

# President's Page

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Once again I am on the road, this time traveling back from Chantilly, VA, where I attended the "1<sup>st</sup> Annual FAA International Aviation Safety Forum: Leading to New Levels." The purpose of this event was to highlight and enhance industry and government partnerships in support of aviation safety, facilitate cooperation and collaboration, provide a forum for the exchange of aviation safety related information and ideas, discuss past challenges and accomplishments, and present future challenges and solutions. The opening reception took place at the new Smithsonian National Air and Space Museum Steven F. Udvar-Hazy Center. This impressive facility houses more than 85 aircraft and a large collection of space artifacts, including the Space Shuttle "Enterprise," an SR-71 "Blackbird" reconnaissance aircraft, the Dash 80 prototype of the Boeing 707, an Air France "Concorde" supersonic commercial transport, the B-17 Flying Fortress "Swoose," the B-29 Superfortress "Enola Gay," a De Havilland "Chipmunk" aerobatic plane, the F-35 Joint Strike Fighter prototype, and Bob Hoover's "Shrike" Aero commander.

During his opening remarks, Department of Transportation Secretary Norman Mineta said that ensuring safety is the highest public transportation priority. FAA Administrator Marion Blakey indicated that even though the U.S. has experienced the safest 3-year period (after September 11, 2001) in the history of commercial aviation, we need to continue aiming high in our aviation safety goals. She said that safety information-sharing between aviation manufacturers, aviation maintenance providers, aircraft operators, and government regulators represents the "Next Safety Frontier." Aviation is critical to our nation's economy because it generates 9% of the U.S. gross domestic product.

A panel entitled "Safety and the Bottom Line: Why Isn't Safety a Profit Center?" explored the reasons why investment in safety initiatives may not be seen as contributing to the financial well being (bottom line) of commercial aviation operators. Several issues were addressed including: 1) Are minimum regulatory requirements enough to ensure aviation safety?; 2) How to justify the implementation of new costly safety requirements that do not increase profit and/or decrease operational costs; and 3) How to justify new safety requirements considering the exceptionally good safety record in commercial aviation operations. There was an interesting discussion on how the occurrence of any commercial aviation accident undermines the credibility of the entire aviation industry and leads to more regulatory oversight and increased operational costs. Another discussion centered on whether or not "security requirements" are in direct competition with "safety requirements" in the current aviation market characterized by limited resources and increased competition. The average cost of a one-stop airline ticket in the U.S. is \$75.00, and security fees account for \$12.00 (16%) of this cost.

A panel on "Data is the Key: Why Can't We Figure Out



**Melchor J. Antuñano, M.D., M.S.**

How to Collect, Integrate, and Analyze Data?" identified existing barriers to sharing information and best practices for safety, and explored options and strategies for effectively sharing and analyzing safety information.

A panel on "New Technologies Abound: Is the Regulator a Deterrent to Innovation?" discussed whether or not government regulators should get out of the way and let the aerospace industry voluntarily introduce innovative technologies to promote safety.

A panel on "We Have an Outstanding Safety Record: Are We Just Resting on Our Laurels?" explored the need to do more to improve our current commercial aviation safety record. Additional safety improvements are very important considering that there will be an estimated 1 billion airline enplanements (passengers boarding an aircraft) by the year 2014. U.S. general aviation is expected to grow 1.3% per year for the next 10 years. However, to accommodate the expected increase in air traffic it will be necessary to resolve current problems associated with limited/restricted airport capacity. The future may hold a greater number of aircraft flying point-to-point to decrease traffic in the terminal areas and increase efficiency.

Alan Mulally, President and Chief Executive Officer of Boeing Commercial Airplanes was the guest luncheon speaker and delivered a presentation on "How Organizational Culture Can Foster Safety."

Finally, a panel on "We Don't Know What We Don't Know: What's Next" elaborated on the need to embark on new aerospace challenges to promote new technological achievements, and highlighted the importance of being prepared and focused to meet the aerospace safety needs of the 21<sup>st</sup> Century. This panel stressed the importance of establishing a clear roadmap to implement new technological innovations that is incremental and that sets lifecycle limits for such technologies. Additional research is needed to determine how far cockpit automation can be pushed. This is particularly relevant to the safe introduction and operation of new types of Unmanned Aerial Vehicles (UAVs) in the civil aviation system.

Since my last President's Page there have been several aviation and space developments of interest and relevance to our membership. I will summarize some of the most significant developments that are likely to have an impact in the current and future roles and responsibilities of our Association:

- The Joint Planning and Development Office (JPDO), established by the U.S. Department of Transportation (DOT), is completing development of an "Integrated Plan for the Next Generation Air Transportation System" that will be presented to the Office of the President and Congress in the near future. This plan's vision is "A Transformed Air Transportation System that provides services tailored to individual customer needs, allows all communities to participate in the global economy, and seamlessly integrates civil and military operations." The JPDO involves the collaborative efforts of several U.S. Federal agencies (FAA, NASA, Department of Defense, Department of Commerce), Congress (House and Senate Science & Technology Committees), and the aerospace industry. The JPDO plan will outline the overall strategy, schedule, and resources needed to develop and deploy the nation's next generation air transportation system. This new system will promote U.S. leadership in global aviation, expand capacity, ensure safety, protect the environment, ensure national defense, and secure the nation.
- We are all familiar with several issues that, in recent years, have caused some concern among crews and/or passengers of airline transports, including things such as cabin air quality, deep vein thrombosis and pulmonary embolism, SARS and other infectious diseases, onboard use of insecticides (aircraft disinsection), and disruptive passenger behavior. On September 20, 2004, the Environmental Protection Agency (EPA) added another issue to this list when they released a preliminary report indicating the presence of contaminated drinking water onboard several airline transports. The EPA conducted random testing of drinking water on 158 U.S. and foreign aircraft during August and September. Their preliminary results indicated that 20 aircraft tested positive for coliform bacteria, and two of these aircraft also tested positive for E. coli. Total coliform and E.coli are indicators that other disease-causing microorganisms may be present in the water and could potentially affect aircraft occupants. Repeat testing on 11 aircraft revealed that water from 8 of the aircraft tested still did not meet the EPA's water quality standards. Based on these findings, the EPA recommended that "passengers with compromised immune systems or others concerned may want to request canned or bottled beverages." The EPA will continue working with the Air Transportation Association (ATA)

and with non-ATA members to implement necessary actions to ensure acceptable drinking water quality onboard airline transports. The EPA is emphasizing preventive measures, adequate monitoring, and appropriate maintenance procedures such as flushing and disinfection of aircraft water systems.

- In my previous President's Page I mentioned that there is a new U.S. "Sport Pilot Certificate" for light-sport aircraft including airplanes, gyroplanes, balloons, airships, weight-shift-control aerial vehicles, and powered parachutes. The FAA plans to begin issuing the first Sport Pilot certificates by early January 2005. To meet this goal, the FAA convened a working group with representatives from the aviation industry to define the procedures to implement the new Sport Pilot regulations. According to the Vice President for Government and Industry Relations of the Experimental Aircraft Association (EAA), "It is a groundbreaking approach for FAA to include the aviation community in the development of testing standards and inspection processes, rather than just giving them review privileges after the fact. FAA has made clear it's willing to make this a cooperative venture." It is predicted that 10,000 new aircraft and 30,000 new pilots will join the civil aviation system each year because of the new rule.
- On October 9, 2004, a private venture between Zero Gravity Corporation and Amerijet International started offering a commercial tour service to those interested in experiencing a parabolic flight profile between 22,000 and 23,000 ft. This flight profile is different (less intense) than that used by NASA onboard their KC-135 "Vomit Comet." Passengers get a simulated weightlessness experience onboard a modified Boeing 727-200 named "G-Force One." Burt Rutan described his personal experience onboard this aircraft as "It was really amazing, unbelievably cool."
- By the time you receive this journal, and if everything went according to Burt Rutan's plan, SpaceShipOne should have already made space history by winning the Anzari X-Prize following two consecutive suborbital flights scheduled for the end of September and the beginning of October 2004. Rutan's next space goal is to modify SpaceShipOne to achieve the greater altitude (at least 130 km) and speed required for orbital flight. In the future, Rutan would like to be able to dock his space vehicle to an orbiting hotel such as that proposed by Robert Bigelow (founder of Bigelow Aerospace) based on NASA's inflatable habitat technology.

I am very excited about all of these developments because they continue to represent new and interesting challenges for our profession. As I have said before, the future looks bright and full of opportunities!

# Medical News

## Executive Director's Column



Rayman

### U.S. Senate Hearing Committee on Aging

On September 14, the U.S. Senate Committee On Aging held hearings on Mandatory Retirement Age Rules. These hearings were Chaired by Senator Larry E. Craig (R-ID). The Committee was exploring Federal and State retirement rules with an eye toward liberalization without compromising public safety. As expected, the issue of aging pilots, most notably the Age-60 Rule, was included in testimony and discussion. Your Home Office was contacted to participate in these Hearings allowing just 5 minutes for testimony followed by questions. It was particularly gratifying that AsMA was called upon, which is a tribute to our credibility.

Besides your Executive Director, other witnesses representing law enforcement, fire fighters, air traffic controllers, and pilots included Ms. Abby Block (Office of Personnel Management), Mr. Eugene Freedman

(National Association of Air Traffic Controllers), Capt. Joseph Eichelkraut (Southwest Pilots Association), and Dr. Jagadeesh Gokhale (Cato Institute). Each witness gave 5 minutes of testimony followed by a number of questions from Senator Craig. If testimony could be summarized, there was consensus that mandatory retirement ages in general should be liberalized, allowing for some special groups such as air traffic controllers — Mr. Freedman presented a credible argument that the present policy of mandatory retirement for that group should be retained at age 56. It will be interesting to see if this Hearing prompts legislation.

Giving testimony before a Congressional Committee can be daunting, although it is generally smooth sailing when AsMA already has an approved policy on the issue at hand. In this particular case, our position paper on the Age-60 Rule had been approved and was published in the August 2004 issue of our journal, *Aviation, Space, and Environmental Medicine*. Therefore, it was simply a matter of articulating our position.

In general, our testimony stated that it is difficult to support or refute the Age-60 Rule because there are many inconsistencies and contradictions in the papers published in the literature on this subject over the past several decades. Consequently, there is insufficient medical evidence to support or refute restriction of pilot certification based on age alone.

This is not the first time AsMA has been summoned to give testimony at a Congressional Hearing. Fortunately, over the

past 10 years we have studied and published our position on many issues with about 60 position papers, resolutions, and letters addressing many of the controversial issues within aerospace medicine. Consequently, when called upon, we are forearmed and merely have to articulate rather than invent. For this reason, policy formulation must be an ongoing process so that on a moment's notice, we can participate in these Hearings or respond to the media.

Currently, AsMA has 17 initiatives in the works that are now being prepared by our many committees. I would expect that they will be ready for discussion and vote within the next 12 to 18 months. By keeping on the move, weighing in on the issues, even those that are controversial, and willingly taking risks, we will live up to our motto, "the international leader in aerospace medicine."

### Associate Fellows Class of 2005

The following AsMA members achieved Associate Fellow status and were approved by the Executive Committee at their meeting in August 2004:

Arnold A. Angelici, Jr., M.D.  
 CDR William D. Agerton, Jr., MC, USN  
 CDR James A. Black, MC, USN  
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 Lt.Col. Timothy J. Byrne, USAF  
 Lt.Col. Paula A. Corrigan, USAF, MC  
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 Capt. Paul R. Gardetto, USAF, BSC  
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 Lt.Col. Lester A. Huff, USAF, MC  
 Raymond V. Johnston, FRCP, FFOM, MBA  
 Patrick J. Kearney, M.D., M.P.H.  
 Jeong Hyun Kim, M.D., Ph.D.  
 Col. Stephen M. Kinne, USAF, MC  
 Lt.Col. Mark A. Koeniger, USAF, MC  
 Martin S. Mumenthaler, Ph.D.  
 Kerry B. Patterson, M.D.  
 Maj. Gayle R. Quick, CN, NC  
 COL Matthew W. Raymond, MC, USA  
 George M. Rice III, D.O.  
 Surg.Cdr. Jane E. Risdall, MC, RN  
 Col. Jose E. Rodriguez-Vasquez, USAF, MC, SFS  
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 CDR Theron C. Toole II, MC, USNR  
 Col. Roscoe O. VanCamp, USAF, MC  
 Brinio V. VanZanten, M.D.  
 Lt.Col. Daniel C. Weaver, USAF, MC  
 Peter S. Wilkins, M.B., B.S.

### AsMA RESOLUTIONS/POSITION PAPERS/LETTERS/PROJECTS STATUS REPORT

SUBJECT	STATUS
1. Position Paper on SSRIs	Published in May 2004 Issue of Journal
2. Position Paper on Age-60 Rule	Published in August 2004 Issue of Journal
3. Letter to the Honorable Michael Wynne Regarding Military R&D	Sent
4. Letter to USAF Chief of Staff Gen. Jumper Regarding Military R&D	Sent
5. Policy on Interval for Flight Physical Examinations	Assigned
6. Policy on Countermeasures and Medical Care Moon/Mars Mission	Assigned
7. Policy on Medical Standards for Flight Attendants	Assigned
8. Policy on Emerging Infections	Assigned
9. Policy on Fatigue Countermeasures	Assigned
10. Policy on UAV Medical Standards	Assigned
11. Policy on Optimal Cabin Pressure	Assigned
12. White Paper on Aerospace Medicine	In Progress
13. Policy on Airport Disaster Preparedness	Assigned
14. Policy on Go-No Go Pills	Assigned
15. Policy on Biohazard Decontamination	Assigned
16. Resolutions on GCAS and Anti G-Suits	Rewrite by Resolutions Committee
17. Testimony to U.S. Senate Committee on Aging (Age-60 Rule)	Completed September 14



## This Month in Aerospace Medicine History-- October 2004

By Walter Dalitsch III, M.D., M.P.H.

### Seventy-five Years Ago

*First flight over the South Pole.* On November 28 and 29, 1929, U.S. Navy Commander and navigator Richard E. Byrd led pilot Bernt Balchen, radio operator Harold I. June, and photographer A. C. McKinley in the first aviation expedition to ninety degrees south latitude. They flew a Ford tri-motor named the *Floyd Bennett* out of Bay of Whales, Little America, passing over the pole just after midnight after dumping excess weight in order to climb to the necessary 11,000 feet to clear the pass. The expedition took a total of eighteen hours, forty-one minutes, with a brief stop for fuel on the return leg (7).

### Fifty Years Ago

*Aviation motion sickness in 1954.* "The incidence of air sickness is about 0.5 per cent. Of all discomfort resulting from flying three-quarters is caused by airsickness. Fifty-nine per cent of those becoming airsick were women, 24 per cent men, and 17 per cent children. The greatest incidence occurs consistently in those passengers riding in the left-hand window seats immediately behind the trailing edge of the left wing. This is credited to the quick scanning type of view which induces a nystagmic effect plus the fact that banks and turns are usually made to the left. With increasing air travel, including those in whom vomiting may aggravate a chronic difficulty (healed infarcts), the value of prophylactic premedication against airsickness is stressed. Two studies reported Trimeton (25 mg.) and Marezine (50 mg.) were the best of the antimotion sickness drugs tested. The advent of Dramamine and Marezine rectal suppositories is a boon to the passenger who develops repetitious vomiting and cannot retain tablets given by mouth" (2).

*And its cosmic cause.* "This is a historical-philosophical review of motion sickness oriented about the theory that motion sickness is a penalty for man's spatial restlessness. Motion sickness occurs when there are disturbances of the vestibular function, sight organs, the proprioceptive system, and the psyche. This latter cosmic threat to one's ego is an area of motion sickness production yet to be explored. The accidental discovery in 1947 that dimenhydrinate relieved motion sickness and the increasing millions [of] air travelers have accentuated the study of motion sickness" (4).

### Twenty-five Years Ago

*And treatment a quarter century later (Human Factors Research and ALZA Corporation, California).* "The efficacy of transdermally administered scopolamine was compared with the efficacy of oral dimenhydrinate and placebo therapy in the prevention of motion-induced nausea in a vertical oscillator; medications were administered on a double-blind cross-over basis, with the order of treatments counterbalanced. Thirty-five subjects known to be susceptible to the stimulus were utilized. A

placebo effect reduced the motion sickness incidence (MSI) from 100% to 59%. Administration of dimenhydrinate reduced the MSI to 32%, and use of the transdermal therapeutic system scopolamine (TTS-scopolamine) further reduced the MSI to 16%. TTS-scopolamine afforded 73% protection against motion-induced nausea, compared to 46% protection with dimenhydrinate. The TTS-scopolamine is designed to remain in the body for 72 hours, providing advantages over intramuscular or oral administration of scopolamine, which include reduced daily dosage, and an effective alternate to the gastrointestinal tract for administering medication at times of gastrointestinal distress" (5).

*Underwater vision (Israel Institute of Technology, Haifa, Israel).* "Scientists and clinicians concerned with underwater vision have not considered the relationship between chromatic aberration, water color, and the refractive state of the eye. Recent research indicates that the red end of the visible spectrum is in focus when the eye is not accommodating. On this basis, and on the basis of the monochromatic nature of clear aquatic environments, it is suggested that divers may be myopic by as much as 1 D when underwater" (6).

*Flying pigs and G-tolerance (USAF School of Aerospace Medicine, Brooks Air Force Base, Texas).* "The two major factors limiting performance during high +Gz acceleration stress are loss of vision, and loss of consciousness. These symptoms are believed to occur as a result of insufficient blood flow to the retina and brain. This study was conducted to determine the effects of +Gz stress on regional cerebral blood flow. Cerebral blood flow (CBF) was measured in 22 conscious, female, miniature swine with the radio-labeled microsphere technique. Acceleration exposures consisted of 60-S plateaus at +3Gz, +5Gz or +7Gz. Microsphere infusions were made before, during, 1.0-6.0 min after, and 10 min after +Gz. Blood flow to the retina was significantly decreased during exposure to +5Gz and ceased during exposure to +7Gz stress. Mean, resting control CBF was 34 ± 4 ml/min/100 g. Exposure to +3Gz and +5Gz had no significant effect on CBF. Exposure to +7Gz appeared to cause a redistribution of CBF, with blood flow to the brain stem being preserved and flow to the cerebrum being diminished" (1).

*Pseudoephedrine and vision (Naval Submarine Medical Research Laboratory, Groton, Connecticut).* "The effects of q.i.d. administration of 60 mg pseudoephedrine (Sudafed) tablets or pseudoephedrine-triprolidine (Actifed) tablets after 5 d of medication were measured on tests of night vision, color perception, stereopsis, and reaction time. Neither drug appeared to impair performance" (3).

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7. www.south-pole.com

## Naval Air Station Heavily Damaged by Ivan

Back in September, when Ivan came ashore in Florida, Naval Air Station Pensacola was one of the places heavily damaged. Almost every building on base had structural damage and all had roof damage. Fortunately, there were no on-base injuries. Damage has been estimated at nearly \$1 billion.

All the computers, including the servers that run the Navy's public website and the Navy's online training, career management, and message board site, were knocked out. At the time of this writing, there is no estimate as to when these sites will be back up or when training would resume for the students of the Naval Air Technical Training Center as the damage was still being assessed and significant repairs would be needed for many buildings. As of September 22, power was still sporadic and sewer and water were not available throughout the base. Clean up and repair, however, had begun.

Other Naval stations were better off. The cruiser *Ticonderoga* and the frigate *Stephen W. Groves* had no damage, and a tornado narrowly spared Naval Support Activity Panama City, FL, passing a mile away from it. Joint Reserve Base-Naval Air Station Belle Chasse, LA, also suffered no damage.

[Adapted from the September 17, 2004, and September 22, 2004, stories by Christopher Munsey published in *The Marine Corps Times* and accessed at [www.marinecorpstimes.com](http://www.marinecorpstimes.com).]

### ISTM Offers Certificate of Knowledge in Travel Medicine

The International Society of Travel Medicine (ISTM) will offer its Certificate of Knowledge in Travel Medicine Examination on May 1, 2005, in Lisbon, Portugal, prior to the opening of the 9th Conference of the International Society of Travel Medicine. Those passing the exam will receive a Certificate in Travel Health<sup>®</sup>, or CTH<sup>®</sup>. The exam is open to all travel medicine practitioners, including physicians, nurses, pharmacists, and others. The same exam will be given to all practitioners and will be administered in English. To obtain more information about the exam, please access the ISTM website at [www.istm.org](http://www.istm.org).

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## WING NEWS & NOTES

### President's Corner: Time to Say Thank You

By Harriet Hodgson

Thanksgiving gives me a chance to pause and give thanks for the blessings in my life. I'm thankful for many things, starting with my devoted husband, John. Only John would put up with my creative personality, my volunteer commitments, and my writing schedule. He doesn't even blink when I say, "I haven't started supper. Would you grill something?" No wonder he's a grilling expert.

I'm thankful for our grown daughters, Helen and Amy, and the lives they have crafted for themselves. Both have Master's degrees and challenging jobs. Helen is a composite engineer and Amy is a psychiatric counselor. Of course, I'm thankful for twin grandchildren who walk in the door and say, "Hi Grandma" or, if they want to get a rise out of me, "Hi Granny."

I'm thankful for my good health. Though I eat healthy and exercise regularly, I must credit my parents and grandparents for passing along their healthy genes to me. Each day I try to walk 10,000 steps and track them with a pedometer. My distance averages 9,500 steps – pretty good for "Granny."



**Thanksgiving:** Olga Finkelstein celebrates her 70th birthday with her family in Montreal.

I'm thankful for my extended family, the out-laws and in-laws as I lovingly call them. My father-in-law, now 96-½ years old, is the patriarch of the family, and he has brought joy to my life. What else is on my list? Well, I'm thankful for enough food to eat, clothes that keep me warm on sub-zero days, and our snug Cape Cod home. I don't take these things for granted, and I don't take the Wing for granted either.

It's time to say thank you. I want to publicly thank the officers, committee chairs, and members for sharing their expertise with the Wing. Our members are nurses, lawyers, teachers, college professors, travel agents, realtors, professional home-makers, and more, and your knowledge keeps us sharp. Special thanks go to the committee members, the worker bees who buzz around, get things done, and make our meetings friendly and sweet. And thanks to those who support us with dues only, for we couldn't exist without you.

Thanksgiving is time to appreciate family, and that includes the Wing family. Our mutual interest in aviation has brought us together, but friendship is the glue that holds us together. Your gift is beyond measure and I thank you for it and for the honor of being your president. Happy Thanksgiving!

### Meet Olga Finkelstein

I was born, raised, and educated in Buenos Aires, Argentina, and lived in the suburbs of the big city, working as a pharmacist in a hospital, where I met Silvio. When he started his Foreign Exchange Student Residency Program in Columbus, OH, I left my work and, with our two young daughters and two suitcases, we moved to the United States. Shortly after, our youngest son was born, and the initial adjustment period was very hard, particularly on account of my very limited knowledge of English. Fortunately, the kindness and sympathy of the people around us permitted an adaptation, and we started to fully enjoy our life in North America. After 2 years in Ohio, we were fortunate to spend 5 years in Albuquerque, NM, where the mixture of the three cultures provided an excellent socio-cultural habitat for my family.

Presently, we live two-thirds of every year on Nun's Island, a suburb of Montreal, where approximately 14,000 people enjoy the type of resort habitat the island offers and the advantage of being only 10 minutes away from downtown Montreal. I spend the other third of the year in my home town, Buenos Aires. Despite the fact that it is a long distance commuting, we enjoy it very much since it provides us with unique personal, family, socio-cultural, and professional opportunities at both ends of the American continent.

Our three children and seven grandchildren are a source of continuous enjoyment, pride, and sense of gratitude. Of them, two children and five grandchildren are in Montreal and our eldest daughter and her two daughters live in Seattle. As you would imagine, my second commuting links Montreal and Seattle.

During the period of raising my children, I was a stay-at-home mom. When they ceased to come home at noon time, I went back to do outside work, this time as an Associate in the General Consulate of Argentina in Montreal where I was in charge of the Visa Section for non-Argentineans going to work, or study, or perform in Argentina. Such work gave me an opportunity to meet notable Canadians in almost every field or endeavor, particularly scientists and artists.

Perhaps the greatest hobby has been my international travels. You could say that my 40-year trip started in Buenos Aires and ended on Nun's Island, in the midst of the Saint Lawrence River, with intermediate stops at the Great Wall of China, the rivers Nile and Danube, the islands of Penang, Bali, Cos, Cheju, African safaris, floating markets in Thailand, Japanese gardens, historical temples in many Asian cities, Buddhist temples, Royal Palaces, the Kremlin, and many other very interesting places. As a result, I have friends in the four corners of the world. As well, I cherish the many friends I have made during the 20 years I have been a member of the Wing.

### Join the Wing!



The Wing of the Aerospace Medical Association was formed in 1952 "to support the specialty of aviation, aerospace, and environmental medicine by facilitating cooperation among its practitioners and by increasing public understanding and appreciation of its importance." A second purpose of the Wing is "to promote sociability among its members and their families." Each year at the scientific meeting, AsMA spouses meet new friends from every corner of the world, sharing in the many cultural experiences and educational opportunities of the host city. Dues are \$20 per year. For further information, contact: Judy Waring, 4127 Kenyon St., Seattle, WA 98136; (206) 933-0884; e-mail: judywarig@com-cast.net

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**Aerospace Medical Association**  
320 S. Henry Street  
Alexandria, VA 22314-3579

## NEWS OF CORPORATE MEMBERS

### **RHINOCORT AQUA(R) Receives FDA Pregnancy Category B Rating**

AstraZeneca recently announced that the U.S. Food and Drug Administration (FDA) has approved revised labeling for its anti-inflammatory corticosteroid nasal spray RHINOCORT AQUA® (budesonide). The new labeling upgrades RHINOCORT AQUA's pregnancy rating to Category B for the treatment of allergic rhinitis.

The achievement of a Category B rating indicates that adequate studies in pregnant women have demonstrated that treatment with RHINOCORT AQUA does not increase the risk of congenital malformations to the fetus during the first trimester of pregnancy and in later trimesters.

The FDA's pregnancy category rating system provides guidance to help physicians who prescribe medications to pregnant women. RHINOCORT AQUA is the first and only intranasal corticosteroid product for the treatment of allergic rhinitis in the United States to receive a Category B rating. All other intranasal corticosteroids approved by the FDA for the treatment of allergic rhinitis are rated Pregnancy Category C.

#### **About AstraZeneca**

AstraZeneca is a major international healthcare business engaged in the research,

development, manufacture, and marketing of prescription pharmaceuticals and the supply of healthcare services. It is one of the world's leading pharmaceutical companies with healthcare sales of over \$18.8 billion and leading positions in sales of gastrointestinal, oncology, cardiovascular, neuroscience, and respiratory products.

### **ETC'S Polish Subsidiary Lands Major Contract for F-16 Trainer/Simulators**

Environmental Tectonics Corporation recently announced that a major subcontract award was made by L-3 Communications, Arlington, TX, to its subsidiary, ETC-PZL Aerospace Industries ("ETC-PZL") in Warsaw, Poland. Under the contract, valued at approximately \$6.6 million, ETC-PZL will assemble, test, and deliver several L-3-designed simulators, as well as furnish ETC-PZL's own commercial cockpit simulators; additionally, long-term maintenance and support services for all of the trainers will be provided. The entire effort is expected to extend over a period of five years, including the support period.

The project stems from L3's prime contract with the U.S. Air Force to provide training devices/simulators in support of Lockheed Martin Aeronautical Company's multi-billion dollar contract with the Polish Air Force (PAF), awarded in December 2002, for F-16 fighter aircraft.

ETC-PZL has been designing and manu-

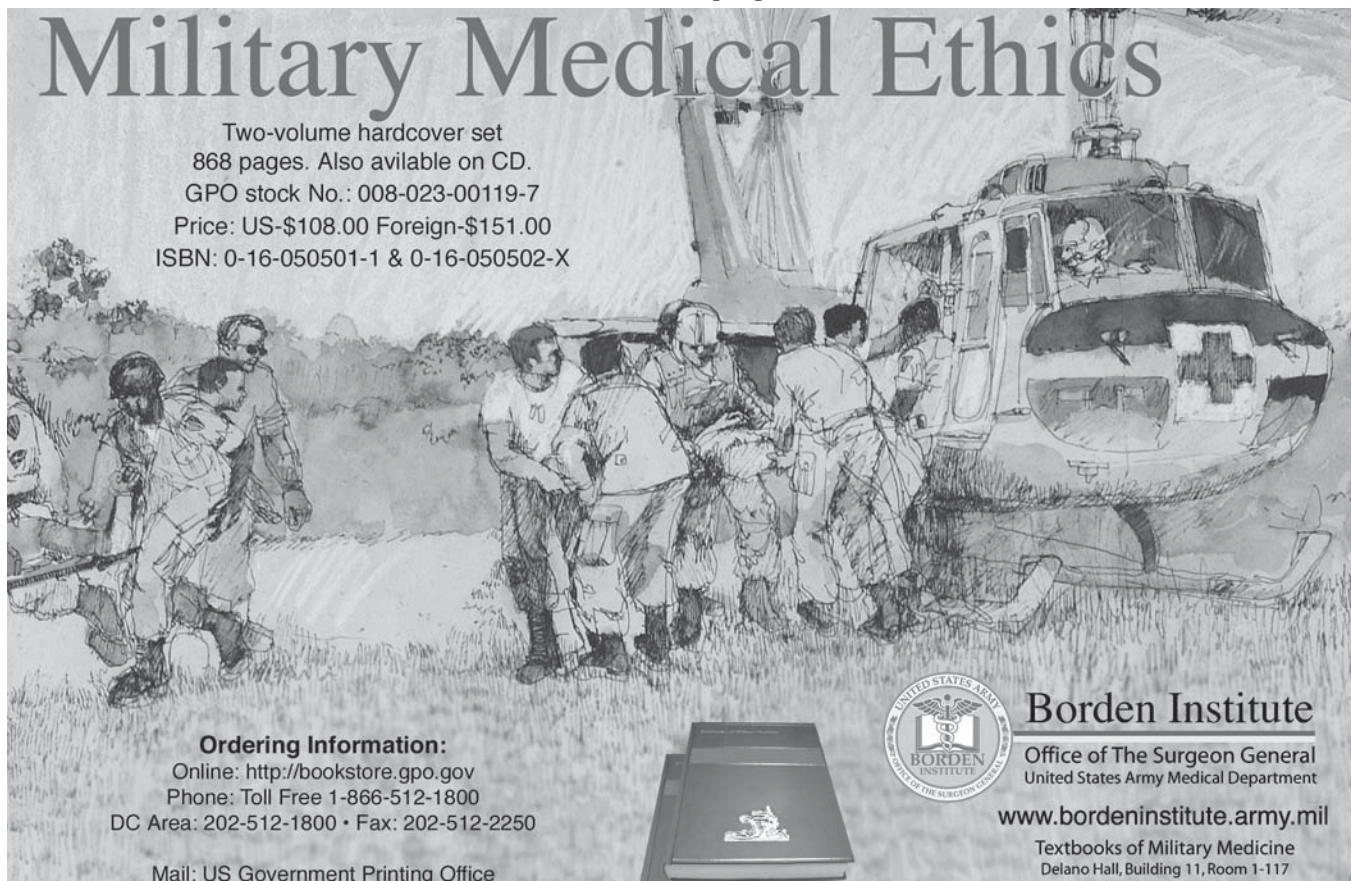
facturing its own product line of pilot training devices, primarily to the PAF, for over a dozen years. They will employ their available engineering design and production resources to perform on the L-3 project, which represents the largest contract ever received by ETC-PZL.

#### **About ETC**

ETC designs, develops, installs, and maintains aircrew training systems, public entertainment systems, process simulation systems (sterilization and environmental), clinical hyperbaric systems, environmental testing and simulation systems, and related products for domestic and international customers.

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For information on becoming a Corporate Member, please call Gloria Carter at (703)739-2240, ext. 106, [gcarter@asma.org](mailto:gcarter@asma.org); or Dr. Marian Sides at [mbsides3@myexcel.com](mailto:mbsides3@myexcel.com)



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## NEWS OF MEMBERS

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**CAPT Gene L. Dowell, MC, USN**, of Taylor Lake Village, TX, who was a Family Physician at the Branch Medical Clinic Everett in Everett, WA, retired from the Navy in June and has taken the position of Flight Surgeon at UTMB/Wyle Laboratories Space Medicine Group in Houston, TX. He was awarded the Meritorious Service medal with Gold Star in lieu of third award upon retirement.

**Lt.Col. Gail D. Fancher, USAF, MC, SFS**, was picked up for a residency in aerospace medicine and is working on her MPH in tropical medicine at Tulane University, New Orleans. She has been awarded a commendation medal from Col. Richard Thomas, 101st Div. Surgeon, for her service in Kuwait.

**Lt.Col. Timothy A. Hursh, USAF, MC**, of San Antonio, TX, previously the Staff Hyperbaricist at 60 MDG, Travis AFB, CA, was promoted and transferred to the position of Deputy Chief Commander of Undersea and Hyperbaric Medicine at USAFSAM, Brooks City-Base, TX. He is also the Associate Director of the Undersea and Hyperbaric Medicine Fellowship.

**Geff McCarthy** has moved to Portland, OR. He is now the Chief Medical Officer for the VA Northwest Network in the VA healthcare system. His territory stretches from Alaska to Idaho and has 180,000 veterans enrolled.

**CPT Scott F. McClellan, MC, USA**, of Pensacola, FL, originally an Aerospace Medicine Resident at the University of Texas Medical Branch at Galveston, TX, has been transferred to the position of Aerospace Medicine Resident at the Naval Aerospace Medical Institute in Pensacola, FL. He recently earned his M.P.H.

**Col. Richard J. Montminy, USAF, MC, CFS**, of Albuquerque, NM, previously an Aeromedical Evacuation doctor at U.S. Transportation Command and Headquarters Air Mobility Command at Scott AFB, IL, has been promoted and reassigned as the Air Force Safety Center Surgeon at Kirtland AFB, NM.

**CAPT Lee M. Morin, MC, USNR**, of Washington, DC, who worked on prototyping a proposed new space shuttle cockpit in the Astronaut Office of the Advanced Vehicles Branch, is now on detail to the U.S. Department of State as a Deputy Assistant Secretary for Health, Space, and Science at the Bureau of Oceans and International Environmental and Scientific Affairs in Washington, DC.

**Lt.Col. David M. O'Brien, USAF, MC**, of Niceville, FL, formerly the Command Flight Surgeon at HQ Air Mobility Command at Scott AFB, IL, is now the Commander of the 96<sup>th</sup> Aerospace Medicine Squadron at Eglin AFB, FL.

**Lt.Col. Phillip E. Parker, MD, MPH**, of Castle Rock, CO, recently separated from active duty in the USAF after 12 years of service to join the Aviation Medicine Advisory Service, also known as the Air Line Pilots Association's Aeromedical Office, and Virtual Flight Surgeons in Aurora, CO. Dr. Parker continues to serve in the Colorado Air National Guard. He was recently awarded the Meritorious Service Medal along with the Air Medal and Air Force Commendation Medal for his service as the Chief of Aerospace Medicine for both Tyndall AFB and Al Udeid AB, Qatar, and Director of Base Medical Services in Balad, Iraq.

**Dr. Joseph B. Rayman**, an AsMA member, completed his Ph.D. in biochemistry last year and is currently a post-doctoral fellow in the Center for Neurobiology and Behavior at Columbia University, under the mentorship of Prof. Eric Kandel, recipient of the 2000 Nobel Prize in Medicine.

**CDR Paul V. Rocereto, MC, USN**, of Yuma, AZ, originally the Group Surgeon for Marine Aircraft Group 13 at MCAS in Yuma, AZ, has been transferred to the Marine Aircraft Group 31 to work as Group Surgeon at MCAS in Beaufort, SC.

**Col. Willis M. Simmons, Jr., USAF (Ret), MC**, of Chugiak, AK, who was a Staff Physician at Kelsey Sebold Flight Medicine Clinic at the Johnson Space Center in Houston, TX, became the FAA Regional Flight Surgeon for the Alaska Region in Anchorage, AK, in May. He took over from **Robert W. Riggs, M.D.**, who retired in June, and was AsMA's Arrangement Chair at the 75th Annual Scientific Meeting in Anchorage, AK. Simmons graduated from the U.S. Air Force Academy in 1971 and received his medical degree in 1976 from the Tulane University School of Medicine. He earned his M.P.H. in 1988 from the University of Texas Health Science Center - Houston School of Public Health. He served in the Air Force for over 20 years, retiring in 1997. He is board-certified in Pediatrics and Preventive Medicine, has over 200 flight hours, and has been an FAA senior aviation medical examiner since 1999.

**GPCAPT Tracy L. Smart, RAAF, BM, BS, DAvmed**, of Adelaide, South Australia, was promoted to Group Captain (06) in August. Formerly the Commanding Officer of the RAAF Institute of Aviation Medicine, she has now taken up the position of Officer Commanding of the RAAF Health Services Wing at RAAF Amberley, Queensland. GPCAPT Smart previously served as an Exchange Flight Surgeon at Air Combat Command, Langley AFB, from 2000-2001.

**Col. Dave Snell USAFR, MC, CFS**, has been assigned as IMA to the Wing Commander, 311th Human Systems Wing, Brooks City Base after serving as Chief of Aerospace

Services for the 452nd Air Mobility Wing, March AFB, CA. In his new assignment, Col. Snell will be providing executive management leadership augmentation to Gen. (Dr.) Thomas Travis, Wing Commander and USAF Pilot/Physician. Dr. Snell has recently completed a civilian assignment as Chief Medical Services Officer at the Bechtel Aberdeen Chemical Demilitarization Facility (Aberdeen Proving Ground, MD) and has been transferred to the position of Medical Director, Bechtel Nevada, with responsibilities for the Nevada Test Site in Mercury, NV, and other DOE projects.

### Focus on Members:

#### **Daniel J. Callan Retires**

CAPT Daniel J. Callan, MC, USN, Force Surgeon, Second Marine Expeditionary Force, retired from active duty after 32 years of military service in July 2004. While Force Surgeon, he was responsible for the health services and operational planning for all U.S. Marines east of the Mississippi River.



A native of Des Moines, IA, CAPT Callan earned his B.S. at Loras College in Dubuque, IA. He then earned a D.O. at COMS-Des Moines and an SFS at the Naval Aerospace Medical Institute in Pensacola, FL. He has had training from the Certified American College of General Practitioners and has been a member of the American Osteopathic Association's House of Delegates, on the Board of Trustees for the Iowa Osteopathic Medical Association, and a co-founder of the Association of Military Osteopathic Physicians and Surgeons.

CAPT Callan is currently Assistant Professor of Clinical Medicine in the Department of Family Medicine at the Pikeville College School of Osteopathic Medicine in Pikeville, KY. He teaches population-based medicine and preventive, occupational, and aerospace medicine.

His awards from the Navy include the Legion of Merit, the Meritorious Service Medal, Presidential Unit Citation, sea service and deployment ribbons, the Global War on Terrorism Medal, and Expeditionary Medals. He is a Life Member and Fellow of the Aerospace Medical Association. He has served as a co-chair on the Registration Committee for many years and was Registration Chair of the 2001 meeting.

#### **Nominations Sought for 2005 Awards**

Please use the nomination form printed in the journal or online to nominate a deserving colleague for one of AsMA's 15 annual awards.



## New Members

Albeloushi, Khalid, Capt., KAF, MC,  
Beavercreek, OH  
Azer, Rida, M.D., Oxon Hill, MD  
Ceja, Manuael A., M.D., Jamaica, NY  
Ebert, Mark O., M.D., Stillwater, OK  
Hancock, Miranda L., Capt., USAF, BSC,  
Rockville, MD  
Hemby, Joy L., Castle Rock, CO  
Iddins, Bart O., Col., USAF, MC, Maxwell  
AFB, AL  
Keller, Alexander P. IV, 2Lt., USAF, MSC,  
Athens, GA  
Muller, Thomas U., M.D., Thomasville, GA  
Petrofsky, Yolanta, Capt., USAF, MC, FS,  
Rapid City, SD  
Shepherd, Mark E., Jr., M.D., M.P.H.,  
Fresno, CA  
Speakman, Richard O., Lt., USAFR, MSC,  
Nicholasville, KY

## International New Members

Austin, Giles, MAJ, RA, MC, MBBS,  
Hants, UK  
Chapple, Simon A., Sqn.Ldr., RAF, MC,  
Shropshire, UK  
Lohi, Jouni, M.D., Rovaniemi, Finland  
Metrikat, Jens, Maj., GAF, Ph.D.,  
Furstenfeldbruck, Germany

### In Memoriam George Y. Takahashi by Jon Jordan, M.D.

After a long and difficult battle with cancer, Dr. George Y. Takahashi passed away on September 5, 2004. Dr. Takahashi, a Canadian citizen and resident of Nepean, Ontario, will be long remembered for his active involvement and leadership in the field of aerospace medicine.

Dr. Takahashi was born in Cumberland, British Columbia, on May 28, 1936, and received his early education in the Alberta and Ontario school systems. He attended the University of Toronto from 1955-1958, following which he attended and graduated with a Doctorate degree in Medicine from the University of Toronto Medical School in 1962. He completed a rotating internship at St. Michael's Hospital in Toronto in 1963.

Dr. Takahashi began his career in aerospace medicine in 1975, receiving a Flight Surgeon's Diploma from the Canadian Armed Forces in 1975 and qualifying for a private pilot's license the following year.



**TAKAHASHI**--George Takahashi (right) and Jon Jordan share a moment of comradery.

He attended a 6-month course at the R.A.F. Institute of Aviation Medicine, Farnborough, England, and received a Diploma in Aviation Medicine from the Royal College of Physicians of London, Faculty of Occupational Medicine, in the spring of 1982.

Dr. Takahashi engaged in the full-time practice of medicine in Weston, Ontario, from 1964-1975. He joined Health and Welfare Canada in Toronto in 1975, serving first as a full-time Aviation Medical Officer and later as the Regional Aviation Medical Officer. He was named Acting Director, Civil Aviation Medicine, Health and Welfare Canada in Ottawa in August 1983 and was promoted to Director later that same year. After an illustrious career as an administrator and educator in aerospace medicine, Dr. Takahashi retired from Health and Welfare Canada in 1994 to enter private medical practice. Following his retirement, he continued to be actively involved in aerospace medicine as a consultant to the Aviation Medical Review Board, Transport Canada, and as the Secretary-General, International Academy of Aviation and Space Medicine. He also continued his academic pursuits, earning a Masters of Science degree in Occupational Medicine from McGill University in 2000.

Dr. Takahashi is survived by his wife Elina, an active member of the AsMA Wing, his daughter Melanie, who received her Doctorate in Anthropology/Religious Studies just days after his death, and his son-in-law, Dr. Mani Vessal.

### Mike Harrison by Michael T. Gibson

Dr. Mike Harrison, Technical Director for QinetiQ in the UK and a member of AsMA since 1998, died in July after a short illness. Born in 1946, he gained a BSc with first class honors in physiology from the University of Newcastle in 1967 and a Ph.D. from the

University of London in 1972. In 1967, he joined the Royal Air Force Institute of Aviation Medicine (IAM) at Farnborough and over the next 16 years conducted basic and applied research in acceleration, altitude, respiratory, thermal, and exercise physiology. He was, for a time, the youngest Principal Scientific Officer in the Civil Service. As Head of the Climatic Research Section, he led a team which explored thermal loads in high speed military aircraft, often in collaboration with Dr Sally Nunneley and colleagues at the USAF School of Aerospace Medicine.

In 1983, he became a senior post-doctoral research fellow at NASA Ames Research Center and spent a happy 2 years with his family in California. On return to the UK, Mike became more involved in research administration working with the Ministry of Defence, the British National Space Centre, the IAM, the Defence Evaluation Research Agency, and, latterly, QinetiQ. To all this work, he brought characteristic diligence and an uncompromising unwillingness to accept low caliber work or sloppy thinking. He published over 70 papers in external journals, wrote 5 chapters in textbooks, and co-authored the definitive book on the aviation medicine history of the Royal Air Force. Yet all this left time for him to enjoy his family, fast cars, classical music, bridge, and long distance running. He was bitterly disappointed not to be well enough to join his friends at the AsMA Anchorage meeting this year.

## Obituary Listing

We recently learned that **Edward D. Thalmann, M.D., Capt., Medical Corps, USN (Ret.)**, died August 31, 2004, in Durham, NC. Born in 1945, Dr. Thalmann earned his B.S. degree from Rensselaer Polytechnic Institute in 1966 and his M.D. from Georgetown University in 1970. He was a member of the Undersea and Hyperbaric Medical Society, on the Editorial Board of *Undersea and Hyperbaric Medicine*, a member of the Aerospace Medical Society and a reviewer for *Aviation, Space, and Environmental Medicine*.

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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 on November 17, 2004 in Alexandria, VA.

**Point your mouse to the  
AsMA home page at  
[www.asma.org](http://www.asma.org)**

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**MEETINGS  
CALENDAR  
2005**

**January 26-29, 2005, Long Beach, CA.**

The 13th Annual Medicine Meets Virtual Reality Conference, organized by Aligned Management Associates, Inc. Info: [www.nextmed.com/mmvr\\_virtual\\_reality.html](http://www.nextmed.com/mmvr_virtual_reality.html); [mmvr13@nextmed.com](mailto:mmvr13@nextmed.com).

**February 24-25, 2005, Washington, DC.**

Homeland Defense Training Conference—Medical Planning and Operations in Support of Consequence Management: "Managing the Unthinkable in the Era of Asymmetrical Threats." For information, contact Maurice Martin, Market Access International, 4301 Wilson Blvd. #1003, Arlington, VA 22203; (703) 807-2753; FAX (703) 807-2728; [mmartin@marketaccess.org](mailto:mmartin@marketaccess.org); [www.marketaccess.org/event\\_consngmt.asp](http://www.marketaccess.org/event_consngmt.asp).

**May 22-26, 2005, Graz, Austria.**

15th IAA Humans in Space Symposium. For more information, visit <http://www.uni-graz.at/space2005>.

**July 22-27, 2005, Las Vegas, NV.**

11th International Conference on Human-Computer Interaction. Further info: HCI International 2005, School of Industrial Engineering, Purdue University, Grissom Hall, 315 N. Grant St., West Lafayette, IN 47907; [hci2005.engr.wisc.edu](mailto:hci2005.engr.wisc.edu)

**September 15-18, 2005, Gold Coast, Queensland, Australia.**

Conjoint Meeting of the Australasian Society of Aerospace Medicine (ASAM) and the Asia Pacific Federation of Aerospace Medical Associations (APFAMA). This meeting represents the Annual Scientific Meeting of ASAM, together with the 5th Asia Pacific Congress of Aerospace Medicine (AP-CASM). Contact: Anne Fleming, ASAM Secretariat, +61 3 98991686. [fleminga@bigpond.net.au](mailto:fleminga@bigpond.net.au); [www.asam.org.au](http://www.asam.org.au).

**AsMA  
Future Meetings**

May 8-12, 2005  
Kansas City, MO  
Hyatt Regency Crown Center

May 14-18, 2006  
Caribe Royale Hotel  
Orlando, FL

May 13-17, 2007  
Sheraton and Marriott Hotels  
New Orleans

May 11-15, 2008  
Sheraton and Hilton Hotels  
Boston, MA

**Nominations Sought for 2005 AsMA Awards**

The deadline is December 15 for receiving nominations for AsMA's 15 annual awards to be presented at the 2005 Annual Scientific Meeting in Kansas City, MO. Recognize the accomplishments of your peers! Nominate your co-worker today!

The Awards Committee chair emphasizes, however, that 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.

Nominations can be made by any member of AsMA.

The nominations must be submitted on forms available from the AsMA Home Office, and printed in the journal and on the website at [www.asma.org](http://www.asma.org) (click on Organization, then Committees, then go to Awards).

E-mail nomination form to: [verba.moore@langley.af.mil](mailto:verba.moore@langley.af.mil); and

[jcarter@asma.org](mailto:jcarter@asma.org). Or Mail to Home Office, Attn: Awards Committee Chair, 320 S. Henry St., Alexandria, VA 22314.

**Policies:**

1. The nominee must be a current member of the Association, except that the Sidney D. Leverett, Jr., Environmental Science Award is open to nonmembers. Deceased members may be nominated. Self-nomination is not allowed.

2. The Chair of the Awards Committee does not vote and is not eligible for an award during his/her tenure.

3. Employees of a company sponsoring an award are eligible to receive the award.

4. Awards involving a published paper will be made only to the senior author.

5. Unsuccessful nominees for an annual award will be retained in the active file through three award cycles.

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Preferred, not required: Hyperbaric / Hypobaric experience; Pilot training; Second area of clinical competence; MEDEVAC experience/expertise; Operational Space Medicine; Travel medicine experience.

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Interested individuals should send detailed curriculum vitae, and 3 references to: Sharon Walters, The University of Texas Medical Branch, Preventive Medicine & Community Health, 301 University Boulevard, Mail Route 1110, Galveston, TX 77555-1110.

Apply online at <http://www.UTMB.edu>. UTMB is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all background are encouraged to apply.

**PHYSICIAN-ENGINEER:** Physicians with a degree in engineering are being sought by a growing consulting practice. Physician-Engineer will be integrally involved in analyzing and determining the causal relationship between an accident event and an individual's injuries and identifying the reasons or mechanisms responsible for the injuries. Physician-Engineer will utilize both medical and engineering skills in an analytical problem-solving environment. No patient care involved, consequently there are no on-call responsibilities or malpractice insurance requirements. Company offers a professional work environment, competitive starting salary and excellent benefits including paid vacation and sick leave, 401(k) retirement/profit sharing plan, performance bonus and major medical, dental and disability insurance. For additional information, please send curriculum vitae to or contact: Biodynamic Research Corporation, Attn. Human Resource Manager, 5711 University Heights Blvd., Ste. 100, San Antonio, TX 78249, or fax 210.691.8823 or email [staffing@BRConline.com](mailto:staffing@BRConline.com). Equal opportunity employer.

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