

President's Page

It is October already, which means the half-way point in my term of office.

As I and my predecessors have said many times, the function of the President is to keep a steady hand on the tiller and maintain the big picture. The day-to-day function of our Association is in the hands of our Executive Director, Dr. Russell Rayman, and the team in the Home Office, but the strategic thinking and tactical guidance comes from the members of Council who work so hard on your behalf.

It is a continuously evolving process as we react to events in the aerospace medical world, while at the same time maintaining a balanced view to avoid hasty 'shooting from the hip.' We also have to ensure that best business and financial practice is adhered to in the corporate governance and management of the Association. For example, you may recall that the decision was taken last year to pay off half of the outstanding mortgage on the headquarters building; we are now examining the impact this had on the Association's finances and reviewing the next step.

The mantra for my year is 'Communication' and the importance of us all working together in a cross-functional manner.

President-Elect Dr. Richard Jennings has done outstanding work in the development of the mentorship program and associated educational activities. He is well supported by the Vice-President for Education and Research, Dr. James Webb, who is examining in detail the threads of this vital portfolio. Dr. Dan Callan, Vice-President for Representation and Advocacy, is also working to review the portfolio, and both are not afraid to question how and why we do things.



Michael Bagshaw, M.B., B.Ch.

In the spotlight are Member Services and International Activities and the respective Vice-Presidents, Dr. Robert Weien and Dr. Andrew Bellenkes, who are actively applying my mantra in an attempt to reverse the decline in membership.

All this work has to lead to something. The desired outcome is for the Association to be THE organisation to which anybody working in any field of aerospace medicine (e.g., medicine, nursing, human factors, physiology, dentistry - in no particular order) would wish to be an active member. We have to be proactive, up-to-date, and responsive, meeting the needs of ALL members. But to do this, we need your input and active participation.

Tell us what YOU want from YOUR Association, and try to find time to share with us some of your knowledge, experience, and expertise. You just have time to submit an abstract for the Orlando scientific meeting. Oh, and don't forget to recruit a member.

More next month.

Medical News

Executive Director's Column



Rayman

Space and Ethics

On July 29 the Office of International Medical Policy of the School of Public Policy, George Mason University, in partnership with the NASA Office of the Chief Health and Medical Officer, convened a one-day meeting to address the policy and bioethical issues associated with scarce resource allocation in support of human health and medical care capabilities for space exploration. In the absence of Dr. Roger Stough, the Principal Investigator for this project, Arnauld E. T. Nicogossian, M.D., Director, Office of International Medical Policy at George Mason University, and Desmond Lugg, M.D., NASA, Chief, Medicine of Extreme Environments, hosted the meeting. In attendance were approximately 40 individuals from academia, professional societies, industry, and government. Also included were two astronauts who have flown in space. Your Aerospace Medical Association (AsMA) was also invited to participate.

The title of the workshop was Medical and Health Policy Formulation for Human Exploration of the Solar System—Ethical Considerations: Scarce Resource Allocation for Health and Medical Systems Development and Organization.

Historically, constrained funding has led to prioritization of biomedical research and human support systems. It was noted that space medicine has contributed significantly to ensuring the health and safety of space travelers, despite constraints imposed by funding. There are risks today of this historical precedence being discontinued as our lawmakers prepare to vote on the budget for the coming years. The workshop addressed bioethical issues associated with scarce resource allocation in support of Human Health and Medical Care Capabilities for Space Exploration.

Discussion was based upon two papers distributed to the working group. Both papers did raise ethical and health policy issues requiring attention, given the Exploration Vision and sending humans beyond low Earth orbit.

Discussion was in-depth and extremely interesting. While it is difficult to capture comprehensively the sentiments of the working group, a few generalizations should suffice to give you an idea of the scope. One area of particular concern was risk assessment of spaceflight. It was extremely difficult to determine what acceptable risk is or to even determine risks with reasonable certitude. Although

opinions differed, there was general agreement that risk assessment must somehow be accomplished, even if imprecise. There was general agreement that the public must be better educated, particularly on the element of risk during spaceflight.

There was also discussion regarding aversion to risk on the part of the public in particular. Some felt that the public would not tolerate high degrees of risk while others felt otherwise—that the public is forgiving as long as the space program and its policies are reasonably sound. This begs the question: are we violating any of the norms of ethics if we send volunteer crews into space with an imprecise risk assessment?

There was further discussion on the provision of medical care capability, giving account not only to ethical considerations, but also to legal and economic ones. Other areas of concern included informed consent, prophylactic surgery, death in flight, and medical management differences among the international crew in that there are issues of societal differences in medical care. Also, participation of astronauts in experiments was examined from an ethical perspective.

This is only a brief synopsis of the discussion. It's obvious that each of these subjects in itself warrants hours of deliberation—but it is a start.

AMA House of Delegates Meeting

The American Medical Association (AMA) House of Delegates held its annual meeting in Chicago, June 18-22, 2005. In attendance representing AsMA were Drs. Daniel Lestage, Michael Berry, and Russell B. Rayman.

As customary at the annual meeting, priority is given to major legislative issues. Among them this year were healthcare disparities in the United States, pay for performance, and direct to consumer advertising of pharmaceutical products.

The AMA is very mindful of health disparities in our medical care system and has been expending great efforts in not only educating physicians and the public, but also supporting national programs.

Pay for performance is a relatively new concept being introduced into our healthcare system. Pay for performance would provide financial incentives to physicians to practice the highest quality of care possible. Criteria for reward is now being explored and will most likely be implemented sometime in the future by organizations providing medical care. The AMA supports pay for performance in principle, as long as the incentives are focused on quality care and not on financial incentives for the organization providing that care. This would protect the care rendered to the patient rather than the pocketbook of the care-giving organization.

The AMA has also noted with some alarm that drug manufacturers are advertising their products on TV and in various publications.

Although this could be beneficial in certain cases, there is certainly a downside to this initiative. Consequently, the AMA is opposed to such advertising.

In other areas of concern, the AMA is supporting the following:

- Medical liability reform
- Medicare physician payment reform
- Expanding coverage for the uninsured and increasing access to care
- Improving public health through promoting healthy lifestyles and eliminating health disparities
- Regulatory relief from administrative programs that are counterproductive
- Managed care reform
- Clinical quality improvement and patient safety.

I do have good news to report regarding the election of new officers. Dr. Ron Davis, whom we supported in this election, was re-elected to the AMA Board of Trustees. Furthermore, he is now planning to run for President-Elect of the AMA next year. Ron has been a great friend of aerospace medicine and preventive medicine over the years, and with his reelection, we have a direct line to the AMA Board of Trustees. If you have any questions or would like to discuss any issues, please feel free to contact me or any of us who were in attendance in Chicago.

Russell B. Rayman
Executive Director

David Rhodes Elected ASAMS President

Col. David Rhodes, USAF, MC, was elected the incoming President of ASAMS, the American Society of Aerospace Medicine Specialists, during their annual meeting in May 2005, held in Kansas City, MO, in conjunction with the AsMA meeting. This is contrary to the article printed in the June issue (which went to press during the annual meeting) which stated that Col. Van Syoc would continue for another term.

AsMA MENTORSHIP PROGRAM

AsMA recently established a new Mentorship Program for our younger members. We encourage you to go to our website (www.asma.org) and click on "Members Login." Once at the Member Home page, click on Mentorship Program. You can sign up as a Mentor or Mentee, or view Participating Mentors--those who have already volunteered to serve.

Please take advantage of the great new feature!



Science & Technology Watch

Keeping You Informed Of The Latest Advances In Science And Technology

When is the flu just the flu and when does it indicate a possible terrorist attack? How can the medical community sort through the mounds of information generated throughout the country to make this determination? This month's edition of the Watch reviews an exciting new web-based tool from the Centers for Disease Control that addresses these questions.

Use of the Early Aberration Reporting System (EARS) for Detection of Bioterrorism Agent Attacks

Lori Hutwagner, M.S. and John V. Barson, D.O., M.P.H.

Centers for Disease Control and Prevention, National Center for Infectious Disease, Bioterrorism Preparedness and Response Program, Atlanta, GA

A major problem in detecting a bioterrorism incident is that the initial symptoms of a biological terrorism agent infection often resemble the symptoms of non-terrorist biological agents. Respiratory anthrax and influenza, gastrointestinal anthrax, food-borne infections (e.g., shigella, salmonella, norovirus), and smallpox and chickenpox all have very similar early presentations, making it difficult to determine whether a bioterrorism (BT) event is occurring or there is an outbreak of a naturally occurring disease. The delayed action of most BT agents combined with societal mobility can lead to a broad dispersal of a single agent during exposure at a public event or place (i.e., sporting event or subway hub). Then, when they do develop symptoms, people would go to their local healthcare facilities for care. Because they would probably present at these facilities in fairly low numbers per facility, there would be no easy recognition of a pattern or significant increase in symptomatic persons over what was usually expected. Therefore, a bioterrorism incident could go undetected for a fairly long period of time, resulting in delayed treatment and implementation of preventive measures. This occurrence could result in increased morbidity and death.

In response to the difficult challenges posed by the threat of bioterrorism, one method being explored to aid in the early detection of bioterrorism events is syndromic surveillance. Syndromes are a group of signs and symptoms that occur together and characterize a particular abnormality, but are not considered a specific disease (e.g., fever, malaise, and fatigue = viral syndrome). Syndromic surveillance is used to analyze groups of non-specific symptoms and signs that could be an early indication of a bioterrorism event or a naturally

occurring disease outbreak. The number of patients presenting with a syndrome, however, can be large (i.e., influenza-like illnesses seen during the flu season) and can overwhelm any public health department's resources for identifying and tracking outbreaks. How do you identify a syndrome that appears in a population? Is the number of patients exhibiting the syndrome significant when compared to the expected baseline for that syndrome in the community? Collecting and analyzing all information for all patients and their syndrome presentations in healthcare facilities using traditional epidemiological tracing and analysis methods would be impossible due to the resources required. Additionally, the analysis would need to compare the findings to the past history of syndrome presentations in the geographical area of the healthcare facilities to determine if this is out of the ordinary. The healthcare facility can use a program called Early Aberration Reporting System (EARS) to rapidly analyze the information in the patient medical record with only 7 to 12 days of historical data.

EARS was developed to assist local level health offices. It is currently used by a variety of organizations including state, county, and city public health offices, as well as several international health offices. EARS was designed as a tool to assist epidemiologists in the examination and evaluation of data from a variety of sources over different time periods for early identification of bioterrorism events or possible outbreaks. EARS monitors syndromic surveillance data for aberrations in the data. Source data include 911 emergency calls, emergency department chief complaints, emergency department admissions, emergency department discharges, physician group data, and absenteeism data. In this case, aberrations are defined as a statistically significant increase in observed diseases or syndrome counts or rates in excess of expected values for a particular population and time of year (1). For example, an increase in influenza cases during the winter season is noteworthy only when the size of the increase exceeds the expected seasonal trend at a specific date or time-period. Detection of an aberration by EARS generates electronic notification that is referred to as a 'flag.' It is important to note that an aberration does not necessarily indicate the onset of an outbreak or presence of a cluster, but it is a statistical finding that requires epidemiologic interpretation and follow-up investigation. EARS cannot tell you what is hap-

pening, only that, based on statistical evaluation of the data, something could be happening. The epidemiologist must still decide if: 1) the aberration and its flag are really an outbreak, 2) the outbreak is of public health interest, and 3) an outbreak investigation is worth the use of resources to follow up. The majority of the time, aberrations are merely data errors; however, some of these data errors can be used as way to help improve the overall process of surveillance.

EARS is currently written in the Statistical Analysis Software, SAS[®], with the user interface in Microsoft Excel[®], which eliminates the need for users to understand SAS[®] code to run EARS. The output (tables, graphs, and maps) is HTML, in addition to other generated SAS[®] datasets for further analysis, if needed. SAS[®] is not needed to view the HTML pages. Some site users incorporate these HTML pages into their websites for other users to view.

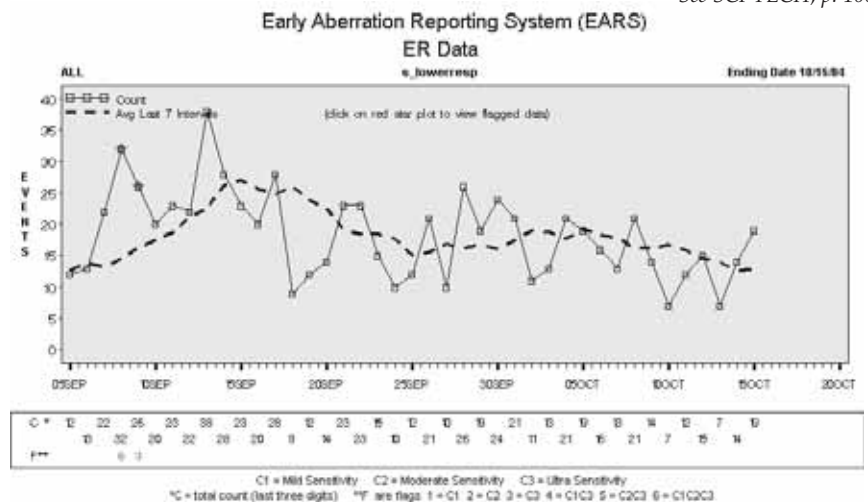
EARS has the ability to search text string data, such as the text from an emergency room visit chief complaint. The user retains control of the information that goes into the system and which symptoms are used to create the syndromes for analysis. The user can customize EARS by creating several similar syndrome definitions for testing to determine which of the definitions best fit their needs and resources. If there is a specific outbreak occurring, EARS symptoms and syndromes can be adjusted to incorporate or to target that disease.

EARS has the ability to produce tables, graphs, and maps to assist epidemiologists in determining whether the flag/alert detected is of public health interest. The graphs include a 30-day plot and a 365-day plot, if the data is available (Fig. 1).

The flags generated on the graphs can show the original medical records data that make up the point or points of interest. This data is displayed in HTML and can be placed in Microsoft Excel[®] for additional analysis. The maps that EARS generates are for the county or state level. If mapping at a lower level is desired, datasets are produced that can be used in other geographical software.

EARS has been successful in its numerous applications. Joseph Schuchter, an epidemiologist formerly with the Nashville Metro Health Department, stated, "It provides us with an early indicator so we can react to any arising problem quickly." It has also been used over the past year for several large public events including the G8 Summit in Georgia, the

See SCI-TECH, p. 1002



SCI TECH from p. 1001.

Democratic National Convention in Boston, the Republican National Convention in New York City, and the Super Bowl. Most recently, EARS was incorporated into the algorithms used by Greece to monitor for any unusual increases in disease during the 2004 Summer Olympics. Nothing of public health importance, however, was identified. A notable use of EARS was by the Florida State Department of Health during the 2004 hurricane season. EARS detected increases in animal bites and carbon monoxide during the post-hurricane monitoring period. The cause of the latter finding was indoor use of gasoline-powered generators. The rapid identification of the problem led to preventive messages getting out quickly to the public.

The computer age has presented medicine with a mixed blessing with regards to electronic data collection. On one hand, a large amount of information is available to aid in patient care. On the other hand, this information store is so large that analyzing it for public health purposes using traditional methods can be prohibitively expensive in resources and time. As stated above, the early stages of a bioterrorism agent attack are similar to a non-bioterrorism disease outbreak. EARS can be a valuable tool for the epidemiologist to analyze large data sources for aberrations that could help differentiate the two and can aid in focusing investigation resources in an efficient and timely manner.

EARS is available at no cost from the Centers for Disease Control and Prevention (CDC) and information regarding EARS is available at the following CDC website: <http://www.bt.cdc.gov/surveillance/ears/index.asp>.

www.bt.cdc.gov/surveillance/ears/index.asp.

Reference:

1. Teutsch SM, Churchill RE, eds. Principles and practice of public health surveillance. New York: Oxford University Press; 2000.

The AsMA Science and Technology Committee provide this Science and Technology Watch Column as a forum to introduce and discuss a variety of topics involving all aspects of civil and military aerospace medicine. The Watch can accommodate up to three columns of text, which may include a figure or picture to illustrate your concept.

Please send your submissions and comments via e-mail to: barry.shender@navy.mil

Aerospace Nursing Society President's Message

Welcome to our new members who are reading the journal this month. Please join us in Orlando for the Annual Scientific Meeting. Our membership identified the top three reasons for our organization as; camaraderie, research-based presentations, and continuing education. The annual meeting provides all three.

Have you signed up to be involved in a parent organization committee? I'll repeat this frequently. The web address is: www.asma.org/aboutasma/committees.php. Get involved in one of the committees; they each need a nursing voice. Let us know what you discover!

Have you considered those among us

who are deserving of our recognition? The awards, and their criteria, are listed on our website.

Don't forget about getting the word out there about who we are and what we offer. Janet Sanner and I have electronic brochures you can print and take with you to other conferences. You can e-mail these brochures to peers as well. I welcome any other suggestions about how we can get the word out about us.

Once again, I welcome your ideas for topics to be discussed at the November Aerospace Medical Association Council meeting. Please e-mail them to me as soon as possible.

Welcome home to our members returning from deployments. We're glad to have you home safe. Our members who are deploying, or are still deployed, are in my daily thoughts. Be safe as you serve.

**Dan Roper, PhD, RN, CEN, CFRN
President, Aerospace Nursing Society**

NOTICES

**October's History Column
is online!**

**October 31 is Deadline for
Abstract Submission!**

**December 15 is Deadline
for Award Nominations!**

**Go to the AsMA website
for details!**



Aerospace Medicine Residency and Internal Medicine/Aerospace Medicine Openings -

Applications are now being accepted for the UTMB/NASA-JSC Aerospace Medicine Residency for July, 2006. The two-year program trains physicians in operational and research aspects of space medicine, manned space flight and comprehensive aerospace medicine topics. Residents participate in mission-oriented medical operations at JSC, receive clinical training in space medicine and complete a research project. Upon completion of the program, residents earn a Master of Public Health in Preventive Medicine degree. The program is accredited by the Accreditation Council for Graduate Medical Education and is one of three Preventive Medicine residency programs offered at the University of Texas Medical Branch. The MPH program is also accredited by the Council on Education for Public Health. Qualified applicants must have completed at least a PGY-1 clinical year in an ACGME-accredited residency with six months of direct patient care. Applications are also being accepted for the combined Internal Medicine/Aerospace Medicine Residency. A PGY-1 clinical year is not required for this residency. Deadline for applications: October 31, 2005. For detailed information and applications visit our web site at www.utmb.edu/pmr or Contact: Yvette Schulz, Office of Preventive Medicine Residencies, UTMB, 301 University Boulevard, Galveston, Texas, 77555-1150. Phone: (409)772-5845. Fax: (409)747-6129 for detailed information. The University of Texas Medical Branch is an equal opportunity/affirmative action employer. M/F/D/V.

AEROSPACE PHYSIOLOGY REPORT

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Three Earn 2005 Aerospace Physiology Certification

The certification examination in aerospace physiology was administered on Sunday, 8 May 2005, in Kansas City, Missouri. All three of the candidates successfully completed the 5-hour test session. Following approval of the Aerospace Medical Association Council, LT Paul Hauerstein, USN; LCDR Deborah White, USN; and LCDR Gregory Ostrander, were granted certification in Aerospace Physiology. The three were recognized during the Aerospace Physiology Society's annual luncheon and business meeting held on Wednesday, 11 May. Each received a certificate signed by the president of AsMA and the Chair of the Certification Board, and a gold "pO2" pin signifying their accomplishment. They are also authorized to make use of the recently approved trademark, "CASP", for certified Aerospace Physiologists.

Individuals interested in meeting the challenge of board certification in aerospace physiology may read more about the application process in the November issue of *Aviation, Space, and Environmental Medicine*.

LT Paul Hauerstein, MSC, USN



LT Paul Hauerstein was born in 1971 in Teaneck, NJ. Upon graduation from Fair Lawn High School in Fair Lawn, NJ, he earned a B.S. in Health Science from Lock Haven University in Lock Haven, PA, and an M.S. in Exercise Science and Adult Fitness from Bloomsburg University in Bloomsburg, PA.

Prior to being commissioned, LT Hauerstein acquired 600 hours of internship experience in cardiac rehabilitation and worked as a Fitness Director for the Executive Fitness Club at Washington Center in Washington, DC.

LT Paul Hauerstein was commissioned as a LTJG on Dec 1, 1997. He attended OIS in Newport, RI, in January 1998 and was then ordered to NOMI, NAS Pensacola, for training as a Naval Aerospace Physiologist. Following completion of training in Pensacola, LT Hauerstein was winged on February 26, 1999, and assigned to the Aviation Survival Training Center in Norfolk, VA. In March 2001, at the end of his 2-year preceptorship tour, LT Hauerstein was assigned to Training Air Wing Five, Milton, FL, where he was stationed as the wing aeromedical safety officer (AMSO). Highlights from this tour include being heavily involved with the Navy's anthropometric program for aviators, standing up a motion sickness adaptation program now under consideration for other Chief of Naval Air Training (CNATRA) commands, initiat-

ing efforts to stand up a NITE lab to provide night-vision goggle training to students in the advanced rotary wing flight syllabus, earning a Master Training Specialist designation, and revising the combined NAS Whiting Field/Training Air Wing FIVE Command Duty Officer instruction while acting as the wing/base senior watch officer. Following the completion of his tour with Training Air Wing FIVE in October 2003, LT Hauerstein was assigned to the Electronic Attack Wing (COMVAQWINGPAC) at NAS Whidbey Island where he is presently stationed as the wing AMSO.

LCDR Deborah White, MSC, USN



LCDR Deborah J. White is the Human Factors Analyst assigned to the Aeromedical Division at the Naval Safety Center. She is responsible for maintaining and updating the Naval Safety Center's Human Factors Database and reviewing aviation mishaps for human factor errors. LCDR White is a member of the Human Factors Joint Safety Assessment Team, a working group for the Defense Safety Oversight Council. She also conducts Safety Surveys at Naval Squadrons around the world assessing the command's safety awareness climate.

She received her undergraduate degree in Biology from California Polytechnic State University, then attended Wright State University for the initial start of her doctorate degree, and completed her Ph.D. in Cardiovascular Physiology at Colorado State University in Ft. Collins. During her summer months she conducted research studies at USAF Armstrong Laboratory, both at Brooks AFB and Wright-Patterson AFB. Prior to entering the Navy, LCDR White worked as an Aeromedical Business Advisor to ML Lifeguard, a company in the UK that designed and developed safety and survival clothing for both aviation and submarine services.

In 1997, LCDR White was commissioned as a Research Physiologist in the Navy and served as a research scientist at the Naval Submarine Medical Research Laboratory until 2000. She then transferred to the Aerospace Experimental Psychology community and went to the Naval Aerospace Medical Institute's Aerospace and Flight Training Program. Upon graduation from the program, she went to the Naval Air Warfare Center as Head of the Human Performance Technology Branch until transferring to her current position in 2003.

LCDR White's awards include Medical Service Corps Director's Award - 2001, Navy and Marine Corps Commendation

Medal, Navy Achievement Medal, National Defense Service Medal, Military Outstanding Volunteer Service Medal, and Pistol Marksmanship (Sharpshooter).

LCDR Greg Ostrander, MSC, USN



LCDR Gregory Brooks Ostrander was born in 1962 in Norfolk, VA. After graduating from high school, he attended Old Dominion University, Norfolk, VA for 1 year, and then enlisted in the U.S. Navy in 1982. He served in USS OUELLET (FF-1077) in Pearl Harbor, HI and attained the rank of Boiler Technician Second Class. He was selected for an NROTC Scholarship in 1985, and returned to Old Dominion University, where he completed a Bachelor of Science in Engineering Technology in 1989, and was subsequently ordered to NAS Pensacola, FL, for pilot flight training. He was attrited from Advanced Flight Training in 1990 due to a congressionally mandated reduction in force, and was redesignated an Aerospace Maintenance Officer.

LCDR Ostrander was then ordered to the VF-142 "Ghostriders" at NAS Oceana, VA, where he served until 1993. He then transferred to the A-6 FRS, VA-42, and was part of the squadron disestablishment crew in 1994. He then transferred to the Naval Safety Center as a High Risk Training Analyst. He completed a Master of Aeronautical Science from Embry-Riddle Aeronautical University in 1996, and was selected for lateral transfer to the Medical Service Corps in 1997.

Lieutenant Commander Ostrander reported to the Naval Operational Medicine Institute in June 1998 for Physiologist Training, and was winged as Aerospace Physiologist Number 230 in October 1998. He completed his Preceptorship at ASTC Norfolk in January 2001. After completing Aviation Safety School, he reported to Training Air Wing SIX, NAS Pensacola, as the Aeromedical Safety Officer in March 2001. He was selected for out-service graduate training and reported to the Uniformed Services University of the Health Sciences in July 2003. He graduated from USUHS with a Master of Public Health Degree (Aerospace Physiology emphasis) in June 2004, and returned to the Naval Safety Center as the Staff Physiologist in August 2004.

LCDR Ostrander's personal awards include the Navy and Marine Corps Commendation Medal (two awards), the Navy and Marine Corps Achievement Medal (two awards), the National Defense Medal (two awards), the Southwest Asia Service Medal, the Kuwait Liberation Medal (Kuwait), and the Global War on Terror Service Medal.

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WING NEWS & NOTES

Welcome the Wing's Board - Orlando 2006

This year we are delighted to welcome several new members and not-so-new members to the Wing's Executive Board. Among the new faces are **Peggy Trumbo**, who is serving as Secretary this year, **Jennie Bendrick**, our Newsletter Editor, and **Josie Borchardt**, who will be handling the Tours for Orlando.

Josie is a Certified Pediatric Nurse and says, "My job is my hobby. I love what I do! I have both a bachelor's and a master's degree in Nursing. I participate in annual PNP conferences as well as local outreach programs - reading, health education programs, nutrition programs, etc. Last summer I volunteered to perform physicals for pre-school children enrolled in the San Antonio Head Start Program. I have also been a preceptor to nurse practitioner students, providing them with clinical guidance and practice in the Children's Emergency Room and the Health Department."

The Borchardts share a love of flying, though not all flights have gone smoothly. Says Josie, "My first flight with my husband was particularly memorable. He had just gotten his private pilot's license and had taken his mom and dad on a quick flight around the town. When my turn came, I thought, okay, I'll just take a little Dramamine® for motion sickness and away we go. I didn't quite realize how terrified of heights I was until we were taking off in the little Cessna and my door suddenly popped open. There I was screaming in sheer terror while Chris shouted to shut the door, all the while staring down at the ground, trees, and a cemetery below us. I was certain that this would be my first and final flight! Fortunately, Chris remained calm, reached over and firmly shut the door. The rest of the trip went off without further incident, and I have happily flown with him many times since."

Josie has only been a member of the Wing for the past 2 years, but has been attending AsMA conferences for over 8 years. Kansas City was her first meeting participating in the Wing's activities and she says, "I had such a good time that I wouldn't even think of skipping out on next year's conference in Orlando."

Jennie Bendrick is also a fairly new member, having joined the Wing in Anchorage in 2004. She is looking forward to being the Wing's Newsletter Editor, as well as to becoming a more active participant in our organization.

Although Jennie is a native Californian, she grew up and attended school in Yuma, AZ, under the watchful eye of her grandmother, a member of the Aztec Indian Nation. It was through her Nana that she learned and embraced the many Native traditions which she now practices in her own family.

The Bendricks have recently relocated from New Orleans to California City on the western edge of the Mojave Desert where Gregg is the Medical Director for the NASA Dryden Flight Research Center, and where Jennie is attempt-

ing to use the gardening skills she honed during the years they lived in New Orleans to turn a little of the desert into an oasis. Says Jennie, "Although it is very different here, we are really enjoying the lifestyle and especially the dry weather and the incredibly beautiful sunsets."

Prior to relocating to California City, Jennie was employed by Hibernia National Bank as the Property Management Assistant for 124 branches in Louisiana, Texas, and Arkansas. During that time, she was a very busy participant in her community, being involved with the Shreveport Chamber of Commerce, the Junior Achievement Program, Big Sisters Program, as well as sitting on the Board of the YWCA. She is looking forward to continuing this practice in her new community by volunteering with the Parks and Recreation Department to teach tennis.

While Peggy Trumbo is new to the Wing's Board, she has, in fact, been a Wing member since 1976 and has been attending our meetings since 1989. This year, Peggy will take over the responsibilities of Wing Secretary.

Peggy has had an interesting and varied life and as she says, "It has been very rewarding, in ways different from the big excitements or great accomplishments." She describes her-

self as a "wife, mother, daughter, sister, editor, musician, and flower designer." She has taught piano for 20 years and has been a church administrator for 10 years. During her sons' childhoods, Peggy became involved with the PTA, sports, Sunday School, Scouts, and the Indian Guides. Her early volunteering in the Fairfax, VA, schools led to the development of a county-wide volunteer program in the public schools and an honorary lifetime membership in the National PTA. One of the things Peggy is most proud of is her involvement with a support group which has helped to foster three neighborhood children who were suddenly orphaned. All three are now grown, college grads, and productive members of their communities.

The Trumbos recently celebrated their 40th wedding anniversary with a family dinner that included some of their original wedding guests from 1965. During the toasting, Peggy said that as a child she never dreamed of what her life might be like, but on that night she realized that her dream would have been just as her life has unfolded.

The Wing is very pleased to welcome Josie, Jennie, and Peggy to the 2006 Orlando Board, and we know that their enthusiasm, energy, and varied talents will be put to very good use in promoting and planning our next meeting.



WING BOARD 2005-2006--(L to R) Jennifer Faulkner, Conoly Barker, Judy Kowalsky, Susi Bellenkes, Trish Trifilo, Peggy Trumbo, Els Salisbury, and Jo Ivans.



Join the Wing!

The Wing of the Aerospace Medical Association was formed in 1952. 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: judywaring@com-cast.net

2005-2006 Wing Officers & Committee Chairs, Orlando Meeting

Elected Officers

President	Trish Trifilo
First Vice President	Conoly Barker
Second Vice President	Susanna Bellenkes
Secretary	Peggy Trumbo
Treasurer	Jenifer Faulkner

Board Members at Large

International	Els Salisbury
Civilian	Judy Kowalsky
Air Force	Josephine (Jo) Ivan
Army	Jennifer Crowley
Navy	Melinda Beane

Appointed Officers

Parliamentarian	Marilyn Brath
Immediate Past President	Harriet Hodgson
Nominating	Mary Baird
Marketing	Harriet Hodgson

Standing Committee Chairs

Membership	Judy Waring
Newsletter	Jennie Bendrick
Registration	Jackie Jordan
Advance Registration	Conoly Barker
Advance Reg Co-Chair	Els Salisbury
Publicity	Dale Orford
Resolutions	Jan Davidson
Arrangements	Mitzi Hansrote

Arrangements Subcommittees

Hospitality	Nevonna Schroeder
Luncheon	Judy Kowalsky
Reception	Betty-Jo Lilly
Reception Co-Chair	Diane Oronsky-Hudson
Tours	Josie Borchardt

Special

Honorary President	Penny Bagshaw
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NEWS OF MEMBERS

Send information for publication on this page to: **News of Members**
Aerospace Medical Association
320 S. Henry Street
Alexandria, VA 22314-3579
pday@asma.org

CAPT David Canton, USPHS, formerly Chief of Operational Medicine for U.S. Coast Guard Maintenance and Logistic Command Atlantic, has transferred to the National Disaster Medical System (NDMS) to assume the role of Chief Medical Officer. The mission of the NDMS is to design, develop, and maintain a national capability to deliver quality medical care to the victims of, and responders to, a domestic disaster. NDMS provides state of the art medical care under any conditions at a disaster site, in transit from the impacted area, and into participating definitive care facilities.

Maj. Douglas S. Files, USAF, MC, who was a Resident in Aerospace Medicine, USAF School of Aerospace Medicine, Brooks City-Base, TX, is now serving as Chief of Aeromedical Services, 47th Medical Group, Laughlin AFB, TX. Laughlin AFB Flight Medicine was recently named "Best Base Agency" by the student pilots.

Christopher M. Hearon, Ph.D., once an Associate Professor and Department Chair at the Department of Health and Physical Education, Northeastern Illinois University in Chicago, IL, is now serving in the position of Associate Professor and Department Chair at the Department of Health and Kinesiology, Texas A&M University-Kingsville.

CAPT Jeffrey A. Jones, MC, USNR, who was serving as the International Space Station Medical Operations Lead and a NASA Flight Surgeon at NASA-JSC, and was Flight Surgeon, Marine Medical Air Group 41, U.S. Navy Reserve, has been promoted and is now serving as Exploration Medical Operations Lead and NASA Flight Surgeon at NASA-JSC and as Executive Officer and Flight Surgeon, Marine Medical Air Group, U.S. Navy Reserve. He was recently named one of the Best Doctors in America, 2000-2005.

Matthew F. McManus, M.D., Ph.D., M.B.A., formerly an M.D./Ph.D. student at the University of Pennsylvania, Philadelphia, PA, is now an Associate (management consultant) at the Boston office of McKinsey and Company. He graduated from the University of Pennsylvania in May and relocated to Boston, MA.

LCDR Anthony R. Artino, Jr., MSC, USN, formerly Director, Human Performance and Training Technology, Naval Survival Training Institute, Pensacola, FL, was recently promoted from lieutenant and transferred to the University of Connecticut, Neag School of Education to pursue his Ph.D. in the Department of Educational Psychology. He received the Navy and Marine Corps

Commendation Medal as an end-of-tour award.

Maj. Daniel R. Walker, M.D., has been promoted from Captain and is now serving at Lackland AFB, TX.

New Members

Al Sabei, Saleh H., M.D., Almaladda, Oman
Birler, Pinar A., Ph.D., Istanbul, Turkey
El Hussein, Ahmed Mustafa, M.B., B.S.,
Fujairah, United Arab Emirates
Evans, Sally A., M.B., B.S., Surrey, UK
Griswold, Cheryl A., M.E.S.S., Orlando, FL
Hall, Katrina D., MAJ, MC, USA, Galveston, TX
Joyce, Matthew, M.B.A., Victoria, Australia
Menon, Anil S., M.S., Menlo Park, CA
Miles, Sean A., M.B.Ch.B., Kincardineshire, Scotland
Miller-Strick, Cindy A., B.S., Wichita, KS
Pei, Benjamin K., M.B.Ch.B., Ma On Shan, Hong Kong
Phelan, Thayer S., Dublin, Ireland
Phelps, Shean E., Maj., MC, USA, Galveston, TX
Romine, David C., LTC, MC, USA, Pensacola, FL

MAYO CLINIC



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For consideration, please forward a letter of interest and curriculum vitae to:

Robert R. Orford, M.D.
Department of Internal Medicine
Chair, Division of Preventive & Occupational Medicine
Mayo Clinic
13400 E. Shea Boulevard, Scottsdale, AZ 85259

For additional information regarding employment opportunities within the Mayo Clinic Executive Health Program please contact:

Donald D. Hensrud, M.D.
Mayo Clinic Rochester
200 First St. S.W., Rochester, MN 55905

Nelson S. Brewer, M.D.
Mayo Clinic Jacksonville
4500 San Pablo Road, Jacksonville, FL 32224

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Department of Preventative Medicine and Aerospace Medicine and Residency Program
and the United States Army Medical Command presents

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- Mountaineering
- Travel
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Featured Topic
Wednesday, February 15, 2006
Impact Protection, Restraint Systems and Head Injury Evaluation

For conference information, and registration:

<http://www.trueresearch.org/mice>



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MEDCOM designates this continuing medical education activity for up to 18 hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

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Sunday May 14, 2006: 8:00AM-Noon

Speakers: ICAO, JAA, UK, Transport Canada, FAA, New Zealand

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AsMA Future Meetings

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

May 3-7, 2009
Westin Bonaventure Hotel
Los Angeles, CA

MEETINGS CALENDAR 2005

October 5-9, 2005, Charleston, SC. Civil Aviation Medical Association's 50th Anniversary Annual Scientific Meeting. Info: 405-840-0199; www.civilavmed.com; jimlharris@aol.com.

October 7-8, 2005, Oregon, OH. 2005 Hyperbaric Medicine Update. Sponsored by ProMedica Health System Continuing Medical Education Department and The Toledo Hospital Department of Hyperbaric Medicine in a Joint Sponsorship with the Undersea & Hyperbaric Medical Society, Midwest Chapter. Info: The Toledo Hospital Department of Hyperbaric Medicine at 419-291-2072; the Continuing Medical Education Department at 419-291-4650; or e-mail Diane.Monaghan@promedica.org.

15th October 2005, Leicester, UK. 2nd UK Space Medicine Day, National Space Centre, Leicester, United Kingdom. Info: alyson-calder@doctors.org.uk.

October 19-22, 2005, Playa del Carmen, Q.R., Mexico. XXII International Meeting of Aerospace Medicine. Sponsor: Mexican Association of Aviation Medicine, A.C. General Theme: Advances in Clinical Aerospace Medicine. Info: Luis A. Amezcua G., M.D., Tel./Fax: (52-55) 55-15-68-84; lamezcua@att.net.mx

October 24-26, 2005, Salt Lake City, UT. SAFE Association 43rd Annual Symposium. Info: Jeani Benton 541-895-3012; safe@peak.org; www.safeassociation.com.

October 26-27, 2005, London, UK. SMI's Inaugural Conference on Combat Casualty Care. Info: <http://www.smi->

online.co.uk/event_media/overview.asp?is=1&rf=2288.

October 31 - November 4, 2005, San Francisco. International Congress of Nanotechnology. Info: The Event Coordinator, International Association of Nanotechnology Sacramento, CA 95825 USA; email: info@ianano.org; Web site: www.ianano.org; www.nanotechcongress.com.

February 13-17, 2006, Galveston, TX. Pushing the Envelope VII/Army Operational Aeromedical Problems Course. Sponsored by UTMB and the U.S. Army Medical Command. Info: www.trueresearch.org/mice

CLINICAL AVIATION MEDICINE Complimentary Copies

Clinical Aviation Medicine, 3rd ed. (Rayman, Hastings, Kruyer, Levy) has been available at no charge since 2000 for all AsMA members. If you have not received your copy, please contact Ms. Gloria Carter (gcarte@asma.org) or Ms. Sheryl Kildall (skildall@asma.org) in our Membership Department.

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