

President's Page

While I have referred to the importance of the international composition of our Association on a couple of occasions, I would like to devote this column to update you on some of the international events identified by Dr. Michael Bagshaw, vice president for international relations. You may recall that approximately 28% of our membership comes from outside the U.S., including 76 countries throughout the world. At present, 17 international societies are affiliated with AsMA. In addition to contacts developed through AsMA, our members collaborate internationally primarily through military organizations such as NATO and AGARD, in civil aviation medicine and human factors through ICAO, in space through NASA and the International Space Station, and more directly on selected topics.

It makes sense that AsMA is an international organization since aerospace medicine, by definition, is practiced worldwide. Efforts to harmonize aviation policies and improve safety globally place further emphasis on cooperative relationships. Internationally, there has been increased public awareness of civil aircraft passenger health issues, especially surrounding SARS, DVT, and terrorism. One outcome from the UK House of Lords Scientific Committee Inquiry report in 2000 was establishment of an aviation health unit within the CAA to monitor research and respond to medical and political questions. In the U.S., the National Academy of Science report on health aspects of the airline cabin environment was published in 2001. That report was the impetus for recent Congressional action calling for the FAA to initiate an extensive research effort on cabin air quality. The Civil Aerospace Medical Institute (CAMI) initiated planning for this research in 2003. The European community has also initiated an extensive research effort involving the airline cabin environment.

Another example where AsMA members played an international role was in Europe, where the European Civil Aviation Conference (ECAC) established an initiative on air passenger health issues. The ECAC is an intergovernmental organization with 41 member states. It was established in 1955, at the initiative of the Council of Europe under the auspices of ICAO. Passenger health is but one of 10 fields of activity, including safety, environment, facilitation, airports, and accident investigation. The Air Passengers Health Issues (APHI) working group was established following a symposium on selected aspects of passenger health in air travel that was held in Croatia in 2002. AsMA was represented by Dr. Bagshaw. This group first met in Vienna in March of 2003, with the then AsMA president, Dr. Claude Thibeault, as one of the members. The working group will be addressing issues associated with: developing and sharing knowledge and understanding of medical incidents affecting passengers, harmonizing the provisions of medical services to passengers, considering the legal aspects associated with



David J. Schroeder, Ph.D.

passenger health, and fostering the development of improved information sources to the passengers. APHI has recognized the lead taken by AsMA, particularly the work by the Air Transport Medicine Committee on medical incident data collection and recommendations for emergency medical equipment and advice for passengers. Dr. Nigel Dowdall, a member of AsMA's Air Transport Medicine (ATM) Committee, is also a member of the working group and is formally representing AsMA. Their work will form the basis for proposals submitted to the 33rd ICAO general assembly.

There have been a number of meetings in Latin America designed to foster improved communications and to increase harmonization. The Aeronautics Physical Activity Science Institute (NUICAF) in Rio de Janeiro, Brazil, organized the 2nd Brazilian Seminar on Aviation Human Factors. The purpose of this seminar was to discuss scientific developments and research initiatives in aviation human factors. Seminar participants included aerospace medicine specialists, pilots, flight attendants, aviation maintenance personnel, air traffic controllers, human factors researchers, students, and other personnel in safety-related positions. A Memorandum of Agreement between the CAMI and NUICAF will provide educational opportunities in aerospace medicine to NUICAF students and researchers at CAMI. The Central American Agency for Aeronautical Safety (ACSA) organized the 2nd Aeronautic Medicine Seminar, in San Salvador, El Salvador. The seminar was designed to familiarize aviation medical examiners and other medical personnel from the Central American Civil Aviation Authorities with the latest developments and concepts in civil aviation medicine that have critical relevance and applicability to their aeronautic medicine programs. Seminar speakers discussed current approaches to evaluate applicants for airman medical certificates in compliance with Annex 1 to the Convention on International Civil Aviation - Personnel Licensing, 9th Edition, July 2001. FAA participation in this seminar promoted avia-

See PRESIDENT'S PAGE, p. 294.

PRESIDENT'S PAGE, from p. 293.

tion safety by emphasizing the need to ensure that medical certificates are issued only to those airmen who are fit to fly, including foreign pilots who fly in U.S. airspace and those who operate international aircraft abroad that carry U.S. citizens. Additional aerospace medicine conferences and meetings have been held in Colombia, Ecuador, and Mexico. In all instance, presenters and attendees have included AsMA members.

During the last week in January, Dr. Rayman was in Montreal with Dr. Claus Curdt-Christiansen and others to review the newly proposed ICAO medical standards. These activities are designed to not only improve information exchanges but to improve aviation safety and to harmonize approaches to medical standards for airmen and other aviation personnel in safety-related positions.

The above represent only a small portion of the occasions where our members are actively involved in international collaboration. This is true with respect to each discipline of our association: aviation medicine, nursing, physiology, psychology, human factors, and others. To me, the opportunity to establish international contacts within AsMA is one of the best selling points for maintaining my membership. There are few other scientific organizations that have the breadth of AsMA and the opportunities for fostering international contacts. We need to continue to encourage these activities, in part through our own contacts and through the activities of

our various committees. By working together in our committees each of us can play an active role in guiding the direction of harmonized approaches to aviation medicine, human factors, and the advancement of aviation safety.

In closing, it has been a while since I provided some historical tidbits. Let's take a look at what was happening in aviation around the time our association held their first meeting. In 1929, personnel at Lambert Field in St. Louis hired Archie League to serve as the first air traffic controller, using flags to signal pilots when it was safe to take off and land. During that year the Graf Zeppelin made the first round-the-world flight by a rigid airship, departing from Lakehurst, NJ on August 8. This was actually the second round-the-world flight; the first was completed in 1924. Around the same time, Lt. James H. Doolittle became the first pilot to take off, fly a set course, and land based solely on instrument guidance. 1929 also witnessed the initiation of the company that is now Delta airlines. Even more amazing, at about this time (October 1928) there were 3,659 active pilots in the U.S., compared with the latest FAA data in 2002 of 631,760 airmen (including student pilots). According to ICAO statistics, in 1997 (the last year where figures included private pilots) there were 1,176,430 civilian pilot licenses. What will we be saying about aviation and aerospace transportation at the end of the next 75 years?

2004 Committee Chairs

Committee:

Aerospace Human Factors
Air Transport Medicine
Aviation Safety
Awards
By-Laws
Communications
Corporate & Sustaining
Education & Training
Finance
History & Archives
International Activities
Membership Co-Chair
Membership Co-Chair
Nominating
Resolutions
Science & Technology
Fellows
Associate Fellows Group
Scientific Program
Deputy Program Chair
Arrangements
Meeting Registration

Chair:

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Charles A. DeJohn, D.O.,M.P.H.
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Medical News

AVIATION, SPACE, AND ENVIRONMENTAL MEDICINE

Executive Director's Column



Rayman

Policy Formulation--Part III

In Parts I and II, I described the general background of AsMA Policy Formulation and the instruments that we employ to publish our policies. In this third and final column, I pose a question: How successful have we been?

At the outset, I would say this question cannot be answered with great certitude in that it is somewhat analogous to asking a preventive medicine specialist exactly what he/she prevented in the implementation of various prevention programs. Consequently, one can only make assumptions. In my 12 years as your Executive Director, I do assume that we have had a reasonable level of success in influencing public policy in matters of aerospace medicine interest. What is the evidence?

First and foremost, well over 90% of the time we have been on the winning side, so it is not unreasonable to assume that we played some part, whether large or small, in this win. Examples include a smoking ban on commercial airliners, the employment of inflight AEDs and emergency medical kits, the utilization of go/no-go pills by the military, an inflight Good Samaritan Law, the cancellation of the proposed closure of the Uniformed Services University of the Health Sciences and Brooks AFB (now Brooks City-Base), and life sciences research in microgravity. These are but a few examples of AsMA's published positions supporting the issues. We certainly cannot claim all of the credit, but we can rightfully claim some of it. (For a complete listing of AsMA's published positions, go to our website, (asma.org), and click "about the AsMA" and then click "policy compendium".) On practically every issue in this compendium, AsMA was on the winning side.

A second indication of success is the fact that every AsMA resolution taken to the AMA House of Delegates has been approved. This, then, gave us the added influence and prestige of the AMA in our own field of interest.

A third indication of success is the fact that your Home Office is frequently called upon by the media for input and also called upon to provide representatives to institutions, universities, federal agencies, international agencies, and special committees addressing civil aviation medicine, military aviation medicine, and space medicine issues. AsMA is regularly invited to bring its voice to the table.

A fourth indication of success is the satisfaction expressed by many of our members to your Home Office that AsMA has spoken up on aerospace medicine issues of public interest. I believe that this has helped to retain members and attract new ones.

In closing, I would say that many of the issues are not only complex, but also controversial. However, I sincerely hope that controversy will not restrain our leadership from moving forward as new issues challenge us. As dues paying members, each one of us must be prepared to accept the fact that AsMA, at times, may take a position not necessarily congruent with one's own personal views. I liken this to a husband and wife who have a disagreement--this should not lead to a divorce. I sincerely hope that our future leaders and our membership continue to speak boldly as we have been doing as future issues of aerospace medicine interest challenge us.

Minutes of the AMA House of Delegates Meeting

The AMA House of Delegates convened in Honolulu on December 5 - 9, 2004 to discuss and debate several hundred resolutions and position papers. Interestingly, at the outset of the meeting the speaker of the House introduced two physicians from Iraq who were invited to observe the House proceedings. One cannot help but wonder what went through their minds as they witnessed free and open debate of a number of contentious issues followed by a vote. I would expect that the democratic process of the House and the free and affable atmosphere among the Delegates must have impressed them and they undoubtedly will take their impressions back to the medical community in Iraq.

In attendance were your Delegates and Representatives (Dan Lestage, Mike Berry, and Russell Rayman). AsMA member Dan Shoor also attended the Young Physician's Section.

The House did celebrate two of its victories, one being the passage into law of the Medicare overhaul, which provides prescription drug coverage for seniors. Although the provisions of this law are not unanimously supported by senior citizens as well as law makers, it is at least a step in the right direction. Another victory involved Medicare fees which were scheduled to be decreased next year by 4.5%. Instead, the decrease was voted down by Congress with a 1.5% increase in Medicare fees representing a 6% favorable swing in 2004.

In addition, the AMA has been moderately successful in its tort reform efforts. A number of states now have caps for medical liability although many states are still in a crisis situation. The fight continues and it is anticipated that in the end the AMA will prevail.

These and other very complex issues are receiving the closest attention by the AMA and as one participates in debate, it becomes very apparent that quality health care and accessibility are at the top of the AMA agenda. Because of the complexities of the issues, easy

solutions are evasive and whatever decisions are made, there are always those who are in opposition. Nevertheless, the will of the House is expressed by a majority vote. Furthermore, practically all of the officers of the AMA have active clinical practices so their perspectives are not from an ivory tower, but rather from ground zero.

Other issues included expert witness qualifications and guidelines for behavior. This is an ethical question that must be addressed by every specialty (including aerospace medicine). The House approved a resolution calling for a draft of civilian physicians in a national emergency which requires more health care personnel than the volunteer military can supply. There were other resolutions and position papers that also addressed the problem of terrorist attacks, medical response, and casualty care.

Since the states received billions of dollars several years ago from the tobacco companies in a class action suit, the House has been dismayed that the states are not using this money for health care or prevention services for those who became ill from cigarettes. Instead, much of this money is being spent by the states on other non-health-related projects such as roads, parks, etc. The House of Delegates strongly opposes this and has appealed to the states to use the money as it was intended.

The AMA is working for all us and for health care in America. Please consider joining if you are not already a member.

Russell B. Rayman, M.D.
Alternate Delegate

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This Month in Aerospace Medicine History-- March 2004

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

Twenty-fifth anniversary meeting. The annual meeting of the Aero Medical Association was held March 29, 30, and 31 at the Hotel Statler in Washington, DC. The meeting celebrated the 25th anniversary of the founding of the Association (1).

Human factors and aircraft engineering. "Three major areas of mutual interest between aircraft engineering and aviation medicine are the effects of vibration, the handling of toxic substances, and the ground testing of pressure cabin installations. Two others of significant interest to engineers are the optimum working conditions in relation to fatigue, and the incident of accidents.

"Vibration either involves movement or noise, and its important variables are frequency and amplitude. The physical response to vibration depends upon the body's natural frequency and a damping factor of muscular tension. The most important vibrations emanate from engines. Low frequencies tend to produce mechanical localized effects on the body, e.g., vibration of the eyeball with blurring of vision. Anti-vibrational mountings aid in reduction of such amplitudes. Audio frequencies are perceived as noise. Noise does not consistently affect work output or alter psychomotor performance. The degree of distraction is proportional to its loudness and the task difficulty. Loud noise causes apprehension, general body discomfort, changes in pulse and respiratory rate, masking of speech and signals, and ear damage. Hearing loss is the most important effect, and becomes measurable in pilots after from 80 to 100 hours flying time. Ninety decibels is the highest comfortable noise level for civilian aircraft if communication is to be maintained. Ear inserts, noise occluding ear pads, and helmets will attenuate noise about [of] 50 db. There is no real evidence of harmful effects to the human from ultrasonic noise.

"The new chemicals and oils being used in aircraft cause the engineer-physician team to weigh function and usefulness constantly against toxicities. A knowledge of concentrations, and the mode, duration and frequency of human exposure is essential. Such substances are exhaust gases, fuels, fire extinguishers, oils, deicing, and hydraulic and refrigeration fluids. Any substance on which there is inadequate toxicologic or physiologic data should be suspected. Petrol, kerosene, liquid oxygen, hydrogen peroxide, and hydraulic fluids are particularly discussed" (5).

Aviation Medicine reported in Thailand. "A brief résumé of the rise of aviation medicine in the U.S. to its present stature as an officially recognized specialty with its own specialty certification. With the Aero Medical Association as a spearhead, the specialty now has both civilian and military schools of aviation medicine and research laboratories. Aviation Medicine has as its goal the maintenance [sic] of the health and welfare of civilian pilots and airline passengers, and the effectiveness of military aircrews" (2).

Twenty-five Years Ago

Screening for marrow necrosis in divers. Naval Submarine Medical Research Laboratory, Groton, CT: "Factors related to

iron metabolism were determined in 20 United States Navy divers during 8 d of air saturation-excursion hyperbaric exposures. During these simulated dives progressive and correlated increases in serum ferritin and iron occurred. No significant changes were observed in bilirubin, hemoglobin, ceruloplasmin, transferrin, copper, or total iron binding capacity... The previously cited work of Gregg et al. showed increased serum ferritin levels after histologically-verified bone marrow necrosis... It was concluded that serum ferritin measurements may prove to be useful as a screening technique for early detection of bone marrow damage and aseptic bone necrosis" (4).

Pilot laser protection. Aircraft and Crew Systems Technology Directorate, Naval Air Development Center, Warminster, PA: "Developments in laser technology have resulted in an expanding use of lasers in many field and laboratory situations. The implications of the use of lasers in military applications have been examined for flight personnel, and the requirement for eye protection determined... Several types of eye protection have been examined. A visor lens, which provides adequate absorption for the wavelength in question, is considered most suitable for flight personnel... Special lenses in standard aviator's spectacle frames have been proposed and are undergoing evaluation as protective devices for flight personnel protection. The lenses are tempered glass and, therefore, are less hazardous than standard glass lenses; however, they do not provide high-impact protection... The solution which seems the least encumbering is a dual visor, in which a laser protective lens and a tinted lens are used. Whenever an aircraft is in a laser environment, the laser lens is used. Whenever there is a high-light environment, the tinted lens is used. When necessary, both are used. If the spectacle alternative is chosen, the clear visor lens may be selected for the visor. At night, the spectacles and the clear visor can be used in a laser environment. During the day a laser environment would necessitate either a different helmet or a change of visor to provide both laser and sun protection, since two pairs of spectacles could not be used. For a mission which started at night and extended into the day, either sun protection or laser protection must be sacrificed, two helmets must be carried, or a dual visor must be used along with the spectacles. On the basis of these types of considerations, a helmet configured with a dual visor - in which both a laser lens and a tinted lens are used - is recommended for head/eye protection in a laser environment" (3).

Alcohol attitudes in aviation. Office of Aviation Medicine, Federal Aviation Administration, Washington, DC, and Department of Community Medicine, Wright State University, Dayton, OH: "Ethyl alcohol continues as a serious adverse factor in general aviation flight safety. According to FAA figures, the level of alcohol-associated general aviation fatal accidents has remained relatively static at a 16% general level since 1969. A recent survey of the attitudes of pilots toward alcohol and flying reveals a lack of appreciation among one-third of the pilots concerning the adverse effects of alcohol on safe flight. A renewed pilot education program on alcohol and flight safety appears indicated" (7). Cabin air quality. "Long-range commercial aircraft may have to install charcoal filters or

catalytic converters if an FAA proposal regulating cabin ozone concentration goes through. "FAA has proposed that the limit for all airliners, whatever the length of their flights, be 0.3 parts per million (ppm). Long-haul flights of 3 hours or more above 18,000 feet would be limited to an average of 0.1 ppm.

"Standards of the Occupational Safety and Health Administration put the 0.3 ppm limit as one above which exposure - during an 8-hour working day - can be expected to produce irritation" (6).

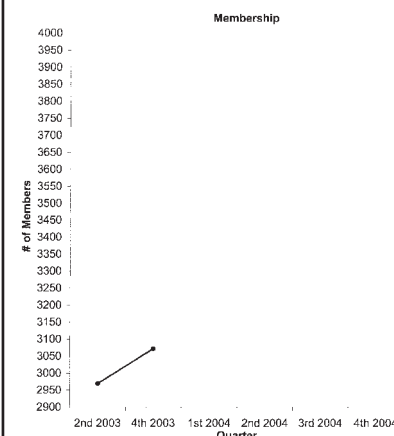
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I WANT YOU

...to get one new member in 2004. AsMA membership has been fairly level for the past several years, but we can do better. If each of us gets just one member in 2004, this will double our active rolls. This is achievable. Either get a new member among your colleagues or consider buying a membership as a gift for a student or colleague. Our membership will be published in this column quarterly so we can all track our progress. Our start line as of June 2003 is 2,969. At the end of 2003 we reached 3,072. As an interim target, let's get 4,000 members by 2005!

Russell B. Rayman, M.D.
Executive Director



MEETINGS CALENDAR

March 22-25, 2004, Daytona Beach, FL. Human Performance, Situation Awareness, and Automation Technology Conference II. Info: Dennis A. Vincenzi: (386)226-7035; dennis.vincenzi@erau.edu; <http://faculty.erau.edu/vincenzd/hpsaa>.

April 22-22, 2004, Brooks City-Base, San Antonio, TX. Military Aviation Fatigue Countermeasures. Info: Charlie Dean, charlie.dean@brooks.af.mil.

May 25-26, 2004, Sydney, Australia. Workshop on Remote Management of Mild DCI. Info: Undersea and Hyperbaric Medical Society (UHMS): (301) 942-2980; email: uhms@uhms.org; websites: www.uhms.org or www.iceaustralia.com/uhms2004/.

September 27-29, 2004, Salt Lake City, UT. SAFE Association 42nd Annual SAFE Symposium. Info: Jeani Benton(541)895-3012; www.safeassociation.com.

CAMA Meeting **Sunday, May 2, 2004, 1:00pm -4:00pm** **Anchorage, AK** **"Age 60: the Winds of Change?"**

The U.S. Age 60 rule has been long debated and is not consonant with regulations in other countries. CAMA has adopted a position that the rule be reconsidered in light of advancing knowledge, and an AsMA position paper advocates that age alone should not be the sole determinant of certification of U.S. Air Transport Pilots. In this afternoon session we will explore the Age 60 Rule and the rationale for change. All are welcome to attend what promises to be a most interesting session. There will be no charge.

Fatigue Countermeasures Course

Military Aviation Fatigue Countermeasures is a 2-day course that outlines the dangers of fatigue in military aviation and related operations (such as maintenance, security, and command and control), the basic mechanisms underlying fatigue, the most common causes of overly-tired personnel, and the best techniques for optimizing alertness in military environments. The course includes instruction on the effective design of crew and shift work/rest schedules and the use of a computerized scheduling tool based upon a quantitative, predictive fatigue model.

This workshop is aimed at military personnel with a need to understand the problem of fatigue in operational environments, especially those who are anticipating new duty assignments in which they will bear some responsibility for the alertness management of aviators, maintenance crews, controllers, or other personnel. No prior education in fatigue management, sleep, or circadian rhythms is required.

The instructors are Dr. John A. Caldwell, Dr. J. Lynn Caldwell, and Dr. James C. Miller.

The course is being conducted April 21-22, 2004, at Brooks City-Base, San Antonio, TX. The cost is \$120, which includes breakfast, lunch, and the take-home course materials. For additional information, contact Charlie Dean: Charlie.Dean@brooks.af.mil.

SAFE Symposium **Call for Papers**

The SAFE Association has issued a Call for Papers for its upcoming 42nd Annual SAFE Symposium. The symposium will be held September 27-29, 2004, at the Grand America Hotel, Salt Lake City, UT.

This is the premier meeting for the professionals who have shaped safety in aviation, space, land, and military disciplines. Topics will include, but are not limited to: Commercial and Military Crash Safety; NBC Protection: Acceleration; Ejection: Life Support Systems; Testing Methods; Simulation; Hearing Protection; Human Factors.

SAFE now accepts only electronic abstracts: safe2004@athenagtx.com or safe@peak.org. The deadline is July 20. The final paper in CD format for the SAFE Proceedings is due by August 13. NEW THIS YEAR: A PowerPoint presentation in final presentation format must be either e-mailed to safe2004@athenagtx.com or sent on a clearly labeled CD to the SAFE Office to arrive no later than 17 September, 2004. Info: (541)895-3012; www.safeassociation.com.

MIT Students Research **Space Travel with Mice**

Students and researchers at MIT are designing a space mission to learn about the effects of Mars-level gravity using mice. The pint-sized mouse-stronauts will orbit Earth for 5 weeks to help researchers learn how Martian gravity, about one-third that of Earth, will affect the mammalian body. The goal of the Mars Gravity Biosatellite Program is to send the mice into near-Earth orbit inside a one-meter space ship simulating Mars' gravity, then bring them back to Earth. It will be the first time mammals of any kind have lived in partial gravity for an extended period. The spin of the spacecraft will create an effect on the mice equivalent to Mars' gravity. The mouse cages will be designed for comfort and protection with room for the little travelers to lope around for exercise in the simulated gravity of Mars.

"Astronauts living on space stations have encountered serious health problems such as bone loss due to their weightless environment [zero gravity]," the team said in a statement. "The first crew on Mars could experience similar effects; scientists do not yet know whether partial gravity is sufficient to prevent these health hazards. A crew of mice will provide the first answers."

This is a multi-university project, led by MIT and involving the University of Washington at Seattle and the University of Queensland in Brisbane, Australia. The MIT team is providing overall systems engineering and project management, as well as designing and building the payload module, and planning the scientific experiments. Students and researchers from Washington are designing and building the spacecraft bus, which contains the power, propulsion, and communications components. Reentry and recovery systems are the responsibility of the Australian group. The project is expected to cost about \$15 million plus the cost of the launch. Given appropriate funding, the mission could launch as early as mid-2006.

NRC Releases Reports to NASA **Regarding Aviation and Space** **Travel**

The National Research Council and the Institute of Medicine of the National Academies are releasing two reports related to aviation and space: one focused on aeronautics technologies, and the other on the long-term health effects of space travel.

On the status of NASA's vehicle systems program, the National Research Council provides recommendations to NASA on how to improve one of its three aeronautics technology programs: the Vehicle Systems Program, which aims at improving the efficiency of civilian and military aircraft and reducing emissions by developing innovative aircraft designs and technologies.

On the review of NASA's longitudinal study of astronaut health, the Institute of Medicine recommends specific steps to improve the study's collection and use of data, so that NASA can gain a better understanding of the occupational risks of being an astronaut and the long-term health effects of manned spaceflight. The report also recommends that new review and oversight mechanisms be put in place, and that NASA assume responsibility for the lifelong health care of its astronauts.

AsPS Education Day Program

The Aerospace Physiologist Society's Education and Training Program Committee is pleased to announce plans for its Education and Training Day to be held Tuesday, May 4, at 10:30 a.m. in the Egan Convention Center, Room 2, during the AsMA 75th Annual Scientific Meeting in Anchorage, AK. A panel titled New Frontiers: Expanding the Boundaries of Enhanced Human Performance will be presented. This intriguing international panel will reach across the vast frontier of nutrition and human performance.

Human performance in operational theaters spans all aeromedical specialties. Despite advances in warfighting technology, modern warfighters are faced with ever increasing physical, physiological, and psychological demands. Mission effectiveness often hinges upon human capacity for physical and mental work in diverse environments on land, air, and sea. Therefore, optimizing the performance of the warfighter can have a profound impact on mission accomplishment. There are numerous nutritional supplements that have been proven beneficial at enhancing both cognitive and physical performance. Through the appropriate use of proven nutritional supplements, a warfighter may gain an operational advantage. The goal of every commander is to increase the probability of mission success. Proven nutritional supplements are tools that are available to the commander to enhance warfighter performance and gain an operational edge. Department of Defense policies that control the implementation and use of nutritional supplements are inconsistent or non-existent.

This panel will address the enhancement of human performance from several perspectives, including military and civilian applications. The panel will review service policies and programs while shedding light on current research and operational applications of nutritional supplements.

WING NEWS & NOTES

Send information for publication on this page to:
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Message from Mary

"Beware the Ides of March"

Do you believe in good luck/bad luck? Do you avoid walking under ladders, worry about a black cat in your path, spilt salt, and many other superstitions that are part of everyday life?

Certainly the Ides of March were pretty unlucky for Julius Caesar, but in fact it was only a date in the calendar of that time. The Ides of March, May, July, and October were on the 15th of those months and on the 13th of all the others. Perhaps that's why we worry about bad luck when the 13th falls on a Friday.

Do you read Astrology charts to find out what is "written in the stars" and do you believe in the prophesies of Nostradamus? Could get a bit scary if one spent too much time thinking about it.

So what has all this to do with the WING? Absolutely nothing !!! Just trying to fill in extra words to satisfy my mentor Dale Orford. "500 words for the March issue, Mary" was my instruction 3 days ago and I have only just put my Christmas decorations away!

I can however foretell that the WING plans bode well for our meetings in Alaska. When Ludy and I were doing our duties in Anchorage last July we were advised to be conservative about the number of ladies attending. It is good to hear that many more are planning to attend the AsMA conference than we first thought but we really need to hear from you so that we can re-assess figures for catering and tours. Please attempt to complete the advance registration forms - it will help enormously.

I was sorry to hear that Shannon Laughrey is unable to be with us in the cool of the 49th — you may recall that she was on special delivery of son Michael Jr. This year her husband will be on detachment to the heat of the Middle East. We wish him good fortune and hope that Shannon copes well in his absence. Shannon has done a wonderful job updating our website and would love to have submissions to post. Please visit her at: www.thewing.freemovers.com, or e-mail: babydollandjammer@msn.com

So here we now are in March and only 2 months until we reunite with our friends, and as President for the year, I look forward to

welcoming new members to the WING.

Dale Orford has been most supportive and is doing a great job in Publicity—just April, May, and June articles to cover—must get my thinking cap on.

In the meantime, watch those ladders, spilt milk and any other superstitious nonsense. Wishing everyone happy days and good health,

Marybaird

PS - I must do something about that mirror I broke yesterday!!!!

Meet Jan Davidson

Jan was born in the small town of Stratford, Ontario, home of the internationally acclaimed Stratford Shakespearean Festival. However, it was nursing, not acting, which was in her blood. Says Jan, "Nursing was a life-long dream of mine, and after receiving my license, I spent the next few years working on a surgical ward in Dartmouth, Nova Scotia. I had already had a particular affinity for "Maritimers", as east coasters are called, as they always seem to welcome you into their homes with open arms. I had spent many happy summer vacations visiting my mother's relatives on Cape Breton Island, so the whole area felt like home."

It was while in Dartmouth that Jan decided to explore career options with the Canadian Armed Forces. She says, "The excitement of being a flight nurse peaked my interest." It was while Jan was posted at CFB Trenton that she met Ron, a flight surgeon/medical officer who at the time was also a single father, trying to balance career and family. It wasn't long before they fell in love, married, and 2 years later began their own family with the birth of Iain.

Like any military family, their postings saw them calling many different parts of the country home. The Davidsons particularly enjoyed their time in San Antonio, and were eagerly anticipating their posting to Baden, Germany, when as luck would have it, the plans changed and they were instead sent to Cold Lake, Alberta. Says Jan, "We soon learned where the area got its name as temperatures in winter often fell to forty degrees below zero!" While there, they added a second son, Stuart, to their family.

The young family was soon on the move again, heading east to Ottawa and then Toronto, where Ron assumed the position of Director of Operational Medicine at the Defense Civil Institute of Environmental Medicine. Jan used this time to complete a course in Echocardiography at the Michener Institute while also working as a Reserve Nursing Officer at DCIEM. Four years later they found themselves posted to the west coast and the beautiful city of Victoria. Says Jan, "We enjoyed our five years in Victoria and loved the outdoor life exploring the island with friends and family. We may actually settle there when Ron retires." It was there that they completed their family with the addition of daughter, Paige.

Currently, Jan and Ron call Ottawa home.

Ron is the Command Surgeon for the Air Force. Iain is now at University, Stuart is a high school student, and little Paige is in grade 4. Jan is working part time in the immunization clinic at National Defense Medical Centre and says, "I truly enjoy the time I spend with my co-workers. I am also a past president at the parish level of the Military Ordinariate Catholic Women's League of Canada. Ron and I also plan to become more involved with the Canadian Diabetes Association since our daughter has recently been diagnosed with Type One diabetes." And when Jan is not busy with work and family, she likes to relax with either a cross stitch project, a bit of Tole painting, or singing and playing the piano for her own enjoyment.

Jan first joined the Wing when the AsMA conference was hosted in Toronto, and assisted with the arrangements for that meeting. This year we are delighted to have Jan as our Resolutions chair.

Update from Susi

Susi Bellenkes reports that she and Andy have moved to Vienna! (Virginia, that is!). Yes, our resident artist is installed in her new home and enjoying the new challenge of navigating around the Capital region. Says Susi, "We found a house in Vienna, west of Washington, DC - the last Metro station. Andy commutes by bus and metro (one and a half hours each way!) to the Navy Annex right behind the Pentagon. I am luckier, since I am working from home. I can sleep in and still be at my work on time!!! Washington is a place with so many things going on, all the museums, shows, galleries, events, we could do something every day. I am finally back to painting — yes, I found my brushes, easels, and canvases! Pretty soon we shall be preparing for AsMA in Anchorage. Wow! I hope that this finds all of you in good spirits and "all pumped up" for the coming events. See you in Alaska.

LONELY GIRL

By Dale Orford
(with sincerest apologies to Paul Anka)

I'm just a lonely girl, lonely and blue,
I'm sitting right here, waiting for you.

My computer's cranked up, high speed internet,
The Journal is waiting — we are all set!

Send me your photos, in jpeg format,
Your trips, family, spouse, or even your cat!

Where have you been, to Topeka or Tibet
We all want to know — are you even back yet?

What news of your family, careers, and events,
Trips down the Nile, or painting that fence?

Share with your friends, all of your news,
And keep your Editor from getting the blues.



Jan Davidson--Resolutions Chair.

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

Royce Moser, Jr., M.D., MPH, Salt Lake City, UT, was recently elected to the Harvard School of Public Health Alumni Council, where he will serve a three year term. He currently serves as a professor in the Department of Family and Preventive Medicine at the University of Utah's School of Medicine and is also the deputy director and course director for the Rocky Mountain Center for Occupational and Environmental Health. He is a fellow of the Aerospace Medical Association and the American College of Preventive Medicine and is a member of the Association of Teachers of Preventive Medicine and of the American Public Health Association.

Aric J. Katterhagen, B.S., M.S., Rice, MN, recently became a medical student at the Uniformed Services University Health Sciences (USUHS). Prior to this, he was an associate scientist at Lockheed Martin.

Daner R. Reider, M.D., Tustin, CA, formerly a regional flight surgeon at United Airlines in Los Angeles until he retired in June 2003, has become an independent contractor in Occupational Medicine. He retired from the U.S. Air Force in March 2001 and was awarded a meritorious service medal at retirement. He continues to practice as an FAA Medical Examiner.

Claude Thibeault, M.D., Brossard, P.Q., Canada, formerly Senior Director of Occupational Health and Employee Assistance Services at Air Canada, retired from that position on December 31, 2003. As of January 2004, he is working as a consultant in Aerospace Medicine, and one of his contracts will be the work of Medical Advisor for IATA.

In Memoriam Fred O. Hemming

We have recently been informed of the death of Fred O. Hemming, M.D., in April 2001. He had resided in Sicamous, British Columbia, Canada. He was born in Edinburgh, Scotland in March of 1924.



He served in the R.A.F. from 1941 to 1946 as a wireless operator and air gunner. He later attended the University of Glasgow, where he earned his M.B.Ch.B. in 1957. He emigrated to Canada and spent nine years in general practice in Salmon Arm, British Columbia. He became a Canadian Federal

Aviation Medical Examiner in 1961. From 1967-1969, he took the post of Regional Medical Officer for the Canadian government, then served as Adviser in Civil Aviation Medicine from 1969-1970. In 1970, he became Assistant Chief of Medical Services for Canadian Pacific Airlines.

He served as Director of the British Columbia Aviation Council and as the Chairman for the Committee on Pilot Medical Standards B.C. Aviation Council. He was elected President of the Civil Aviation Medical Association in 1976. He

held licenses as a private pilot, a commercial pilot, and a helicopter pilot. He was a Fellow of AsMA and served on the Aviation Safety Committee. He was a founding member of the Canadian Society of Aviation Medicine, was a member of the Airline Medical Directors Association, and the Canadian Aeronautics and Space Institute.

Algernon G. Swan

We have just learned that Algernon G. Swan, Ph.D., died in March 2003. He was born in January 1923 in Andrews, NC. He earned an A.B. degree in chemistry in 1948, and received a Ph.D. in physiology and biophysics from the University of North Carolina in 1960.

He entered the U.S. Army Air Corps in 1942, received pilot training in 1943-1944, and served as a flying instructor, fighter gunner instructor, and squadron operations officer from 1944-1945. He returned to civilian life in 1946 to pursue his education, and then later returned to active duty with a commission in the regular Army. In 1949, he joined the staff at the School of Aviation



Medicine at Randolph AFB, TX, and served on exchange duty with the Army Chemical Corps Research and Engineering Command at Edgewood, MD in 1952.

From 1953-1957, he was a staff officer at the USAF Headquarters and Development Project Officer for the F-86, F-100, and F-105 aircraft. In 1960, he became Chief of the Biophysics Branch of the 657th Aerospace Medical Research Laboratories at Wright-Patterson AFB, OH. He became Director of Life Support, Deputy for Research and Development at the Aerospace Medical Division, Brooks AFB, TX in 1962, and in 1965, he was appointed the Deputy for Research and Development.

He was a Fellow of the Aerospace Medical Association and served on their Life Sciences Committee. His decorations included the Army and Air Force Commendation Medals.

New Members

Broderick, Timothy J., M.D., Cincinnati, OH
 Drummond, Jimmie J., Capt., USAF, MC,
 Bowie, MD

Kjos, Heidi L., Maj., USAF, MC, APO AP
 Longphre, John P. M., M.D., Chapel Hill, NC
 McDonald, Paul V., Ph.D., Houston, TX
 Perraud, George O., D.O., Ft. Lauderdale, FL
 Shaskan, Gregory G., M.D., South Bend, IN
 Shen, Henry J., Cdr., USPHS, MC, Honolulu, HI
 Trentini, John F., 2Lt., USAF, Columbus, MS
 Webster, Thomas A., Cpt., USA, MC, Kansas
 City, MO

International New Members

Abou-Seif, Nader, M.B.B.S., Victoria, Australia
 Bird, Oliver J., M.B., Ch.B., UK
 Estrada, Guillermo Salas, M.D., Netzahualcoyotl,

Mexico
 Maritz, Estie, MBChB, Windhoek, Namibia
 Meeuwsen, The, Maj., RNLAf, Velp (Gld)
 Gelderland, Netherlands
 Steyn, Jacobus, M.B.Ch.B., Pretoria, Gauteng,
 South Africa

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 ONLINE!**
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 AsMA an additional \$20 fee.**

MEMBERS*MEMBERS

Have you recruited a new member this year? If each one of us recruited at least one new member, we could actually double our membership with a mere stroke of the pen. Let's keep the momentum going. Adopt the slogan:
 "EVERY MEMBER GET A MEMBER."

CLASSIFIED ADS

POSITIONS AVAILABLE

RESEARCH FELLOW, Endocrinology, Hypertension, and Diabetes Division, Dept. of Medicine, Brigham and Women's Hospital, Harvard School of Medicine-- Research Fellow position is available for participation in human physiologic studies, evaluating cardiovascular and hormonal effects of simulated microgravity. Anticipated start date is June, 2004. Interested applications (MD required) should submit curriculum vitae and three letters of reference to Professor Gordon H. Williams, M.D., Endocrinology, Hypertension, and Diabetes Division, Brigham and Women's Hospital, 221 Longwood Ave., Boston, MA 02115; mgrenon@partners.org.

INDEX TO ADVERTISERS

Aerospace Medical Association
 Advance Registration Formv
 Corporate Members300
 Hotel Registration Formvii
 Information for Authors . .Cover III
 Preliminary Program Schedule .viii
 Wing Registration Formiii
 ETCCover IV
 WyleCII



The financial resources of individual members alone cannot sustain the Association's pursuit of its broad national goals and objectives. Its 75-year history is documented by innumerable medical contributions toward flying health and safety that have become daily expectations by the world's entire flying population—commercial, military, and private aviation. However, support from private and industrial sources is essential. The following organizations, who share the Association's objectives or have benefitted from its past or current activities, have affirmed their support of the Association through Corporate Membership.

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