

# The *Flying* Physician

*The Magazine of Physician Pilots Since 1957*

**64TH ANNUAL MEETING  
JUNE 2-5, 2018  
THE GREENBRIER  
WHITE SULPHUR SPRINGS, WV**



**THE 2017 ANNUAL MEETING  
KUROKAWA AWARD WINNER  
Thyroid Disease in the Aviator  
-pg. 11**



**GLOBAL DISASTER RESPONSE:  
PROS & CONS -pg. 15**



**Pittsburgh in September, 2017:  
what a blast! -pg. 22**

*Are you a physician and a pilot?  
Or a physician interested in aviation?  
Flying Physicians Association is the association for you.*

# Faces of FPA

Flying Physicians Association – Who are we? FPA is a dedicated and enthusiastic medical society comprised of physicians, MD or DO. We are also pilots. FPA members are actively involved in promoting aviation safety, supporting youth programs to expose more young people to the wonders of science and aviation, mission and humanitarian work at home and abroad and providing top quality continuing medical education for physician pilots.

Continuing education in aviation safety and in medical practice are top priorities, and CME credits are provided at both chapter and national meetings. Visit the FPA web site, [www.FPADRS.org](http://www.FPADRS.org), to see the latest listing of meetings and courses designed for the adventurous physician pilot wanting to combine these two passions.

Five FPA chapters meet regionally in aviation-friendly destinations throughout the year, encouraging family participation and involvement.

The national FPA Annual Meeting is generally held in summer months and features outstanding aviation speakers as well as medical experts in identified areas. The 2018 FPA Annual Meeting begins on Saturday, June 2, 2018, at the Greenbrier Hotel and Resort in White Sulphur Springs, WV. Mark Eidson, MD, directs the medical education schedule that will include FPA members. These specialized presentations, targeted to the needs of the FPA membership, address a range of topics throughout the four days. Topics are relevant to medical practices and pilot-physicians involved in volunteer work. The meeting schedule of speakers and CME activity goals/learning objectives will be included in this issue of FLYING PHYSICIAN magazine. CME presentations and panels are held on Saturday afternoon and Sunday through Tuesday mornings. As lifelong learners, physician members attending FPA meetings combine their passion for medicine with a passion for flying. Leaders in their communities and in their work on disaster relief teams and service missions – FPA members make a difference.

If you are interested in becoming a member of this dynamic group, contact the Flying Physicians Association Headquarters office in Montgomery, Texas, by phone 936-588-6505 or e-mail [info@FPADRS.org](mailto:info@FPADRS.org). A member will contact you to discuss joining.





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# The *Flying* Physician

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FOR MEETINGS INFORMATION VISIT OUR WEB SITE AT  
[WWW.FPADRS.ORG](http://WWW.FPADRS.ORG)

# WELCOME TO FIRST AMERICAN BANK

## New FPA Commercial Supporter

**FPA:** It's a pleasure to welcome you as a new commercial supporter to the FPA family of physician-pilots. We look forward to your participation and a mutually beneficial relationship!

Please give the FPA members some background on First American Bank.

**FAB:** Thank you. We are happy and excited to be participating. First American Bank is a longstanding, privately owned, community bank with roots dating back to 1934. For more detail, we recommend you visit our website, [www.1934.bank](http://www.1934.bank)

**FPA:** Why did First American Bank choose to become a commercial supporter of FPA?

**FAB:** With a dedicated aviation group, First American Bank has the industry expertise and experience that you won't find at other banks. Whether you are financing, refinancing, or completing upgrades to your current aircraft, we are here to provide the financing solution that meets your needs.

Our aircraft financing programs feature flexible structures and down payment options at highly competitive interest rates (fixed & floating). We also offer up to 25-year amortization schedules designed to maximize your cash flow.

**FPA:** This sounds like a good fit for many of the FPA members. If an FPA member is interested and wants to talk to a First American Bank contact, what's the first step?

**FAB:** Call Kent Peterson. Our aviation group team is led by Kent Peterson who began his banking career in 2005 specializing in aircraft loans. Kent earned his private pilot's certificate in 2010 in a 1966 Piper 150.

*Kent Peterson: "I still remember my first solo flight, so whether it is your first time flying or your 1,000th, let my passion and knowledge of lending and flying help you with the purchase or refinance of your plane. At First American Bank, we are dedicated to serving you."*

**FPA:** How does an FPA member contact Kent Peterson?

**FAB:** Contact Kent Peterson at 833-408-2524, or [kent.peterson@1934.bank](mailto:kent.peterson@1934.bank). Learn more at [www.1934.bank/healthcare/](http://www.1934.bank/healthcare/).

**FPA:** Thank you again, and we look forward to having Kent involved in future FPA activities and to a rewarding relationship that benefits the FPA members. Welcome aboard!

**Locations:** With branch locations in Iowa and Southwest Florida and access 24/7 online, by telephone or on your mobile device, First American Bank is here for you whenever, wherever and however is most convenient for you.

**Healthcare:** At First American Bank we understand what it takes to run a successful practice. We offer healthcare providers financial service options that can supply you with the technology needed to improve your practice productivity, increase your bottom line and ultimately improve your patient experience and quality of care.

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# FPA Governance

## 2017 – 18 Board of Directors and Committee Chairs

### OFFICERS 2017-18

PRESIDENT and BOARD CHAIR	George W. Shehl, MD	Clarksburg, WV
IMMEDIATE PAST PRESIDENT	Charles R. Reininger, MD	Eunice, LA
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SECRETARY	Theodore J. Stransky, MD	Evansville, IN
TREASURER	John R. Hunt, MD	Anderson, SC

(1-year terms)

### BOARD OF DIRECTORS VICE-PRESIDENTS

Dixie Chapter Vice-President	George L. Cowan, MD	Scranton, SC
Great Lakes Chapter Vice-President	Vincent B. Ostrowski, MD	Indianapolis, IN
Northeast Chapter Vice-President	John R. Mulvey, MD	Elkton, MD
Southwest Chapter Vice-President	Steering Committee	
Western Chapter Vice-President	TBA	

(Elected by Chapters)

### BOARD OF DIRECTORS ELECTED REPRESENTATIVES

Dixie Chapter Representatives	Trevor I. Goldberg, MD (2018)	Burnsville, NC
	W. Kenneth Austin, MD (2019)	Jasper, GA
Great Lakes Chapter Representatives	Richard F. Maier, DO (2018)	Columbus, OH
	Donald M. Taylor, MD (2019)	Macomb, MI
Northeast Chapter Representatives	James M. Timoney, MD (2019)	Auburn, ME
	Musaddiq "Mo" N. Nazeeri (2020)	Lebanon, PA
Southwest Chapter Representatives	John D. Davis, MD (2019)	Hunt, TX
Western Chapter Representatives	Peter R. Bartlett, MD (2019)	Fresno, CA
	Joseph "Randy" Edwards (2018)	Las Vegas, NV

(3-year terms)

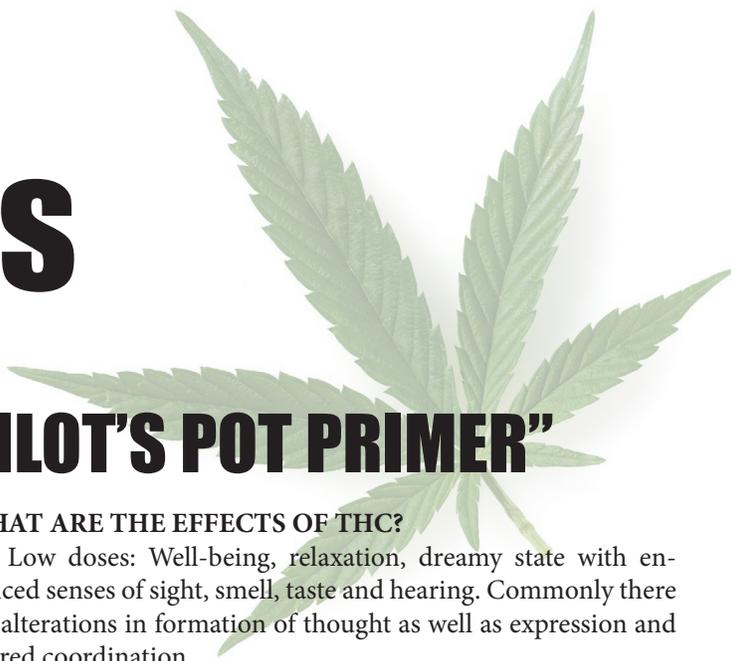
### COMMITTEE CHAIRS

Awards Committee	Roger B. Hallgren, Chair
Bylaws Committee	Albert B. Briccetti, Chair
CME Committee	Richard W. Sloan, Chair
Executive Committee	George W. Shehl, Chair
External Relations	Felix R. Tormes, Chair
Finance Committee	John R. Hunt, Chair
Human Factors/Safety	Warren V. DeHaan, Chair
Membership	George W. Shehl, Chair
Nominating	Douglas W. Johnson, Chair
Publications	Mark E. Thoman, Chair
Right Front Seaters	Susan B. Shehl, Chair
Samaritan	John E. Freitas, Chair
Tours	Bernard A. Heckman, Chair



# Mark's Remarks

By Publications Committee Chair,  
Mark Thoman, MD

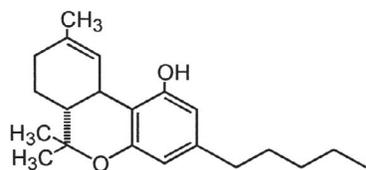


## “FLYING HIGH” or “THE PILOT’S POT PRIMER”

There is a paucity of scientific literature on the effects of marijuana, or THC, on a pilot’s performance in flying an aircraft. Despite an extensive search of the literature on this subject, through the National Library of Medicine (e.g. PubMed, Medline, etc.) as well as subscription medical search services such as Harvard University’s Paper Chase, the available articles were published decades ago. These were published at a time when the potency of THC was a fraction of its concentration today. The following is a summary of this complex subject as it applies to those of us who pilot an aircraft.

### WHAT IS MARIJUANA/ CANNABIS/THC AND HOW IS IT USED?

Made from the hemp plant, the main psychoactive chemical in it is delta-9-tetrahydrocannabinol, or THC. It is generally used as:



Δ-9-tetrahydrocannabinol (THC)

- Loose marijuana rolled into a cigarette or a ‘joint’
- Smoking it in a water pipe, or ‘bong’
- Mixing it in food, such as brownies, cakes, cookies, or in a beverage such as tea
- Some users smoke it in a pipe or mix it with tobacco in a cigarette
- Slicing open a cigar and replacing the tobacco with marijuana which is known as a ‘blunt’

### WHAT ARE SOME STREET NAMES FOR MARIJUANA?

Common names:  
Weed, Pot, Dope,  
Grass, Reefer, Herb,  
Mary Jane Older, less



common names: Gangster, Aunt Mary, Boom, Ganja or Kif, Buds, Nuggets, Blaze, Hay, Rope and Stinkweed

### WHAT IS THE ONSET AND DURATION OF THC?

The effects of THC, via a water pipe, can be felt within minutes reaching a peak from 10 to 30 minutes, having an effect from 10 minutes up to three hours.

The terminal half-life of THC can range anywhere from 20 hours to 10 days, depending on the amount and potency. Taking a mg of THC, with a half-life of 20 hours, will still have 0.031 mg of THC in the system four days later.

### WHAT ARE THE EFFECTS OF THC?

Low doses: Well-being, relaxation, dreamy state with enhanced senses of sight, smell, taste and hearing. Commonly there are alterations in formation of thought as well as expression and altered coordination.

Higher doses: Reaction intensification, shift in sensory imaging, sudden emotional fluctuations, tachycardia, impaired memory, vivid fantasies, paranoia and even hallucinations and panic attacks.

And finally, one of the best-known conditions associated with the use of THC are the “munchies”. It was unclear what caused the THC ‘munchies’. Recently, however, Italian scientists explained that molecules, called end cannabinoids, bind with receptors in the brain thus increasing the appetite in THC users. This not only enhances the enjoyment of food, but also causes an increase in the number of times a person wants to eat.

### WHAT ARE THE FAA REGS REGARDING CANNABIS?

The use of alcohol and drugs by pilots is regulated by CFR 91.17. Among other provisions, this regulation states that no person may operate or attempt to operate an aircraft:

- within 8 hours of having consumed alcohol.
- while under the influence of alcohol.
- with a blood alcohol content of 0.04% or greater.
- while using any drug that adversely affects safety.

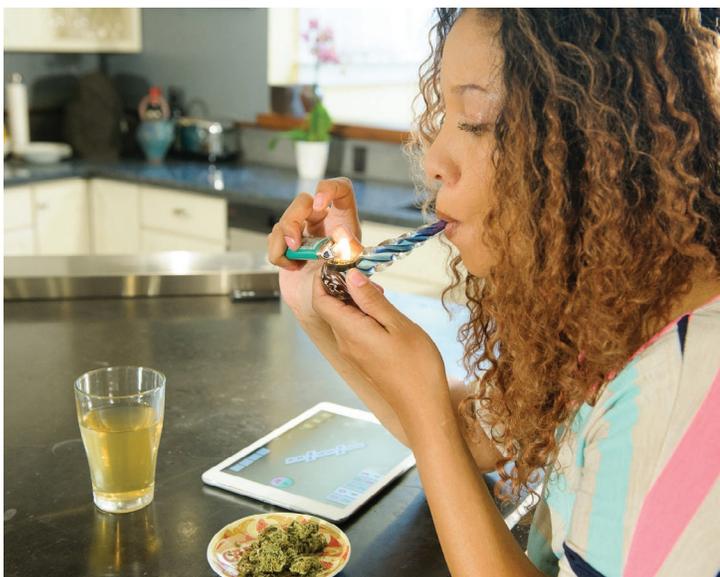
Additionally, CFR91.17 says the following:

“A *diagnosis or medical history of substance dependence is disqualifying unless there is established clinical evidence, satisfactory to the Federal Air Surgeon, of recovery, including sustained total abstinence from the substance(s) for not less than the preceding 2 years. A history of substance abuse within the preceding 2 years is disqualifying. Substance includes alcohol and other drugs (i.e., PCP, sedatives and hypnotics, anxiolytics, marijuana, cocaine, opioids, amphetamines, hallucinogens, and other psychoactive drugs or chemicals).*”

### HOW ADDICTIVE IS MARIJUANA?

This is an ongoing debate, but the signs and/or symptoms experienced when one stops using THC characteristically and commonly include:

- Nervousness, irritability and restlessness.
- Anxiety and violent anger outbursts.
- Interrupted sleep/insomnia.
- Severe changes in appetite.
- Psychological dependence.



*From the Am J Psychiatry (1976 Apr 133(4):384-8)*

This is a study of the effects of marijuana intoxication on the ability of 10 certified pilots operating a flight simulator. This was a randomized double-blind crossover design comparing the effect of active vs placebo marijuana. The results showed a significant decrease in measurements of flying performance 30 minutes after smoking marijuana. With 6 pilots tested sequentially for 6 hours, there was a decrease in flying performance which continued two hours after smoking the drug. The authors concluded that marijuana on flying performance may represent a sensitive indicator of the drug's psychomotor effect.

*Aviat Space Environ Med. 1989 Dec;60(12):1145-52, "Marijuana, Aging, and Task Difficulty Effects on Pilot Performance., by Leirer V. O., et al:*

This piece provides evidence that diverse factors can cumulatively contribute to human/machine performance decrements. In separate sessions, young and older pilots smoked one of three cigarettes containing either 0 mg, 10 mg, or 20 mg of the active ingredient, delta 9 THC. They flew a calm and a turbulent flight in a light aircraft simulator at 1, 4, 8, 24, and 48 hour (h) delay after smoking. Effects were found at 1 and 4 h after smoking in the turbulent flight conditions when 20 mg cigarettes were smoked. Drug dose level, age, weather conditions (i.e., task difficulty), and delay period all affected pilot performance. Most important, these variables produced cumulative performance decrements.

### WHAT HEALTH PROBLEMS ARE ASSOCIATED WITH THC?

- Smokers of THC can have the same cardio-respiratory problems as tobacco users, including heart attacks.
- Long-term use, according to the DEA, can increase the risk of damage to the pulmonary and/or reproductive systems.

### IS THERE A THERAPUETIC USE FOR MARIJUANA?

Since the pharmacologic effects of THC are suppression of nausea, relief of eye pressure, decrease in muscle spasm, increase in seizure threshold, and stimulation of appetite, it has been used therapeutically for the following:

- Cancer, AIDS and chemotherapy (to suppress nausea and stimulate appetite).
- Glaucoma (to alleviate eye pressure).
- Epilepsy (to decrease convulsions).
- Multiple Sclerosis (to decrease muscle spasms).

N.B.: Many today believe the negative effects of marijuana use outweigh the positive effects. As of February 2014, in contrast and despite several states making changes in marijuana statutes in the medical/recreational use of marijuana, the DEA lists marijuana as a Schedule 1. Schedule 1 is reserved for "the most dangerous drugs," and are substances with "no currently accepted medical use and a high potential for abuse, such as heroin, LSD and Ecstasy".

### WHAT STUDIES ARE THERE REGARDING THE EFFECTS OF THC ON PILOTS?

As stated, there is a dearth of information on pilot performance from THC. Two abstracts from the decades old literature search are cited below. (Editor's Note: If you have or see more recent literature on this subject please send me the citation and I will use them in a follow up piece).

**EDITOR'S FINAL COMMENTS:** As a medical toxicologist for the FAA's AME Seminars for over 30 years, it was my task to discuss the telltale signs of possible drug and alcohol use during the pilot's examination. In addition, I also presented the physiological effects of drugs and alcohol on pilot performance. Now, with greater availability, potency (some say 10 times the concentration of marijuana years ago) and increasing legalization in the use of marijuana medically and recreationally, there is an even greater need for more studies on short as well as long term effects on pilots who may use cannabis.

Finally, very recently obtained articles on the subject that have not been editorially reviewed but may be used in a future piece are listed below.

- Marijuana carry-over effects on aircraft pilot performance. [Aviat Space Environ Med. 1991]
- Comparison of smoked marijuana and oral Delta(9)-tetrahydrocannabinol in humans. [Psychopharmacology (Berl). 2002]
- A study investigating the acute dose-response effects of 13 mg and 17 mg Delta 9- tetrahydrocannabinol on cognitive-motor skills, subjective and autonomic measures in regular users of marijuana. [J Psychopharmacol. 2008]
- Effects of tetrahydrocannabinol content on marijuana smoking behavior, subjective reports, and performance. [Pharmacol Biochem Behav. 1989]
- Marijuana, driving, and accident safety. [J Psychoactive Drugs. 1988]

# *From the* **Left Front Seat**

*A Message from the President*  
**George W. Shehl, MD**



Let's bring on the New Year and start thinking about attending the Flying Physicians Association Annual Meeting at The Greenbrier in White Sulphur Springs, West Virginia!

Nestled in the Allegheny Mountains surrounding the wide Greenbrier Valley, I believe the beauty and splendor of The Greenbrier Resort will activate the pleasure zones of your brain from the moment you arrive. Since The Greenbrier's inception in 1778, it has always been a place where "you leave your troubles and worries at the door". More importantly, it is a resort hotel where "Ladies and Gentlemen serve Ladies and Gentlemen".

Transportation to and from the hotel will be managed by our Local Arrangements Committee composed of the Prescott's and the Shehl's. Details will be forthcoming. A warm Welcome Reception is planned on Saturday evening, June 2, at the Golf Club.

Dr. Mark Eidson has assembled an academic and well balanced CME program scheduled to kick off Saturday afternoon, including offerings from the AeroSpace Medical Association, the West Virginia University Medical Center's "State of the Art" Cardiovascular Interventions Department, and an FAA Regional Flight Surgeon.

Over the next three days, the CME Program will unfold every morning with a wide variety of interesting medical presentations presented by academic physicians from the Vanderbilt Medical Center in Nashville, TN, the University of New Mexico School of Medicine in Albuquerque, NM, University of Toledo, College of Medicine in Toledo, Ohio, West Virginia University Medical Center in Morgantown, WV, and the University of Michigan in Ann Arbor, Michigan.

There will be three aviation only presentations including topics on Aviation Safety and Aviation Maintenance from nationally recognized experts, with another look at the "Basic Med" airman medical certification concept from the perspective of a Deputy Regional FAA Flight Surgeon.

And, if all of the above isn't enough, we'll be learning about the clinical overlap of animal and human diseases from the perspective of a Veterinary Medicine doctor! Please take a moment to review the entire academic program, pages 36 through 58 in this magazine.

The Right Front Seaters are scheduled to attend the Culinary Kitchen Demonstrations, The Greenbrier Interior History Tour, Glass Blowing Demonstrations and a visitation to The Greenbrier Art Colony and Shops. The Greenbrier "Cold War" U.S. Government Bunker tours are available every morning and every afternoon for those who choose to participate.

There are plenty of other resort activities to enjoy including golf, tennis, skeet and trap shooting, the spa, indoor and outdoor swimming pools, bowling, equestrian options, hiking trails, off road driving, fly fishing, and falconry, to name a few. There is complimentary tea and cookies with entertainment every afternoon in the Upper Lobby. Evenings can be spent socializing at the Lobby Bar, watching movies at the theatre, or gambling at the Casino. A scramble golf tournament is tentatively planned on Monday afternoon for those who wish to participate. I believe one of your fondest take home memories from our meeting, will be "the food". It's truly amazing. The meeting wraps up Tuesday evening at the awards celebration and ceremonies.

So, for good times and memories which shall not be forgotten, flight plan your way to KLWB for the FPA 64th Annual Meeting at The Greenbrier in White Sulphur Springs, West Virginia, June 2-5, 2018!



*George*  
George W. Shehl, MD, FACC  
FPA President 2017-18



## *From the* **Right Front Seat**

*A Message from the Right Front Seaters Chair*  
**Susan Shehl**



From Thanksgiving through New Year's Day, there are a lot of holidays squeezed into little more than a month's time. It is a season that exemplifies joy, family coming together and giving back. As George and I recover from the holidays, we are working hard on the Flying Physicians 64th Annual Meeting at the Greenbrier Resort in West Virginia's Allegheny Mountains.

We consider the Flying Physicians members and their families our extended family. There is no better place to spend time with friends and family than the legendary Greenbrier Resort. This National Historic Landmark goes back to the building of the Grand Central Hotel in 1858. The Greenbrier has entertained numerous U.S. presidents and other dignitaries throughout their history and is a wonderful retreat for families to relax and rejuvenate.



There is nothing like simple, old-fashioned fun. You can enjoy hiking a number of trails on the resort's 6,500 acres, horseback riding or a family carriage journey around the resort. There are historical tours of the grounds and the interior of the hotel. And, of course, you will want to tour the intriguing declassified Bunker at the Greenbrier. This 112,544-square-foot bunker was built 720 feet into the hillside under The Greenbrier's West Virginia Wing during the Cold War and was kept a secret for 30 years! It was intended for use by Congress in the event of a national emergency.

There are beautiful indoor and outdoor swimming pools. The hotel has an afternoon tea in the lobby every afternoon. There are over 50 activities listed to keep you busy during your stay.

George and I love the Main Dining Room for dinner, but there are many alternatives that are equally delicious. I recommend trying the chilled peach soup and the Greenbrier Bread Pudding with Vanilla Sauce at Drapers. You can head to the movie theater after dinner or enjoy a nightly champagne toast at the Casino. You will definitely feel refreshed at the end of your visit.

We hope you find the Greenbrier a very special place, as we do. What a wonderful location to make memories! We are looking forward to seeing our FPA Family. We are planning to have our sons and their wives and daughters join us as well. Should be good times for all!

Safe Flying!

*Susan*

Susan Shehl, RFS Chair

## *Engagement Announcement*

Dr. John T. Kihm and Jeris A. Fields, of North Carolina, are pleased to announce their engagement and take-off as husband and wife. Their journey together launches officially, March 31, 2018.

Ed. Note: Dr. Kihm is a frequent speaker at FPA chapter and national meetings. His father, Dr. "Jack" Kihm and RFS, Patti, are also long-time members of the Dixie Chapter and participants in FPA meetings.

John Kihm actively engages in medical missions both domestically and internationally as well as using his aircraft to maintain a weekly house-call practice on Ocracoke Island, Outer Banks, North Carolina.



***Best wishes and blue skies!***

## THE 2017 ANNUAL MEETING

### *Kuros Tabari Award Winner*

# Thyroid Disease in the Aviator



**John E. Freitas, M.D.**  
**Senior AME**  
**St. Joseph Mercy Hospital**  
**Ypsilanti, MI**

*Reprinted with permission from Civil Aviation Medical Association, Flight Physician, vol. 20, #3, August, 2017, p. 19-25.  
Complete original PowerPoint presentation available on [www.fpadrs.org](http://www.fpadrs.org).*

There are approximately 3,100 active Federal Aviation Administration (FAA) designated Aviation Medical Examiners (AMEs). Each AME brings his/her expertise to the AME/pilot encounter. For example, a cardiologist /AME may readily detect a significant mitral insufficiency murmur that is missed by other examiners less skilled in auscultation. Similarly, if an examiner omits a portion of the exam such as palpation of the neck, significant thyroid disease can go undetected. Ask yourself, have you ever had your neck palpated during your flight physical? The presence of a goiter or nodule requires further evaluation that often leads to the detection of disease that directly impacts aviation safety. By illustrating several pilots that I have seen during 40 years as an AME, I will show you the scope of thyroid disease encountered and how it is best managed to keep the pilot in, or return the pilot to, the cockpit in an expedited fashion. The AME should be the pilot's best advocate by initiating the appropriate, expedited evaluation of the detected thyroid disease and not simply deferring the airman's medical certification to the FAA.

Thyroid disease is common in the United States (1). It is estimated that 6-8% of the adult population has a goiter, 4-6% has a palpable nodule, while 1-3% will develop hyperthyroidism, and 5-7% will develop hypothyroidism over their lifetime. Thyroid disease is 2-4X more common in females than males, yet we know that only 6% of active airmen are females. Thus, the majority of thyroid disease will be detected in male pilots.

#### 26 Y.O. Female Second Class Certified Flight Instructor Instrument (CFII) – 1535 Hours

At this, our 3rd yearly encounter, she answered my query as to how life was treating her with a terse reply, "Life is good." My physical exam demonstrated a new 30 gram, firm, non-tender goiter with no palpable nodules. She denied any history of familial thyroid disease (e.g. Hashimoto's thyroiditis), the most common cause of goiter in the Midwest, no recent pregnancy, and no goitrogen exposure. The mere presence of a goiter is not disqualifying for FAA certification if the airman, such as this CFII, has no compressive symptomatology (e.g. dysphagia, stridor, dyspnea)

and is euthyroid. To further evaluate this airman, a serum TSH, thyroid peroxidase antibodies (TPOab), and a thyroid sonogram were obtained that day. She was euthyroid (TSH 1.7 mIU/L [normal range 0.3-3.0]), had negative thyroid antibodies, and her sonogram confirmed the goiter with no nodules. Her Second Class medical certificate was issued and her follow-up evaluation (including FAA-required yearly serum TSH) was unchanged over the next 5 years that I saw her.

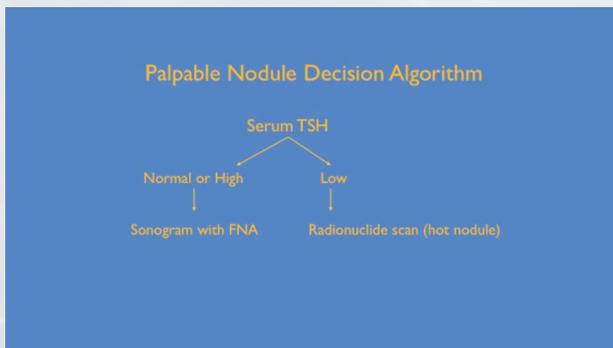
#### 54 Y.O. Third Class Private Pilot – 345 Hours

On my first encounter with this airman, he professed to have no problems, but my physical exam revealed a 50-60 gram asymmetric goiter that he acknowledged had been originally noted more than 4 years prior and had increased in size over the interim (2). He exhibited tracheal deviation to the right, but denied any compressive symptomatology. With his permission, a review of his electronic medical record (EMR) demonstrated a recent serum TSH (2.8 mIU/L), and a CT performed 2 years prior revealed tracheal deviation, but no tracheal narrowing. Prior fine needle aspirations x2 revealed an atypical follicular lesion/neoplasm and he had refused core biopsy or lobectomy despite continued goiter growth. As previously noted, a euthyroid goiter without compressive symptomatology is not disqualifying, but here we have the added concern of a possible malignancy. In our institution, this cytology category has a 30% likelihood of a papillary/follicular thyroid cancer. In this situation, the AME must defer the certification decision to the FAA. Subsequently, the FAA denied medical certification since there was no clarification of the malignancy potential. Two years later, the airman developed a persistent cough that was relieved by left thyroid lobectomy that proved benign cytology. To my knowledge, he has not reapplied for medical certification.

#### 58 Y.O. First Class Airline Transport Pilot (ATP) – 13,825 Hours

When asked if there was anything new on his Medexpress form, this airman replied that it was unchanged from the prior. Having examined this airman at least 20 times, I was surprised

to discover a new 2 cm palpable left lobe thyroid nodule (2). The likelihood of this nodule being malignant is 5-7 % in our institutional experience. The AME's options are to complete the nodule evaluation within two weeks afforded by FAA regulations or to defer medical certification to the FAA initially while the nodule evaluation ensues. This airman's prompt evaluation was completed within 48 hours of his FAA exam. The appropriate nodule evaluation is shown in Figure 1 (2). A serum TSH must be obtained first to determine the next test sequence. Most palpable nodules (99%) exhibit a normal TSH that is then followed by a thyroid sonogram with fine needle aspiration (FNA). If the serum TSH is < 0.5 mIU/L, a radionuclide scan is ordered to confirm a benign autonomous functioning thyroid adenoma (hot nodule). After obtaining his normal serum TSH report, this airman's sonogram confirmed a solitary 2 cm thyroid nodule with no suspicious features such as hypoechoic, taller than wide dimension, intranodular vascularity, or microcalcifications (3). His ultrasound-guided FNA cytology was benign. If his sonogram had showed suspicious features despite benign cytology, it would be prudent to repeat the FNA in 1-2 years to exclude a false negative cytology. The airman was issued his First Class medical certificate, and no further FAA follow-up was required. On subsequent exams, his nodule disappeared.



**Figure 1. Palpable Nodule Decision Algorithm**

35 Y.O. First Class ATP/U.S. Naval Aviator – 450 Hours

This naval aviator was on a temporary duty assignment to his alma mater as a campus recruiter for naval aviation. When asked how things were going, he replied, "Recruiting is tough duty." He desired a renewal of his First Class medical certificate to allow him to fly cargo for a local charterer. He had had a normal Naval flight physical two months prior. My exam revealed a palpable 2 cm left lobe thyroid nodule with no adenopathy. Using our nodule decision algorithm (Figure 1), his serum TSH was normal (1.2 mIU/L), his sonogram demonstrated a 2 cm hypoechoic, taller than wide nodule and no abnormal regional adenopathy (3). His FNA cytology confirmed these suspicious sonographic features by demonstrating papillary thyroid cancer and his medical certification was deferred to the FAA. As expected, his FAA deferral generated a prompt return FAA letter to the airman stating "Not able to determine eligibility for medical certification". Shortly thereafter, he was sent to Bethesda Naval Medical Center where a total thyroidectomy revealed a 2 cm papillary thyroid cancer, negative lymph nodes, and a 6 week post-operative I-123 scan showed only benign tissue in the right neck. Six weeks post-op his serum thyroglobulin (TG) was < 1ng/ml with negative TG

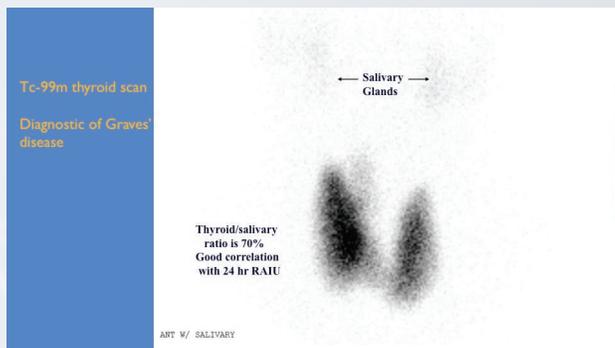
antibody. His residual benign right neck thyroid tissue was ablated with 75 mCi of I-131 and he was started on levothyroxine 1.8 ug/kg daily and was euthyroid 6 weeks later. He was judged to be free of disease at 3 months and a First Class medical certificate and Authorization for Special Issuance were granted at 6 months post-op (6.5 months after my exam).

34 Y.O. Second Class Commercial Pilot – 876 Hours

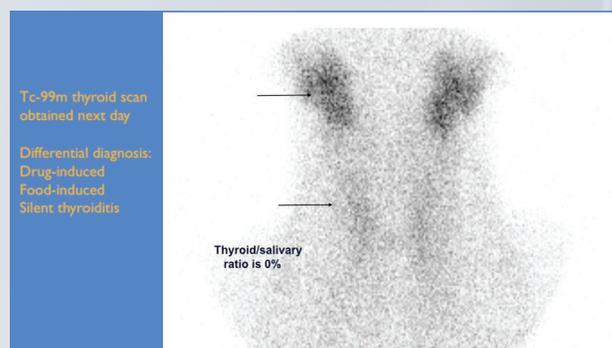
On this his second visit to see me, he denied any complaints. However, my exam demonstrated a 40 gram goiter, tachycardia with an irregular rhythm, lid retraction and a suggestion of proptosis. Further questioning elicited a history of a 10 lb weight loss over the past 3 months, excessive sweating, fatigue, nervousness, palpitations, and difficulty sleeping. There was a family history of thyroid disease since his mother had been previously diagnosed as hypothyroid. My most likely diagnosis was Graves' Disease based on the goiter with signs and symptoms of hyperthyroidism (Figure 2) (4). A serum TSH, FT4, EKG, and radionuclide scan were obtained the same day (Figure 3). His serum TSH was suppressed (< 0.1 mIU/L), his FT4 was elevated at 3.6 (normal range 0.5 -1.4), and his EKG showed atrial fibrillation with a ventricular rate of 124/min. To confirm the most likely diagnosis of Graves' Disease, a Tc99m thyroid scan was obtained that demonstrated avid radionuclide uptake into the goiter with a thyroid/salivary ratio of 70% (24 hr. radioactive iodine uptake surrogate) indicative of Graves' Disease. Surgery, anti-thyroid drug, or radioiodine are all effective therapies for Graves' Disease. A total thyroidectomy or anti-thyroid drug therapy can usually render the patient clinically euthyroid within 4-6 weeks with radioiodine achieving the same in 8-10 weeks. Hypothyroidism ensues following surgery or radioiodine therapy and must be corrected by institution of levothyroxine therapy. The airman was started on Methimazole 15 mg, Warfarin 5 mg, and Metoprolol 50 mg daily and referred to Ophthalmology for evaluation. The airman's hyperthyroidism precluded medical certification, and FAA deferral is required. The FAA responded "Not able to determine eligibility for certification" until euthyroidism is achieved. Methimazole and Metoprolol were stopped at one month and the airman was treated with I-131 and was hypothyroid at 3 months after the original diagnosis. He was then started on levothyroxine 1.6 ug/kg daily. His atrial fibrillation disappeared at 2 months post-diagnosis and his Warfarin was discontinued. The airman was euthyroid at 4.5 months and a Special Issuance was authorized at 6 months returning him to flight status with yearly serum TSH and Holter monitoring required. Six months later he was entered into the AME Assisted Special Issuance (AASI) program (Figure 4). Subsequently, the Holter monitoring requirement was deleted from his Special Issuance.



**Figure 2. Clinical Manifestations of Hyperthyroidism**



**Figure 3. Tc99m thyroid scan diagnostic of Graves' Disease**



**Figure 5. Tc99m thyroid scan demonstrating no thyroid gland uptake that excludes Graves' Disease or Plummer's Disease as the cause of the airman's hyperthyroidism.**

**Certificate Issuance**

I have reviewed the enclosed medical report(s) and have determined that the report(s) is in accordance with this applicant's Authorization for Special Issuance of a Medical Certificate and the AASI Protocol established for certificate issuance.

I have issued a Second class medical certificate to the airman named below with all other limitations listed on the original certificate. The certificate issued is time limited by the restriction "NOT VALID FOR ANY CLASS AFTER June 30, 2007".

**Date**

Check all that apply:

Interim certificate issued for disease(s)/condition(s) below - No examination performed.

ALL	AASI CONDITION	ALL	AASI CONDITION	ALL	AASI CONDITION
	Arthritis		Colon Cancer		Migraine Headaches
	Asthma		Diabetes Mellitus - Type II Medication Controlled		Mitral and Aortic Insufficiency
	Atrial Fibrillation		Glaucoma		Paroxysmal Atrial Tachycardia
	Bladder Cancer		Hepatitis C		Prostate Cancer
	Breast Cancer	X	Hyperthyroidism		Renal Calculi
	Chronic Lymphocytic Leukemia		Hypothyroidism		Renal Cancer
	Chronic Obstructive Pulmonary		Lymphoma and Hodgkins		Sleep Apnea
	Colitis (Ulcerative or Crohn's)		Melanoma		Testicular Cancer
THIRD CLASS ONLY	AASI CONDITION			THIRD CLASS ONLY	AASI CONDITION
	Coronary Heart Disease				

**Figure 4. AME-generated report to the FAA confirming that the airman has met the requirements of his Authorization for Special Issuance and has been issued a time-limited Medical Certificate.**

**48 Y.O. First Class Corporate ATP - 12,423 Hours**

On this latest visit to see me, this airman offered no complaints. He had a past history of C-Pap-treated sleep apnea that was "cured" by successful mandibular advancement surgery and his prior Special Issuance for Sleep Apnea had been rescinded. He stated that he continued on Fexofenadine and Omeprazole treatment for his allergic rhinitis and gastroesophageal reflux symptoms. My exam demonstrated that he remained obese (BMI 32), but was now tachycardic with systolic hypertension. He had no goiter or neck pain. Further discussion elicited the history of Internet-obtained thyroid supplement ingestion for 6-8 weeks in the attempt to lose weight. He had not listed this thyroid supplement in Box 17 of his Medxpress form since he did not believe that this supplement qualified as a "medication". He had noted the recent onset of warmth and fatigue. His tachycardia and systolic hypertension suggested he was hyperthyroid (4). To evaluate this possibility, a serum TSH, and FT4 were obtained and demonstrated hyperthyroidism (TSH <0.1 mIU/L and FT4 2.6 ng/dl). To confirm that his hyperthyroidism was most likely due to the thyroid supplement he was taking and not early Graves' Disease, a Tc-99m scan was obtained. (Figure 5). To confirm that the thyroid supplement contained active thyroid hormone, chromatography analysis revealed that each tablet contained approximately 33 ug T4, and 3 ug T3. The pilot's medical certificate was deferred to the FAA. His supplement was stopped and he was euthyroid 8 weeks later with FAA issuance of his First Class medical certificate.

**44 Y.O. First Class ATP - 11,230 hours**

This was my first encounter with this airman who voiced no complaints when queried. My exam demonstrated a 40 gram firm goiter with no nodularity. Further questioning elicited no symptoms of thyroid dysfunction and he was not aware of the goiter. He related that his mother had hypothyroidism. To evaluate his goiter, serum TSH, FT4, and thyroid antibodies were obtained that day (5). He was found to have asymptomatic primary hypothyroidism with an elevated TSH (27 mIU/L), low FT4 (0.4 ng/dl), and positive TPOab. A sonogram demonstrated the goiter with the typical hypoechoic pattern of Hashimoto's thyroiditis confirming his positive TPOab report. The 2014 Aerospace Medical Certification Statistical Handbook shows 10,336 medically certified airmen with diagnosed hypothyroidism (6). Review of the AME guide updates reveals that 13 changes in documentation and/or disposition of hypothyroidism have occurred since this airman's disposition started this cascade of changes. Since he was asymptomatic, FAA regulations at that time permitted me to initiate levothyroxine therapy and to issue him a First Class medical certificate. Much to my dismay, I discovered within a week that the airman had not started on his prescribed replacement therapy since his mother had convinced him that a second opinion from her endocrinologist should be obtained before initiating such life-long treatment. Thus, I had issued a medical certificate to an airman with untreated primary hypothyroidism who was unlikely to start appropriate treatment anytime soon. I promptly contacted my Regional Flight Surgeon (RFS) to discuss the situation and to confirm that I had acted in accordance with AME guidelines. The RFS initiated an emergent revocation of the airman's medical certificate. The airman was seen 5 weeks later by his mother's endocrinologist who concurred with my diagnosis and levothyroxine therapy was instituted. Three months later he was euthyroid and an Authorization for Special Issuance requiring yearly serum TSH monitoring was granted 2 months later. Shortly thereafter, the FAA required that an airman with newly diagnosed primary hypothyroidism must be deferred by the AME to the FAA for initial documentation and FAA-generated Authorization For Special Issuance after the airman is rendered euthyroid. On subsequent medical certification renewal visits, an airman could be medically certified through the AME Assisted Special Issuance (AASI) program as long as the airman provided a doctor's statement reporting a normal serum TSH within the past 90 days and no adverse medication effects. This process of

Special Issuance renewal was further simplified in April 2013 by the introduction of the CACI (Certificates an AME Can Issue) program that allowed an AME to issue a medical certificate directly to the airman as long as proper documentation was provided. Subsequently, further CACI updates eased the required serum TSH report to within one year instead of 90 days (Figure 6).

14 days. All forms of hyperthyroidism require FAA deferral, but the airman's "downtime" can be significantly shortened by prompt initiation of the appropriate evaluation and treatment by the AME. Untreated hypothyroidism requires FAA deferral, but, again, prompt institution of therapy at the time of diagnosis facilitates the airman's return to the cockpit sooner. Almost all airmen with treated hypothyroidism can be issued a medical certificate through the CACI program unless the airman is not euthyroid on replacement therapy.

**Summary**  
**CACI - Hypothyroidism Worksheet** (Updated 07/29/2015)

The Examiner must review a current status report by the treating physician and any supporting documents to determine the applicant's eligibility for certification. If the applicant **meets ALL the acceptable certification criteria** listed below, the Examiner can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable on current regimen and no changes recommended	<input checked="" type="checkbox"/> Yes
Symptoms and signs	<input checked="" type="checkbox"/> None of the following: fatigue, mental status impairment, or symptoms related to pulmonary, cardiac, or visual systems
Acceptable medications	<input checked="" type="checkbox"/> Levothyroxine sodium (Synthroid, Levothyroid), porcine thyroid (Armour), liothyronine sodium (Cytomel), or liotrix (Thyrolar)
Normal TSH within the last one year.	<input checked="" type="checkbox"/> Yes

**AME MUST NOTE in Block 60 one of the following:**

CACI qualified hypothyroidism.

Not CACI qualified hypothyroidism. Issued per valid SI/AASI. (Submit supporting documents.)

NOT CACI qualified hypothyroidism. I have deferred. (Submit supporting documents.)

**Figure 6. Updated CACI Work-sheet for Hypothyroidism that has been reviewed and completed by AME prior to medical certificate issuance.**

An abnormal thyroid gland to palpation is often the first clue to the detection of significant thyroid disease that requires further evaluation and/or treatment. A euthyroid goiter with no evidence of tracheal or esophageal compression is not disqualifying for issuance of a medical certificate. Palpable nodules almost always must be deferred to the FAA for further evaluation unless the nodule can be characterized as euthyroid and benign within the 14-day window between exam and required FAA submission. On occasion for a professional pilot, a direct conversation by the AME with a RFS may elicit permission to issue a first or second class medical certificate with the stipulation that the nodule work-up is completed within 90 versus

**References:**

1. Canaris GJ, Manowitz NR, Mayor G, Ridgway EC. The Colorado Thyroid Disease Prevalence Study. Arch Intern Med 160(4): 526-34, 2000
2. Haugen BR, Alexander EK, Bible KC, et al. 2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer: The American Thyroid Association Guidelines Task Force on Thyroid Nodules and Differentiated Thyroid Cancer. Thyroid, Jan 2016: 1-133
3. Remonti LR, Kramer CK, Leitao CB, et al. Thyroid Ultrasound Features and Risk of Carcinoma: A Systemic Review and Meta-Analysis of Observational Studies. Thyroid May 2015: 5380550.
4. Ross DS, Burch HB, Cooper DS, et al. 2016 American Thyroid Association Guidelines for Diagnosis and Management of Hyperthyroidism and Other Causes of Thyrotoxicosis. Thyroid. October 2016, 1343-1421
5. Jonklaas J, Bianco AC, Bauer AJ, et al. Guidelines or the Treatment of Hypothyroidism: Prepared by the American Thyroid Association Task Force on Thyroid Hormone Replacement. Thyroid Dec 2014: 1670-1751
6. www.faa.gov/go/oamtechreports

**ABOUT THE AUTHOR**

John E. Freitas, MD, received his undergraduate degree in 1967 from the University of Notre Dame and his medical degree from the University of Michigan in 1971. He completed an Internal Medicine residency and a Nuclear Medicine fellowship at University Hospitals, Ann Arbor, MI. Dr. Freitas served in the US Navy at NAS Miramar, San Diego, CA, from 1974-76. He is a retired thyroidologist and Director of Nuclear Medicine Services for the St. Joseph Mercy Health System. He is a practicing AME, a Clinical Professor of Radiology at the University of Michigan Medical School and, for almost four decades, an active participant in medical student and residency education. Dr. Freitas is a long-time member of CAMA and of FPA. He is the immediate Past President of the Great Lakes Chapter and serves on the Board of Directors. He chairs the FPA Samaritan Committee where he has actively established close working relationships with Bahamas Habitat and other aviation service agencies involved with patient transportation and those working to meet emergency needs.

Dr. Freitas and his wife, Beth, own a 1972 Beech Bonanza F33A. He has 3900+ PIC hours and ratings for IFR, COMM, MEL, SEL, and SES.

The Annual Tabari Award is given to the FPA member delivering the best scientific/medical presentation during the Annual Meeting. Every scientific/medical presentation by an FPA member is independently scored by five members of the Continuing Education Committee, using a score card with 11 criterion. These criteria are based on ACCME guidelines, including bias and promotion free material, cited resources and objectives, target audience and clinical relevance as well as audiovisual and written materials support and communication skills. All score cards are totaled. The CME Committee Chair adds all individual scores at the end of the scientific program for the final cumulative scores. The winner is announced at the Awards Celebration. Congratulations to Dr. Freitas on winning the FPA 2017 Kuros Tabari Award.

# GLOBAL DISASTER RESPONSE: PROS & CONS

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Uniformed Service University of Health Science  
Commanding Officer  
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## INTRODUCTION

You may think the quote of John D. Rockefeller is out of place in an article about “Global Disaster Response”. In the following pages, I will review the “Pros & Cons” of our current “Global Disaster Response” principles. I hope that by the end of this article, all members of Flying Physicians will share my belief that, like John D Rockefeller in business, “we should always try to turn every disaster into an opportunity” for all: to be cost effective, to build capacity, to learn from our mistakes and, most importantly, to save human life!

To understand our role in the world of “Global Disaster Response”, we must review historical milestones and the United Nations (UN) Resolutions which encourage member states to incorporate prevention, mitigation, preparedness and relief programs in their developing plans. America will always be part of any global disaster response, but our emphasis should be in supporting developing countries in achieving the UN resolution goals. [To read the complete article and the extensive historical background, please go to <https://www.flyingphysicians.com/global-disaster-response-pros-and-cons/>]

## Global Disaster Response: Pros and Cons

The primary question is simple: **DOES THE USA HAVE A ROLE IN GLOBAL DISASTER RESPONSE?**

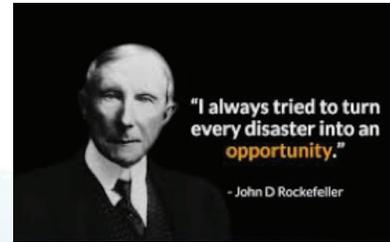
The answer, without any hesitation in my opinion is, **ABSOLUTELY, YES!!!!**

The second question is: **ARE WE REALLY HELPING?**

The answer to the second question is not as straightforward. Depending on who you ask, the answer will range from “sometimes”, “yes but”, “it depends”, “I am not sure”, “no but” and “in some areas”. Vague responses to a difficult question with multifactorial elements; many of them outside of our control.

The problem is that, even on elements that are under our control, we still are wasteful with our resources, and the impact to the people affected by the disaster is not proportional to our investment. The issue IS NOT THAT WE NEED MORE MONEY for global disaster response; we just need to use the money, resources, manpower and governing policies wisely.

If we analyze the guidelines regarding global disaster response from the State Department, United States Agency for International Development (USAID), Department of Defense (DoD) and the civilian community (UN, NGOs, Red Cross, etc) we can agree that they share many common goals. The first goal is to save lives, and the second is mitigate suffering among the affected population. How they reach those goals and the vast difference in their cultures, is one of the reasons coordination among



all the “players” is very difficult. It is obvious that politics, donors, and fundraising are important variables in the decision making process of governmental and civilian organizations. The pros and cons of a global disaster response can be perceived as a positive (PROS) characteristic by the government, but negative (CONS) by the NGOs on the ground and vice versa. The following are the most prevalent PROS and CONS as I see it:

## PROS

**Global disaster response and, in general, disaster response saves lives.** Some people may argue that if we are able to save **one life**, it is worth the efforts. On Jan 12, 2010 a devastating 7.0-magnitude earthquake struck the island nation of Haiti, killing around 200,000 people and injuring more than 300,000. Approximately 1.5 million people were left homeless and displaced from their homes. I was the medical advisor to General Douglas Fraser, then Combatant Commander of the United States Southern Command. Our global disaster response was named Operation Unified Response (OUR) which is the largest and longest military relief effort in a foreign disaster operation to date. At the peak of OUR, we had 22,000 personnel; 8,000 on the ground and the difference between 33 ships and more than 116 aircrafts. The USNS Comfort (Hospital Ship) was the only role 3 in the area. It received the most complex type of patients during the duration of the operation. The total number of patients treated by US personnel was 9,758, of which 1,025 had one or more surgical procedure. The number of patients treated by other international teams, NGOs, volunteers without formal affiliation and local staff is in the thousands. The graphic below shows the incredible response of the international community, military and NGOs to the disaster in Haiti.

The military provides the best logistics capabilities to a global disaster response. The massive logistical needs during a major disaster, can only be met by a military element on the ground. The faster the roads, airports and ports are in working condition the faster the recovery can proceed. During Haiti military elements repaired the sea port and piers with underwater elements in record time. Those structures are still in use today. The logistic element included heavy machinery that, was able to clear roads, transport water, food and the injured to receive appropriate care. Helicopters were used to transport food, water, equipment and personnel to remote areas or areas still not reachable by road. The USA accomplishments during OUR are depicted in the following graphic:

# International Response

<b>International Medical Forces Afloat:</b> SPS CASTILLA ITN CAVOUR FRS SIROCCO ARM HUASTECO ARM TARRASCO ARM BARLOARAN ARC BUENAVENTURA ARC CARTAGENA DE INDIAS	<b>Initial Responders:</b> USS NORMANDY USS UNDERWOOD USCG LARAMIE USCG LEGARE USCG OAK USCG VALLANT USCG HAMILTON USCG TAHOMA USCG DEPENDABLE	<b>GoH / NGO / OGO Medical Forces Ashore:</b> Ministry of Health United Nations USAID International Red Cross World Health Organization Partners in Health
<b>International Medical Forces Ashore:</b> Canadian Field Hospital China- Medical Rescue Team Chile-Portable Hospitals Japan- Medical team Jordan- Field Hospital Israel- Field Hospital Spain- Medical Team Russia- Mobile Hospital Brazil- Field Hospital Turkey- Field Hospital France- Field Hospital Venezuela- Medical Team Cuba- Medical Team Italy- Medical Team	<b>US Joint Medical Forces Afloat:</b> USNS COMFORT USS NASSAU ARG USS CARL VINSON USS BATAAN ARG	<b>US Joint Medical Forces Ashore:</b> EMEDS SPEARR 22 MEU 24 MEU JTF-B

Medical response was a joint, inter-agency, civilian and international effort supporting UNCLAS//FOUO Government of Haiti

# Accomplishments

<b>Airport</b> <ul style="list-style-type: none"> <li>Reorganized and operated the Airfield</li> <li>3,994 sorties to Hispaniola (as of 16 APR)</li> <li>18,201 Short Tons (as of 16 APR)</li> <li>27,000 Passengers</li> <li>16,412 AMCITB &amp; 1,123 adoptees evacuated</li> <li>120/122 missing AMCIT cases completed;</li> <li>30 remains evacuated to Dover (28 AMCITB, 2 non-US) (42 total transported to date)</li> <li>CAA resumed Haitian control of airspace during commercial hours on 19 Feb</li> <li>Commercial air traffic resumed 19 Feb</li> </ul>	<b>Secure Environment for HA/DR Operations</b> 	<b>Sea Port</b> <ul style="list-style-type: none"> <li>Reopened damaged port</li> <li>Doubled port capacity</li> <li>8867 TEU off loaded; 10,3K ST</li> <li>Enabled APN to assume security, cargo, and scheduling of port operations</li> <li>Repair of South Pier complete - 100% done</li> <li>Coast Guard installed Navigational Aids</li> </ul>
<b>HA/DR</b> <ul style="list-style-type: none"> <li>Sustainable support system confirmed across affected population</li> <li>Service Members provided:                             <ul style="list-style-type: none"> <li>&gt; 2.3M meals</li> <li>&gt; 17M pounds of bulk food</li> <li>&gt; 2.6M bottles of water</li> </ul> </li> </ul>	<b>RDD Medical Support</b> <ul style="list-style-type: none"> <li>5,736 patients treated</li> <li>1,484 admissions, 8,288 outpatients; 1,025 surgeries</li> <li>343 MEDEVACS</li> <li>149,043 pounds of med supplies distributed</li> <li>3 Search and Rescue operations</li> </ul>	<b>Shelter</b> <ul style="list-style-type: none"> <li>Supported distribution of Emergency Shelter for 1.17M people</li> <li>&gt;16K tarpaulins</li> <li>&gt;23k tents</li> <li>Engineering Assessments of 23,522 structures and 283 acres</li> <li>113 blocks of rubble removed in Port au Prince</li> </ul>
<b>Partnership Collaboration</b> <ul style="list-style-type: none"> <li>Coordinated donations of humanitarian supplies worth \$36.2 million pro bono private sector</li> <li>Augmented the mission with 184 NGO medical specialists and translators (36,064 man hours)</li> <li>Military planning support for USAID, IGO, NGO</li> <li>Strengthening Relationships with the GoH, MINUSTAH, UN, NGOs, IGOs</li> </ul>		

As of 24 MAR 10

In the earthquake/tsunami that overwhelmed Indonesia in 2004 and the Pakistan earthquake in 2005, the Global Disaster Response (GDR) provided similar capabilities to the populations in need. Our intervention (long with the international community) saved lives and prevented lifelong sequelae from complications.

## GDR promotes development of risk reducing, lifesaving “gadgets”.

The world focus on improving GDR provides an incentive for private companies to companies to develop equipment or tools that will help all of us save lives in future in disasters. Many of the equipment, tools, and innovations are developed by civilian, governmental or joint venture using a company’s money or government grant. Defense Advance Research Project Agency (DARPA) and National Aeronautics and Space Administration (NASA) are two of the most active governmental agencies developing equipment to assist during a disaster response.



One example is RoboSimian developed by NASA Jet Propulsion Laboratory (JPL). This robot assists in search and rescue op-

erations when the integrity of a building may be too dangerous to risk a rescuer. RoboSimian has hands capable of closing valves, opening doors, taking pictures and remaining in place longer than any human being. RoboSimian will be invaluable in a future disaster like the Fukushima nuclear reactor meltdown. If you remember, humans went in to close valves, assess the extent of the damage and measure the radiation levels. NOW, RoboSimian can do those tasks without risking the lives of the workers/rescuers.



Another recent innovation is FINDER (Finding Individuals for Disaster and Emergency Response). FINDER uses low-powered radar to detect the small movement from breathing and the heartbeat of buried victims. FINDER can pinpoint their location even when rubble and debris cover them. Mr. Jim Lux, the inventor of FINDER, works for NASA JPL and describes the concept as a “simple radar that takes into account that rubble doesn’t move, but the reflection from the victim is moving because of their heartbeat; it changes a little bit. We look for the tiny changes and determine if they’re from a human”.

Unmanned Aerial Vehicles (UAVs) are used by many rescue teams to assess from the air the extent of floods, number of displaced populations and to anticipate threats. An unprecedented number of small and lightweight UAVs were launched in the Philippines after Typhoon Haiyan in 2013 and in Haiti during Hurricane Sandy in 2012. The UN has published a policy brief on the topic of UAVs in a disaster zone. Contrary to satellites, UAVs cost a fraction to operate, have no data sharing restriction, are not affected by cloud cover and show better resolution. The UAVs provide rapid assessment of survivors, condition of buildings and potential threats in the case of looters or criminal elements.



The last technology that I want to cite is Radio Frequency Identification (RFID) and bar codes. One of the more challenging issues during a disaster is to identify and follow casualties. A wrist band with a barcode and a picture, even if the person has no ID, is helpful when trying to locate or unite patients with family members. The RFID is more invasive. However, it has the advantage that the tag need not be within the sight line of the reader. It may be embedded in the tracked object and followed at a distance.

**Global Disaster Response has sparked multiple innovations by industry to help us save lives in a more efficient and cost effective manner.** The technologies developed will, for most part, protect the rescue teams as well.

**Global Disaster Response is a good way for us to be proficient in responding to our own disasters.** The military is

constantly training to improve combat operations. A disaster provides the ideal austere environment similar to combat. The logistic elements of a disaster are comparable to the ones seen in combat. Providing food, water, shelter and security are the foundation of early disaster response and are vital to combat support operations. NGOs and other agencies gather experience during foreign disasters that can be utilized in other international or local disaster response. When our country is the affected, we will have a better chance to save lives and prevent suffering. We saw how the most powerful nation on the face of the earth responded poorly to Hurricane Katrina. We have much to learn so that we don't repeat the same mistakes in future national emergencies.

**Global Disaster Response improves America's Image.** In 2004 Indonesia suffered one of the most devastating disasters in the modern era with thousands of dead citizens and millions homeless. After our disaster response which included the USNS Mercy, that country had a more positive image of the U.S. It is an example of improvement in a predominantly Muslim nation where opinions of the U.S. soured after the onset of the Iraq war. Prior to Iraq, the U.S. was generally popular in Indonesia, but after the U.S. forces dislodged Saddam Hussein from power, only 15% of Indonesians expressed a favorable opinion of the U.S. In 2005, months after our response in Banda Aceh, the approval ratings climbed to 79%. The percentage of Indonesians believing that the U.S. cares for countries like Indonesia, jumped from 25% to 59% in 2005. (9). Those numbers continued to descend until the election of President Obama in 2009, but the approval rating numbers never returned to the pre Iraq invasion levels.

In contrast, following the October 2005 earthquake in northern Pakistan, the U.S. provided the bulk of the disaster response, totaling more than \$500 million. The surveys showed a modest increase of only 4% points from 23% favorable to 27%. In Japan we saw the already favorable numbers of 66% climb to 85% after "Operation Tomodachi", a major humanitarian mission to help the Japanese recover from the 2011 earthquake and tsunami. The theory behind improving our image around the world by assisting those in time of need, is that they, as a society, will think twice before joining groups that hurt our citizens and threaten our way of life(9).

**Global Disaster Response provides the host country the chance of a new beginning with construction codes and technology that will help them in the next disaster.** The international community joins efforts with the UN to provide a better future to the vulnerable populations around the globe. Our involvement provides vulnerable nations guidelines to improve construction codes, utilize reasonable technology and become as self-sufficient as possible. Our interaction will continue beyond the acute phase of the disaster. It is cost effective for us to improve the living conditions of the populations in need. If they can take care of their citizens, property and recovery without outside assistance, it will be a great victory! This will decrease dependency of the affected population and reduce the need to emigrate which creates crisis in neighboring countries.



**Global Disaster Response employs locals and promotes a faster recovery.** One of the most beneficial aspects of GDR is employing locals to help their own communities recover. It provides a sense of dignity and promotes commerce and expedites the recovery efforts. This initiative decreases crime in the disaster zone, reduces the need to have a large military/police force and reduces the time international teams have to be in country.

#### CONS

In 2010 my good friend, D.R. Welling, wrote an article named "Seven Sins of Humanitarian Medicine". The article was published in the World Journal of Surgery and provides an accurate window to many of the issues that I will discuss in this section. The full reference is listed at the end of this article.

#### Cost of the Global Disaster Response.

The argument is that "we", as in the international community, waste money during a disaster response that could be better utilized had we provided the money directly to the community (via NGOs, Embassy, UN, etc.). For example, the operational cost of the USNS Comfort is \$250,000 per day, not including the salaries of the personnel onboard. The U.S. alone committed more than 23 vessels (an aircraft carrier daily operation cost is around 1 million dollars when fully operational) and more than 110 aircraft. The estimated cost of the operation was in the billions of dollars.

Can we do better by reducing the footprint and using that money in projects such as digging wells, buying out disaster response products in the country (if available), and buying local farmers' grains and products?

**Sin #6 speaks of "going where we are NOT wanted, or needed and/or being a poor guest".** We were invited to Haiti, but in many instances we did what we thought they needed, without asking what they wanted. But we do learn!!!! During the disaster response to Hurricane Matthew this summer, the USNS COMFORT headed to Haiti and awaited an official invitation. After Haiti officials and USAID completed the assessment, it was decided that Haiti didn't need the type of medical assistance the USNS COMFORT stood ready to provide. The COMFORT was already off the coast of Jamaica when it was ordered back to Norfolk. The consumables, equipment, medicines were transferred to another ship scheduled to assist the logistic aspects of the global disaster response in Haiti.

**Corruption undermines the effectiveness of the Global Disaster Response.** Nowhere was this issue more clear than in Haiti which ranks number 158th of 168th countries ranked by Transparency International. Corruption is an issue for the host country and for the donors that want to help. The concern is that the donated cash and goods will never reach the population in need.

Haiti received \$13.5 billion dollars since the disaster in 2010, and there is real concern about where that money is invested. That kind of money should be more visible in a country like Haiti. Some of the issues can be explained by the fact that the majority of the construction in Haiti is done by international contractors and international workers. For example, a single housing unit cost \$33,000 dollars (to USAID) and the same house done by the Mission of Hope is \$6,000. The difference is that Mission of Hope employs local workers and contractors. The workers hired by USAID stay in hotels and are paid danger pay and hazardous duty pay increasing their salary 50%. To add insult to injury, it is doc-

umented that some NGOs and even government officials from both sides of the fence have been involved in less than honest operations in Haiti. [12]

**Global Disaster Response personnel continuously commit Sin # 2 by failing to match technology to local needs and abilities.** This very common mistake is made by first timers and, unfortunately, by old timers in the disaster response arena. They try to change the local practice to the standard of care in their more advanced country. This Sin can be harmful to patients. In Haiti bone fractures were treated with external fixators. A year later those patients still had the fixators because there were no tools to remove them.

I saw the same situation in Iraq during the war. Many well intentioned colleagues speak about CT scans or laparoscopic procedures when the local population doesn't even have the equipment to do a chest X ray. In Pakistan, weeks after the 2005 earthquake, we left a complete MASH unit to the government so they could continue caring for the local population. The unit was abandoned almost immediately due to lack of expertise and funds to operate the equipment. This particular unit under US Army control had seen more than 20,000 patients. The cost of the unit is in the millions of dollars.

**Global Disaster Response sometimes leave a mess behind without even knowing. Sin # 1.** We are very aware that the local press is always skeptical of our attempts to help the population in need. Unfortunately in a global disaster response, the actions of a few can derail the good work of thousands of people. We have seen how a single complication can jeopardize a disaster response. Remember that one of the reasons for a particular complication may be the poor followup or the lack of knowledge and the resources in the region to treat a particular complication. This is part of **Sin number 4, "failing to have a followup plan"**. One of the problems with leaving a mess behind is that you are not going to be welcome. What is worse, your country will not be welcome.

We had incidents where poor outcomes in patients (many of them malnourished or sick) or procedures like amputations (some of them in Haiti were questionable) can completely derail the global disaster response. The press will also be critical and tell their citizens that they are just "guinea pigs". We must follow the highest standards of care and never operate without your counterpart from the host nation. Always have a translator and obtain consent for everything.

In this category (**still Sin #1**) we can learn from our Pakistan experience as related to our robust dental contingency. Our dentists worked 24/7 and completely eradicated cavities, dental extractions and any other dental issues in the region. As a result, the two local dentists had to leave because they had no way to survive.

Another example of unintended consequences is the issue with food. We have seen local farmers and vendors go under because of the large influx of food, grains and other commodities. In the majority of cases, all that food is donated. The local farmers cannot compete and have to join the unemployment line.

**Global Disaster Response can bring diseases to the region.** The last reported case of cholera in Haiti was more than 100 years before the devastating outbreaks of 2010. To date there

have been more than 720,000 cases of cholera since the disaster in 2010. In four years the cholera in Haiti has caused 9,000 deaths. The UN estimates, that with the current funding, it will take 40 years to eradicate.

The cholera was introduced by a Nepalese UN peacekeeper who contaminated one of the most important rivers in Haiti, the Artibonite. The UN assigned \$2.2 billion dollars for the next 10 years to try to eradicate cholera. **This case can be part of Sin #1-- leaving a mess behind.**

**Global Disaster Response is about cooperation between the host nations and the different international teams.** Some NGOs do not get along with other NGOs since they compete for the same pool of donors. NGOs also have different views and cultures that are not compatible with others, although their main goal may be the same. **Sin #3 (NGOs not getting along with other NGOs and the military)** is problematic from many points of view, because the friction slows down recovery and wastes money.

I understand why many local NGOs don't want to be seen cooperating with the military. In many cases NGOs are allowed to operate in very hostile environments because they are neutral in the eyes of the population. Associating themselves with any military can put their mission and lives at risk.

**Sin # 5 also can also be mentioned in this section because "politics, training or other distracting goals may trump service"**. We are all guilty of this sin. The military, as the main representative of the U.S.A., has the obligation to "show the flag" and promote the good will provided. The NGOs, host nation politicians and even private citizens will do the same to gain votes, funding or favors in the future.

**Global Disaster Response teams sometimes lack a clear understanding of the conditions for an exit strategy.** Have an exit strategy before arriving. Stay just long enough time to get the locals over the acute phase of the disaster.

**Global Disaster Response requires a more streamlined approval process.** The current bureaucratic maze hampers a prompt disaster response. The military takes 4 to 7 days minimum for an approval of a major disaster operation. By then, it is really too late. We need to be on the ground within 10 hours. It was estimated by Partners for Health (Director Ophelia Dahl) that upward of 20,000 people with survivable injuries died every day the first week following the Haiti earthquake because there were no surgical facilities available (www.cbsnews60min).

**Global Disaster Response lacks good metrics to really assess our response. The last Sin is #7 "doing the right thing for the wrong reason"**, should be changed to "doing the right thing but not really knowing the reason" or its effectiveness, since we currently do not have a good mechanism to grade our disaster response.

**You may have a different opinion of our role in Global Disaster Response and, depending on your perspective, the CONS will outweigh the PROS or vice versa.** The reality is that we live in a world that is increasingly interdependent, Social media and 24/7 news provide instant reports of daily disasters around the globe. All countries must act and contribute to build a safer world based on common interests and share responsibilities to save human lives, regardless of race, religion or socioeconomic status.

Disasters and global disaster responses do not have borders, so the international community needs to be ready at a moment's

notice to lend a hand to those in need. Regional and international cooperation will significantly enhance our ability to achieve real progress in mitigating disasters by the transfer of technology and sharing of information. If we build on our PROS and diminish our CONS it is possible to institute a joint disaster prevention and mitigation activities. Bilateral and multilateral assistance and financial resources should be mobilized to support these efforts. In the end this will be more cost effective than doing NOTHING.

If you agree that is our duty and responsibility to assist our fellow man in time of need, then allow me to share with you the **Do's and Don'ts of Global Disaster Response**. They are not in order of importance:

### Do's

- Do donate cash to a reputable NGO or any organization that you trust. Cash will buy exactly what the population in the disaster area will need. (e.g., food, water, shelter, medications, clothes). This is the BEST way to contribute after a disaster!!!!.

- Do participate in a Global Disaster Response ONLY if you or your organization (NGO, military, country) have been formally invited. Participate as part of an NGO. Going alone is BAD idea!

- Do participate in the United Nations Health Cluster Meeting.

- Do bring only the items your sponsor recommended (repellent, wipes, sandals, towels, meds etc.).

- Do bring cash (\$1's and \$5's) with you and, if possible, change some to the local currency.

- Do prepare yourself to be part of a disaster response team by developing the skills and attitude to be productive in advance of a disaster. (As part of a responsible NGO you will receive the appropriate training).

- Do prepare yourself mentally and physically to withstand very austere and challenging conditions. (If there is any doubt that you are 100% fit to go, DO NOT GO.)

- Do make sure your particular skills are needed on the ground (NGOs are good at bringing the correct mix of individuals and skills.)

- Do review the Humanitarian Code of Conduct before participating in a disaster response.

- Do learn to practice in a resource constrained environment (Be part of humanitarian operations.)

- Do bring individuals that are capable of working in a team, communicate well with others, have a sense of humor, are adaptable and stay calm under pressure.

- Do select personnel with prior disaster response experience. Corporate knowledge is very helpful!

- Do make sure your family is part of the decision to participate in a disaster response!

- Do provide your family with emergency contact information and ways to communicate with you. While at the disaster, make time every day to call them. Share your experience!

- Do vaccinate yourself against all potential diseases prevalent in the area of the disaster.

- Do take enough prescription medications (of all your chronic conditions) to last you for two weeks after your expected return. That includes malaria prophylaxis or any other medicine

required.

- Do inquire if participating in a disaster response will void your disability and life insurances.

- Do get added insurance (travelers insurance) just in case you need to be medically evacuated in an air ambulance from the disaster zone back to the USA.

- Do find out if your NGO (employer) covers your medical, disability, life insurance or ransom while participating in the disaster response

- Do practice within your scope of practice. Your scope of practice should meet host, home country and international standards. Don't think standards are lowered because you are working in a disaster zone!

- Do refer patients to the proper specialty just as you would at home.

- Do assist the local doctor, nurses and authorities in any way that increases capacity and improves immediate patient care.

- Do maintain continuity of care by always working in conjunction with a local provider.

- Do respect the authority of the local professionals; work with them as equals. Acknowledge that the local health care personnel are the experts in their own context.

- Do implement or assist in joint training forums that have been requested by local providers. The topics of those forums should be aimed at present "disaster" medical needs.

- Do donate equipment that can be maintained and repaired by the locals once you leave.

- Do provide the manuals (in the correct language) of the equipment donated.

- Do document all encounters with patients in your language if you don't speak their language. Have the translator translate your words in the same record.

- Do write on the bandages if the patient is going to be transferred. Have the translator write on the bandages as well. Put the pages of the medical record in a plastic bag/zip bag with a string or tape around the patient neck.

- Do report any near misses or clinical errors to the relevant authorities. Make sure everything is documented in writing. If you are involved, keep copies.

- Do request a translator for all patient encounters. Ideally the translator will be physicians or med students.

- Do bring the basic equipment and consumables that will allow you to practice on arrival. Do not rely or expect to use the local resources. If you depleted your consumables, then buy from the local economy. This will help the recovery.

- Do report discrimination or abuse of children, elderly, disabled or women to the proper authorities Avoid getting directly involved.

- Do use social media wisely. Follow the guidelines of the host country and your NGO.

- Do conduct research that is locally relevant. Use data sets in accordance with global standards. Don't conduct any research activity that you wouldn't do at home.

- Do have an exit strategy before arriving in the disaster zone. Leave "when the population is still waving with five fingers".

- Do coordinate with NGOs, local staff or healthcare authorities any patient that will require long term follow up or therapy.

- Do debrief your organization upon your return when everything is fresh in your mind. Be critical but constructive.
- Do, while at home, continue communicating with host nation staff and assist them in any way to expedite recovery and build capacity.
- Do reach out for professional help (psychiatrist, psychologist, social worker, priest, etc.) at any point (during and after coming home from the disaster) you feel affected by what you are or have been experiencing.

### **Don'ts**

- Don't donate CLOTHES or CANNED FOOD which become a logistical nightmare because you have to transport and store them. The majority of such donations end up in a land fill, already full of local rubble.
- Don't participate, if working in a cross-cultural environment or with individuals who do not speak English is a problem for you.
- Don't show up if your skills are NOT needed. You may be the greatest neurosurgeon in the world, but if your skills are not needed, or there is not an appropriate setting for you to practice your trade, you will be distributing candy to the kids(true story) and will become what we call in the NAVY an "eater and sh\*!#er" or an E&S.
- Don't take the role a local provider could perform. You are undermining the recovery!
- Don't allow your religious beliefs to interfere with the care provided. Be respectful of the host country's religious beliefs.
- Don't volunteer to be part of a disaster response team to escape personal problems at home or at work!
- Don't take babies, kids or adults from the disaster zone. Even if they are truly "orphans", you must respect the laws of the country regarding adoption. In Haiti some religious groups got in trouble by trying to bring kids to the USA.
- Don't feed wild animals or wandering dogs. Don't try to bring them home without the proper permission and vaccinations. We had a soldier die from rabies after he was bitten by a dog.
- Don't drive in the disaster zone area or in any area of the affected country. If you need to go somewhere, have your NGO or sponsor find you the proper transportation with a designated driver. In some countries you need a security escort.
- Don't use drugs. Be very careful with alcohol. The percent level of alcohol may not be what you are used to in the USA.
- Don't accept prescription medications from host nation pharmacy for your consumption.
- Don't donate expired medications, candy, and equipment. Nothing expired should be donated, even if you think it is in good condition.
- Don't think for one moment that "If we don't do it, no one will". This kind of irresponsible thought process will get you, your team and your country in real trouble. We had this happen in Haiti during the 2010 earthquake. Some civilian teams were accused of doing unnecessary amputations using that argument.
- Don't try to change the local practice; it will create resentment among patients and local staff.
- Don't pretend to be able to do a "quick fix" in any topic in a disaster zone.

- Do not hire local staff and pay them inflated salaries (because you feel sorry and you are trying to help) without considering the national pay scales. Your actions undermine the local employers. You may be helping one person, but you are hurting the local economy and the recovery!
- Don't be surprised to learn that you have to pay the local "unions", mafia, and gangs in order to work in a particular zone. You may have to hire one or two of them and pay them a salary even when they don't show up or drink coffee all day. We experienced these issues in Haiti even during the peak of the disaster in 2010.
- Don't use abbreviations when writing in the record. (there are international guidelines as well)
- Do not assume that customs processes and import duties will be waived in a "disaster". In Haiti we had to pay the import duties for every piece of equipment that was unloaded from ships and planes. We didn't care because this was another way to help the economy. The biggest problem was the time it took for the government officials to release the equipment and consumables destined to help their people.
- Don't share information (photos, videos, written) about the organization and/or patients inappropriately (i.e.; Facebook, blogs, email, published articles, interviews or presentation). Confidentiality (HIPPA) and consent do apply in a disaster zone.
- Do not purposely present inaccurate representation of the needs or response to further your own or the organization's aims. Some organizations do this to increase their donations.
- Don't assume that friends, colleagues and family will be able to relate to what you have experienced. Unfortunately that is not the case. In many instances this lack of understanding will cause friction and even disruption in your relationships.
- Don't criticize the local response without understanding the restraints and limitations of their system.

### **DISCUSSION**

Industrialized nations have a moral responsibility to assist those in need around the world. Disaster statistics and global facts provide all of us a "window" on what our planet and our entire civilization is likely to face in the near future. In the last two decades alone, the economic damages caused by natural and man-made disasters worldwide reached 2 trillion dollars, and 1.3 million lives lost.

Many of those patients die in the first days following a disaster due to lack of medical /surgical facilities to treat potentially survivable injuries. To minimize morbidity and mortality from disasters, care must begin within minutes (local care), but certainly in less than 24h, not days like we have seen in the last two decades, even from the military.

The United Nations International Strategy for Disaster Reduction (UNISDR) have been trying to guide the efforts of the international community overall disaster management mission. The United Nations is attempting to build "disaster resilient communities by promoting increase awareness of the importance of disaster reduction as an integral component of sustainable development, with the goal of reducing human, social, economic, and environmental losses due to natural hazards and related technological and environmental disasters" (11)(UNISDR, n.d.)

The problem facing the UN initiative is that many governments and communities do not have the resources or commitment of the public and policy makers to seek disaster mitigation or risk reduction programs. Recent trends have shown that the number of people affected (poor citizens in poor countries) by disasters is rising. Even though disasters are becoming less deadly, the costs have skyrocketed.

In order to be efficient in our global quest to save lives, we must change the way we conduct our global disaster response. This will require that all available global resources (including medical equipment, technology and healthcare personnel) must be ready to deploy on a moment's notice. The teams should be able to deploy without requiring administrative approvals or bureaucratic authorization (in the military approval takes an average of 7 days) from numerous national and international agencies before any unit can be deployed to the disaster zone.

The ideal model should be composed of "global disaster response teams" prepositioned all over the world, funded and coordinated by the UN (all participating countries should contribute to the disaster fund), capable of deploying medical/surgical units to any place and be operational within 5 to 10 hours from the initial call. Disaster Response Centers would be seamlessly integrated into the ongoing daily healthcare delivery systems worldwide. Some of the equipment should be prepositioned strategically around the planet, just as we do in the military.

We should work diligently with the international community, the United Nations, NGOs, Fortune 500 companies and the military to provide those affected by natural or man-made disasters with the tools for the most robust local response to protect property, environment and lives.

## CONCLUSION

The United States of America is a beacon of hope to many nations around the globe, particularly during national emergencies. It is incumbent on all us to find ways to save lives in the most efficient and cost effective way possible. We need to join efforts with the United Nations, the international community, NGOs and Fortune 500 companies to design global disaster teams capable of being on site in less than 10 hours with fully capable surgical units.

Our other goal must be to identify the vulnerable populations and work hard to convince the policy makers that building capacity, reducing risk and sharing technology will save lives and reduce property damages when the next disaster strikes.

There is no such thing as a "perfect" global disaster response, but every day that we work together we are closer to the goal of saving lives, mitigating suffering, and providing those affected by the disaster the best opportunity to rebuild their communities with dignity and resilience(5).

[To read the complete article without editing, please go to <https://www.fpadrs.org/> ]

## References

1. Miller DeMond S. and Rivera Jason D. Tragedy has brought us together: responding to new and emerging regional catastrophes. 2016. p. 27-39.
2. Andrews Russell J. and Quintana Leonidas M. Unpredictable, unpreventable and impersonal medicine: global disaster response in the 21st century. BioMed Central. The EPMA journal. 2015 6(1) 2.
3. Perry Charles M. and Travayiakis. The U.S. Foreign disaster response process how it works and how it could work better. The Institute for Foreign Policy Analysis, Inc. 2008.
4. The Management of Disasters. Chapter 1. [www.waseda.jp/gsaps/eai/educational\\_program/PDF\\_WS2015/Lecture1\\_Reading2\\_Zha.pdf](http://www.waseda.jp/gsaps/eai/educational_program/PDF_WS2015/Lecture1_Reading2_Zha.pdf). Waseba University Japan
5. Cubano Miguel A. Comfort makes better doctors, lessons learned during the Haiti medical response that can enable other organizations. Winter 2013-2014. Volume VI. p. 7-12.
6. Welling David R., Ryan James M., Burriss David G. and Rich Norman M. Seven sins of humanitarian medicine. World Journal of Surgery. January 2010. p. 466-470.
7. Frykberg Eric, Weireter Leonard and Flint Lewis. 10 questions and answer about disasters and disaster response. Bulletin of the American College of Surgeons. Volume 95, Number 3. 2010. p. 6-13.
8. Muller Alan and Whiteman Gail. Exploring the geography of corporate philanthropic disaster response: A study of fortune global 500 firms. Journal of Business Ethics. 2009. p. 589-601.
9. Wise, Richard. Does Humanitarian Aid Improve America's Image? Pew Research Center, CH 6, (2012).
10. Johnston, Jake. Outsourcing Haiti: How Disaster Relief Became a Disaster of its Own. Boston Review, January (2014).
11. United Nations International Strategy for Disaster Reduction (UNISDR).n.d. Mission and objectives. [Www.unisdr.org/eng/about\\_isdr/isdr-mission-objective-eng.htm](http://www.unisdr.org/eng/about_isdr/isdr-mission-objective-eng.htm)
12. Fagan, B. (1999) Floods, famines, and empires. New York: Basic Books.
13. Federal Emergency Management Agency (FEMA). (1997) Multihazard identification and assessment. Washington DC. FEMA
14. Sheridan, M (2007) Climate change killed off dynasties in China, Mexico. The Australian, 10, Jan 8.
15. Quarentelli, E. L. (1995). Disaster planning, emergency management and civil protection. The historical development and current characteristics of organize efforts to prevent and respond to disasters. Newark, DE: University of Delaware Disaster Research Center.
16. Covello, V. T., & Mumpower, J. (1985). Risk analysis and risk management: An historical perspective. Risk Analysis, 5(2) p 103-108
17. Gelsdorf, Kirsten. Global Challenges and their Impact on International Humanitarian Action. Jan (2010). OCHA Occasional Policy Briefing Series No. 1. UN Office of the Coordination of Humanitarian Affairs (OCHA). P1-21

# Pittsburgh in September, 2017: *what a blast!*



The Tri Chapters (Northeast, Great Lakes and Dixie) meeting in Pittsburgh at the William Penn Omni Hotel was a real success. Despite some squirrely weather that included a hurricane in the days prior, we had an awesome time. Even the speakers were af-

Friday and Saturday morning CME sessions covered a variety of topics. As the first batter, Trevor Goldberg, stepped up to the plate; host John Mulvey lost his voice to laryngitis. Dr. Goldberg, after an informative talk on Epistaxis, lent aid with good



**Suters Arrive**



**Kurt Von Maur - here, Sir!**

fected: Doug Johnson's power was lost, locking down the hangar. A neighbor came to the rescue, and Doug did not miss giving his talk!

Host couple John and Cindy Mulvey had a wine and cheese reception at Corporate Air in Allegheny County Airport, and Uber was very efficient at whisking attendees to their hotel rooms. Each couple was provided with a Halloween bag of goodies along with their meeting information! Everyone was especially pleased

results on the first day! Mulvey recovered his voice. Doug Johnson delivered a great talk on new approaches to liver metastases, and a new member, Jonathan Seidenberg, gave an outstanding talk about the eyes! Al Caudullo raised awareness about encounters with altered mental states in the emergency room, and Ken Austin discussed the role of nutrition in health and updates in that area. Richard Sloan delivered a well-organized "ounce of pre-



**Dick Sloan - reporting in!**

to see Nitin Desai back in the Left Seat, coming to his first meeting after his brush with death. Nitin was very gracious in recounting his story for everyone at the Thursday night reception.



**Doug Johnson - "Can I park?"**

vention" that is oft-forgotten, and Jim Timoney, with a novel "de feet" presentation, reminded everyone about the importance of the body's bi-ped foundation. Russ Stankiewicz spoke about crit-

ical aviation decision making. John Mulvey batted clean up with preliminary results on his research project into whether Sport Pilots without an AME medical exam crash more frequently due to medical issues than Class Three Medical Pilots (bottom line . . . they don't).

On Friday afternoon everyone took a Duck Tour of Pittsburgh, "The City of Three Rivers". John Mulvey drove one Duck, and Doug Johnson drove the second. Following the "Duck" boat ride, the group boarded another boat for a dinner cruise. The weather was perfect, the company awesome, the food refreshing, and the atmosphere was laid back and happy.

For the ending group dinner on Saturday evening a friend of George Shehl, Vincent Collins, gave an insightful talk on Cognitive Bias in Aviation. He began with his own harrowing story of

**Caudullo**

**Timoney**

**Goldberg**



**Dick Sloan - on the river**



**Cindy Mulvey - "Get in line?"**



barely making it out alive from a snowstorm in the mountains. With only the help of an amazing Air Traffic Controller who continuously steered him through the valleys, Collins made a safe landing at the airport.

Everyone headed home on Sunday from KAGC. Thanks to all for coming and being part of the fun!

We are looking forward to the next fall meeting hosted by Northeast Chapter. It will be in the Easton, Maryland, area just off the Chesapeake Bay . . . stay tuned!

*John and Cindy*



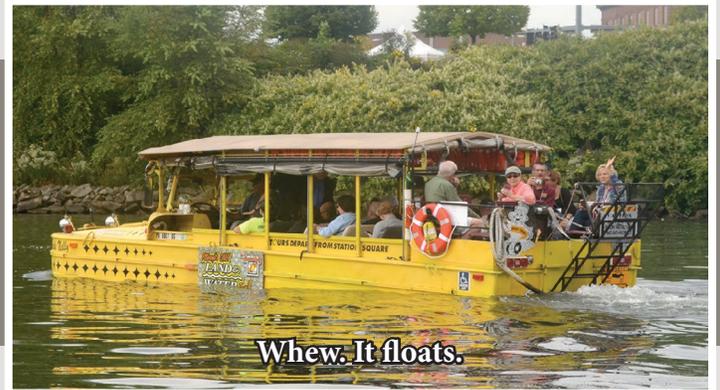
**Skip! That sandwich can wait!**



**Captain Mulvey steering.**



**Dare me? Double-dare me?**



**Whew. It floats.**



**Yes sir - 50% back! Uh oh - where's...?**



JOHN FREITAS  
2017 Distinguished Service  
Award



## FPA AWARDS NOMINATION FORM



LINDA GOLDBERG  
2017 Co-Pilot of the Year

### *Purposes of the Flying Physicians Association:*

- To promote education and research related to medicine and aviation
- To promote aviation safety by research, education and dissemination of information on medical factors affecting the operation of aircraft
- To stimulate interest in aviation medicine
- To offer assistance in the rapid movement of trained medical personnel, donor organs, blood, patients and emergency supplies
- To encourage aviation activity among physicians for the betterment of the medical profession
- To emphasize the use of aircraft in facilitating the practice of medicine
- To cooperate with civilian agencies engaged in the welfare of our country
- To promote Samaritan and community service related to aviation medicine



WARREN DEHAAN  
2017 Airman of the Year

Date: \_\_\_\_\_ My name: \_\_\_\_\_

My phone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ My e-mail address: \_\_\_\_\_

I am nominating (Name of nominee) \_\_\_\_\_ for:

Distinguished Service    Airman of the Year    Co-Pilot of the Year    Honorary Member

Accomplishments and contributions which qualify this person for this award (attach extra sheet if needed):

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**Distinguished Service:** Recipient must be a voting member of the Flying Physicians Association and have contributed significantly toward the organization's mission and goals.

**Co-Pilot of the Year:** Recipient must be the co-pilot of a voting member of the Flying Physicians Association and have contributed significantly toward the organization's mission and goals.

**Airman/woman of the Year:** Recipient has made a notable contribution to aviation medicine, to aviation safety or education in aviation. It is not mandatory that the nominee be a licensed physician but should be associated in allied sciences.

**Honorary:** It is not mandatory that the recipient be a physician. The person nominated will have made significant contributions to aviation or aviation safety. Nominees will be submitted to the Executive Committee for approval.

Flying Physicians Association, 11626 Twain Drive, Montgomery, Texas 77356  
\* 936-588-6505 \* FAX 832-415-0287 \* E-mail ahenderson@fpadrs.org

<b>Distinguished Service Award</b>	2010	Carrie Reinninger	1963	Edward R. Annis, MD
1971	Herman A. Heise, MD	2011	Betty Hunt	Mr. Najeeb E. Halaby
1973	Walter Zumdorfer, MD	2012	Tina Tormes	(Commer. Support Mbr.)
1977	Paul A. Woods, MD	2013	Mary Briccetti	1964
1980	Geo. Gumbert, Jr., MD	2014	Ana Stransky	Forrest Bird, MD, PhD
1981	Richard V. Kubiak, MD	2015	Cindy Mulvey	Ralph W. Kenyon
1982	Sidney Goldstone, MD	2016	Margo Austin	1965
	Wymond B. Wilson, MD	2017	Linda Goldberg	Mr. Bernt Balchen
1983	Willis H. Taylor, Jr., MD			1967
1985	H. Edw. Klemptner, MD	<b>Airman/woman of the Year</b>		Mr. Richard L. Collins
1989	Floyd McSpadden, MD	1960	Mr. George Haddaway	Mr. Ralph Nelson
	M. Y. Stokes, III, MD	1961	William Requarth, MD	1968
1990	Richard Sugden, MD	1962	Mr. Scott A. Crossfield	Maj. Gen. Joseph Caldara, USAF
1992	Benj. H. Word, Jr., MD	1964	Mr. Leighton Collins	1969
1993	Paul A. Haight, DO	1965	Mr. Ralph M. Harmon	Mr. Max Karant
1994	Ian Blair Fries, MD	1966	Karl Frudenberg, MD	1970
1995	Ramon J. Pabalan, MD	1967	James A. Roman, MD	The Hon. Don H. Clausen
1996	William R. Bernard, MD	1968	H.D. Vickers, MD	1972
1997	Daniel R. Cooper, MD	1973	Forrest Bird, MD, PhD	Mr. Joseph Diblin
1998	Owen W. Brodie, MD	1974	Story Musgrave, MD	Mr. Don Flower
2000	Bernard Heckman, MD	1976	Captain Robert N. Buck	(Commer. Support Mbr.)
2001	R. Alec Ramsay, MD	1977	Mr. William K. Kershner	1973
2002	John R. Hunt, MD	1978	Carl J. Crane, Col. USAF	Mr. Joseph E. Sidoti
2004	David R. Mauritson, MD	1979	Curtis W. Caine, Sr., MD	1974
2006	Warren V. DeHaan, OD	1980	E. Jeff Justis, Jr., MD	Mr. Max Conrad
2007	Lawrence Gahagan, MD	1982	Mr. Paul H. Poberezny	1976
2008	Peter Sones, MD	1983	Story Musgrave, MD	Wilbur R. Franks, MD
2009	Charles Reinninger, MD	1989	William R. Bernard, MD	Mr. James L. Harris
2010	Peter A. Bartlett, MD	1990	H. Edw. Klemptner, MD	1977
2011	Kevin E. Ware, DO	1993	Kuros Tabari, MD	Mr. Joseph Tymczyszyn
2012	Douglas W. Johnson, MD	1994	H. Schirmer Riley, MD	1978
2013	Roger B. Hallgren, MD	1997	R. C. Thompson, MD	Col. M. Y. Stokes, Jr.
2014	Frank W. Browning, MD	1999	John Hastings, MD	1980
2015	W. Kenneth Austin, MD	2004	Felix R. Tormes, MD	Harriet C. & Al Carriere
2016	Ronald D. Craig, MD	2006	Michael Brothers, MD	(FPA Staff)
2017	John E. Freitas, MD	2012	J. Mac McClellan	1982
		2014	Ronald A. Siwik, MD	Mr. Kenneth E. Sheets
<b>Co-Pilot of the Year</b>		2016	David A. Mauritson, MD, JD	(Commer. Support Mbr.)
1993	Dorothy Klemptner	2017	Warren V. DeHaan, OD	1983
1994	Marsha Carlson			Dr. Victor B. Maxwell
1995	Jo Ann Drake	<b>FPA Honorary Members</b>		Dr. Geoffrey Fearnley
1996	Ann Bernard	1955	Mark E. DeGross	Dr. Brian H. Pickard
1997	Pat Thompson		(FPA Staff)	1984
1998	Art Nodecker	1956	Col. Roscoe Turner	Mr. Richard L. Taylor
1999	Sissie Miller		A. Arroyo-Damian, MD	Dr. Silvio Finkelstein
2000	Pat Brodie		R. T. Prieto, MD	1986
2001	Ruth Ann Heckman		C. Zavala, Jr., MD	Mr. Don Drake
2002	Merle Gahagan	1958	Col Wilbert H. McElvain	(FPA Staff)
2003	Sally Justis	1959	Mr. Leighton Collins	1991
2004	Lindsay Sones		Mr. Wm. T. Piper, Sr.	Mr. Barry R. Smith
2006	Pam Towle		(Commer. Support Mbr.)	1996
2007	Diane Otto	1960	Mr. George Haddaway	Warren V. DeHaan, OD
2008	Jean Browning	1962	Mr. Scott A. Crossfield	Mr. Phillip Boyer
2009	Jerre Hall		Mr. Jack Schuler	1998
				Marvin Kolkin, MD
				Mr. Marvin Donnaud
				(Commer. Support Mbr.)
				Mrs. Pat Nodecker
				(FPA Staff)
				2000
				Col. Elmo C. Baker, USAF
				Mr. Bruce Landsberg
				2001
				William Thompson, PhD
				2006
				Mr. Dale Klapmeier
				(Commer. Support Mbr.)
				2007
				Alexander Sloan, MD
				2009
				Russell B. Rayman, MD
				2010
				Linda Godwin, PhD
				2011
				Michael D. Busch, A&P/IA
				2014
				Mr. Walter C. May
				(Commer. Support Mbr.)
				James V. Gainer, III, MD

# FPA WINTER BOARD MEETING

Fort Lauderdale, Florida

January 19-20, 2018

PRE-Meeting Broadway  
Show/Dinner  
January 18, 2018

POST-Meeting Group  
Dinner  
January 20, 2018



Airport: KPMP, KFL, KFXE • Hotel Riverside

Fort Lauderdale is famous for its beaches, arts, culture and events. From shopping on Las Olas Boulevard, to gondola rides on the canals, to a historic riverfront. Just two miles north of Port Everglades, you can experience Fort Lauderdale's landscaped beachfront promenade, with its signature white wave wall and brick paved path. Across the street, enjoy Fort Lauderdale shopping or dining or quaint Las Olas Boulevard, historical districts, and the mansions and yachts dotting Millionaires Row. Stop at the Stranahan House, a preserved 1900s home furnished with antiques of the era. Or "follow the red brick road" of the Fort Lauderdale Riverwalk, the landscaped park, to the Arts and Entertainment District.

The "Venice of America" deserves the moniker, as the area's intricate system of canals is home to more than 100 marinas. Don't miss the popular Riverwalk Arts and Entertainment District. Nearby are cultural landmarks like the Broward Center for the Performing Arts. The main drag is Las Olas Boulevard takes you all the way to the beach, and Hotel Riverside is located on this popular street with its many restaurants and shops.

Join FPA Board of Directors for the Winter Board Meeting. Spend time with physician pilots and their families, and earn CME at the optional Saturday after-

noon FPA Volunteer Leadership Workshop.

## GETTING THERE AND STAYING THERE

**AIRPORT:** KPMP or KFXE or KFL

**FBO:** KPMP-SheltAir KFL-JetScape

**CAR RENTAL:** Available through FBO.

**TAXI/Uber:** Approximately \$9-12.00

KFL to Riverside

**COMMERCIAL:** Fly into Fort Lauderdale-Hollywood International Airport (5.7 miles) or Miami International Airport (24 miles) or Palm Beach International Airport (39.1 miles)

**HOTEL:** Riverside Hotel

**Guest Room:** \$179 (Classic Room King Bed) + 6% state tax + 5% occupancy (\$198.69/night)

\$199 (Executive Tower King Bed) + 6% state tax + 5% occupancy (\$220.89/night)

Address: 620 East Las Olas Boulevard, Ft. Lauderdale, FL 33301

Phone: 844.467.0671

Internet: visit FPA website for internet link

Cut-off: December 20, 2017

Cancellation: 48 hours prior to arrival.

One night charged if cancellation not received before 48 hours.

**Amenities:** Free WiFi, In-room coffee and minibar, safe and desk. Room service. On-site boat dock. Guest gym, heat-

ed outdoor pool and business center.

Relax in the heart of downtown Fort Lauderdale, where world-class restaurants and enchanting courtyards frame the city's only hotel on the trendy Las Olas Boulevard – the Riverside Hotel. This is where Old Florida charm meets warm, personalized service. Unwind in a comfortable classic room adorned with Old-Florida design or settle into a suite in the executive tower, where spectacular city or river views await.

Broward Center for the Performing Arts is .8 miles from the hotel, a 15-minute walk. The Bonnet House and Gardens are 2.3 miles and the Stranahan House Museum is across the street (.2 miles) from the Riverside Hotel.

At Hotel Riverside, enjoy the Wild Sea Oyster Bar and Grille or the Indigo Restaurant where you may select from a variety of dishes crafted by Chef Toby Joseph, while overlooking Las Olas Boulevard. Meeting friends is easy at Preston's Wine and Martini Lounge or retreat to the renowned Golden Lyon Vintage Pub.

**PARKING:** \$20/night + 6% (\$21.20) FPA special rate valet parking with in-and-out privileges; Self-parking in hotel garage is "pay by phone" application or at a Kiosk/Machine. The first 1 hour is \$3.00, and additional hours are \$1.50 each (\$37.50/24 hours).

## OPTIONAL ACTIVITIES:

Registration for the Winter Board Meeting includes the Welcome Reception on Friday evening with a hosted wine and beer bar and light hors d'oeuvres. The Board of Directors meets on Saturday morning, and everyone is welcome to attend. It is the primary reason for the meeting in Fort Lauderdale. Members enjoy participating and joining board members at this mid-year meeting.

*Optional activities are described below and are available for separate registration fees.*

### Thursday evening, January 18, 2018

Dinner and Broadway Touring Show at the Broward Center for the Performing Arts 5:30 – 10:00 pm

Arrive at the Broward Center for the Performing Arts at 5:30 pm to enjoy dinner with FPA friends at Marti's New River Bistro. This restaurant offers the convenience of being at the Center, a beautiful view of the New River and, most importantly, excellent food and service. The meal is included with your registration. In addition the restaurant features an extensive wine list and a selection of contemporary cocktails to complement your meal. Non-alcoholic beverages are included in this registration.

Following dinner, the FPA seating block is in the upper orchestra section of Au-Rene Theater. Getting away with murder can be so much fun... and there's no better proof than the knock-'em-dead hit show that's earned unanimous raves and won the 2014 Tony Award® for Best Musical—A GENTLEMAN'S GUIDE TO LOVE & MURDER!

Coming from New York, where a most gentlemanly NPR critic said he'd "never laughed so hard at a Broadway musical," Gentleman's Guide tells the uproarious story of Monty Navarro, a distant heir to a family fortune who sets out to jump the line of succession, by any means necessary. All the while, he's got to juggle his mistress (she's after more than just love), his fiancée (she's his cousin but who's keeping track?), and the constant threat of landing behind bars! Of course, it will all be worth it if he can slay his way to his inheritance... and be done in time for tea. The Hollywood Reporter raves, "Gentleman's Guide restores our faith in musical comedy."

To ensure your participation, registration fees must be received no later than October 25, 2017. After this date, the Center cannot guarantee seating choice or availability. Non-refundable.

### Saturday afternoon, January 20, 2018

#### CME Volunteer Leadership Workshop

Led by Richard W. Sloan, MD, CME Committee Chair

12:15 – 4:00 pm (working lunch included)

New and seasoned chapter and national leaders (INCLUDING RFS) and members interested in volunteering come together to share the challenges, the successes, and learn best practices in planning, organizing, and executing FPA CME activities and meetings. Begun in 2009 by the former FPA CME Chair, Ron Craig, the workshops have provided the participants opportunities to create new formats, consider change and develop innovative activities. CME Committee Chair Richard Sloan heads the 2018 Leadership Workshop. Alissa Swota, PhD, joins Dr. Sloan in the 2018 workshop, presenting a timely topic: "Contemporary Issues in Medical Ethics: Dealing with Difficult Patients and Families". A working lunch is included in the optional Workshop Registration. Registration deadline: January 15, 2018.

### Saturday evening, January 20, 2018

River Taxi Tour of Fort Lauderdale and Group Dinner 6:00-10:00 pm

Board the Water Taxi on the Riverside Hotel dock for a one and a half hour tour of the city on the way to the restaurant. The taxi bar with beer, wine, soda and water will be open (cash only) and available throughout the ride. The boat has limited seating (Coast Guard rules), so sign up before December 20 to ensure your reservation.

FPA members and guests will disembark at the 15th Street Fisheries Restaurant, known for its fresh seafood and waterfront experience in an authentic Fort Lauderdale marina. The Fisheries is situated inside the city's most famous nautical landmark, Lauderdale Marina, and provides a superior complement of fine food and fun along the waterway near the giant 17th Street bridge and Port Everglades inlet to the Atlantic Ocean. 15th Street Fisheries is recipient of numerous accolades, including the 2017 Gold Coast

Magazine award for Best Seafood Restaurant in their annual readers' poll and Wine Spectator's Award of Excellence for the restaurant's wine list, a seventh consecutive win in this category. Dinner is included in this optional registration and will be in a private dining room overlooking the water.

## RECOMMENDED IN FORT LAUDERDALE

**RIVER TAXI:** The Fort Lauderdale Water Taxi runs from 10 am to 10 pm and makes a full loop in about 40 minutes. Choose from 3 different routes to explore the city's waterways and attractions. Enjoy the narrative given by the driver and his attendant while you are chauffeured around town. You can board the water taxi at any of its stops and just buy your ticket onboard with cash or credit card. Hop on and off like you would a trolley tour or just sit back and enjoy the boat ride.

The taxi travels Inbound and Outbound as well as a southern route to Hollywood Beach where you can enjoy the sandy beaches and lively boardwalk. The Inbound route takes you to the New River, downtown Fort Lauderdale and the Las Olas district. The Hollywood Beach route is a popular way to visit this iconic beach and boardwalk, have lunch at one of the well-known restaurants or just enjoy the peaceful ride through the intra-coastal waters.

The Outbound route takes you north toward the Galleria Mall. Take your ticket to any of 60 different bars, attractions and restaurants to receive a discount. Adult and senior tickets purchased onboard after 5 PM are all priced at just \$16.00.

A ticket allows UNLIMITED BOARDING ALL DAY from any of the stops!

**HISTORIC STRANAHAN HOUSE MUSEUM:** Hour-long tours of Stranahan House are led by knowledgeable guides. The house, which is decorated to period, is beautiful and an interesting trip in time. Learn the amazing history of the "real" Florida and the pioneers who helped create the basis of the today's society. Stranahan House is a great insight into that past world, and well worth the short visit.

**BONNET HOUSE MUSEUM AND GARDENS:** Chicago-born artist Frederic Clay

Bartlett created Bonnet House in 1920 on South Florida oceanfront land given to him and his second wife, Helen Louise Birch, by her father, Hugh Taylor Birch, a prominent Chicago attorney, real estate investor, and naturalist. Tragedy struck in 1925 when Helen died from breast cancer. In 1931 Frederic married Evelyn Fortune Lilly. She spent winters at Bonnet House until 1995. Today, the estate is a preeminent house museum dedicated not only to historic and environmental preservation, but also to learning and creative expression – much like the Bartletts and Birches themselves.

**Pre-Meeting Activities (optional)**

**WEDNESDAY, January 17, 2018**

Free day. No daytime planned group activities.

6:00-7:00 pm

Informal gathering at bar, Hotel Riverside, cash only.

Dinner on your own

**THURSDAY, January 18, 2018**

Free day. No daytime planned group activities.

5:00 pm Pre-theater dinner at Broward Center for the Performing Arts\*

7:30 pm Broadway Show "A Gentleman's Guide to Love and Murder"\*

**WINTER BOARD MEETING SCHEDULE**

**FRIDAY, January 19, 2018**

Free day. No daytime planned group activities.

3:30 – 5:00 pm Executive Committee

6:00 – 7:15 pm WELCOME RECEPTION

Wine and beer hospitality hour with light

appetizers. Dinner on your own.

**SATURDAY, January 20, 2018**

9:00 am – 12:00 pm

BOARD OF DIRECTORS MEETING

*All members, Right Front Seaters and guests are welcome to attend.*

12:15 – 4:00 pm

OPTIONAL CME LEADERSHIP WORKSHOP

(with working lunch)

6:00 – 10:00 pm

OPTIONAL 15TH STREET FISHERIES DINNER (River Taxi included) \*\*

**SUNDAY, January 21, 2018 through**

**TUESDAY, January 23**

Individual Departures

*\*Thursday Dinner and Theater tickets*

*must be purchased in advance; full payment, non-refundable.*

*\*\* Saturday River Taxi and Dinner tickets*

*must be purchased in advance; full payment, non-refundable.*

**HOTEL RESERVATIONS-MEETING AND ACTIVITIES REGISTRATION DEADLINES**

Reserve your guest room at the Hotel Riverside at your earliest convenience. With these hotel room rates, the block will fill quickly. Deadline for the rate: December 20, 2017, or when the block fills. 844.467.0671

DINNER & THEATER RESERVATIONS

(optional)

Reservations and tickets for the group deadline: October 25, 2017. Non-refundable.

CME LEADERSHIP WORKSHOP (optional)

Registration includes working lunch.

Deadline to register: January 15, 2018.

SATURDAY GROUP DINNER (optional)

Reservations for group water taxi and dinner at 15th Street Fisheries: December 20, 2017. Non-refundable.

Full information included in future ONLINE MEMBER BULLETINS and THE FLYING PHYSICIAN MAGAZINE Issue 2 (December 2017).

**WBM MEETING REGISTRATION AND CME WORKSHOP CANCELLATION:** Meeting registration cancellations are made with the FPA Headquarters office: 936.588.6505, or ahenderson@FPAdrs.org. The cancellation administration fee through 1/15/18 is \$20.00 per person; from 1/16/18 through 1/18/18, \$50.00 per person; no registration cancellation refunds after 1/18/2018.

**WINTER BOARD MEETING 2018 AND OPTIONAL ACTIVITIES REGISTRATION**

**FPA WINTER BOARD MEETING REGISTRATION and OPTIONAL ACTIVITIES**

Go to [www.fpads.org](http://www.fpads.org) to pay by credit card. Or, complete this form and mail to FPA Headquarters, 11626 Twain Drive, Montgomery, Texas 77356. Payment must be received in advance for all social functions.

FPA GROUP DINNER & BROADWAY SHOW\* Jan 18 evening \$130 x \_\_\_\_\_ person/s = \$ \_\_\_\_\_  
 Optional activity includes group dinner at Broward Center for the Performing Arts (.8 miles from hotel)  
 Reserve and register by October 25, 2017

WINTER BOARD MEETING Jan 19-20 \$95 x \_\_\_\_\_ person/s = \$ \_\_\_\_\_  
 WBM Registration includes Friday 6 pm Welcome Reception with wine/beer hospitality, Saturday morning coffee break

FPA LEADERSHIP WORKSHOP Jan 20 afternoon \$49 x \_\_\_\_\_ person/s = \$ \_\_\_\_\_  
 Leadership Workshop includes lunch, program and CME credits, immediately following Board meeting.

FPA GROUP DINNER at 15TH STREET FISHERIES\* Jan 20 evening \$115 x \_\_\_\_\_ person/s = \$ \_\_\_\_\_  
 Cocktails/wine/beer cash basis on River Taxi and restaurant  
 Reserve and register by December 20, 2017

*\*PLEASE NOTE –Guarantees must be received and finalized with vendors by deadline dates. Theater, restaurants and transportation WILL NOT REFUND the payments.*

# WESTERN – SOUTHWEST CHAPTERS SPRING MEETING

March 16-18, 2018

CME Included

ICON Light Sport Aircraft Facility Tour  
Napa Valley Wine Tour

Contact: Randy Edwards, MD 702.355.2050

Join the Western and Southwest Chapters for a relaxing and fun weekend of airplanes, an ICON light sports craft factory tour, and a Napa Valley tour. We promise lots of “plane” talk, shared experiences, good fellowship, wonderful food and discovering new wines with fellow physician pilots and their right front seaters (RFS)!

Arrive on Friday, March 16, between 11-11:30 am for a casual attendee lunch and CME session at the Nut Tree airport. No need to rent a car! Park your plane, and leave the driving to us! Following CME and the ICON factory tour, we will check in and shuttle to a locally-owned restaurant for a Dutch-treat dinner together.

Saturday morning, breakfast on your own at the hotel. There are tentative plans for added CME--more information to come. Depending on the group size, the special Napa Valley touring vehicle may pick up and drop off at the Vacaville Marriott Courtyard. The friendly and knowledgeable tour driver and guide will lead the 6-hour adventure. It's a day of exploring Napa Valley, learning about some of the best wines at private vineyards, enjoying a picnic lunch at one of the wineries and even time to shop or to just take a relaxing walk in the iconic town of either Yountville or St. Helena!

Sunday will be departure day from Nut Tree Airport – and we will drop you



Best Support of  
California Wineries --  
Come and Participate!



there. Or, extend your stay by arriving early or remaining in the area to do more tours and discovery on your own.

The famous Jelly Belly Candy Factory is 14 miles from Nut Tree Airport and Courtyard Marriott on I-80 in Fairfield California. A large outlet mall is located across from the Marriott Courtyard and includes the Jelly Belly Factory Outlet for those who want to purchase this iconic candy as a souvenir from the trip

## GETTING THERE AND STAYING THERE

**GA AIRPORT** -- Fly your aircraft into the famous Nut Tree Airport (KVCB), located in Solano County, California, midway between the two metropolitan regions of San Francisco and Sacramento. The region boasts a moderate Mediterranean climate. The expanded 4,700-foot runway at Nut Tree Airport accommodates light aircraft to corporate jets. 301 County Airport Rd, Vacaville CA 95688. Call David Daly, (707) 469-4600

**COMMERCIAL FLIGHTS** – Sacramento Airport (SMF) 36 miles west; San Francisco (SFO) 65 miles east; Oakland (OAK) 59 miles southwest

**HOTEL** – Courtyard Marriott Vacaville, located 8/10 mile from KVCB. 120 Nut Tree Parkway, Vacaville CA 95687. Book a guest room through your favorite travel agent or hotel booking service! The earlier, the better your chances of scoring a lower-priced room. Trivago, Triple-A, AARP, Marriott.com, Travelocity, Orbitz, Booking.com and Hotels.com are just a few available online or by phone. March is the beginning of the “winery tours season”, so book now! You may also book directly with the hotel at 707-451-9000 or by visiting Marriott.com online. There is no official group room block.

**GROUND TRANSPORTATION** – The chapter planners will be transporting registrants to and from Nut Tree Airport and the Courtyard Marriott, to dinner on Friday and Saturday evenings, and to Napa for the wineries tour on Saturday. You may leave the driving to us! For those preferring to have a vehicle, there is a Hertz Car Rental agency at KVAC, (707) 469-1517.

**FRIDAY AFTERNOON – ICON LIGHT SPORT AIRCRAFT TOUR**

The weekend begins on Friday afternoon with a casual lunch and CME presentations at Nut Tree Airport. A guided tour of the ICON light sports aircraft factory is next on the afternoon agenda. The ICON A5 is an American amphibious light-sport aircraft being developed by ICON Aircraft. A concept aircraft was first flown in 2008, and creation of the production tooling began in December 2012. FPA members and their guests will receive a guided tour of the Vacaville, California plant. This is an excellent opportunity to ask questions, see the production first-hand, and to share the experience with other pilots.

**SATURDAY – NAPA VALLEY**

Napa Valley reigns as the land of grand estates, expansive tasting rooms,



quaint towns, and elegant lodgings, many of which edge up to the celebrated Silverado Trail. Roughly an hour's drive north of San Francisco and boasting more than 400 wineries, Napa Valley is a connoisseur's paradise, inviting visitors to explore beyond the region's signature Cabernet Sauvignon and Chardonnay. Don't miss, for instance, the rediscovered Merlot, whose plush texture and earthy cherry flavor are appealing to a new generation of red wine fans.

Long considered California's most famous wine region, Napa Valley exploded into the global spotlight following the 1976 Judgment of Paris, when a Chateau Montelena Chardonnay from Calistoga trounced nine other Chardonnays in a blind tasting in Paris, including extremely prestigious bottles from France. At the time, France was considered the world's forerunning wine region, but this triumph forever changed the international perception of Northern California's wines.

Registration includes: Ground transportation for group on Friday and Saturday, Friday lunch and CME session at Nut Tree Airport, Friday ICON factory group



tour, Saturday group wineries tour with driver-guide, bottled water on winery tour, guided winery tours, wine tasting fees at visited wineries, cheese and cracker tray on tour van, Saturday "California" picnic lunch, and transportation to Nut Tree Airport on Sunday morning.

Each individual is responsible for booking their guest room accommodation at the Courtyard Marriott; breakfasts are on your own; group dinners on Friday and Saturday are "Dutch Treat" at locally owned restaurants.

Airplanes, wine country and the camaraderie of other physician pilots and their family members – it doesn't get any better. March 16-18. Join us. It will be a great weekend!



Western-SW Chapters Fun Weekend  
 Cancellation: Registration cancellation is made by calling the FPA Headquarters office, 936.588.6505, or by email to ahenderson@fpadrs.org. The cancellation administration fee through March 1 is \$50 per person. Due to no refunds from the tour providers, no registration fees will be refunded after March 1.

# DIXIE-GREAT LAKES CHAPTERS SPRING MEETING

**April 19-22, 2018**  
**Wilmington, North Carolina**

**Contact: George L. Cowan, MD 843.610.5727 (cell)**

The lovely city of Wilmington, North Carolina, is included on The National Trust for Historic Preservation "Dozen Distinctive Destinations" list for good reason. The nearly 300-block historical area of Wilmington is a monument to the rich history of the port city, which has been incorporated since 1739. Bordered by the Cape Fear River to the west and the Atlantic Ocean to the east, its natural beauty adds to its appeal for retirees, vacationers, and film makers (the area boasts one of the largest studios outside of Hollywood). In Wilmington, the living is easy - with beach houses within a few minutes of downtown.



With both village charm and a cosmopolitan lifestyle, the Wilmington Historic River District and Island Beaches offers great dining, unique shops and vibrant nightlife. Downtown, stop at a quaint café, take a garden stroll, or tour local film sites. Cast a line off the Atlantic's oldest fishing pier at Kure Beach, learn to surf at Wrightsville Beach, or explore one of Food & Wine magazine's "Top 10 Boardwalks" at Carolina Beach.

The Cape Fear Museum, known locally as the Michael Jordan Museum (he was a native of Wilmington who helped fund the museum), takes visitors from the beginnings of the area, the port and its history with an array of exhibits and displays. Historic homes and carriage

rides are part of this city's charm.

Friday and Saturday morning CME sessions will be held on the USS North Carolina. USS North Carolina (BB-55) was the lead ship of North Carolina-class battleships and the fourth warship in the U.S. Navy to be named for the State of North Carolina.

#### GETTING THERE AND STAYING THERE

Airport: Wilmington International (KILM)/New Hanover County International Airport

Address: 1740 Airport Blvd., Wilmington NC 28405

FBO: Air Wilmington

Contact: Carla Weichman

Phone: 910.763.0146

Website: [www.airilm.com](http://www.airilm.com)

Rental Cars: Available through FBO

Transportation: UBER \$5 to Embassy Suites (3 miles)

Hotel: Embassy Suites by Hilton, Wilmington Riverfront

Address: 9 Estell Lee Place, Wilmington NC 28401

FPA Rate: \$179 sgl/\$189 dbl/\$199 triple/\$209 quad

Guest room rate includes breakfast/afternoon hospitality

Reservations Cut-off: March 19, 2018

Website: <http://group.embassysuites.com/flyingphysiciansassociation>

Rental Cars: Available through FBO

Transportation: UBER \$5 to Embassy Suites

Parking: \$13 self-parking; \$20 valet

#### ABOUT THE HOTEL

Embassy Suites by Hilton Wilmington Riverfront, an all-suite hotel along the Cape Fear Riverwalk, is steps from top restaurants, shops and activities in historic downtown Wilmington. The USS North Carolina battleship is moored by the hotel, and boat tours along the Cape Fear River await.

Unwind in a studio suite with cozy seating, a flat-screen TV, dining area, work desk, complimentary WiFi, and a wet bar with fridge and microwave. Some suites have a separate bedroom with second TV, and all have beautiful views over the river or downtown.

Start the day right with free made-to-order breakfast, then join everyone for the complimentary Evening Recep-



tion - both are offered daily in our bright and airy atrium. Head for the rooftop bar, 9th Floor Grill, to enjoy river views and eclectic menus, and dine along the riverfront at Restaurant on the Terrace, featuring farm-to-fork comfort food.

#### THE SCHEDULE

##### Thursday, April 19

Arrival (KILM)

5:30 pm Welcome Reception

Dinner on your own

##### Friday, April 20

Breakfast included in hotel room rate

7:30 am Water Taxi to ship

8:00 am – 12:30 pm

CME Session I in Wardroom

12:45 pm Box Lunch/Tour of ship

Water Taxi return to hotel

Afternoon free

5:30 pm Reception Embassy Suites

Dinner on your own

##### Saturday, April 21

Breakfast included in hotel room rate

7:30 am Water Taxi to ship

8:00 am – 12:30 pm

CME Session II in Wardroom

12:35 pm Chapter Business Meetings

Afternoon free -opt. tour available

OPTIONAL: Cape Fear and Wilmington River Tour

Limited to 49 ppl; \$30 pp (1.5 hour tour)

5:30 pm Reception Embassy Suites

Water Taxi to ship

Dinner on the Fantail

##### Sunday, April 22

Breakfast included in hotel room rate

Individual Departures

Dixie-Great Lakes Chapters Cancellation: Registration cancellation is made by calling the FPA Headquarters office, 936.588.6505, or by email to [ahenderson@fpads.org](mailto:ahenderson@fpads.org). The cancellation administration fee through April 15 is \$50 per person. Due to no refunds from the providers, no registration fees will be refunded after April 16, 2018.



# WESTERN – SOUTHWEST CHAPTERS FALL MEETING

November 8-11, 2018

Las Vegas, Nevada

Coincident with Nellis AFB Air Show *Aviation Nation*



Contact: Randy Edwards, MD  
702.355.2050

## NOVEMBER 8-11, 2018

Join us in Las Vegas, Nevada for solid CME sessions and the Aviation Nation Air Show, featuring the Air Force Thunderbirds. It's one of the best-known air shows in the country, and what a great time to be in Nevada. Write the dates on your work and personal calendars, and look for more information to come.

## LAS VEGAS

Las Vegas is well-known, and the meeting hotel will be in the middle of "The Strip", close to all the mega-hotels where you can walk miles of shops, casinos, restaurants and shows. For the



FPA chapters' meeting, the hotel is in the middle of the action but a smaller property. You have the convenience of being in the center of it all, but small enough that you can go from your guest room to the meeting without running a half-marathon.

## AIR SHOW

Spectacular! Amazing! Awe-inspiring. Those are only a few of the words from people describing their visit to the Nellis Air Force Base "Aviation Nation" Air Show. The chapter meeting sessions will be built around the air show schedule, permitting everyone time to enjoy the full experience.

Mark your personal and work calendars for November 8-11. Join other physician-pilots and their families to enjoy Las Vegas, participate in excellent CME sessions, and to attend one of the best air shows in the country. Looking forward to seeing you there.



# FPA MEETINGS REGISTRATION FORM

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Last Name	First	MI/Name	Nickname for badge
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Mailing Address	City	State	Zip Code	E-mail Address
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Spouse Name	Spouse CME Y/N	Telephone	Other Guests
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Plane Type	N#
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**Payment by Check** -- Send with this completed form to FPA Headquarters, 11626 Twain Drive, Montgomery, Texas 77356

**Payment by Credit Card** -- Go to [www.FPADRS.org](http://www.FPADRS.org) and sign in as member. Select meeting of interest and double-click. Scroll to the bottom of the meeting description for payment options. In completing information, provide your e-mail for payment receipt notification.

Please complete all information above. Check beside the meetings you plan to attend.

**FPA Winter Board Meeting**

January 19-21, 2018  
Pre-meeting activities 1-20

Riverside Hotel  
Fort Lauderdale, FL

See registration form Page 29

**Western-Southwest Chapters**

**Spring Fling**  
March 16-18, 2018  
(incl. Sat. Winery Tour)

Courtyard Marriott  
Vacaville, CA

\$340 FPA Member single  
 \$680 FPA Member couple  
 \$340 Additional Adult  
 \$180 Child 16 & under

**Dixie-Great Lakes Chapters**

**Spring Meeting 2018**  
April 19-22, 2018

Embassy Suites Hotel  
Wilmington, North Carolina

\$225 FPA Member single  
 \$450 FPA Member couple  
 \$225 Additional Adult  
 \$125 Child 16 & under

**2018 FPA Annual Meeting**

June 2 - 5, 2018  
Registration opens 1/1/18

The Greenbrier Resort  
White Sulphur Springs, WV

See registration form page 57

**Western-Southwest Chapters**

**Fall Meeting**  
November 8-11, 2018  
Correspondent with Aviation Nation

Hotel TBA  
Las Vegas, Nevada

Send Information

Fax this form to 832-415-0287 or mail to:  
FPA Chapters Meetings  
11626 Twain Drive • Montgomery, Texas 77356

**Flying Physicians Association 64th Annual Meeting**  
**June 2-5, 2018**  
**The Greenbrier • White Sulphur Springs, West Virginia**  
*America's Resort Since 1778*



Travelers have long been drawn to this remote valley in the Allegheny Mountains, seeking the curative powers of the white sulphur springs discovered by the Shawnee Indians. It's there, in rural West Virginia that travelers also find the Greenbrier, one of America's most legendary resorts, which dates back to 1778 and features interior designer Dorothy Draper's familiar floral patterns and baroque plaster pediments. The resort boasts seven restaurants, five golf courses, a spa and equestrian center, and a casino complex with table games and slot machines. The 710 rooms all have custom pillow-top mattresses and newspaper delivery.

The original Greenbrier hotel, known as the White, and its behemoth (700-room) successor welcomed Vanderbilts and Rockefellers, Dolley Madison and Davy Crockett, Jimmy Hoffa and Bing Crosby—many of whom arrived in private railroad cars at the depot across from the main entrance. The Duke and Duchess of Windsor danced in the ballroom; more recent royalty included Bill Gates.

The Greenbrier, a National Historic Landmark, is widely regarded as one of the finest luxury resorts in the world. Surrounded by the Allegheny Mountains, in the foothills of the Blue Ridge in West Virginia, this 11,000 acre resort offers over 55 activities for your enjoyment. From the world-renowned mineral spa to luxury leisure pursuits and outdoor adventures designed for every taste – you can find it at the Greenbrier.

#### **THE GREENBRIER SPA**

The Greenbrier Spa has long been one of the resort's most popular amenities. For more than 230 years, guests have been at-

tracted to The Greenbrier's sulphur springs and the natural benefits of the mineral waters remain at the heart of The Greenbrier Spa experience. Conde Nast "Traveler" magazine named the Greenbrier Spa one of the best in the world.

With a focus on hydrotherapy and the use of mineral-based products indigenous to the area, The Greenbrier Spa provides both relaxing and therapeutic treatments. With today's finest products and equipment, meticulous attention to detail, and the hospitality and service for which the resort has always been noted, the Spa focuses on revitalization and relaxation.

#### **Scheduling Appointments**

It is strongly recommended that Spa appointments be arranged when booking your room reservations! Advance reservations may also be made by calling 888-598-8412 or emailing.

#### **GOLF**

The home of the PGA's number one tournament site, the Greenbrier offers five championship courses. FPA members will have the opportunity to participate Monday afternoon in



a Scramble Tournament on the Greenbrier Resort's Meadows course at "twilight" rates. More information to come! This is an optional activity.

### THE SECRET BUNKER CONGRESS NEVER USED

The story of how the bunker was built, beginning in 1958, was kept secret for 30 years and how it even was placed at the Greenbrier is stranger than any conspiracy theory! Once a top secret U.S. government relocation facility for Congress following nuclear attack, The Bunker is now open to anyone interested in reliving a legendary piece of The Greenbrier history. Bunker Tours provide a unique and in-depth look behind the hidden doors. The 90-minute tours are offered twice daily. Guests are encouraged to make their reservations early. Reserve your tour with The Greenbrier.

### ACTIVITIES

Tennis courts, off-road ATV driving, falconry and horseback riding – not to mention the inviting indoor-outdoor pool, the Casino and dancing from 10 pm-2 am. Schedule a romantic carriage ride, take a walk on one of the marked trails, participate in the meditation trail, go fishing or try the Aerial Adventure Course – and that's just a beginning!

Indoor activities are just as plentiful. Enjoy bowling at The Greenbrier 8-lane alley or catch a movie at the in-house theater. Complimentary history tours are offered daily except Sunday and include Interior Tours that focus on the elegant architecture and interior design of famed interior decorator, Dorothy Draper, and her successor, Carleton Varney. Exterior Tours offer greater detail about the role of the cottages and conclude at the



Presidents' Cottage Museum and Art Colony Shops. Complimentary culinary demonstrations are scheduled daily at the Greenbrier Gourmet, located in the lower level lobby shops. Interesting seasonal classes are scheduled for kids, adults and families

### THE ART COLONY AND RETAIL SHOPPING

– offering a variety of options to expand your horizons during your stay at the Greenbrier. Check the schedules upon arrival and make your plans for a memorable visit.

The Art Colony Shops are a unique experience that includes skilled artisans working with metals, leather, brass, wood, glass and pottery. Located in the historic Alabama Row Cottages overlooking the Springhouse, The Art Colony Shops are just a brief walk from the North Entrance. Complimentary transportation is also available from the hotel.

The Greenbrier shopping experience includes a collection of 38 stores and boutiques. These shops feature an unparalleled assortment of signature gifts, art, toys, furniture, sporting goods, fine jewelry, shoes and luxury apparel. From handmade chocolates and confections to custom-fit golf clubs, you're sure to discover that perfect gift or an indulgence just for you.

### THE LOGISTICS

The Greenbrier is located in White Sulphur Springs, West Virginia and conveniently situated off Interstate 64 just west of the Virginia/West Virginia border and just east of Lewisburg, WV (dubbed "Coolest Small Town in America" by Budget Travel Magazine, 2011).

By Private Aircraft: Greenbrier Valley Airport (LWB) is located 21 minutes away from The Greenbrier. Arrivals at LWB will be shuttled by the Local Arrangements Committee to the Greenbrier on Friday (11 am – 5 pm) and Saturday (9 am – 5 pm). Return shuttles to LWB on Wednesday, June 6, begin at 8 am.

By Commercial Air: United Express (Sky West) flights will start on April 1st. <https://www.gvairport.com/> Other airports convenient to The Greenbrier include Beckley, WV (BKW), Charleston, WV (CRW), and Roanoke, VA (ROA), Virginia, with service provided by major carriers.

By Car: Located off Interstate 64, whether arriving from the east or west, take the exit for White Sulphur Springs.



By Train:



The Greenbrier and Amtrak partner with Business Class service from Washington D.C. to White Sulphur Springs, WV (WSS), conveniently located next to The Greenbrier's Christmas Shop at The Depot! It's the ultimate arrival, met by carriage, epitomizing The Greenbrier approach to service.

Parking: Self-parking is free on the grounds in marked lots. Current valet rates are \$25.00 and \$50.00 for garage parking.

### GREENBRIER ROOM DESCRIPTIONS

Gable Rooms: Quaint rooms located in the gables of the West Virginia Wing with a handful scattered throughout the rest of the hotel. Good for singles and may accommodate up to 2 people. Not handicap accessible. Rollaway beds and/or cribs may not be added to these rooms. Limited king bed option. Designate your bedding preference when reserving.



Traditional Rooms: Range from 260-300 square feet featuring the traditional "Dorothy Draper" style.

Superior Rooms: Approximately 400 square feet. Many Superior rooms also offer the option of two double beds.

**Draper Suites:** The largest single rooms available at The Greenbrier. One king bed or two double beds as well as a sitting area, some with a queen sofa bed.

**Hotel Reservations:** Based on availability before May 1, 2018. Call early to ensure the room of choice.

Telephone: Sara Markum, 844.702.2279

Group: Flying Physicians Association Inc.

Gable Guest Rooms \$199.00 per room, per night (\$251.82 inclusive)

Traditional Guest Rooms \$219.00 per room, per night (\$275.00 inclusive)

Superior Guest Rooms \$249.00 per room, per night (\$309.77 inclusive)

Draper Suites \$279.00 per room, per night (\$344.53 inclusive)

An additional \$50.00 per night will apply to each third and fourth adult occupant in the room.

#### **Resort Fees and Taxes:**

West Virginia State Taxes: 6% sales tax & 3% occupancy tax

A Historic Preservation Fund fee of 6.5%.

Daily Resort Fee: \$20.00 per room, per night, for FPA guest reservations covers:

- On-Property Transportation
- Morning Coffee Service
- Afternoon Tea and Concert
- Nightly Movies in the Theatre
- Historical Tours & Presentations
- Culinary Demonstrations
- Use of Indoor & Outdoor Pools
- Champagne Toast in The Casino Club
- Use of Indoor & Outdoor Pools
- Champagne Toast in The Casino Club
- Hiking & Meditation Trails
- Springhouse Entertainer Cabaret
- Fitness Equipment (at Tennis Center or Indoor Pool)
- Cyber Café with High-Speed Internet
- Children's VIP Cards
- Resort-Wide Wireless Internet

CHECK IN: 4:00 pm      CHECK OUT: 11:00 am

#### **FPA GROUP ORGANIZED ACTIVITIES**

##### **Stop the Bleed Certification Hands-On Class (Limit 8)**

**Sunday 12:45-1:30 pm**

Led by faculty member, Dr. Andrew Skattum, this hands-on workshop certifies the participants to return to their communities, hospitals, clubs, and organizations and lead training classes. In the past few years people from all walks of life have been faced with life-threatening circumstances, disasters, and attacks. This training, established by the American College of Surgeons, not only enables you to respond during the precious seconds when a person is bleeding profusely, but to spread this life-saving training in your home community. Visit the web site, [www.stopthebleed.com](http://www.stopthebleed.com), for more information.

Box lunch is provided and is the only cost associated with this hands-on class. Limited enrollment: 8 people. Register in ad-



vance.

##### **The Art of Gaming (Gaming Instructional Class)**

**Sunday 2:00 – 3:00 pm**

Learn the game of Blackjack and how to have fun at the same time by recognizing what type of game you'll be playing, understanding the minimum bet, learning how to "buy-in" at the table and the value of the chips, cashing in your chips, gaming lingo and etiquette, rules of the game and your goal, when to touch and not touch your chips, where to place your bets and betting options, basic strategy of the game, and when it's time to leave!

Overview of games offered in The Casino: Blackjack, Roulette, Craps, Three Card Poker, Mini Baccarat and Poker.

Limited enrollment (20) for private class. Register in advance.

##### **Golf Scramble Tournament**

**(Registration information to come)**

**Monday 3:07 pm first Tee Time**

Play on The Meadows course in a foursome with other FPA members and family. Expect more information on fees and registration which will be forthcoming to Annual Meeting registrants in coming weeks.

##### **Private Falconry Demonstration (Limit 25)**

**Tuesday 2:00 pm**

The ancient sport of falconry is both fascinating and exciting for the entire family! We encourage you to get up close and personal with these majestic birds. During the demonstration, you'll get the opportunity to interact with the trained hawks and falcons as well as learn the history behind this sport of kings, which has been performed for over 4,000 years. Private group is limited to 25, so register early.

The falcons are located less than 5 minutes from The Greenbrier. Transportation departs from Greenbrier Outfitters located next to the outdoor pool.

# RIGHT FRONT SEATER ACTIVITIES SCHEDULE

## RFS, Family Members and FPA Guests



Please see the activities I recommend for RFS, family members and guests who would like to enjoy some of The Greenbrier special activities with your FPA family and friends.

The Greenbrier offers many activities for everyone to enjoy – and I welcome you to join us for these complimentary tours and activities. Feel free to contact me if you have questions before or during your stay the Annual Meeting.

In addition to the activities I've selected below, there are others every day that add to the memories! The complimentary Afternoon Tea at 4:15 pm in the Upper Lobby, the Open Portrait Photo from 6:00 - 9:00 pm in the Trellis Lobby, movies in The Greenbrier Theatre at 7:00 and 9:00 pm, the Springhouse Entertainer Musical Cabaret in the Upper Lobby at 8:30 pm and the Champagne Toast & Waltz in the Casino Club at 10:00 pm. You have so much from which to choose, and these are complimentary activities.

I sincerely believe you will love The Greenbrier experience as much as I do!

*Susan Shehl, RFS Chair*

### Welcome and Orientation

**Saturday, June 2, 1:30 pm**

Join RFS Chair, Susan Shehl, and the Right Front Seaters, family members and guests for an overview of everything sched-

uled and available during your visit at The Greenbrier. This is your opportunity to connect with everyone and to ask questions! From scheduling a tour on horseback to making restaurant reservations – the experts will be on hand to provide quick answers.



### Culinary Demonstration

**Sunday, June 3, 11:00 am**

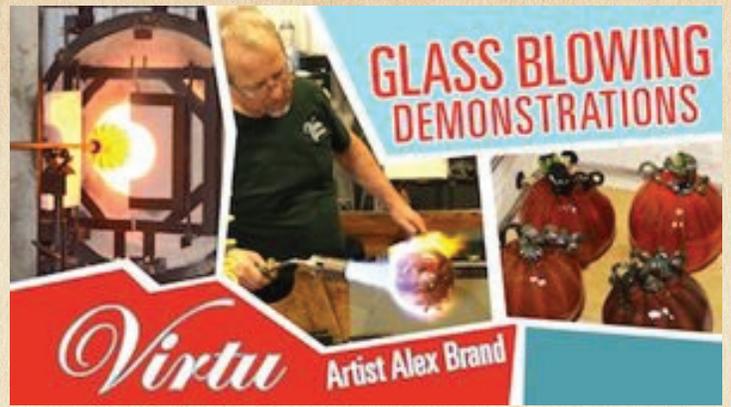
### The Greenbrier Gourmet Shop

Head to The Greenbrier Gourmet (located in the Lower Lobby Shop Corridor), sip a refreshing cup of coffee and watch a culinary demonstration of one of The Greenbrier's signature dishes. See the step-by-step preparation techniques of savory dishes that you can make at home.



**Interior Tour of The Greenbrier  
Monday, June 4, 10:30 am  
Begins in the Upper Lobby**

With over 230 years of history, there is a lot to see and learn on the complimentary guided tours of The Greenbrier. Interior Tours focus on the elegant architecture and interior design of famed interior decorator Dorothy Draper and her successor Carleton Varney. Dorothy Draper was one of the first decorators in the US. As a woman she is best known for her commercial design work in major hotels and restaurants. She also designed the interiors of Pam Am airplanes.



**Glass-blowing Demonstration and Art Colony Shops  
Tuesday, June 5, 10:30 am  
Depart from Upper Lobby 10:00 am**

Complimentary glass blowing demonstrations by Artist Alex Brand are available. Virtu's Glass Blowing Studio is located at the end of the Art Colony Shops near The Greenbrier Springhouse and behind the Tennis Club.



The Art Colony Shops are a unique experience that includes skilled artisans working with metals, leather, brass, wood, glass and pottery. Located in the historic Alabama Row Cottages overlooking the Springhouse, The Art Colony Shops are just a brief walk from the North Entrance. Complimentary transportation is also available from the hotel.



# SCHEDULE-AT-A-GLANCE

## 2018 Flying Physicians Association Annual Meeting

### Friday, June 1, 2018

All Day	Arrivals at KLWB, by train White Sulphur Springs, and car	
11:00 am – 5:00 pm	FPA Local Arrangements shuttle from KLWB to Greenbrier available	
3:00 – 8:00 pm	Registrant Packet Pickup	
3:30 – 5:30 pm	Executive Committee	

### Saturday, June 2, 2018

All Day	Arrivals at KLWB, by train White Sulphur Springs, and car	
9:00 am – 5:00 pm	FPA Local Arrangements shuttle from KLWB to Greenbrier available	
8:00 am – 6:00 pm	Registrant Packet Pickup	Taft Foyer
9:00 am – 12:00 pm	Board of Directors Meeting	McKinley Room
12:30pm	CME Session Sign-In	Taft Foyer
1:00 pm	Welcome and Announcements	
1:15 – 5:00 pm	SESSION ONE – Scientific/Aviation Session	Taft Room
1:30 pm	RFS and Family Members' Orientation and Get Together	McKinley Room
6:30 pm	Welcome Reception	Champions Room

### Sunday, June 3, 2018

6:45 am	Human Factors/Safety Education Committee Meeting	Wilson Room
7:45 am	CME Session Sign-in	Taft Foyer
8:00 am	Announcements	
8:15 am – 12:15 pm	SESSION TWO – Scientific/Aviation Session	Taft Room
10:00 am	OPTIONAL RFS Tour: Private Guided Tour of the Greenbrier (Pre-registration required)	
12:45 – 1:30 pm	“Stop the Bleed” Hands-on Certification Session with lunch (8 people)	Taft Room
2:00 – 3:00 pm	OPTIONAL – Group Gambling Tutorial	The Casino
6:00-8:30 pm	Stump the IA (non-CME) What burning aviation mechanics questions do I have that Mike Busch can discuss and answer – and keep me flying without emptying the bank account? Mike Busch, A&A/IA	To be announced
9:00 pm	Classic Airplane Movie	The Theatre

### Monday, June 4, 2018

6:45 am	Nominations Committee Meeting	Wilson Room
7:45 am	CME Session Sign-in	Taft Foyer
8:00 am	Announcements	
8:15 am – 1:15 pm	SESSION THREE – Scientific/Aviation Session	Taft Room

10:00 am	RFS recommended Culinary Demonstration (free)	Greenbrier Gourmet
3:07 pm	OPTIONAL Scramble Golf Tournament	Meadows Course
9:00 pm	Classic Airplane Movie	The Theatre
<b>Tuesday, June 5, 2018</b>		
6:45 am	Chapter Leaders Meeting	Wilson Room
7:45 am	CME Session Sign-in	Taft Foyer
8:00 am	Announcements	
8:15 am – 12:15 pm	SESSION FOUR – Scientific/Aviation Session	Taft Room
10:00 am	RFS recommended Glass-Blowing Demo at Art Colony (free)	Art Colony
12:25 – 1:00 pm	FPA Annual Business Meeting	Taft Room
2:00 pm	OPTIONAL: Group Falconry Demo (Limit 25)	Depart from Greenbrier Outfitters
6:00 pm	Awards Evening Reception	Chesapeake Terrace
6:45 – 9:15 pm	Awards Celebration and Dinner	

**Wednesday, June 6, 2018**

8:00 am until complete FPA Local Arrangements shuttle to KLWB North Entrance

**GREENBRIER ACTIVITIES**

With over 55 activities available to guests during their stay, the following are just a few recommended:

Cold War White House Bunker Tours: available daily at 9:30 am and 3:30 pm; 90 minutes; \$35.00 per person

**COMPLIMENTARY ACTIVITIES AT THE GREENBRIER**

Afternoon Tea in the Upper Lobby: daily at 4:15 – 5:00 pm (complimentary)

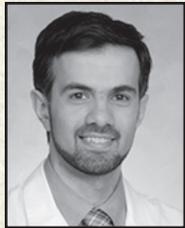
Champagne Toast and Waltz: daily at 10:00 pm in The Casino (complimentary)

President's Cottage Museum at the Greenbrier (complimentary)

Indoor-Outdoor pools, Shuffleboard, Fitness Center, Walking Trails, Meditation Trail, Children's Playground



# SPEAKERS AND FACULTY



**Mohamad Adnan Alkhouli, MD, FACC**  
*Director of Structural Heart Intervention*  
*Assistant Professor of Medicine*  
*Department of Cardiology*  
*West Virginia University*  
*Morgantown, West Virginia*

Dr. Alkhouli received his medical degree from Damascus University in Syria. After training in internal medicine and cardiovascular disease at Temple University in Philadelphia, he completed advanced training in vascular medicine, interventional cardiology, and structural heart disease interventions at the University of Rochester, Rochester, NY and Mayo Clinic, Rochester, MN.

In 2016, Dr. Alkhouli joined West Virginia University (WVU) Heart and Vascular Institute Morgantown as the director of structural heart disease interventions, and an associate director of the cardiovascular fellowship program.

Dr. Alkhouli is an author of over 70 peer reviewed articles and book chapters. He is a primary investigator of several clinical trials on cutting edge therapies in structural heart interventions and high risk coronary interventions such as the AMULET left atrial appendage IDE trial, door to unloading with IMPELLA CP system in acute myocardial infarction (DTU). His research interests in addition encompass outcomes and disparity research, patient reported outcomes, stroke prevention in atrial fibrillation and transcatheter aortic valve replacement.



**H. Alexander Arts, MD, FACS**  
*Professor of Otolaryngology and Neurosurgery*  
*Program Director, Neurotology Fellowship*  
*Medical Director, Cochlear Implant Program*  
*University of Michigan Medical School*  
*Ann Arbor, Michigan*

Dr. Alex Arts received his BSME in Mechanical Engineering from Rice University and his medical degree from Baylor College of Medicine and a MSE degree in Bioengineering from the University of Washington. He completed his general surgery and otolaryngology training at the University of Washington, followed by a fellowship in neurotology and cranial base surgery at the University of Virginia.

Dr. Arts was on the staff at the University of Virginia for two years following his fellowship, and then joined the staff at the University of Michigan where he has practiced for the last 24 years. Dr. Arts' practice includes neurotology and lateral cranial base surgery, with particular interests in pediatric otology and neurotology, cochlear implants and other implantable hearing devices, otosclerosis, pediatric hearing loss and pediatric chronic otitis media. He is the director of the University of Michigan Neurotology fellowship program and the medical director of the Cochlear Implant Program. His current research involves clinical applications of cochlear electrophysiology and the use of 3-D

printing in reconstruction of certain skull base defects.

Dr. Arts has been an airplane fanatic since conception. He obtained his private pilot license and purchased his first plane (a 1946 Aeronca Champ) while still in high school. Since then he has obtained his instrument, multi-engine, CFI, CFII, and ATP Multi-engine ratings. He is an A&P and maintains his own airplanes. His current plane is a 1978 Beechcraft B55 Baron, which he co-owns with a partner who was once his patient. He recently became an AME.



**Gary S. Brown, DVM**  
*Veterinary Medicine*  
*Animal Care Center PLLC*  
*Princeton, West Virginia*

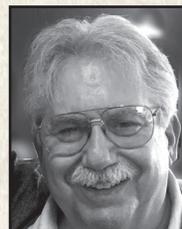
Dr. Gary Brown received his undergraduate BS degree from West Virginia University and his DVM from the University of Georgia in 1984. Since 1998, Dr. Brown has been in a variety of state and national elected leadership roles. In 2008-2010, as AVMA Vice President, he traveled to every veterinary school in the United States as well as in Canada and the Caribbean. He currently serves on the AVMA Executive Board as Vice Chair.

In 2013, Dr. Brown was named the West Virginia VMA Veterinarian of the Year and the Virginia VMA/Maryland VMA/VMRCVM Mentor of the Year awards. In 2014 he was selected the University of Georgia Alumni of the Year.

He enjoys giving time and effort to those less fortunate including repairing and replacing roofs of hurricane ravaged Bahaman homes through Bahamas Habitat. Dr. Brown has spoken to international physician groups extolling One Health concepts.

An enthusiastic aviator, he holds both helicopter (N6144Q) and fixed-wing (N539KC) licenses with instrument ratings as well as commercial drone. He also serves as vice chair on the Mercer County Airport Authority. In addition, Dr. Brown belongs to the Harley Owners Group, Aircraft Owners and Pilots Association, Antique Automobile Club of America, and the Italian Greyhound Club of America. His veterinary practice is renowned for treating Italian Greyhounds. Owners from nearly every state in the US and several other countries bring their Iggies to Brown for treatment.

Dr. Brown is married to Mitzi M. Brown and they live in Sun Valley, West Virginia. They have multiple champion Italian Greyhounds as well as other dogs, cats, peacocks and chickens.



**Michael D. Busch, A&P/IA, CFIA/I/ME**  
*CEO, Savvy Aviator, Inc. and Savvy Aircraft*  
*Maintenance Management, Inc.*  
*Arroyo Grande, California*

Mike Busch is arguably the best-known A&P/IA in general aviation. He writes the monthly "Savvy Maintenance" column in

AOPA PILOT and hosts free monthly EAA-sponsored maintenance webinars.

Mike is a mathematician by training, having received his Bachelor of Arts degree in mathematics from Dartmouth College, Magna Cum Laude, and was elected to the Phi Beta Kappa society. After Dartmouth, Mike pursued graduate work in mathematics at Princeton University and in business administration at Columbia University. While at Dartmouth, Mike did pioneering work in computer software development, and ultimately retired from a long, successful career as a software entrepreneur.

Mike then co-founded AVweb in 1995 and served as its editor-in-chief and an investigative journalist until its sale to Belvoir Publications in 2002.

Through his work as a type club tech rep for Cessna Pilots Association, American Bonanza Society, and Cirrus Owners and Pilots Association, and now as CEO of Savvy Aviator, Inc. and Savvy Aircraft Maintenance Management, Inc., Mike has helped thousands of aircraft owners resolve thorny maintenance problems that have stumped their local A&Ps. His companies presently provide maintenance management, consulting, analysis, and breakdown assistance for thousands of piston GA airplanes.

Mike has been a prolific aviation writer, teacher and speaker since 1970, and has focused primarily on general aviation maintenance since 1990. He has authored hundreds of articles published in numerous aviation publications and created more than 75 aviation webinars. His first book—*Manifesto: A Revolutionary Approach to General Aviation Maintenance*—was published in 2014 and is available on Amazon. His second book—*Mike Busch on Engines*—is scheduled for publication in the summer of 2018.

Mike was honored as “National Aviation Maintenance Technician of the Year” for 2008. He has been a pilot and aircraft owner for more than 50 years with 8,000 hours logged. He is a commercial pilot with instrument, single- and multiengine land, single-engine sea, and glider ratings; a certificated flight instructor for airplanes, instruments and multiengine; and a certificated A&P mechanic with Inspection Authorization.



**Kimberly A. Cleveland, Esq.**  
**MSN, RN, C-MBC**

*Lecturer, Kent State University*  
Kent, Ohio

Kimberly Ann Cleveland, Esq., is a licensed practicing attorney in the state of Ohio and a lecturer at Kent State University.

Kim is the coordinator for Health Care Policy at the Graduate and Undergraduate levels in the College of Nursing at Kent State University. Her private law practice and health care consulting work include the following issues: licensure issues for nurses and physicians, choice of entity for health care businesses and practice management, risk management and credentialing for hospitals, private medical and advanced nurse practices. Kim's litigation experience includes licensure issues, complex and simple medical malpractice defense work and toxic tort defense.

Kim is also a seasoned hospital executive having served in roles as hospital CEO for national publically traded and private

hospital systems. Kim was awarded the distinguished honor of becoming one of America's Top Attorneys in 2017 by the American Law Society Board of Directors.

Kim attended Ursuline College before completing her Master of Science in Nursing at Case Western Reserve University, obtaining her Adult Nurse Practitioner Certificate at Kent State University and her Juris Doctorate Degree at Cleveland-Marshall College of Law. Kim is currently a PhD student at Kent State University. Kim is a sought after speaker in areas of Health Care Reform, Health Policy (domestic and international), Health Care Finance and Health Professions Licensure. She currently sits on the American Association of Nurse Attorneys Board of Directors where she chairs the education committee.

Kim sits right seat in one area of her life: flying with her husband and FPA LIFE member, Bill. The couple has enjoyed aviation throughout their marriage and are happy to announce that their son Billy his following in Dad's footsteps in his love of aviation. Billy successfully completed is solo as a junior at Gilmour Academy on May 24, 2015. He is completing his flying license and aviation education at Kent State University where he is studying aviation science.



**George L. Cowan, MD, MS**  
*Psychiatrist, USN Retired*  
*Private Practice*  
Scranton, South Carolina

Commander Cowan entered the US Navy through Aviation Officer Candidate School (AOCS) in Pensacola, FL in 1986 after graduating from The Catholic University of America (B.S., Biology). He earned his designation as a Naval Aviator in 1988 and began flying carrier-based reconnaissance jets (S-3A/B, ES-3A) throughout the Pacific. Carrier deployments followed aboard the USS CONSTELLATION (CV 64), USS NIMITZ (CVN 69) and USS INDEPENDENCE (CV 62).

Commander Cowan studied Systems Engineering at the Naval Postgraduate School, Monterey, CA (M.S.) and graduated in 1996. He was an Associate Fellow with the CNO's Strategic Studies Group XVI at the Naval War College, Newport, RI and earned qualification as an Aviation Safety Officer before returning to the Fleet. As the Navy decommissioned numerous squadrons, Commander Cowan transitioned into the Medical Corps and graduated from the Uniformed Services University of the Health Sciences (USUHS) in 2005. He completed a Residency in Psychiatry at the Naval Medical Center in Portsmouth, VA, and was stationed in Beaufort, SC.

Commander Cowan deployed with the United States Marine Corps to Afghanistan in 2010 to operate a Combat Stress Clinic aboard Camp Leatherneck and formulate nascent post-concussion protocols. Beginning in 2013, Commander Cowan served as the Division Psychiatrist for the 2d Marine Division stationed at Camp Lejeune, NC, until his retirement in fall, 2017.

He is an active pilot, flying a 1977 Mooney, M20J. Dr. Cowan is establishing a private practice in psychiatry in rural South Carolina. He and his wife, Kim, continue working on their farm with horses, dogs and many other animals while enjoying full-time togetherness at last.



**CAPT. Miguel A. Cubano, MD, MBA, FACS**  
*Medical Corps, United States Navy*  
*Commanding Officer, General Surgeon*  
*Naval Health Clinic*  
 Corpus Christi, Texas

CAPT Cubano was born in Barcelona, Spain while his parents were attending medical school. He obtained his BS degree from University of Massachusetts and his MD degree from Ponce School of Medicine in Puerto Rico in 1988. While in medical school he found time to complete the requirements for his private pilot certificate. After completing surgical training and fellowship at St Agnes Hospital and Johns Hopkins Hospital in Baltimore, he joined the US Navy as LCDR. CAPT Cubano is board certified in general surgery and a Fellow of the American College of Surgeons since 2002

His first assignment was onboard the USS Abraham Lincoln as the Ship Surgeon. During his tour, he performed the first laparoscopic surgery at sea. This landmark initiative opened the door to routine use of minimally invasive surgery and tele-consultations during shipboard operations.

In 1995 he was awarded the R.W. Hart Prize from the Johns Hopkins University Applied Physics Laboratory for his work in the area of Navy Battlegroup Telemedicine Project.

During his tour at Naval Hospital, Jacksonville, Florida, he founded the first Bariatric Surgery program in the armed forces endorsed by the American Society for Bariatric Surgery (ASBS). In January 2003, CAPT Cubano deployed to Iraq for six months in support of combat operations as the OIC of one of six Forward Resuscitative Surgical Systems (FRSS) in support of the USMC.

Upon his return, CAPT Cubano received two major recognitions - he was the only military physician selected to the 2003 NASA astronaut candidate group and was named "Physician of the Year" (youngest physician to be recognized in a 100-year history) by the Puerto Rican Medical Association( branch of the AMA).

Over the years Dr. Cubano has occupied various leadership positions in Japan, Germany, San Antonio, Miami and Bethesda, Maryland. During his tour in Bethesda he was appointed Deputy Director of the Office of Integration; the entity responsible for the creation of the Walter Reed National Military Medical Center at Bethesda.

In 2010, under the leadership of General Douglas Fraser, CAPT Cubano help orchestrate the largest medical disaster response in history during Operation Unified Response after the devastating earthquake in Haiti.

In 2014 CAPT Cubano served as the Executive Office onboard the USNS Comfort and was part of the last Continuing Promise in 2015.

CAPT Cubano has many awards including the Defense Superior Service Medal, Defense Meritorious Service Medal, Meritorious Service Medal, Naval Commendation Medal as well as multiple civilian recognitions to include Knight of Malta from the Order of Saint Johns of Jerusalem for a lifetime of humanitarian involvement. He is an avid flyer with rating in both fixed wing and helicopter. He is married to Mrs. Luz Stella Leon.



**James R. Elliott, MD, MPH, FAsMA**  
*Deputy Regional Flight Surgeon*  
*FAA Central Region*  
 Kansas City, Missouri

Dr. Elliott was born in Roswell, New Mexico, a fact his wife says explains quite a bit about him. He attended medical school at

Mayo Medical School in Rochester, Minnesota. He received his MPH from Johns Hopkins, and completed residencies in Aerospace Medicine and General Preventive Medicine at the US Air Force School of Aerospace Medicine in San Antonio, Texas. He is board certified in Aerospace Medicine and General Preventive Medicine and Public Health. He is a Fellow of the Aerospace Medical Association, where he previously chaired the Aerospace Safety Committee, and is a member of the Board of Governors of the American Society of Aerospace Medicine Specialists.

He has had faculty appointments at the US Air Force School of Aerospace Medicine, Wright State University Aerospace Medicine Residency, and University of Toledo School of Nursing. He presently teaches Aerospace Physiology and Human Factors at the University of Central Missouri Professional Pilot Program.

Dr. Elliott retired after 24 years in the US Air Force, 19 of those as a flight surgeon. He has over 1000 flight hours in a wide variety of military aircraft. He is an instrument rated pilot with 600 hours of pilot time and the owner of a Commander 112A. He and his wife, Abby, live in Lee's Summit, Missouri.



**Douglas W. Johnson, MD, FACR**  
*Radiation Oncologist*  
*MD Anderson Baptist Cancer Center*  
 Jacksonville, Florida  
*Consultant, Nuclear Regulatory Commission*

Dr. Johnson obtained his BS degree from Virginia Tech, and MD degree from the Medical College of Virginia. After completing his Internal Medicine internship at Wilford Hall USAF Medical Center and Radiation Oncology residency at Stanford University Medical Center, he served as the Chairman of Radiation Oncology at the David Grant USAF Medical Center in California. During his USAF career, he completed both USAF Air Command & Staff and Air War College post-graduate degrees. He retired as a Colonel in the USAF reserves in 1999, having served as a Radiation Oncology Consultant, Flight Surgeon, and Commander of David Grant USAF Medical Center. In 1987, Dr. Johnson was a founding member of the Florida Radiation Oncology Group (FROG) in Jacksonville, Florida, where he continued his clinical practice for 30 years.

Dr. Johnson held numerous leadership roles within Baptist Medical Center Jacksonville, was the Vice-President--Programs for the American Cancer Society in Duval County, and served as Vice President for Clinical Affairs for the national Oncure Medical Corporation from 2011-13. He is Board Certified in both Radiation Oncology and Hospice and Palliative Care Medicine. He also enjoys teaching and has held two faculty appointments: first with Stanford University as a Clinical Instructor in Radiation Oncology, and currently as an Assistant Professor of Oncology

with the Mayo Medical School.

With a major interest in clinical cancer research, Dr. Johnson has been a Principal Investigator for the Radiation Therapy Oncology Group and Children's Oncology Groups. For 28 years, he headed up the FROG and Oncure research programs. His clinical interests include stereotactic radiosurgery, prostate brachytherapy, breast and pediatric cancers, as well as early lung cancer detection via breath analysis. He served on national research strategy committees and has authored numerous protocols, as well as over 65 scientific publications. He has also served as a Quality Control consultant and radiation accident investigator for the Nuclear Regulatory Commission.

Dr. Johnson learned to fly in 1980 and holds commercial, multi-engine, instrument, land, and seaplane ratings. He has over 2600hrs PIC time in a variety of aircraft and flies his multiple award-winning Lancair IV-P, an aircraft that he completed building in 1997.



**Melissa R. Kaufman, MD, PhD**  
*Associate Professor of Urologic Surgery*  
*Vanderbilt Medical Center*  
Nashville, Tennessee

Dr. Melissa Kaufman received her B.A. from Washington University – St. Louis and PhD in Microbial Genetics at University of Tennessee. Following postdoctoral research at Stanford and completion of medical school in her home state of Arkansas, Dr. Kaufman commenced her Urology residency at Vanderbilt in 2002. She completed fellowship training in both Male Reconstruction and Female Pelvic Medicine and Reconstructive Surgery in 2009 at Vanderbilt.

In her practice, Dr. Kaufman focuses on female and male voiding dysfunction and incontinence, cancer survivorship, pelvic organ prolapse, neurourology, transitional care for congenital urologic conditions, urologic prosthetics, as well as reconstructive surgery for urethral stricture, fistula and trauma. With regards to her research agendas, she currently serves as the global principal investigator for a pivotal Phase III clinical trial to pioneer the first application of autologous cell therapy for urologic indications.

Dr. Kaufman was honored as the 2017 recipient of the Zimskind Award from the Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction for outstanding contributions within 10 years of completion of training. Dr. Kaufman is exceptionally fortunate to have twice been the recipient of the Tabari Award from the Flying Physicians Association. She is additionally a past-president of the Society of Women in Urology.

On most weekends, Dr. Kaufman may be tracked down while fly fishing, motorcycling on the Natchez Trace Parkway or at various regional airfields with her 1984 Beechcraft Bonanza A36.



**John T. Kihm, MD**  
*Internal Medicine*  
*Priority Medicine*  
Durham, North Carolina

Dr. John Kihm completed his undergraduate studies with honors and graduated Phi Beta Kappa from Michigan State University with degrees in Psychol-

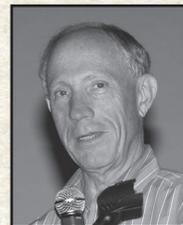
ogy and German. He attended Wayne State University School of Medicine in Detroit and completed his residency in Primary Care Internal Medicine and Chief residency there as well. He completed a Fellowship in Academic General Internal Medicine, with faculty appointment, at Duke University Medical Center, Durham, NC.

Dr. Kihm was appointed an Assistant Professor of Medicine, Vanderbilt University, in Nashville, Tennessee. To gain independence he returned to Durham, North Carolina, and entered private practice as a partner in a 10-member traditional internal medicine group. Burdened by carrying 9 partners, Dr. Kihm went solo after 11 years, and continues successfully solo to this day.

Ten years ago, without consultant help, Dr. Kihm converted his practice to Concierge Internal Medicine. Instead of 24 patients a day, he practices full time, seeing half as many patients. With less bureaucracy and fewer prior authorizations, he works 25% fewer hours.

Dr. Kihm serves on the Board of Directors of American Academy of Private Physicians, representing American Concierge Medicine. He teaches residents and students from the University of North Carolina and has recently started the very first Fellowship in Concierge Medicine.

Dr. John and his fiancée, Jeris, share 7 grown children. They enjoy mission medicine, tending to patients in Dr. Kihm's house call practice on Ocracoke Island, Outer Banks, North Carolina, and flying an A-36 Bonanza for work and play.



**Bruce Landsberg, ATP, CFII, ME**  
*Senior Safety Advisor to AOPA*  
*Past President, AOPA Foundation and Air Safety Institute*  
*Aviation Safety*  
Mt. Pleasant, South Carolina

Bruce led AOPA's safety initiatives for more than 20 years. During his tenure, the organization was nationally recognized with awards for aviation safety leadership and educational program excellence. As the President of the AOPA Foundation and the Air Safety Institute, he was responsible for a wide range of foundation activities to preserve the freedom of flight including safety programs, preserving airports, the image of general aviation and growing the pilot population.

Landsberg wrote the monthly "Safety Pilot" column in the AOPA Pilot magazine, as well as a popular weekly blog in AOPA ePilot. He has represented general aviation interests with the FAA, NTSB, National Weather Service, collegiate aviation programs and various industry groups.

A former US Air Force officer, he holds a bachelor's degree in psychology and a master's degree in industrial technology from the University of Maryland.

Bruce has logged more than 6,000 hours as an Airline Transport Pilot (ATP) and holds gold seal flight instructor certificates. He has been an AOPA member for more than 45 years and an Honorary Member of the Flying Physicians Association since 2000.



**Walter C. "Chip" May, CFP®, MSFS, ChFC®, CLU®, AEP®, ARPC®**

*Financial Planner  
May Financial Solutions  
Fort Worth, Texas*

Chip May has been in the financial planning business since 1987, completing his 30th year in 2017. May Financial Solutions is a boutique firm working with pre retirees, retirees, business owners, physicians and physician groups. The firm enjoys when clients reach a tipping point when they feel their wealth will sustain them and want to focus on legacy wealth transfer and charitable foundation planning.

Chip is a graduate of Kansas State University. He has a strong commitment to continuing education to provide additional and timely solutions for clients' needs. Through advanced studies, Chip has earned the following designations/degrees: Chartered Financial Consultant (ChFC®); Chartered Life Underwriter (CLU®); Certified Financial Planners (CFP®); (AEP®) from National Association of Estate Planners & Councils, and (MSFS) Master of Science in Financial Services. This degree is recognized as the premier educational experience for financial advisors who wish to acquire and maintain the highest level of technical education and the ability to apply this knowledge.

Chip is a commercial pilot and started flying in 2007 with single and multi-engine ratings (pending) as well as an instrument rating. He has about 1400 hours and is a volunteer pilot for Angel Flight Southcentral. He is an honorary member of the Flying Physicians Association. He has also been honored with the Arlington Mayors Round Table Award.

Among his activities, Chip is a current member and past president of the Fort Worth Chapter of the Society of Financial Service Professionals, a current member Secretary / Treasurer of the Fort Worth Chapter of the Business and Estate Council, and a member of the Million Dollar Round Table. He is also a member of the elite Chairman's Council recognition through New York Life Insurance Company.



**Christopher C. Nagle, MD, MPH, MS**

*Aerospace Research Medical Officer, FAA  
CAMI  
Owner and Chief Physician, Rappahannock  
Wilderness Medicine, LLC.  
Sperryville, Virginia*

Dr. Nagle is an Aerospace Medical Research Officer for the FAA, leading three teams in conducting aerospace medicine and physiology research at the Civil Aerospace Medical Institute. Concurrently, he works as a clinician in his startup company, Rappahannock Wilderness Medicine, LLC, located in Virginia. In this practice, he delivers concierge primary care medicine and other niche medical services. Dr. Nagle has been treating patients in hospital, military, community-center, and private practice settings for the past ten years.

Dr. Nagle was born in Baltimore, Maryland and grew up in southeast Michigan. He attended Detroit Country Day High School, the University of Michigan Undergraduate School focus-

ing on pre-medical studies and music performance, and the University of Michigan Graduate School studying radiation health physics. Afterward, he worked as a radiation health physicist for Georgetown University Hospital. Later he attended the University of Maryland Medical School. He completed an internship at Tufts University School of Medicine and then trained in nuclear medicine at Johns Hopkins in keeping with an interest in the radiation health sciences. Finally he found his calling in medicine and completed a NASA residency in aerospace medicine, followed by service as a contract flight surgeon for the US Air Force at Wright Patterson AFB. Presently he is applying to join the USAF Air National Guard as a flight surgeon in the DC ANG at Andrews AFB.

Flying is a passion for Dr. Nagle. He began flying 22 years ago and earned a commercial license with multi-engine and instrument ratings in the 1990's. He is currently searching for a high performance, tandem-seat aircraft. His future plan is to build his own design turbine aircraft.



**Mario T. Plaza-Ponte, MD, FACS, FASCRS, RVT, RPVI**

*General and Colon and Rectal Surgeon  
(Retired)  
Medical Director of the Pittsburgh Vein Center  
Monroeville, Pennsylvania*

Dr. Mario Plaza-Ponte was born in La Paz, Bolivia. He lived in several countries due to the diplomatic nature of his father's profession. In 1960, at the age of 13, his family was transferred to Miami, Florida, where his father represented the country of Venezuela as the General Consul. He attended Shenandoah Jr. High and Coral Gables Sr. High schools. Upon graduating from high school, the family returned to Bolivia, and Mario applied to medical school in Argentina where he had spent a few years as a private school boarding student during his childhood.

Dr. Plaza-Ponte completed his medical studies in Cordoba and Buenos Aires, Argentina, graduating in 1975 with an MD degree. Shortly after graduation he applied for surgical residency and completed a five year residency in General Surgery at Prince George's General Hospital, in Cheverly, Maryland. He then continued his education and training in Pittsburgh, Pennsylvania, where he completed a fellowship in colon and rectal surgery at the Western Pennsylvania and Mercy Hospitals. His surgical training resulted in eligibility for dual boards' certification in General Surgery as well as Colon and Rectal Surgery. He practiced as a colon and rectal surgeon from 1982-2008 at Western Pennsylvania Hospital, where he participated in the education and training of 22 chief residents over a period of 25 years.

In 2004, Dr. Plaza-Ponte merged his surgical practice with a vascular surgery practice. He developed an interest in venous disorders of the lower extremities, leg ulcers and chronic venous insufficiency. In 2008, he sat for the American Board of Phlebology examination (now American Board of Venous and Lymphatic Medicine). Additionally, he received certifications as a Registered Vascular Sonographer and a Registered Physician in Vascular Interpretation. That same year, he opened a venous practice treating patients with lower extremities venous complaints in Monroeville, Pennsylvania, located on the east side of Pittsburgh.



**Frank M. Ralls M.D.**

*Associate Professor Internal Medicine  
Program Director, Sleep Medicine Fellowship  
Medical Director, Sleep Disorders Center  
Fellowship Director, UNM Sleep Medicine Fellowship  
University of New Mexico School of Medicine  
Albuquerque, New Mexico*

Dr. Frank Ralls obtained his undergraduate degree at Northern Arizona University in elementary school education and a Master's degree at the University of Arizona in bi-lingual special education. He taught in the public school system for several years prior to attending the University of Wisconsin School of Medicine and completing his residency in Family Medicine. He practiced in rural northeast Wisconsin for over 10 years and then completed fellowships in Geriatrics, Palliative Care, and Sleep Medicine at the University of New Mexico. He is board certified in Sleep Medicine, Geriatric Medicine, Hospice and Palliative Care Medicine and Family Medicine.

Dr. Ralls is an author of numerous articles on sleep medicine including "Cognitive dysfunction and obstructive sleep apnea: from cradle to tomb" Current Opinion Pulmonary Medicine. Dr. Ralls has also contributed five chapters to the Encyclopedia of Sleep, published 2013. Dr. Ralls has recently submitted chapters for Cleveland Clinic's Case Studies to be published in 2018; "Terror at Northfield" (a chapter on pediatric sleep terrors) and "Down the Rabbit Hole" (a chapter on "missing the obvious in medicine").

Dr. Ralls obtained his private pilot certificate in 1982. By the late 80's he left flying for several decades due to medical school and raising a family. However, during the 2015 New Mexico Annual Family Practice conference, John Davis, fellow FPA member, motivated Dr. Ralls to take up flying again. Dr. Ralls re-certified in 2015 and recently completed his multi-engine training in a long-standing "workhorse" GA-7 Cougar. Instruments are next and then maybe a CFI. The University thinks that Dr. Davis may have created a monster!!! Thank you Dr. Davis!



**David G. Schall, MD, MPH, FACS**

*Aerospace Neurotologist  
FAA Regional Flight Surgeon  
Des Plaines, Illinois*

Dr. David Schall is the Regional Flight Surgeon for the FAA Great Lakes Regional Office. His office provides service to an 8-state region from the Dakotas to Ohio, covering 85,000 Airmen, 4000 Air Traffic Controllers and 500 Aviation Medical Examiners.

Dr. Schall completed his medical degree from the University of Missouri at Kansas City in a six-year integrated undergraduate/graduate training program. He did his residency in Aerospace/Preventive Medicine with the USAF with a Master's in Public Health at Johns Hopkins University. He later completed a residency in Otolaryngology, Head and Neck Surgery at the University of Nebraska, followed by a Fellowship in Otology/Neurotology Skull Base Surgery with Dr. Michael Glasscock at the Ear Foundation/Vanderbilt University. He is Board certified in Aerospace Medi-

cine as well as Otolaryngology, Head and Neck Surgery.

Dr. Schall serves as a Consultant to the Federal Air Surgeon in Otolaryngology, Head and Neck Surgery. He is a retired Air Force Colonel having served 37 years in the Active/Guard and Reserves. Some of his previous positions include Residency and Program Director for Otolaryngology HNS at Madigan Army Medical Center, Deputy Director for Air Force Medical Operations-Office of the Surgeon General, Vice Wing Commander of Wilford Hall Medical Center, Commander of the Air Force Academy Hospital, Command Surgeon for Pacific Air Forces and Combatant Command Surgeon to the Supreme Allied Commander of Europe. He previously served as the ENT Consultant to the Air Force Surgeon General and was also a Chief Flight Surgeon.

Dr. Schall has flown in over 42 different military aircraft types from the F-4 Phantom, F-15 Eagle, F-16 Falcon, to Blackhawk Helicopters and Cobra Gunships, accumulating over 1600 hrs. He is a private pilot and a senior member of the Civil Air Patrol. He recently received a Presidential Commendation Award from the President of the Civil Aviation Medical Association and the Kent Gillingham Award from the Aerospace Medical Association for his work in Spatial Disorientation.



**Andrew C. Skattum, D.O.**

*Associate Trauma Medical Director  
Assistant Professor of Surgery  
University of Central Florida  
Osceola Regional Medical Center  
Kissimmee, Florida*

Dr. Andrew Skattum is originally from South Dakota. He attended the University of Cincinnati on a baseball scholarship and graduated with a BS in Biology. Following his undergraduate degree he attended the

West Virginia School of Osteopathic Medicine in Lewisburg, West Virginia. While there he met his wife, Lauren, who is a practicing OBGYN in Leesburg, Florida, their current home.

After medical school Dr. Skattum completed a general surgery residency at Mercy St Vincent Hospital in Toledo, Ohio. A fellow FPA member, Barry Knotts, encouraged him to begin his flight training with a local flying club. It was in Toledo that he completed his primary flight training and soloed in a Pietyenpol Aircamper.

Having completed a surgery residency, Skattum moved to central Florida and completed a fellowship in surgical critical care at Orlando Regional Medical Center. He is board certified in both general surgery and surgical critical care. Currently he works as the Associate Trauma Medical Director at Osceola Regional Medical Center in Kissimmee, Florida. Along with trauma and acute care surgery, he enjoys laparoscopic and robotic procedures.

Andrew and Lauren Skattum have two children, Hank and Alice. They own N32047, a 1974 Piper Arrow. Andrew has a private pilot license with instrument and seaplane ratings.



**David C. Tingler, M.D.**  
*Assistant Professor of Medicine*  
*West Virginia University Heart and Vascular*  
*Institute*  
 Fairmont, West Virginia

Dr. Tingler is graduate of the West Virginia University (WVU) School of Medicine, Class of 2003. He serves as Assistant Professor at the WVU Heart and Vascular Institute in Fairmont, Bridgeport, Morgantown, and Elkins.

A native of West Virginia, Dr. Tingler currently resides in Fairmont, West Virginia. Dr. Tingler is dedicated to the health of the residents of West Virginia. His special interests are in general cardiology (both invasive and non-invasive), pacemakers, nuclear cardiology, and peripheral vascular disease.

After high school, Dr. Tingler enlisted in the U.S. Navy where he served four years aboard the USS Forrestal (CV-59) and the USS Puget Sound (AD-38) with time spent in Guantanamo Bay, Cuba, and several European countries including Italy, Spain, France, and Turkey. Dr. Tingler then returned to his home state of West Virginia where he graduated summa cum laude from Glenville State College in 3 ½ years with double majors in biology and chemistry before entering medical school. After earning his medical degree, Dr. Tingler completed an internal medicine residency and cardiology fellowship at WVU. He is board certified in internal medicine, cardiovascular disease, and nuclear cardiology. He is also Level 2 certified in cardiac and peripheral CTA.

Dr. Tingler started his cardiology practice in July 2009 with WVU satellite offices in Fairmont and Elkins. He is a fellow of the American College of Cardiology, American Heart Association, and American College of Physicians. He serves as the Director of Cardiac Rehabilitation at Fairmont Regional Medical Center, and is also the Chair of Internal Medicine at the same facility.



**Catherine L. Van Hook, MD**  
*Associate Professor of Obstetrics*  
*and Gynecology*  
*University of Toledo College of Medicine*  
*and Life Sciences*  
 Toledo, Ohio

Dr. Catherine Van Hook is a Texas A&M University “Aggie” (Class of ’83). She graduated from the University of Texas Medical Branch and remained there for her ObGyn residency. She has held faculty positions at University of Texas Medical Branch, Texas Tech University Health Sciences Center, UHealth (Cincinnati, Ohio) and is currently faculty at the University of Toledo College of Medicine and Life Sciences.

Dr. Van Hook has served in several administrative positions. The most recent was at UHealth as the Medical Director of the Center for Women’s Health; Medical Director, Obstetric Special Care Unit; and Division Chief, General Obstetrics and Gynecology.

In 2017 Dr. Van Hook joined the University of Toledo College of Medicine and Life Sciences as an Associate Professor and Medical Student Clerkship Director. Her current clinical focus is in obstetrics, and she is active in resident and medical

student education.

Although not a pilot, Catherine Van Hook is the proud co-owner and cockpit seat warmer of Jim’s Cessna 335.



**James W. Van Hook, MD**  
*Professor and Chair*  
*Department of Obstetrics and Gynecology*  
*University of Toledo College of Medicine and*  
*Life Sciences*  
 Toledo, Ohio

Dr. James Van Hook joined The University of Toledo College of Medicine and Life Sciences as Chair of the Department of Obstetrics and Gynecology in 2017. He is a maternal fetal medicine specialist who is board certified in obstetrics and gynecology and fellowship board certified in maternal fetal medicine, critical care obstetrics and gynecology and addiction medicine.

A graduate of Louisiana State University Medical College, Dr. Van Hook completed his residency at the University of Texas Medical Branch, a critical care fellowship at Bowman Gray School of Medicine, maternal fetal medicine fellowship at the University of Washington, and his addiction medicine fellowship at the American Board of Addiction Medicine. He has held faculty positions at the University of Washington Medical Center, University of Texas Medical Branch and Texas Tech University Health Sciences Center.

In 2008, Dr. Van Hook joined the University of Cincinnati College of Medicine Department of Obstetrics and Gynecology as Executive Vice-Chair and Maternal Fetal Medicine Division Director. He also served as the Medical Co-Director of the Fetal Care Center at Cincinnati Children’s Hospital.

Dr. Van Hook has served or is currently serving on a number of national, state and local committees and boards. He is a member of the Board of Directors of the Central Association of Obstetricians and Gynecologists and was a long-time member of chapter boards of the March of Dimes in Texas and Ohio. Since 2008 he has participated as an oral board examiner for the American Board of Obstetrics and Gynecology.

Dr. Van Hook has been a commercial, tailwheel, multiengine and instrument rated pilot for almost 40 years. He currently owns his “fifth last airplane ever”, a Cessna 335.

#### **Continuing Medical Education Accreditation**

Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

# CONTINUING MEDICAL EDUCATION INFORMATION

Speakers and Faculty for the 2018 FPA Annual Meeting have completed the FPA Agreement to comply with the FPA Conflict of Interest policy and identify to participants any discussion of non-FDA approved or investigational uses of products or medical devices included in their presentation.

The following planners and speakers declared NO conflict of interest:

**PLANNERS:** Drs. Mark E. Eidson, Program Chair, George W. Shehl, FPA President, Richard W. Sloan, CME Committee Chair and Ms Alice A. Henderson, MSED, FPA Executive Vice-president.

**CME FACULTY:** Drs. Gary S. Brown, George L. Cowan, Miguel A. Cubano, James R. Elliott, Douglas W. Johnson, John T. Kihm, Christopher C. Nagle, Mario T. Plaza-Ponte, Frank Ralls, David G. Schall, Andrew C. Skattum, David C. Tingler, and Ms. Cynthia A. Cleveland, Esq.

The following speakers declared a conflict of interest:

**Adnan Akhouchi, MD**, declared a Conflict of Interest in citing the following relationships: Consultant for Gore Cardioform; Advisory Committee Member or Board of AbtoMed (left ventricular assist device); and as a Principal Investigator for a clinical trial by Abbott on an Amulet device. He participated in company training for which the company paid travel and lodging. He has agreed to speak about the scientific and discovery process, report research results considered at the level of biology and physics, presenting a balanced view of therapeutic options. Generic drug names shall be used unless trade names from several companies are used. Educational materials such as slides and handout information will not contain advertising, trade names without generic names (but listing of trade names from several companies is permissible), or product-group advertising.

**Alexander Arts, MD**, declared a Conflict of Interest in citing the following relationships: a Principal Investigator for a cochlear implant clinical trial by Cochlear Corporation which provided partial salary support and as an invited speaker with paid travel by Cochlear Corporation. He has agreed to speak about the scientific and discovery process, report research results considered at the level of biology and physics, presenting a balanced view of therapeutic options. Generic drug names shall be used unless trade names from several companies are used. Educational materials such as slides and handout information will not contain advertising, trade names without generic names (but listing of trade names from several companies is permissible), or product-group advertising.

**Melissa R. Kaufman, MD, PhD**, declared a Conflict of Interest in citing the following relationships: Global principal investigator on stress urinary incontinence for Cook Myosite and as a Advisory Committee member and proctor for urologic prosthetics with Boston Scientific Corporation. Dr. Kaufman participated in company-sponsored training, received slides and honorarium. She has agreed to speak about the scientific and discovery process, report research results considered at the level of biology and physics, presenting a balanced view of therapeutic options. Generic drug names used unless trade names from several companies are used. Educational materials such as slides, and handout information will not contain advertising, trade names without generic names (but listing of trade names from several companies is permissible), or product-group advertising.

**Catherine Van Hook, MD**, declared a Conflict of Interest in citing the following relationship: Safety Monitor and consultant for Velo Biomedical in clinical trials for Preclampsia. She received no travel compensation, slides or honorarium/consulting fees. The results of the research/clinical trials have been published. It has been determined that no conflict of interest exists for this presentation at FPA.

**James Van Hook, MD**, declared a Conflict of Interest in citing the following relationship: Safety Monitor and consultant for Velo Biomedical in clinical trials for Preclampsia. He received no travel compensation, slides or honorarium/consulting fees. The results of the research/clinical trials have been published. It has been determined that no conflict of interest exists for this presentation at FPA.

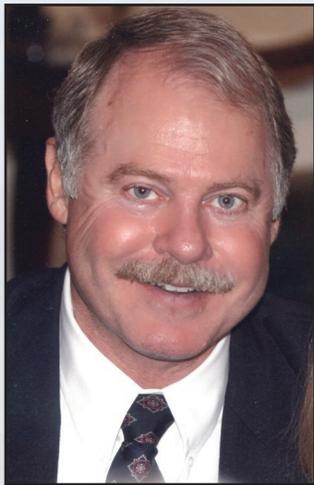
All speaker Power Point presentations will be reviewed in advance by the CME Committee. All presentations will be monitored on site for compliance with the agreed policy and presentation guidelines.

# THE PLANNERS



## **George W. Shehl, MD, FACC, FACP**

Dr. Shehl attended and graduated from the West Virginia School of Medicine in 1977 and is currently a Clinical Professor of Medicine there. He is a fellow of both the American College of Cardiology and the American College of Physicians. In 1985, Shehl was the founder of the first diagnostic cardiac catheterization laboratory in central West Virginia at UHC in his home town of Clarksburg, WV. He served as the West Virginia governor of the American College of Cardiology from 2003-2006. Dr. Shehl has been employed at the Veterans Administration Medical Center for 15 years and introduced Coronary CT Angiography and Cardiac MR technology at that hospital. In 1980 Dr. Shehl joined the FPA and is serving as the 2017-18 President. In 2012 he won the Kuros Tabari Award at the Annual Meeting in Denver, Colorado. He has owned and flown his A-36 Bonanza (N58SS) about 3400 hours since 1984 and has over 6000 hours of pilot-in-command time.



## **Mark C. Eidson, MD**

Dr. Eidson graduated from Texas Christian University (Fort Worth) in 1974 where he was a sports letterman and received his medical degree in 1979 from The University of Texas Medical School in San Antonio, Texas. He completed a three year family practice residency at John Peter Smith Hospital, Fort Worth, in 1982, the same year he entered private family practice in his hometown, Weatherford. His special interest is preventive medicine. Dr. Eidson is a Senior AME, is on the staff of Medical City Weatherford and is active in the Parker County Medical Society. He has served as president of the Civil Aviation Medical Association, the Texas Academy of Family Medicine Three Rivers Chapter, the FPA Southwest Chapter, member of the Weatherford Chamber of Commerce and Rotary Club. As an Eagle Scout, he continues to do volunteer work for the Boy Scouts of America, including 30+ years of donating time for the physicals of Boy Scouts, facilitating camp attendance. He is an elder at Grace First Presbyterian Church of Weatherford. Dr. Eidson is an active pilot, flying a Be58P, logging over 3800 hours. His interests include exercising, hay farming, aviation medicine, hunting and outdoor activities. Mark and his RFS, Sarah, have three sons and continue to call Weatherford, Texas, their home.



## **Richard W. Sloan, MD, RPh**

Dr. Sloan received his undergraduate degree from the University of the Sciences in Philadelphia, and his medical degree from the Pennsylvania State University College of Medicine. As a clinical professor in Family and Community Medicine at Penn State, he has completed 35 years of academic and clinical practice. In 2015, he retired as Director of Medical Education, York Hospital, Wellspan Health, in south central Pennsylvania. Dr. Sloan is a prior pilot and flight surgeon with the USAF and served for many years as an FAA senior aviation medical examiner. A longtime member of the Flying Physician Association (FPA), he served as the 2014-15 President and is currently chair of the CME committee. He is the recipient of the FAA Master Pilot Award and has accumulated over 5000 hours of flight time. Over the last 27 years, he has been the proud owner and pilot of Mooney N58148. Dr. Sloan and his wife, Alice, live in York (PA) and have two daughters and seven grandchildren.

# Flying Physicians Association, Inc.

## 2018 Annual Meeting Program

### June 2 – 5, 2018

President: George W. Shehl, MD, FACC

Program Chair: Mark C. Eidson, MD

#### Saturday, June 2, 2018

12:30 pm Registrant Sign-In  
12:45 pm Welcome and Announcements

1:00 pm – 5:00 pm SESSION ONE

1:00 pm **Mission to Mars: The Human Factor**

*How can we, physically, psychologically, physiologically, and medically, survive a mission to Mars?*

Christopher C. Nagle, MD, MPH, MS (AsMA Exchange Speaker), Rappahannock Wilderness Medicine, LLC, Washington, Virginia; Aviation Research Medical Officer, FAA Civil Aerospace Medical Institute (CAMI), Oklahoma City, Oklahoma.

*Upon completion of this presentation, the learner will be prepared to:*

- Identify the major health threats to exploration class space flight.
- Implement proposed countermeasures in preparation for successful flight completion.

1:30 pm Audience question and answer

1:45 pm **Structural Heart Interventions: the state-of-the-art and beyond**

*What are the structural heart diseases, and how are they treated in 2018?*

Mohamad Adnan Alkhouli, MD, FACC, Director of Structural Heart Intervention; Assistant Professor of Medicine, Department of Cardiology, West Virginia University, Morgantown, West Virginia

*Upon completion of this presentation, the learner will be prepared to:*

- Describe and discuss with peers and patients the different structural heart diseases and varied percutaneous intravenous interventions now available.
- Refer a patient or treat structural heart defects.

2:15 pm Audience question and answer

2:30 pm Break

2:45 pm **Cochlear Implants in Pilots**

*Can a patient fly with cochlear implants?*

David G. Schall, MD, MPH, FACS, Aerospace Neurotologist, FAA Regional Flight Surgeon, Des Plaines, Illinois

*Upon completion of the presentation, the learner will be prepared to:*

- Outline and implement requirements for patients/pilots with cochlear implants to be cleared for flight duties.

3:15 pm Audience question and answer

3:30 pm **The Medical Effects of Nuclear Weapons: Staying cool when things get hot...**

*What can I do to assist my patients in the event of a nuclear detonation?*

Douglas W. Johnson, MD, FACR, Radiation Oncologist, MD Anderson Baptist Cancer Center, Jacksonville, Florida; Consultant, Nuclear Regulatory Commission

*Upon completion of the presentation, the learner will be prepared to:*

- List three ways to limit radiation fallout exposure after a blast.
- Describe the three primary acute radiation exposure syndromes.
- Discuss the effect of radiation exposure on wound healing.
- Outline steps to mitigate the mortality of combined injuries (radiation + open wounds).

4:00 pm Audience question and answer

4:15 pm **Board Service, Advocacy and Accountability: Health Administration**  
*Are the legal risks of Board of Directors' positions greater than the benefit to the patients and the community? Can board service earn a physician a visit from the OIG?*  
Kimberly A. Cleveland, Esq., MSN, RN, C-MBC, Lecturer, Kent State University, Kent, Ohio.  
*Upon completion of the presentation, the learner will be prepared to:*

- Identify the legal duties of board membership.
- Anticipate conflict of interests which give rise to legal liabilities for physicians engaging in board service.

4:45 pm Audience question and answer

5:00 pm Adjourn for the day

**Sunday, June 3, 2018**

8:00 am Announcements

8:15 am – 12:15 pm

SESSION TWO

8:15 am **Keeping the Flying Physician Alive- III (non-CME)**  
*How can I avoid certain risk areas in flying light sports aircraft either for business or pleasure?*  
Bruce Landsberg, ATP, CFII, ME, Aviation Safety, Mt. Pleasant, South Carolina. Past Executive Director, AOPA Safety Institute  
*Upon completion of the presentation, the learner will be prepared to:*

- Recognize high risk areas when flying.
- Reduce or eliminate those risks.

8:45 am Audience question and answer

9:00 am **Up in the Air: Current Concepts in Erectile Dysfunction**  
*How do I evaluate and initiate treatment for men presenting with erectile dysfunction (ED)?*  
Melissa R. Kaufman, MD, PhD, Associate Professor of Urologic Surgery, Vanderbilt Medical Center, Nashville, Tennessee  
*Upon completion of the presentation, the learner will be prepared to:*

- Describe potential pathphysiologies, etiologies, co-morbidities and treatment strategies for erectile dysfunction.

9:30 am Audience question and answer

9:45 am Break

10:00 am **Stop the Bleed. See Something. Do Something. Improve Survival.**  
*How do I stop life threatening hemorrhage?*  
Andrew C. Skattum, DO, Trauma Surgery, Associate Trauma Medical Director, Osceola Regional Medical Center, Kissimmee, Florida.  
*Upon completion of the presentation, the learner will be prepared to:*

- Recognize life threatening extremity hemorrhage.
- Apply a tourniquet and direct pressure to stop bleeding.
- Instruct a “Stop the Bleed” course for peers and health professionals.

10:30 am Audience question and answer

10:45 am **Taking the “Zoo” Out of Zoonosis**  
*How can I better correlate clinical signs and patient history with possible zoonotic entities? How can pet issues at home affect human illness?*  
Gary S. Brown, DVM, Animal Care Center PLLC, Princeton, West Virginia  
*Upon completion of the presentation, the learner will be prepared to:*

- Develop appropriate dialogue between physicians and veterinarians about zoonotic diseases, One Health, and the human-animal bond.

11:15 am Audience question and answer

- 11:30 pm **Atrial Fibrillation: Past, Present and Future**  
*What are the treatment options for atrial fibrillation? Does my patient require long-term anticoagulation?*  
 David C. Tingler, MD, Cardiologist, Assistant Professor of Medicine, West Virginia University, Fairmont, West Virginia  
*Upon completion of the presentation, the learner will be prepared to:*
  - Identify risk factors and symptoms of atrial fibrillation.
  - Provide up-to-date care for patients with atrial fibrillation.
  - Recommend the appropriate medical therapy, diagnostic workup and potential invasive treatment strategy for patients with atrial fibrillation.
 12:00 pm Audience question and answer
- 12:15 pm Adjourn for day
- \_\_\_\_\_ pm **Stop the Bleed Hands-on Training Certification**  
 (Limited to 8 people, first-received, first-register on Annual Meeting form)  
 Andrew C. Skattum, DO
- 6:00 pm **Stump the IA (non-CME)**  
*What burning aviation mechanics questions do I have that Mike Busch can discuss and answer – and keep me flying without emptying the bank account?*  
 Mike Busch, A&A/IA

**Monday, June 4, 2018**

8:00 am Announcements

8:15 am – 1:15 pm

SESSION THREE

- 8:15 am **Sleep Apnea: the Curse of the Flying Physician**  
*The pilot patient feels fine; why am I required to treat sleep apnea?*  
 Frank M. Ralls, MD, Associate Professor of Internal Medicine, Program Director, Sleep Medicine Fellowship, Medical Director Sleep Disorders Center, University of New Mexico School of Medicine, Albuquerque, New Mexico  
*Upon completion of the presentation, the learner will be prepared to:*
  - Identify signs and symptoms of sleep apnea, their effect on the pilot and their flying performance.
  - Outline the basics of sleep apnea and its detrimental effects on health.
  - Address public concerns about pilots with untreated sleep apnea.
 8:45 am Audience question and answer
- 9:00 am **High Risk OB for Non-OB/GYN Providers**  
*What is different about pregnancy when non-OB providers are involved in the care of a pregnant woman?*  
 James W. Van Hook, MD, Professor and Chair, Department of Obstetrics and Gynecology, University of Toledo, College of Medicine and Life Sciences, Toledo, Ohio  
*Upon completion of the presentation, the learner will be prepared to:*
  - Cite specific physiological adaptations that occur during pregnancy.
  - Describe the differences in treatment of trauma, diabetes and other conditions during pregnancy.
  - Discuss with patients and peers pregnancy viability, prematurity and principals of medical care in pregnancy.
 9:30 am Audience question and answer
- 9:45 am **Anxiety: a Psychiatrist's Recommendations for Other Medical Specialties**  
*How can I help my patients whom I suspect have underlying diagnoses of anxiety or other similar conditions?*  
 George L. Cowan, MD, MS, Psychiatrist, USN Retired, Scranton, South Carolina  
*Upon completion of the presentation, the learner will be prepared to:*
  - Make a preliminary clinical diagnosis of anxiety and possible other related disorders present.
  - Initiate clinically appropriate management recommendations for the individual patient.
 10:15 am Audience question and answer

10:30 am

Break

10:45 am

**Venous Insufficiency: Patient Evaluation and Treatment**

*What are the risks of prolonged immobility to patients and pilots diagnosed with varicose veins and/or chronic venous insufficiency?*

Mario T. Plaza-Ponte, MD, FACS, FASCRS, ABVLM, Venous and Lymphatic Medicine, Medical Director, The Pittsburgh Vein Center, Monroeville, Pennsylvania

*Upon completion of the presentation, the learner will be prepared to:*

- Recommend accepted treatment options.
- Refer patients to appropriate treatment specialists for chronic leg swelling, varicose veins and chronic venous insufficiency.

11:15 am Audience question and answer

11:30 am

**Sexually Transmitted Infections in Women: an Update**

*Who should I be screening for STI's and for which infections?*

Catherine L. Van Hook, MD, Associate Professor of Obstetrics and Gynecology, University of Toledo, College of Medicine and Life Sciences, Toledo, Ohio

*Upon completion of the presentation, the learner will be prepared to:*

- Discuss the risk factors for acquisition of sexually transmitted infections (STIs).
- Recommend STI testing based on individual patient history and status.
- Refer to local community healthcare resources available for testing and treatment of STIs.

12:00 pm Audience question and answer

12:15 pm

**How to Gauge Your Hospital Disaster Preparedness**

*What are the costs to institute a hospital disaster preparedness and response checklist and make the changes? What specific areas of the US should adopt the disaster preparedness and response checklist?*

CAPT. Miguel A. Cubano, MD, MBA, FACS, Commanding Officer, General Surgeon, Naval Health Clinic (US Navy), Corpus Christi, Texas

*Upon completion of the presentation, the learner will be prepared to:*

- Incorporate a systematic checklist to gauge your institution's preparedness and response.
- Identify existing deficiencies in departments.
- Develop a plan to bridge the gaps when deficiencies exist.

1:00 pm Audience question and answer

1:15 pm Adjourn for day

**Tuesday, June 5, 2018**

8:00 am Announcements

8:15 am – 12:15 pm

SESSION FOUR

8:15 am

**Doing GA Single-Pilot IFR Better (non-CME)**

*How can I, as a pilot who flies single-pilot IFR, reduce the likelihood of committing a serious pilot deviation?*

Michael D. Busch, A&P/IA, CFIA/I/ME, Founder and CEO, Savvy Aviation, Arroyo Grande, California

*Upon completion of the presentation, the learner will be prepared to:*

- Cite the five major kinds of pilot deviations during GA single-pilot IFR operations.
- Describe specific procedures that instrument-rated GA pilots can adopt to reduce each kind of pilot deviation.
- Reduce personal pilot deviations using the most effective way to mitigate these problems with improved cockpit discipline.

8:45 am Audience question and answer.

9:00 am

**Would You Fly with You? Medical Self-assessment in the Era of Basic Med**

*How do I perform pilot medical self-assessment both for myself and in advising my pilot-patients? How can this self-assessment be used by other patients in the transportation industry?*

James R. Elliott, MD, MPH, Aerospace Medicine, Preventive Medicine and Public Health, Deputy Regional

Flight Surgeon, Federal Aviation Administration, Kansas City, Missouri

*Upon completion of the presentation, the learner will be prepared to:*

- Develop a strategy to assess their personal medical fitness to fly.
- Incorporate the information and strategic assessment into education for their pilot-patients as well as patients in other transportation industries.

9:30 am Audience question and answer

9:45 am Break

10:00 am **Transitional Medical and Long-Term Care: Preparing Patients for the Unknown**

*What are the options to consider and best approach in discussing long-term care or transitional medical care planning with a patient and their family?*

Walter C. "Chip" May, CFP, CLU, ChFC, MSFS, Certified Financial Planner, May Financial Solution, Fort Worth, Texas

*Upon completion of the presentation, the learner will be prepared to:*

- Differentiate between transitional medical care and long-term care.
- Discuss in lay terms the qualifications for Medicare and Medicaid.
- Consider and describe the medical underwriting issues associated with long-term care.

10:30 am Audience question and answer

10:45 am **Cochlear Implants and Childhood Deafness**

*What makes a child a candidate for cochlear implants, and how well do they work?*

H. Alexander Arts, MD, Professor of Otolaryngology, University of Michigan, Ann Arbor, Michigan

*Upon completion of the presentation, the learner will be prepared to:*

- Discuss with parents and peers the common causes of deafness in children.
- Outline the hearing screening process for newborn children.
- Discuss with parents and peers the prognostic factors regarding cochlear implant outcomes in children.

11:15 am Audience question and answer

11:30 am **Concierge Medicine Update**

*Is current concierge medical care better than traditionally-practiced medical care and how?*

John T. Kihm, MD, Internal Medicine, Priority Medicine, Durham, North Carolina

*Upon completion of the presentation, the learner will be prepared to:*

- Describe and compare two types of medical care practices in the U.S.
- Discuss the advantages/disadvantages of the two types of medical care practices.

12:00 pm Audience question and answer

12:15 pm Scientific Sessions Adjourn

12:25 pm FPA Annual Business Meeting

(Official Backup in case of Cancellation or No-Show: Miguel Cubano, MD)

Day/Time TBA **Global Disaster Response (45 minutes)**

*How do we, as responsible pilot physicians, as an organization and as caring US Citizens, come closer to the goal of saving lives, of mitigating suffering, and providing those affected by a disaster the best opportunity to rebuild their communities with dignity and resilience?*

CAPT. Miguel A. Cubano, MD, MBA, FACS, Commanding Officer, General Surgeon, Naval Health Clinic (US Navy), Corpus Christi, Texas

*Upon completion of the presentation, the learner will be prepared to:*

- Provide historical perspectives including UN Resolutions and Initiatives.
- Describe global challenges and their impact in humanitarian action.
- Discuss both the PROS and CONS of global disaster response.
- Outline the seven sins of humanitarian medicine (included in the CONS).
- Incorporate the "Do's and Don'ts" before, during and after a disaster.
- Summarize and recommend actions for global disaster response in the future.

Time TBA Audience question and answer (15 minutes)



**ADDITIONAL TICKETS**

**TICKETS TO THE SATURDAY WELCOME RECEPTION AND THE TUESDAY AWARDS DINNER ARE INCLUDED IN PACKAGES A & B. PURCHASE ADDITIONAL TICKETS ONLY FOR ADDITIONAL GUESTS NOT REGISTERED WITH A OR B. ADDITIONAL TICKETS MAY BE PURCHASED BY THOSE REGISTERING WITH PACKAGE C OR D.**

Saturday Welcome Reception, 6:15 – 10:00 pm #Attending \_\_\_\_\_ x \$170 each = \$ \_\_\_\_\_ (included pkgs. A&B)  
 Tuesday Awards Dinner #Attending \_\_\_\_\_ x \$175 each = \$ \_\_\_\_\_ (included pkgs. A&B)  
 Additional Social Tickets Total: \$ \_\_\_\_\_

OPTIONAL TOURS		Price per person 1/1 – 1/31	Price per person 2/1 – 4/30	# People	Total
Sunday 6/3	Stop the Bleed Certification (8 person limit) Includes box lunch	\$35.00 Per person	\$35.00 Per person		
Sunday 6/3	Gaming Tutorial 2-3:00 pm (25 person limit)	\$27.00 Per person	\$30.00 Per person		
Tuesday 6/5	Falconry (25 person limit)	\$57.00 Per person	\$60.00 Per person		
OPTIONAL TOURS/ACTIVITIES GRAND TOTAL					

Activities are limited by seats reserved and space limitations. Deadline for all registrations is May 1, 2018 but capacity on a tour may be reached before the deadline. If overbooked, you will be notified and the money refunded. Deadline for all registrations is May 1, 2018, but capacity may be reached before the deadline. Cancellation of an activity purchase prior to May 1 will incur a \$20 per person administrative fee. No optional fees may be refunded after May 1, 2018.

Note that social event tickets (Welcome Reception and Awards Dinner) are INCLUDED in registration packages A & B. Extra tickets may be purchased for additional guests not registered for the meeting. Additional social event tickets are also available for purchase by those registered with packages C & D.

CHECK OR MONEY ORDER -- Mail form with check to Flying Physicians Assoc Annual Meeting. CREDIT CARD – sign on www.fpadrs.org

Meeting Registration Total: \$ \_\_\_\_\_  
 Addnl Social Event Tickets: \$ \_\_\_\_\_  
 Optional Tour/Activities: \$ \_\_\_\_\_  
 GRAND TOTAL: \$ \_\_\_\_\_

**EXPECTED DAY/DATE OF ARRIVAL**  Weds 5/30  Thurs 5/31  Fri 6/1  Sat 6/2  Sun 6/3  Mon 6/4  Tues 6/5

**EXPECTED DAY/DATE OF DEPARTURE**  Sun 6/3  Mon 6/4  Tues 6/5  Weds 6/6  Thurs 6/7

**EXPECTED ARRIVAL BY**  Private car  Commercial Air  Train  Private aircraft (complete information below)

Please check the aircraft IF ARRIVING IN PRIVATE AIRCRAFT and provide Tail Number:

Beech  Cessna  Cirrus  Columbia  Lancair  Maule  Mooney  Piper  Rockwall  Socata  Other\*

OTHER\*, specify \_\_\_\_\_ TAIL NUMBER (required) \_\_\_\_\_

**MEETING CANCELLATION POLICY**

Cancellation must be received in writing by mail, fax, or e-mail. Administrative charges based on the cancellation date are:

BEFORE February 1 .....\$25 administrative fee  
 February 1-May 1 .....\$75 administrative fee  
 May 2-30 .....\$125 administrative fee

**After May 30 .....Registration Fees are not refunded**

*Please note separate OPTIONAL ACTIVITIES CANCELLATION POLICY if applicable.*

**ADA COMPLIANCE** The Flying Physicians Association chooses facilities that are ADA compliant. If you have questions or concerns, please contact FPA Headquarters. Please provide a description of special needs here or on a separate sheet: \_\_\_\_\_

**DIETARY NEEDS** Please inform the FPA Headquarters (see contact information below) with special dietary requirements. \_\_\_\_\_

**REGISTER TODAY** BY CHECK: Complete and mail or fax this form with your check or money order to: FPA Annual Meeting, 11626 Twain Drive, Montgomery, Texas 77356, FAX: 832-415-0287. BY CREDIT CARD: Beginning January 1, 2017, Register online at <http://www.fpadrs.org>. Sign in with your member password. For questions, contact the FPA Headquarters: Phone: 936.588.6505, E-mail: [ahenderson@fpadrs.org](mailto:ahenderson@fpadrs.org)

# PROPOSED FPA BYLAWS AMENDMENT

## OFFICIAL NOTIFICATION TO FPA MEMBERS

TO: FPA Voting Members

RE: Notice of Proposed Bylaws Amendments

The Board of Directors of the Flying Physicians Association reviewed and endorsed the following proposed Bylaws amendments submitted by the Constitution and Bylaws Committee Chair, Albert Briccetti.

Please direct your questions and comments to Dr. Albert Briccetti. Email [abb@cheerful.com](mailto:abb@cheerful.com)

Proposed Amendment (proposed changes highlighted)

### Article VI Board of Directors

#### B. Composition of the Board

1. There shall be a minimum of **five (5)**, and a maximum of **ten (10)** Directors.
  - a. **Each Chapter may provide no fewer than one nor more than two Board members.**
  - b. Each Director shall have a term of three (3) years.
  - c. Each Director shall have one vote, and such voting may not be done by proxy.

The Current Bylaw

### Article VI Board of Directors

#### B. Composition of the Board

1. There shall be a minimum of ten (10), and a maximum of sixteen (16) Directors.
  - a. Each Director shall have a term of three (3) years.
  - b. Each Director shall have one vote, and such voting may not be done by proxy.

Proposed Amendment (proposed changes highlighted)

### Article XI Amendments

#### A. This Constitution and Bylaws may be altered, amended, or repealed as follows:

1. Suggested changes to the Bylaws shall be referred by the BOD to the Constitution and Bylaws Committee, which after study, will recommend a course of action to the BOD.
2. After the BOD has reviewed and accepted the proposed changes, it shall publish them in the "Bulletin" or **distribute them to the membership electronically** as recommended changes for ratification; notification shall occur no less than **forty five (45)** days prior to a **vote of the membership**.
3. The membership shall vote on the recommended changes **either** at the next Annual Business Meeting where a majority vote of the quorum is required for adoption **or by electronic ballot where a majority vote of the quorum is required for adoption.**

B. Emergency changes – The Executive Committee or the Board of Directors may make emergency changes when issues arise which cannot reasonably **await the process described in Article XI section A.** In such unusual cases the EC/BOD will communicate the changes in writing **or by electronic communication** to the membership with a ballot. Approval shall require a majority of the ballots returned.

The Current Bylaw

### Article XI Amendments

#### A. This Constitution and Bylaws may be altered, amended, or repealed as follows:

1. Suggested changes to the Bylaws shall be referred by the BOD to the Constitution and Bylaws Committee, which after study, will recommend a course of action to the BOD.
2. After the BOD has reviewed and accepted the proposed changes, it shall publish them in the "Bulletin" as recommended changes for ratification; notification shall occur no less than sixty (60) days prior.
3. The membership shall vote on the recommended changes at the next Annual Business Meeting; a majority vote of the quorum is required for adoption.

B. Emergency changes – The Executive Committee or the Board of Directors may make emergency changes when issues arise which cannot reasonably be put over to the next Annual Business Meeting. In such unusual cases the EC/BOD will communicate the changes in writing to the membership with a ballot. Approval shall require a majority of the ballots returned.

# *Fly Away With Us*

FPA Headquarters for Information:

936-588-6505 • 11626 Twain Drive • Montgomery, TX 77356 • ahenderson@fpadrs.org • www.FPADRS.org

*Keep this schedule handy at your desk or on the bulletin board!*

## **FPA WINTER BOARD MEETING**

January 19-21, 2018  
Hotel Riverside  
Fort Lauderdale, Florida

## **WESTERN-SW CHAPTERS SPRING MEETING**

ICON Factory and Napa Valley Tour  
March 16-18, 2018  
Vacaville and Napa, California

## **SUN'N'FUN EXPO**

April 10-15, 2018  
Lakeland, Florida

## **FLYING DENTISTS ASSOCIATION MISSION TRIP**

March 18-25, 2018  
Mission Trip  
Dominican Republic

## **DIXIE-GREAT LAKES CHAPTERS SPRING MEETING**

April 19-22, 2018  
Embassy Suites  
Wilmington, North Carolina

## **AEROSPACE MEDICAL ASSOCIATION MEDICAL MEETING**

May 6-10, 2018  
Hilton Anatole Hotel  
Dallas, Texas

## **FPA 64TH ANNUAL MEETING**

June 2-5, 2018  
The Greenbrier Resort  
White Sulphur Springs, WV

## **FLYING DENTISTS ASSOCIATION NATIONAL ANNUAL MEETING**

June 21-26, 2018  
Coeur D'Alene, Idaho

## **EAA AIRVENTURE**

July 23-29, 2018  
Oshkosh, Wisconsin

## **WESTERN-SW CHAPTERS FALL MEETING**

with Aviation Nation Air Expo  
November 8-11, 2018  
Las Vegas, Nevada