Medicine; a Life member of the Association of Military Surgeons of the United States; a member of the Order of the Daedalians and the Alpha Omega Alpha Honor Medical Society; a Fellow and former Aerospace Medicine Regent, American College of Preventive Medicine; and a Fellow of the Aerospace Medical Association.

Maj. Gen. Douglas Robb, USAF, MC, CFS, was recently assigned as the Joint Staff Surgeon, Office of the Chairman, Joint Chiefs of Staff, the Pentagon, Washington, DC. He serves as the chief medical advisor to the Chairman and coordinates issues related to operational medicine, force health protection, and readiness. Prior to his current assignment, General Robb served as the Command Surgeon, Headquarters Air Mobility Command, Scott Air Force Base, IL, where one of his primary responsibilities was to continue the advancement aeromedical evacuation capabilities.

Jordan Pastorek, M.D., formerly the Flight Surgeon for the Squadron Medical Element, 187th Fighter Wing, in the Alabama Air National Guard in Montgomery, has transferred to become Flight Surgeon at the 149th Fighter Wing at the Texas Air National Guard in San Antonio, TX.

New Members

Baxa, Mark D., M.D., Charlotte, NC
Dorodny, Victor S., M.D., Ph.D., Malibu, CA

In Memoriam: Joseph G. Constantino, M.D.

AsMA recently learned that Joseph G. Constantino, M.D., died in December. Born in Brooklyn, NY, he graduated from New York University in 1935 with a B.A. degree and earned his medical degree at Marquette University School of Medicine in 1940. He served in the U.S. Air Force from 1941-1945 during World War II as a Flight Surgeon and Aviation Medical Examiner. At that time, he was a Major with the U.S. Army serving in the Pacific Theater. In 1942, he graduated from the USAF School of Aviation Medicine at Randolph Air Force Base in Texas. Throughout his life, he continued to take many graduate courses and attended many sessions and meetings about aerospace medicine because of his extreme interest in the field.

In 1946, Dr. Constantino went into an Internal Medicine private practice in New York City. In 1947, he became Medical Officer with Pan American World Airways Overseas Division at John F. Kennedy International Airport. He was appointed Corporate Medical Director there in 1973, where he served until he retired in 1983. He was also on the staff of several hospitals in New York City. In 1971, he was appointed delegate to the Industrial Council for Tropical Health at Harvard University.

Dr. Constantino was a consultant for the Bureau of Preventable Diseases, Department of Tropical Medicine, New York City Department of Health and a member of the American College of Physicians, the American Society of Tropical Medicine and Hygiene, the American Medical Association, the Medical Advisory Panel to the Federal Aviation Administration; and the Royal Society of Health. He was a Diplomat of the American Board of Preventive Medicine, Aerospace Medicine, and a Fellow of the New York Academy of Preventive Medicine, the American College of Preventive Medicine, the American Public Health Association, and the Aerospace Medical Association (AsMA). He was presented AsMA’s Howard K. Edwards Award in 1970 for outstanding practice of clinical medicine pertaining to the professional airline pilot. He was very active in AsMA, serving on many committees, was a past President of the Airlines Medical Directors Association, and was AsMA Treasurer for a number of years.

Obituary listing

AsMA has recently learned of the death of Rainer Kowoll of Berlin, Germany. He was a life member of AsMA.