

The Flying Physician

The Magazine of Physician Pilots Since 1957



2016 Passengers. Potential Pilots of the Future

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***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, 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 2017 FPA Annual Meeting begins on Saturday, June 3, 2017, at the Marriott Downtown Hotel in Knoxville, Tennessee. George Shehl, MD, directs the medical education schedule that will include speakers from the local area as well as 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 are included in the next issue of FLYING PHYSICIAN magazine. CME presentations and panels are held on Saturday afternoon and Sunday through Tuesday mornings. As life-long 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. A member will contact you to discuss joining.



The *Flying* Physician

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FOR MEETINGS INFORMATION VISIT OUR WEB SITE AT
WWW.FPADRS.ORG

From the Left Front Seat



A Message from the President

Charles R. Reininger, MD

General Aviation- FPA Survival – “It’s Time”

Why do we fly? Personal, Business. Adventure Convenience. Land near our destination. Depart when we like. No lines or TSA checks.

“Oh I have slipped the surly bonds of earth and danced the skies on laughter-silvered wings...I’ve topped the wind swept heights with easy grace where never lark or even eagle flew...I’ve

trod the high un-trespassed sanctity of space, put out my hand and touched the face of God”



John Magee, who penned the lines from this well-known poem, was killed at the age of 19 in a Spitfire. The aircraft was involved in a mid-air collision. The two aircraft collided just below the cloud base at about 1,400 feet

AGL.

A farmer testified that he saw the Spitfire pilot struggling to push back the canopy. The pilot stood up to jump from the plane but was too close to the ground for his parachute to open. Both he and the pilot in the other plane died on impact. He was buried in England. On his grave are inscribed the first and last lines from his poem High Flight.

John Magee Jr. was an American, born of missionary parents in China in 1922. He came back to America and, during WWII, joined the Royal Canadian Air Force in 1940 and trained in England.

But we digress.

What has happened to General Aviation in recent years with such a significant decline of licensed pilots and, in particular, the FPA membership? The pilot population has been in serious decline for three decades, and the GA fleet is ag-

ing quickly. One of the many reasons, *discussed previously at length by others*: the cost of flying – including aircraft ownership or rental, maintenance costs, and gasoline prices that are now quite significant compared to previous years. I’m told that our maximum FPA membership was upwards of 1500 in the beginning years of the organization and is now around 300. I have talked with many young pilots and asked them the greatest obstacles in obtaining their license. They tell me that the most significant factors are

1. cost;
2. time off work and arranging their schedule to fly;
3. interesting their spouse and family in flying.

The old cliché is a consideration: “Those that play together stay together”. Today there is less discretionary income, as well as other interests in this digital age, especially among the younger potential pilot population. I have pointed out to other physician-pilots the many benefits of joining FPA, such as deductible CME, social functions with colleagues, new adventures at exciting places etc.

I received my license in 1960 .Total cost was less than \$1,000 for 40 hours. (\$1,000.00 in 1960 had the same buying power as \$8,045.07 in 2016.) The current cost can be \$6000 – \$10,000, depending on the aircraft and instructor. IFR rating today may cost that much or more. After obtaining a license, then what? Purchase an airplane or rent? My first new single engine Arrow, IFR equipped, cost about \$30K in 1970. Our next plane was a twin C310, IFR equipped with on-board radar, and the cost was \$175 K in 1975. Times are a-changing, “Oh the good old days”. A comparable new B58 Baron light twin in today’s market may cost over 1.5 million. The beloved new Bonanza airplane cost is near \$750K, a Cessna 172 around 400K and a 182 is around half-million dollars! A good used aircraft is also expensive.

AOPA, AsMA , FPA and many others have noted a significant decline in membership. What can the FPA do to attract more members? Many good comments and suggestions were made at the July Board of Directors meeting as well as recent email exchanges from Board of Directors members and others.

I am in general agreement with the proposed changes. These changes include:

- downsizing the Board of Directors to reflect the current membership
- reduce meetings to possibly 4/year
- invite the Flying Dentists and other medically related allied medical professionals to join FPA

Our Bylaws Committee chair, Al Briccetti, is working on proposed bylaws changes on the Board makeup as well as membership vote by electronic format. He has informed us that these changes must be discussed at the Executive Committee and Board of Directors meetings. If approved, the FPA

Continued on next page ↔

membership is officially notified and may vote electronically on the proposed revisions. I plan on considering these suggestions at the upcoming Winter Board Meeting in New Orleans, January 21, where Board of Directors members in attendance and FPA members who choose to come have the opportunity for in-person and first-hand participation. Our Bylaws must reflect these changes if approved.

What is the “critical mass” to meet expenses and survive? We already allow limited attendance by non-members and reduced membership fees. There are flying physicians who have never heard of the Flying Physicians Association. Is one of the answers to advertise more with other aviation publications?

AOPA has recently published, free of charge, our web site in their magazine with a special offer of \$150 dues for AOPA members applying for FPA membership and using the code on the FPA web site join page. This provides good exposure

to the physician pilot group, and I hope this will encourage AOPA pilot-physicians to join FPA. Perhaps it is time.

THIS SUMMER’S BREAKING NEWS -- THIRD CLASS MEDICAL REFORM BECOMES LAW. Read more about this in both Doug Johnson’s article that recaps his year as President and in Mark Thoman’s editorial column. Will this eventually encourage more people to fly and perhaps join our organizations? There is more detail at AOPA.org; follow the link on their web site.

We invite your input.

Chuck

Charles Reinninger, M.D.
FPA President, 2016-17

From the
**Right
Front Seat**

*A Message from the Right Front
Seaters Chair*

Carrie Reinninger



As we say down south in Eunice, Louisiana, “*Bonjour*”, hello. “*Comment ca va*”. How are you?

The 2016 Annual Meeting was a great meeting in Minneapolis. Doug and Sue Johnson did a fantastic job with the arrangements. Charles and I will be doing the honors as President and RFS Chair this coming year and looking forward to seeing everyone at the meeting in Knoxville, TN. The FPA-CME Meeting is scheduled in Knoxville from June 3-6, 2017 (Saturday – Tuesday). The host hotel is the Marriott, and we hope to see all of you there for the 2017 Annual Meeting.

We are working on some exciting venues and things to do during the meeting. One of the highlights will be a visit to Oak Ridge National Laboratory, site of the Manhattan Project, the secret WWII site that developed the first Atomic Bomb. It will be a limited group for the FPA tour.

There are also lots of things to do in downtown as well: an early arrival Beer/Wine tour on Friday evening, a welcome reception on Saturday evening at the Women’s Basketball Hall of Fame located adjacent to the Marriott and a Sunday evening stage show (Broadway tour company Dirty Dancing) in the

beautiful Tennessee Theater. Sadly, one of the founders of the Women’s Basketball Hall of Fame, well-known and respected Coach Pat Summit, died this year in Knoxville.

Charles and I both are licensed pilots. Occupying the RFS, I help arrange charts, set in the radio frequencies or other decisions and requests from ATC or the PIC.

After Charles finished Medical School and Residency, we bought our first airplane and joined the FPA in 1975. Since then we have attended many FPA meetings and visited exciting places we would never have seen or experienced if not for flying in our own private plane. One of our first and most memorable trips, after joining FPA, was to Grossinger’s in New York state. We flew there in a friend’s Citation Jet. Charles was in the Left Front Seat with the charter pilot in the RFS. When we got out of the plane at the airport, Owen Brodie happened to be there. He said he must be at the wrong place and didn’t think an FPA member would be flying a Jet. We all had a big laugh. We actually now have a member with a beautiful little Eclipse Jet.

Some of our most treasured and memorable trips have been to Quebec, where “*Ils parlent francais la ba*”, Alaska, British Columbia, Newfoundland, Bahamas, Martinique, Dominican Republic and many, many places in the lower 48. How can you complain when most of these trips are so well planned for you and, at the same time, you get to visit with your colleagues and friends? Plus, as physician-pilot, you also get deductible CME credit. Can’t beat a deal like that.

Thanks FPA, “*A Bientot*” – See you soon.

Carrie

Carrie Reinninger
RFS Chair, 2016-17



Mark's Remarks

By Publications Committee Chair,
Mark Thoman, MD

PBOR 2, FINALLY!

On July 15, 2016, President Obama signed the third class medical reform (AKA: PBOR 2) into law as part of the 2016 FAA extension bill passed by Congress. Below is a condensed summary of that law.

First: A visit to a personal physician is required at least once every four years. He/She will provide to the pilot an FAA checklist for any issues pertaining to the pilot's health status. Both physician and pilot will be required to sign this document indicating that these issues were, in fact, discussed.

Next, the doctor visit: There will be two parts to this checklist. The pilot will fill out a section before the exam where the questions will include:

- Name and address
- Date of birth
- A short medical history
- A list of current medications
- Information about whether the pilot has ever had an FAA medical certificate denied, suspended, or revoked.

The doctor's third class medical exam is very straightforward. Typical of any PX it includes examination of the: Skin, CNS, HEENT, musculoskeletal, CV, Lungs, GI, GU and any other examination the physician feels is necessary. Once completed the doctor AND pilot sign the form and the pilot must enter the visit in the logbook. There is nothing to report to the FAA, unless requested. It is important to note that the pilot is NOT required to go to an AME.

N.B.: Educational/currency requirements: An online, free-of-charge training course is required every two years on aeromedical subjects which will be available for anyone with internet access.

WHO CAN FLY AND WHAT ARE THE RESTRICTIONS?

Pilots flying under these new rules can be:

- Allowed to operate aircraft weighing up to 6,000 pounds.
- That the aircraft can carry up to five passengers plus the pilot in command.
- The flight will be at altitudes below 18,000 feet.
- The allowed speeds can be up to 250 knots.
- If appropriately rated, the pilot can fly VFR or IFR in qualified aircraft.

Medications? No changes. Since the FAA does not make a complete list of disallowed meds, seeking the most current listings available may be obtained through alternate pilot information services.

Now that the law has been signed, a rulemaking process will be underway. If the ruling is not completed by July, 2017, the pilot may operate within the limits of the legislation without any fear of enforcement.

SUMMARY: This is a condensed version of the new law, but for a more detailed discussion on the rulemaking changes, if any, Special Issuance, ten-year time-limits, expiration options, sport flying, insurance issues, on-line courses, etc. are available through organizations, such as the AOPA, EAA, and the FAA. These organizations were the primary sources for this editorial.

2015-16 PRESIDENT AND RFS CHAIR

FPA Final Letter and Farewell

From Doug and Sue Johnson

Dear FPA friends,

Sue and I feel honored to have served as your President and RFS Chair this past year. As Past-President Dick Sloan pointed out last year, the Presidency is in reality a 5-year commitment, with two years of responsibility leading up to the gavel-wielding year, and two years of committee work following. This time invested has given us an opportunity to get to know the inner workings of our historic organization and to reflect back upon and consult the great leaders of our past. Hopefully we, in turn, have helped encourage the leaders of our future during our time at the helm.

At our next annual meeting, set aside an hour or so to cruise down memory lane with the historical exhibits on display. Our members and their past accomplishments were truly amazing. Those displays document how we were a product of our times—often leaders in society as well as within our medical fields. Yes, we had “Miss FPA” beauty contests, sash and all (how un-PC now!), and even aircraft donated to the President for personal use during the heyday of General Aviation; but we also welcomed female physicians and pilots early on—clearly way ahead of our time in some social arenas. Economies and adjustments to the medical environment have constantly changed and evolved over the decades, but a wonderful constant has been our continued commitment to charitable causes, medical education, and aviation safety.

This past year was no exception. Our Chapter leaders arranged exemplary regional meetings with great medical and aviation safety education. Wonderful memories from around the USA abound: a beautiful sunny cruise among the lobster traps and lighthouses of Portland; the high-tech boat ride along the Tennessee River in Chattanooga to observe history and nature amidst a few raindrops; the pre-dawn glow and roar of the blazing gas giants during the Balloon Festival in Albuquerque—all witnessed while we stood bundled up in the chill dark, sipping hot coffee outside; the tasty meals and cozy reception during a tempest at the Winter Board meeting in St. Augustine, followed by an educational and relaxing sojourn to the Kennedy Space Center to unwind for a few days; kissing the bricks on the Indianapolis Speedway; and an amazing factory tour in Wichita.

We want to send out a big “Thanks” to all of you who were able to attend our Annual National meeting in Minneapolis this past July! Lots of advance planning and hard work by a



number of people is needed to arrange a meeting, but it is the attendees who make the fun happen and make the effort all worthwhile.

Sue and I had several goals for the event:

- to select a site that was both historical and beautiful,
- close to medical speaker resources,
- centrally located to attract folks from across the country,
- diverse enough in opportunities/activities to draw both adults as well as youth,
- and finally, truth be told, to get us out of hot and steamy Florida in July!

Anne and Mike Smith opened their gorgeous Lake Minnetonka home for a wonderful sunset opening reception on Saturday night.



Ted Stransky arranged a panel of outstanding speakers discussing topics we had not covered previously in depth (hence, I think our meeting will be remembered as the “Year of the Brain” with its topics of Alzheimer’s disease, dementias, PTSD, substance dependency, critical pilot thinking, and the like).

Sue worked diligently to put together an excellent social program that began with a gourmet dinner and spectacular performance of "South Pacific" at the Guthrie Theater, followed during the week with shopping and a tour of the Mill City Museum, a Twin-Cities tour including the Wabasha Caves (formerly a gangster's speakeasy, mushroom-growing operation, and site of basketball commercials), the booming July 4th fireworks over the Mississippi, and visit to the Golden Wings collection of 20's and 30's aircraft, including the first commercial airliner.

We were blessed with sunny weather during the week and saw members walking, cruising on bicycles around town, and shopping in the Mall of America during free time. Our meeting wound up with a gangster-themed closing



Awards Banquet (congratulations, you winners!), which allowed some of us to play dress-up for the evening. A highlight of the event was the photo of our 11 youth attendees (ages 5 to 20) wearing their gangster hats and hamming it up with "finger guns" for the photo.



At the conclusion of the meeting, Sue and I handed the President's Pin and gavel off to the capable hands of Chuck and Carrie Reinninger who, in turn, are already planning for the upcoming year.

And finally, we indeed had attendees come from Los Angeles to New York and from Florida to Washington State. So... geographically-friendly mission accomplished!

For a score of attendees, the fun and great weather continued with a brief post-meeting fly-out to the Inn on Made-

line Island resort on Lake Superior, where we walked, talked, ate, rode bikes, hiked, shopped, and ate some more. All in all, the best part of the FPA meetings for us is the opportunity to re-connect with our friends, and it was indeed great to see you all.

This was a politically eventful year as well. The Pilot's Bill of Rights 2 passed and was signed into law after



years of wrangling. It remains to be seen if and how the changes to the medical class III requirements will be successfully enacted. The other main components of the bill, however, are certainly welcome to our aviators: clear and fair due process for pilots involved in search/seizure and enforcement actions, more effective use of NOTAM posting, and the right to request release of FAA audio tapes. We continue to stand as a valuable resource of geographically-widespread AME's, specialist physicians, and pilots available to the FAA and other government agencies as they sort through implementation issues.

Many 21st century pressures, including limited pay, limited vacation, competing activities, and the expense of flight, continue to weigh upon the modern physician pilot and our membership. Creative ways to foster membership and collaboration are on-going. We have set up membership opportunities at discounted introductory pricing levels with the AOPA just this month. Nothing is as effective as spreading news of the FPA via word of mouth, but we must take ANY opportunity (in person, in print, and in electronic media) to "bring our light out from under the bush" whenever we can. Wear your hats and shirts often, and not just at FPA meetings! We have opened dialogue with other similar aviation professional organizations to explore cooperative and interesting meeting arrangements going forward. All these efforts may help us adapt to our new world and flourish in the decades to come. Our best to you all and we'll see you again soon!

Doug

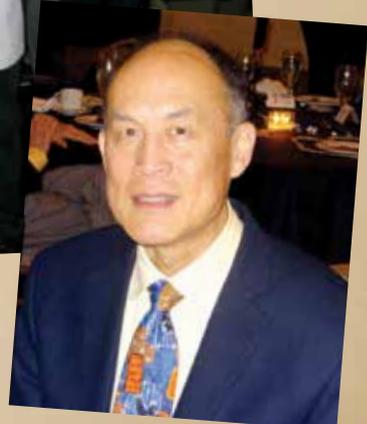
Doug Johnson, MD, newest Past President

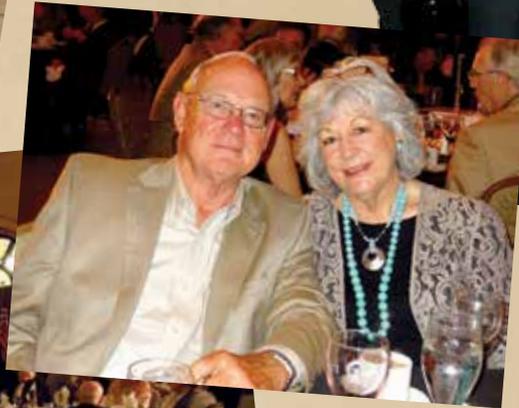
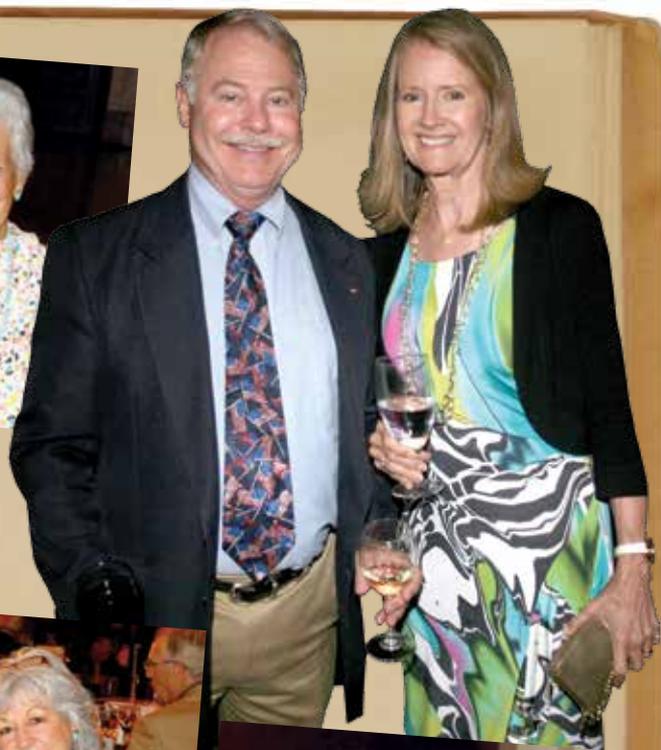
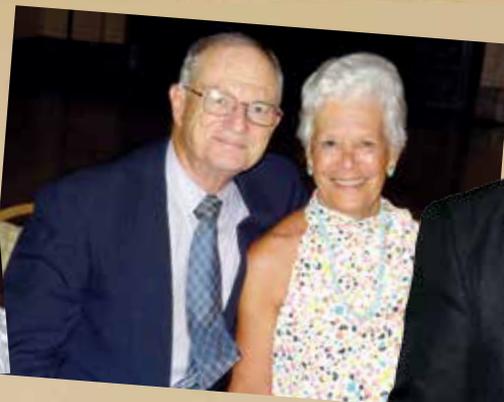
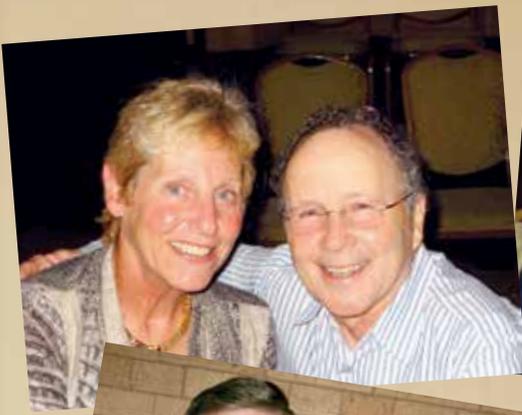
Sue

Sue Johnson, RFS Chair



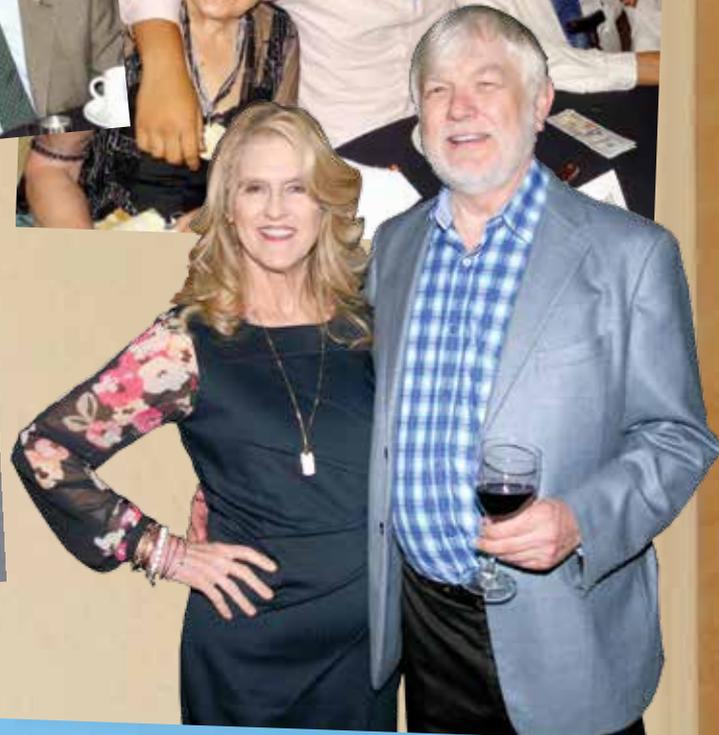
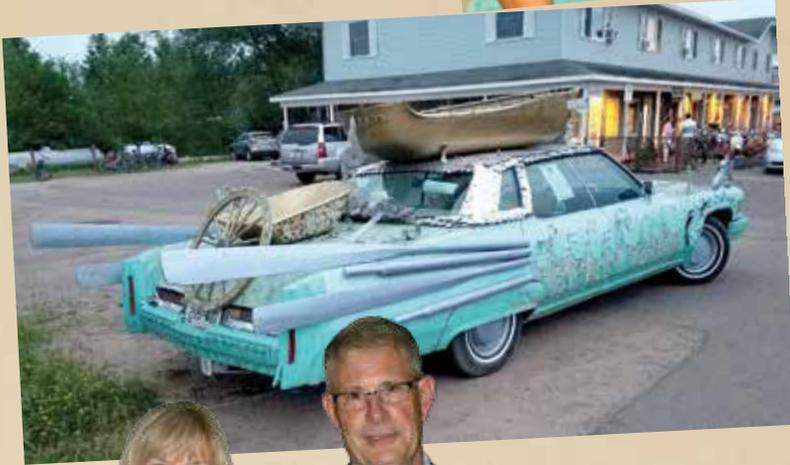
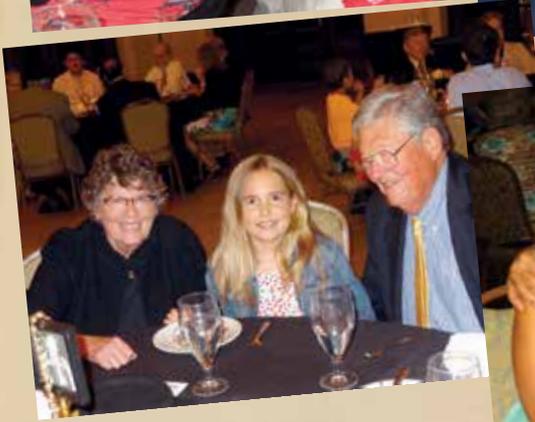
2016 ANNUAL MEETING PHOTO ALBUM





2016 ANNUAL MEETING PHOTO ALBUM





2016 AWARD RECIPIENTS

Presentation of the 2016 awards on July 5 in Minneapolis captured the FPA organization heart. The Chair of the Awards Committee, David Mauritson, died tragically on February 1 while landing an aircraft after a CAP mission flight with another pilot. Dr. Roger Hallgren, FPA Life member and member of the Awards Committee, accepted the invitation from President Douglas Johnson and quickly assumed responsibility for the chair position. Dr. Hallgren assembled the nominations received to that point by working with other members of the committee, with Eleanora Mauritson and the FPA Headquarters office.

Introducing a new format for the presentations, Dr. Hallgren introduced the past winners of each award and requested they come to the stage where they were presented and acknowledged. Dr. Hallgren then announced the 2016 winner in each category while simultaneously projecting a photograph of the recipient with a brief description on the screen.



Past Co-Pilots of the Year (front l-r) Carrie Reinninger, Tina Tormes, Ana Stransky (rear l-r) Jean Browning, Betty Hunt, Mary Briccetti

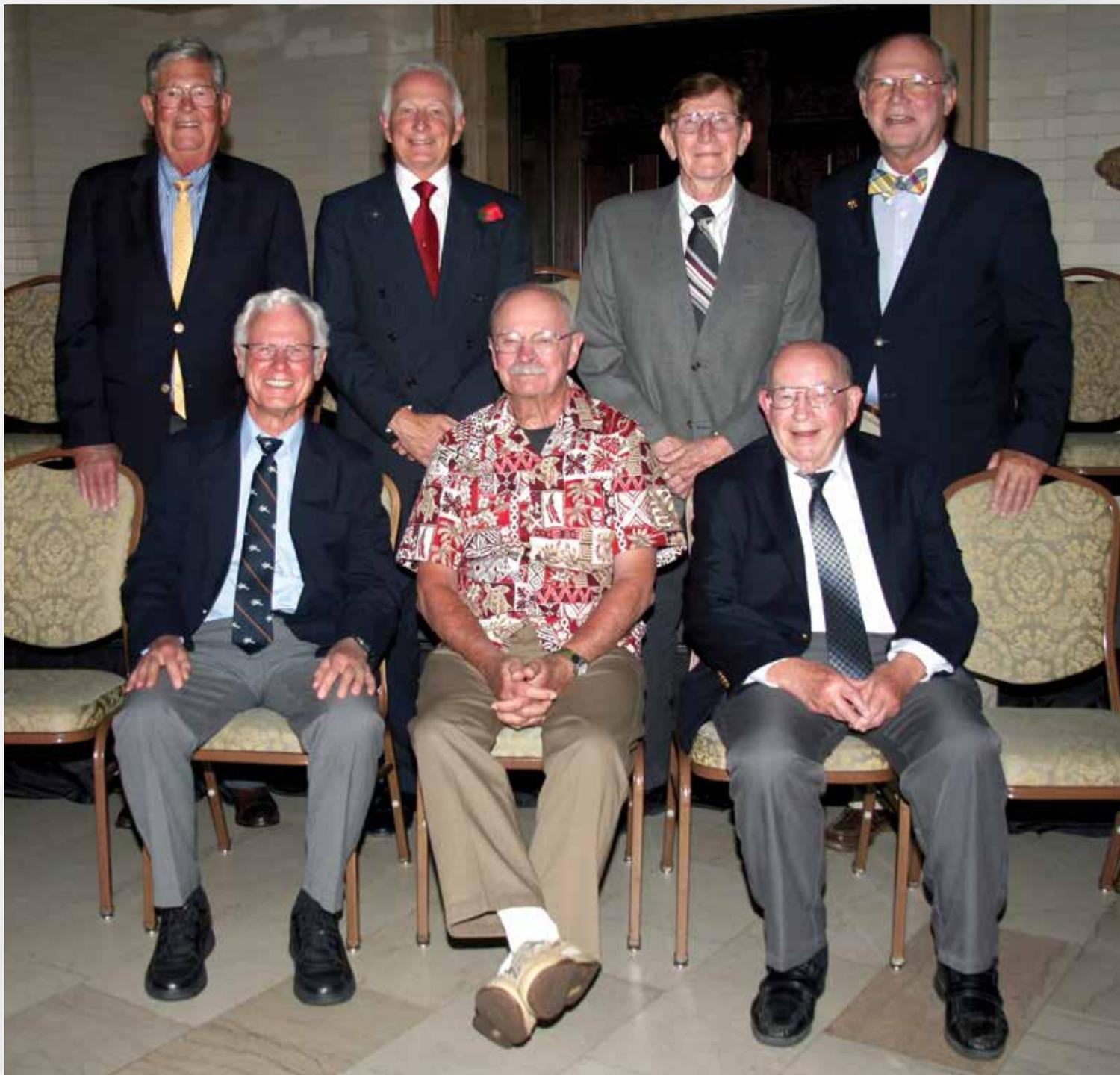


Margo Austin with inscribed award

2016 Co-Pilot of the Year, Margo Austin, is the steady Right Front Seater (RFS) and traveling companion of Life member Ken Austin. Margo has continued through the years to provide support and assistance on countless RFS projects and FPA behind-the-scenes work. Margo and Ken live in Jasper, Georgia, where both are active in the community and volunteer work. She was unable to attend the 2016 Annual Meeting and was home in Jasper, cheering for her husband, Grand Marshall of the July Fourth Parade!



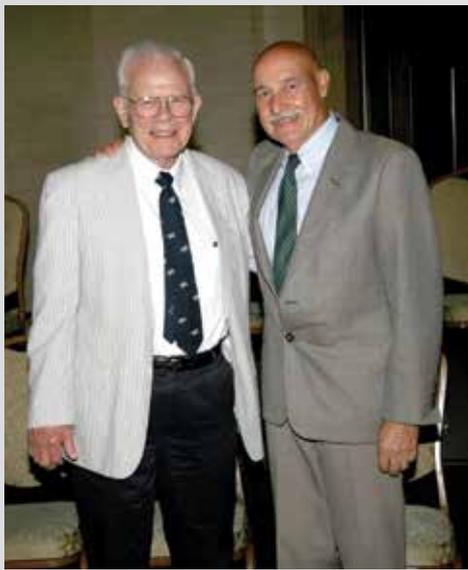
Ron Craig with the inscribed award



*Past Distinguished Award Winners (front l-r) Warren DeHaan, Frank Browning, Roger Hallgren
(rear l-r) Peter Bartlett, Doug Johnson, Chuck Reininger, John Hunt*

2016 Distinguished Service Award Winner, Ronald D. Craig, is a long-time loyal supporter since 1976, serving on the FPA Board of Directors, on various committees, a Great Lakes Chapter President and board representative as well as 42nd elected President of FPA (1998-99). He presided at the national meeting held in Victoria, BC, Canada. Craig is also well-known for his humorous columns "Flying on the Right Side" in the FPA publications. For the past 23 years, Dr. Craig has chaired the Continuing Education (CME) Committee through many of the most demanding years of CME programming. Under his leadership the CME Leadership Workshops were established and are held annually at the Winter Board Meetings.

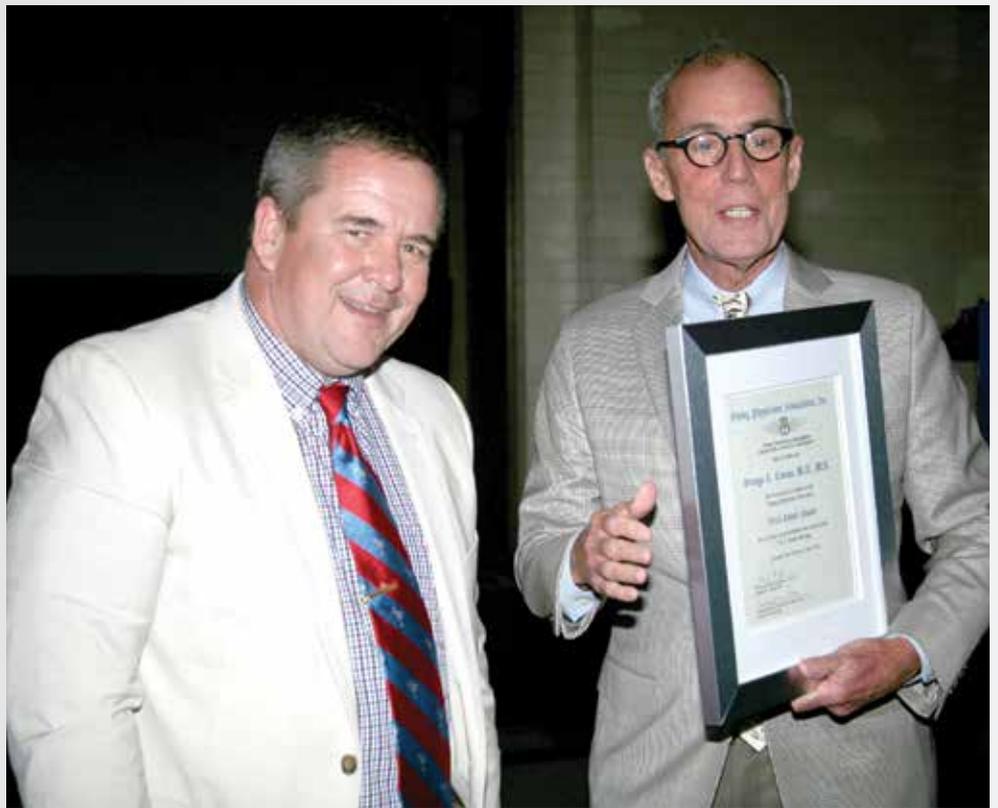
Dr. Craig was unable to attend the 2016 Annual Meeting due to family commitments.



*Jeff Justis and Felix Tormes Past Recipients
Airman of the Year*

2016 Airman of the Year, David R. Mauritson, served in leadership roles with FPA and a long list of other organizations, delivering in his modest and sometimes quietly humorous way, his messages on stewardship, service, and safety in medicine and in aviation. His life was filled with friends who valued the knowledge he shared, from the patients he treated to the young pilots he taught. His commitment to service included trips to Africa where he worked and treated patients in the most primitive conditions while attempting to maintain the safest environment possible. The tragedy on February 1 brought an untimely end to a life of amazing volunteer service, teaching others in both medicine and aviation with his unwavering commitment to making a difference, and leading by example.

Richard Sloan presented the 2016 Annual Meeting Tabari Award, an award overseen by the CME Committee and based on objectives and principles of medical education. Five members of the committee complete score sheets during the meeting, and the recipient is announced during the Awards. George Cowan's presentation on PTSD is partially recapped in this issue of FLYING PHYSICIAN magazine. Dr. Cowan is a resident of South Carolina and the incoming President of the FPA Dixie Chapter.



George Cowan presented 2016 Tabari by CME Chair, Richard Sloan



Past Tabari Award winners Hal Renollet, George Shehl, 2016 winner Cowan, Doug Johnson, John Hunt, Frank Browning

Nominations for FPA Awards* are sent by members throughout the year to the Awards Committee. The Awards Nomination Form in this magazine has a list of winners in each category on back. Feel free to nominate a deserving member by submitting the 2017 Nominations Form by March 25, 2017.

**The Annual Meeting Tabari Award is overseen by the CME Committee and is not included in nominations.*



Margo Austin
2016 Co-Pilot of the Year



FPA AWARDS NOMINATION FORM



Ronald D. Craig, MD
2016 Distinguished Service Award

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

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):

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

Distinguished Service Award

1971 Herman A. Heise, MD
 1973 Walter Zumdorfer, MD
 1977 Paul A. Woods, MD
 1980 Geo. Gumbert, Jr., MD
 1981 Richard V. Kubiak, MD
 1982 Sidney Goldstone, MD
 Wymond B. Wilson, MD
 1983 Willis H. Taylor, Jr., MD
 1985 H. Edw. Klemptner, MD
 1989 Floyd McSpadden, MD
 M. Y. Stokes, III, MD
 1990 Richard Sugden, MD
 1992 Benj. H. Word, Jr., MD
 1993 Paul A. Haight, DO
 1994 Ian Blair Fries, MD
 1995 Ramon J. Pabalan, MD
 1996 William R. Bernard, MD
 1997 Daniel R. Cooper, MD
 1998 Owen W. Brodie, MD
 2000 Bernard Heckman, MD
 2001 R. Alec Ramsay, MD
 2002 John R. Hunt, MD
 2004 David R. Mauritson, MD
 2006 Warren V. DeHaan, OD
 2007 Lawrence Gahagan, MD
 2008 Peter Sones, MD
 2009 Charles Reinninger, MD
 2010 Peter A. Bartlett, MD
 2011 Kevin E. Ware, DO
 2012 Douglas W. Johnson, MD
 2013 Roger B. Hallgren, MD
 2014 Frank W. Browning, MD
 2015 W. Kenneth Austin, MD
 2016 Ronald D. Craig, MD

Co-Pilot of the Year

1993 Dorothy Klemptner
 1994 Marsha Carlson
 1995 Jo Ann Drake
 1996 Ann Bernard
 1997 Pat Thompson
 1998 Art Nodecker
 1999 Sissie Miller
 2000 Pat Brodie
 2001 Ruth Ann Heckman
 2002 Merle Gahagan
 2003 Sally Justis
 2004 Lindsay Sones
 2006 Pam Towle
 2007 Diane Otto
 2008 Jean Browning
 2009 Jerre Hall

2010 Carrie Reinninger
 2011 Betty Hunt
 2012 Tina Tormes
 2013 Mary Briccetti
 2014 Ana Stransky
 2015 Cindy Mulvey
 2016 Margo Austin

Airman/woman of the Year

1960 Mr. George Haddaway
 1961 William Requarth, MD
 1962 Mr. Scott A. Crossfield
 1964 Mr. Leighton Collins
 1965 Mr. Ralph M. Harmon
 1966 Karl Frudenberg, MD
 1967 James A. Roman, MD
 1968 H.D. Vickers, MD
 1973 Forrest Bird, MD, PhD
 1974 Story Musgrave, MD
 1976 Captain Robert N. Buck
 1977 Mr. William K. Kershner
 1978 Carl J. Crane, Col. USAF
 1979 Curtis W. Caine, Sr., MD
 1980 E. Jeff Justis, Jr., MD
 1982 Mr. Paul H. Poberezny
 1983 Story Musgrave, MD
 1989 William R. Bernard, MD
 1990 H. Edw. Klemptner, MD
 1993 Kuros Tabari, MD
 1994 H. Schirmer Riley, MD
 1997 R. C. Thompson, MD
 1999 John Hastings, MD
 2004 Felix R. Tormes, MD
 2006 Michael Brothers, MD
 2012 J. Mac McClellan
 2014 Ronald A. Siwik, MD
 2016 David A. Mauritson, MD, JD

FPA Honorary Members

1955 Mark E. DeGroff
 (FPA Staff)
 1956 Col. Roscoe Turner
 A. Arroyo-Damian, MD
 R. T. Prieto, MD
 C. Zavala, Jr., MD
 1958 Col Wilbert H. McElvain
 1959 Mr. Leighton Collins
 Mr. Wm. T. Piper, Sr.
 (Commer. Support Mbr.)
 1960 Mr. George Haddaway
 1962 Mr. Scott A. Crossfield
 Mr. Jack Schuler

1963 Edward R. Annis, MD
 Mr. Najeeb E. Halaby
 (Commer. Support Mbr.)
 1964 Forrest Bird, MD, PhD
 Ralph W. Kenyon
 1965 Mr. Bernt Balchen
 1967 Mr. Richard L. Collins
 Mr. Ralph Nelson
 1968 Maj. Gen. Joseph Caldara,
 USAF
 1969 Mr. Max Karant
 1970 The Hon. Don H. Clausen
 1972 Mr. Joseph Diblin
 Mr. Don Flower
 (Commer. Support Mbr.)
 1973 Mr. Joseph E. Sidoti
 1974 Mr. Max Conrad
 1976 Wilbur R. Franks, MD
 Mr. James L. Harris
 1977 Mr. Joseph Tymczyszyn
 1978 Col. M. Y. Stokes, Jr.
 1980 Harriet C. & Al Carriere
 (FPA Staff)
 1982 Mr. Kenneth E. Sheets
 (Commer. Support Mbr.)
 1983 Dr. Victor B. Maxwell
 Dr. Geoffrey Fearnley
 Dr. Brian H. Pickard
 1984 Mr. Richard L. Taylor
 Dr. Silvio Finkelstein
 1986 Mr. Don Drake
 (FPA Staff)
 1991 Mr. Barry R. Smith
 1996 Warren V. DeHaan, OD
 Mr. Phillip Boyer
 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

LEADERS 2016 ANNUAL MEETING

FPA Board Members and Committee Chairs serve year-round, receiving no compensation, while giving selflessly of their time and talents to make critical decisions for the Flying Physicians Association. Discussions and disagreements alike are handled with professionalism and with a focus on what is in the best interests in the future of the organization.



2015-16 Board of Directors and Committee Chairs in Minneapolis: (front l-r) Mark Eidson, Felix Tormes, Mark Thoman, Gar Kenny, John Freitas, George Shehl, Trevor Goldberg, Roger Hallgren (rear l-r) Carl Simons, Richard Maier, Warren DeHaan, Dick Sloan, Doug Johnson, Randy Edwards, Al Briccetti, John Davis, Chuck Reininger



FPA Past Presidents at 2016 Annual Meeting (front l-r) Felix Tormes, Gary Eberle, Hal Renollet, Gar Kenny (rear l-r) Richard Sloan, Peter Bartlett



FPA Past President at Awards Celebration (front l-r) Felix Tormes, Hal Renollet, Frank Browning (rear l-r) Gar Kenny, Richard Sloan, Peter Bartlett

The Unsung Leaders

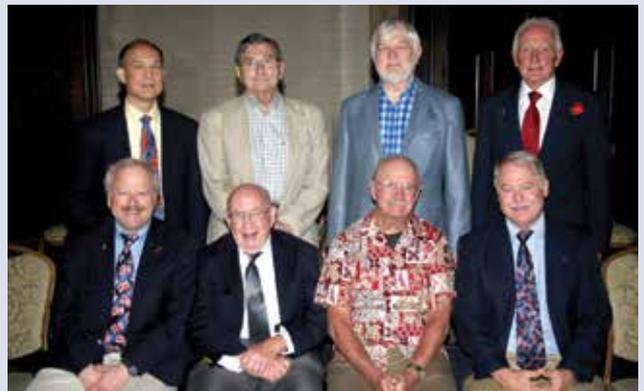
Each physician-pilot serving as President of the Flying Physicians Association quickly appreciates their partner, the Right Front Seaters Chair. Not only is the RFS Chair working diligently on the Annual Meeting Fund Raiser, they often handle many of the behind-the-curtain tasks and detail work for their travel during the year, arrangements for the Annual Meeting and decisions on the RFS activities and involvement in the meeting. The RFS Chair is the true 'Jack of All Trades,' creating magic with smoke and mirrors. The physician-pilot is elected President; their partner maintains the balance, steers the ship, and packs the bags while keeping all the home fires burning. The President may be the quarterback, but the RFS Chair is the one on the defending line, running interference and clearing the path.



Past Presidents with their RFS Chairs (l-r) Tina and Felix Tormes, Curtsy and Gar Kenny, Jean and Frank Browning, Alice and Ricard Sloan, Suzie and Peter Bartlett, Donna and Hal Renollet

COMMITMENT

Over the years a significant number of FPA members made a commitment to become Life Members. Their continued support and efforts on behalf of the organization are visible in their presence, their willingness to serve as leaders and their dedication to the organization.



Life Members attending the 2016 Annual Meeting: (front l-r) George Shehl, Roger Hallgren, Frank Browning, Mark Eidson (rear l-r) Mike Lam, Al Briccetti, Mike Boyer, Doug Johnson

PTSD ● Perspectives of a Navy ● Psychiatrist with the Marines

George L. Cowan, MD, MS
CDR, MC (FMF), USN
2016 FPA Tabari Award Recipient



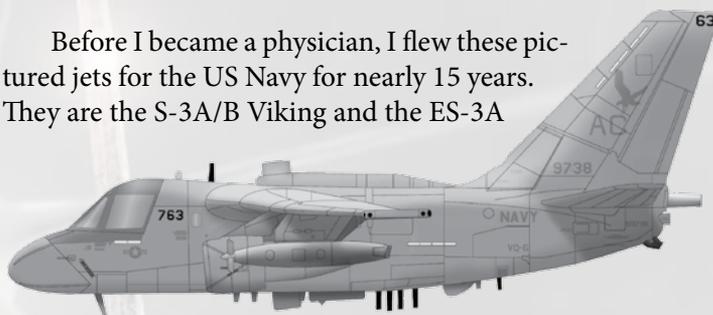
Disclaimers

The opinions expressed in this presentation are solely those of Dr. George L. Cowan and not necessarily those of the U. S. Department of Defense. The Department of Defense does not guarantee the accuracy or reliability of the information provided herein. Dr. Cowan has no financial or other conflicts of interest to declare. Reference to and/or recommendations for off-label use of drugs will be clearly stated.

Good morning, and thank you for the opportunity to speak before this National Meeting of the Flying Physicians Association. Just a few words about myself to provide perspective:



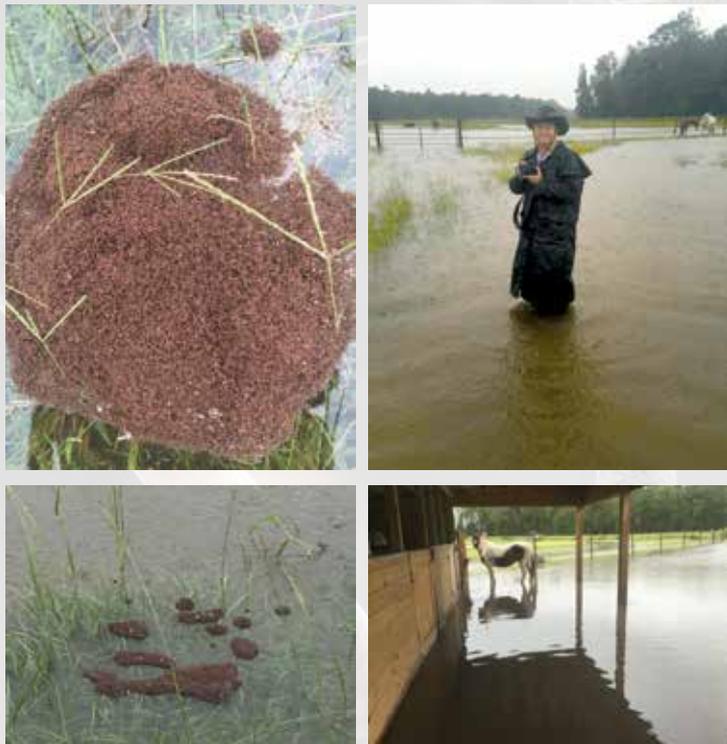
Before I became a physician, I flew these pictured jets for the US Navy for nearly 15 years. They are the S-3A/B Viking and the ES-3A



Shadow. The S-3A/B was a good and very capable, sturdy turboprop aircraft. For the Shadow, they added over 60 antennas to the airframe and increased the overall weight but did not increase the thrust of the engines. It resulted in no single-en-

gine ability off the catapult. Perhaps that stress is why I went into psychiatry!

Speaking of stress, those among you who attended the regional meeting in Chattanooga, Tennessee, last October probably remember the fierce storm that ravaged South Carolina for several days. Few of us were able to fly into that meeting. When I drove home from the meeting, this is what was waiting for me at our farm.



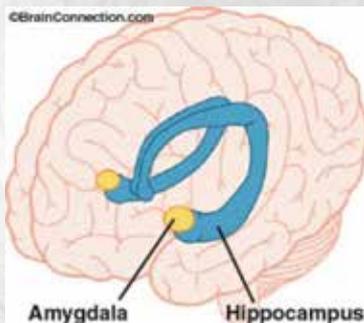
The water in places was so deep in the pastures that small fish were swimming about us as we fed the horses. There were numerous rafts of red fire ants floating all about the place - quite a survival instinct for such an annoying pest.

Before addressing PTSD, let's briefly tour the anatomy that is involved with traumatic memories and emotions.

BRAIN ANATOMY AND MEMORY/TRAUMA

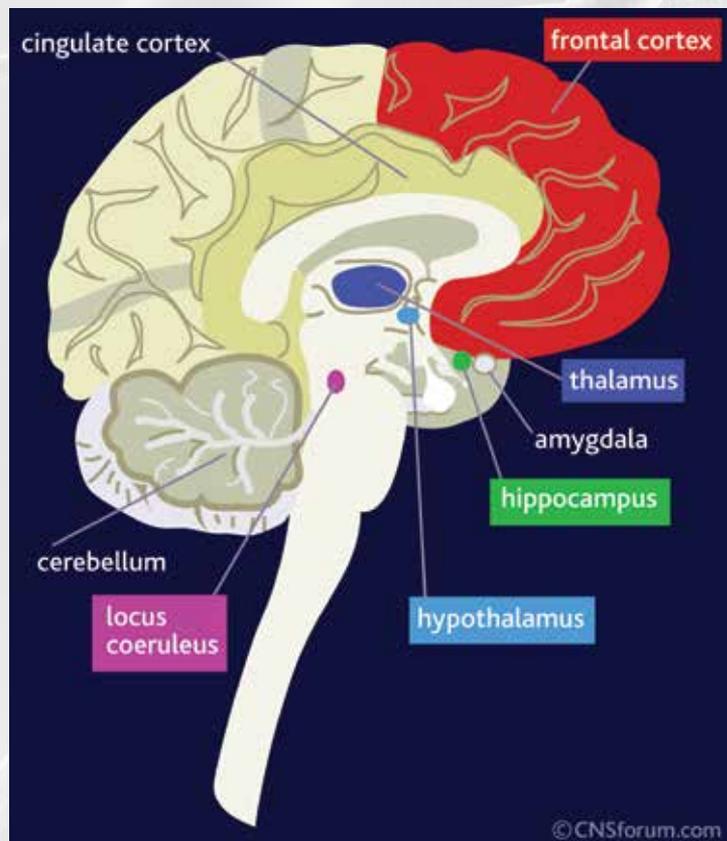
The hippocampus is a key player in forming our memories of experiences. It is constantly recording our environment and the events taking place around us. We do not have any conscious control of what it records.

It works closely with the amygdala which puts the "feelings" into the memories. Note that the emotional content of the amygdala combined with the memories from the hippocampus can overwhelm our "thinking brain" in our frontal lobes. This is a key element in stressful reactions of people and how they can recur.



Stress Response

As the memories of an emotional, stress-inducing event flood the frontal cortex, our natural stress response kicks in. The thalamus, hypothalamus, and locus coeruleus coordinate to produce our very familiar "flight-fight-freeze" stress response.



Epinephrine/Norepinephrine (fight/flight/freeze)

- Peripheral vasoconstriction
- Mydriasis
- Decreased peristalsis
- Bronchial dilatation
- Parasympathetic backlash: body's attempt to maintain balance
- Associated with etching of memories

Cortisol

- "Stress hormone" regulates or modulates many of the changes that occur in the body in response to stress
- Implicated in damage to neuro structures and depressive symptoms

Neuropeptide Y

- Anxiolytic actions reduce anxiety/stress, reduce pain perception and affects circadian rhythms

This reaction, which includes increased heart rates and respiration, elevated blood pressures, peripheral vasoconstriction

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tion and an often-noticed involuntary sweating serve to increase the involuntary signals to further increase the body's stress response. The result of this can be an exponentially increasing distress that can rise to levels of disability if it is allowed to progress that far.

The question then becomes, "Why does our brain do this?" It is simple. Our ancestors, long before formal language and the written word, needed to remember what was dangerous and life-threatening. It was essential for their survival.



The pictured "caveman" is fighting the dreaded, saber-toothed tiger. He wants to live, but must remember, or at least recall, what he did that got him into this dangerous situation. His hippocampus is recording the event, and his amygdala is flooding that recording with the emotional content. Simultaneously his autonomic response is getting ready to either fight the tiger or flee. He is already frozen at this moment.

He wants to live and see another day. He wants to get out of this predicament. Why? The reason is:

It comes down to this. He has a mate waiting for his return. He wants to be with her and make more cave-men! It is how his brain works.



HISTORY OF ARMED CONFLICT

Consider the history of armed conflicts, and what we have observed over many years.



Some of the first records of combat-related stress are found among Swiss mercenaries. The soldiers were observed withdrawn and reticent after returning to their homeland. Emotions originated in the heart according to commonly-held beliefs, and these symptoms were called "soldier's heart". While we do not have rates of prevalence or severity, it was noticeable at the time.

This continued over the following centuries in some form or another without much change. Warfare itself did not change significantly over that time, other than developments such as gunpowder and evolutionary changes in tactics and strategy.

In the nineteenth century, the Industrial Revolution took place. As machines and factories brought advances to civilization, so too did the Industrial Revolution bring machinery and advanced tools to the battlefield.

The American Civil War was arguably the first Industrial Age war. The machine gun was introduced, and massive rates of slaughter were now available. Railroads were used extensively by the combatants in what we now call maneuver warfare.



The same symptoms - detachment, reticence, disturbing memories and nightmares - were observed among the soldiers. By that time, it had been determined that the source of emotions was our brains. It was postulated that these symptoms were a result of the jarring effect of riding in railway cars. The concept was the brain was affected by the rough rides, and the jostling was transmitted to the brain through the soldiers' spines, hence the term "railway spine".



Warfare took another turn in the Great War of 1914. It was an even more industrial war than the American Civil War. Tanks replaced horses, radios replaced telegraphs, and planes replaced balloons. Planes were used first for simple observation but, soon pilots were dueling, and aerial combat ensued.

Chemistry had also developed rapidly in the late nine-

teenth century. By the time the Central Powers and the Allied Powers mobilized over 70 million military personnel into the trenches of northern France, chemistry had made its way into munitions and chemical warfare was introduced.

Soldiers returning from the trenches and fields of fighting once again exhibited the symptoms their predecessors displayed. Now it was called “shell shock”.

The Second World War (1939 - 1945) involved over 100 million people in some 30 countries. Technologies had been advancing prior to hostilities, but once again advances in engineering, manufacturing and the sciences translated again into weapons of war. Planes were faster and carried larger loads. Submarines wreaked havoc on convoys. Ships were larger, more formidable and, with the use of newly developed radar ranging, could fire over the horizon and hit their targets. Proximity fuses with microwave sensors made anti-aircraft artillery a deadly foe to attacking bombers. Rutherford’s model of atoms in 1911 started the path to our eventual use of “Little Boy” and “Fat Man” to end the fighting.



This time, the symptoms seen earlier among the soldiers, sailors, airmen and Marines earned the moniker “combat fatigue”.



Only five years later, we were once again in a fight as Communists attempted to take over the Korean Peninsula in what has been called the “Forgotten War”. This proxy war between West and East brought its own developments. Helicopters matured, and jet aircraft fought it out in the skies as tanks and artillery improved their striking power.

The soldiers and Marines returning from Korea exhibited the same set of symptoms seen so many times before.

American military advisors started to slowly arrive in French Indochina in the 1950’s. Our military presence grew and we once again found ourselves in a fight - the Vietnam War - battling Communist forces.



Technologies and materials engineering brought advances to these battlefields (for both sides) as well. While the M-16 was debated in its introduction, nobody doubted the surface-to-air missile threats were real. American forces withdrew in 1973 as helicopters evacuated the American Embassy rooftop.

Returning Vietnam veterans felt the same set of symptoms as before but now, while not “forgotten” like their fathers were a decade before, they were routinely despised by their countrymen on returning home to the United States. Counsellors and therapists noticed the symptoms and soon began calling it a disorder, as if something was wrong with these veterans. Post-traumatic stress disorder (PTSD) was coined and cited as the culprit.

Low-intensity battles and conflicts followed for American military personnel over the next few decades. (Try telling anyone involved in a firefight or getting shot down by an enemy fighter that they were in a “low-intensity” fight. It won’t be appreciated.)

Then the world turned upside down with the attacks of 9/11. Once again America went to war.



Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) ensued. This time the battlefields were less defined. Once a soldier was in either country, there was no effective “rear area” as in previous wars. Asymmetric warfare was employed to levels that challenged U.S. forces daily. Suicide bombers, improvised explosive devices (IEDs), and a clash of cultures were fought using drone aircraft, increased standoff munitions, and improved night / thermal vision devices carried by almost every “trigger-puller” in the fight.

Significantly, casualty rates plummeted in OIF and OEF compared to previous wars. Emergency trauma medicine coupled with effective, near-immediate medical evacuation to surgical teams (that were supported by a global patient transport system) resulted in a survival rate over 98% for wounds not instantly fatal. I spent most of 2010 tending to Marines aboard Camp Leatherneck and Camp Bastion in the Helmand Province in Afghanistan. We have every reason to be proud of our warfighters.

I recall Marines coming to see me after surviving an IED blast with resulting headaches, sensitivity to light, and heightened levels of anxiety. They were more afraid of “the PTSD” than the Taliban outside the wire.

While in Afghanistan, I obtained a copy of the September 2010 Smithsonian Magazine. An article titled, “The Shock of War”, by Caroline Alexander, recounted newly found medical recuperation records of British soldiers from World War One. Other than the British spelling and some of the methods employed by their physicians, I could have easily been reading a note about the Marine I had seen a few minutes earlier. It was amazing to see the similarities between patients nearly 100 years apart from each other and in entirely different conflicts.

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What Has Changed?

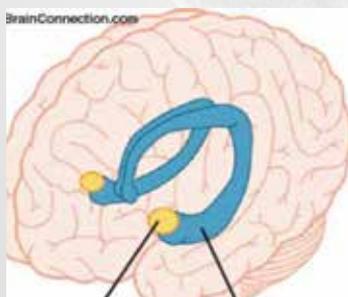
- Speed of travel
- Stand-off distances
- Increased firepower/weapon effects
- Information (quantity, access – NOT quality)
- Tooth-to-tail ratios
- Survival rates

These are some of the things that have changed over the years. Speed has increased. A killing blow is no longer dealt only face-to-face. Firepower is such that smaller teams of Marines now have incredible abilities against the enemy. While information has increased and is readily available, the quality of information still suffers. The “tooth-to-tail” ratio is the number of supporting troops needed for every single, outside-the-wire Marine or soldier, and it has increased vastly. Formerly about 8:1, it has ballooned to about a 20:1 ratio. The improved survival rates are indeed a good thing when compared to previous times.

What Has NOT Changed?

The human mind has not changed since those Swiss mercenaries suffered with their soldiers' hearts.

Neither has our motivation for survival. We still want to get home to her or him.



DSM-IV ⇔ DSM-5

- 2013
- “Anxiety disorders” ⇔ “trauma and stressor-related disorders”
- 3 clusters of DSM-IV ⇔ 4 clusters in DSM-5:
 - o intrusion
 - o avoidance
 - o negative alterations in cognitions and
 - o mood alterations in arousal and reactivity

In 2013 the DSM-IV-TR was updated to the current DSM-5. It is a compilation of expert opinions collected together from working committees. Formerly, PTSD was considered a subset of Anxiety Disorders. It has been removed from that label and placed into its own category of Trauma and Stressors-Related Disorders. Along with that move, there are now four clusters of symptoms that, when combined, are considered the diagnostic criteria for PTSD.

Prevalence in the USA

- Lifetime – 6.4-6.7%; females-14%; males-6%
- 12-month – 3.5%
- Varies across cultural groups
- Higher among professions associated with trauma
- Lower among older adults

It is estimated 80% of the general population in the United States will experience at least one significantly traumatic event in their life. The lifetime prevalence of PTSD in the United States is overall around 6.4-6.7%, while in a year it is about 3.5%. Variations are found among cultural groups. Those involved in trauma associated professions demonstrate a higher prevalence than non-trauma associated jobs. Finally, as we get older, the prevalence of PTSD onset becomes lower.

PTSD among veterans

- Previously reported range 5%-32% (!?!)
- Poor methodologies
- Differing metrics
- Politics?
- Money?

Among veterans, however, the prevalence of PTSD varies between 5% to as high as 32%. This is quite a variation and it could be due to a number of factors. More than likely, poor methodologies and differing measures are responsible for this wide range.

Dare I suggest something more nefarious? Could it be political? Could it be an issue with money?

In a 2014 study “Posttraumatic Stress Disorder in the US Veteran Population: Results from the National Health and Resilience in Veterans Study” published in The Journal of Clinical Psychiatry, Wisco and co-authors looked at US veterans in a reasonable and balanced study. He found these rates which, to me, seem more believable.

- Estimated lifetime prevalence – 8%
- Lifetime prevalence highest vs. general population
- Female veterans 19.4% vs. 9.7%
- Veterans 21-29 y/o 23.8% vs. 6.3%

Among combat veterans

- Light-to-moderate levels of combat exposure = relatively low probability
- Moderate-to-heavy and heavy levels of combat exposure = high probability

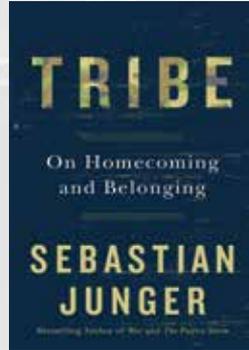
These conclusions are rather obvious, but should be recognized. Light-to-moderate combat exposure is something I would expect from a patient whose job did not include actively fighting the enemy, i.e., someone who stayed “inside the wire” while in the combat zone. They might have some exposure to indirect fires (eg: mortar attacks, etc.), but the likelihood of PTSD from combat is quite low. A Marine who regularly patrolled in enemy villages or drove convoys in enemy territory could expect moderate-to-heavy combat exposure. Be aware that not every convoy gets attacked, and many foot patrols are uneventful. Not every combatant experiences combat.

In the Wisco study it is recommended that the examining physician consider the extent of combat exposure when screening for PTSD in combat veterans, and that PTSD may

result from a broad range of both military and nonmilitary traumatic events in this population. When faced with a veteran displaying possible signs of PTSD, a physician should try to discern how much combat was experienced. Many times I am faced with Marines whose PTSD has nothing to do with their military experiences.

Observations

I recommend a recent book, Tribe: On Homecoming and Belonging, by Sebastian Junger, published in 2016 by Hachette Book Group. He is also the author of the book Restrepo, which was made into a movie. Junger spent a year living with Army soldiers in Afghanistan, and he makes some interesting observations.



“Thirty-five years after acknowledging the problem, the US military now has the highest reported PTSD rate in its history – and probably the world. American soldiers appear to suffer PTSD at around twice the rate of British soldiers who were in combat with them. The United States currently spends more than \$4 billion annually in disability compensation for PTSD, most of which will continue for the entire lifetime of these veterans. Horrific experiences are unfortunately a human universal, but long-term impairment from them is not, and despite billions of dollars spent on treatment, roughly half of Iraq and Afghanistan veterans have applied for permanent PTSD disability. Since only 10 percent of our armed forces experience actual combat, the majority of vets claiming to suffer from PTSD seem to have been affected by something other than direct exposure to danger.” p. 87

While I likely disagree with him on some of his politics, I found myself nodding my head in agreement as I read this easily digested book. I particularly liked his thought,

“The problem [of PTSD] doesn’t seem to be trauma on the battlefield so much as reentry into society”. p. 90

“Today’s veterans often come home to find that, although they’re willing to die for their country, they’re not sure how to live for it.” p. 124

Different Perspectives: Industrial Mental Health vs. Community Mental Health

Perhaps my divergent perspective from my non-military peers is that I view my current role as one of providing Industrial versus Community Mental Health to my patients.

Whereas my peers in the community at large have no real concern for the job their patient holds, if they have a job at all,

I must pay attention to what that Marine does for a living. It bears directly upon what I can and cannot do for that patient. I am not only treating that Marine, but also his command.

Different Missions

- Department of Defense – to provide the military forces needed to deter war and to protect the security of our country
 - o USN – to maintain, train and equip combat-ready Naval forces capable of winning wars, deterring aggression and maintaining freedom of the sea.
 - o USMC – America’s expeditionary force in readiness since 1775...forward deployed to respond swiftly and aggressively in times of crisis...soldiers of the sea...global leaders...”First to Fight” and our nation’s first line of defense.
- BuMed – keep the Navy and Marine Corps family ready, healthy and on the job.

Note the missions of our military, the Navy, our Marine Corps and the Bureau of Medicine - there is a consistent emphasis on being able to do the job, fight and win.

The Veterans Administration has a vastly different mission statement -- to fulfill President Lincoln’s promise “To care for him who shall have borne the battle, and for his widow, and his orphan” by serving and honoring the men and women who are America’s veterans.

I insert this information to ease any confusion among my peers. Unfortunately, since we are forced to employ quite a few mental health providers who lack military experiences, I often have fellow mental health professionals who naturally lean toward the community model of care when treating Marines. This frequently results in confusion and problems for Marine commanders that otherwise could have been avoided.

So I am making some very basic observations and recommendations.

- Military service does not equal PTSD.
- Acute stress/normative stress does not equal PTSD.
- Alcohol use disorders are a frequent comorbidity with PTSD
- Life events occur.
- PTSD “sells”

In my opinion, “PTSD” is a sure thing for advertisers and the media. So few of our countrymen have any connection at all with the military (less than 1-2%), that the media and entertainment industries can easily guide the gullible into patently false pretenses.

In regard to public opinion, please read below from an article written by Gersh Kuntzman, NY Daily News, Wednesday, June 15, 2016:

“What is it like to fire an AR-15? It’s horrifying, menacing and very very hard.

Continued on next page ⇨

“I’ve shot pistols before, but never something like an AR-15. Squeeze lightly on the trigger and the resulting explosion of firepower is humbling and deafening (even with ear protection).

“The recoil bruised my shoulder, which can happen if you don’t know what you’re doing. The brass shell casings disoriented me as they flew past my face. The smell of sulfur and destruction made me sick. The explosions – loud like a bomb – gave me a temporary form of PTSD. For at least an hour after firing the gun just a few times, I was anxious and irritable.

“Even in this semi-automatic mode, it is very simple to squeeze off two dozen rounds before you even know what has happened. If illegally modified to fully automatic mode, it doesn’t take any imagination to see dozens of bodies falling in front of your barrel.”

While not an article about combat, this irresponsible article came out as I was preparing for this presentation. The mere suggestion that shooting a .22 caliber AR-15 gives one a “temporary form of PTSD” belies a complete misunderstanding of the diagnosis. This made it past at least one or two editors and was published. It is a blatant example of how poorly our society considers this issue and, by extension, its regard for our military.

- PTSD does not equal deviant behaviors.

I am regularly asked by lawyers if a Marine’s diagnosis of PTSD explains his breaking a law or bad behaviors. This constantly amazes me as a psychiatrist.

The determination “Not Guilty by Reason of Insanity” is a legal issue and not a medical diagnosis.

Absent any frank psychosis or lack of reality testing, the mental health patient is responsible for bad behaviors. I will grant that a psychiatric diagnosis might have some effect on behaviors such as a manic episode or schizophrenic break; the symptoms of PTSD do not. PTSD does not explain law breaking and should not be used as a defense tactic.

- The Politics of PTSD

“Politics” (päl tiks) word origin as stated by one contributor in Urban Dictionary*:

from the Latin “poly” meaning many, and “tics” meaning blood-sucking parasites*.

PTSD vs. TBI

- Overlapping symptoms
- Very hard to quantify/verify

- Hx of concussions increases likelihood
- Impact TBI vs. blast TBI

We should recognize that there is a confounding overlap of symptoms between PTSD and Traumatic Brain Injuries (TBI).

A recent small case series published in The Lancet Neurology, “Characterisation of interface astroglial scarring in the human brain after blast exposure; a post-mortem case series” (June 9, 2016), found differences in brains exposed to a blast wave TBI (as from an IED) when compared to impact TBI brains. The scarring was found at structural boundaries in the brains. Interestingly, these structural boundaries were at the hippocampus and amygdala areas of the studied brains. I am intrigued this could be significant in understanding the PTSD vs TBI issue.

RECOMMENDATIONS

1. Avoid BZDs

In a patient with suspected PTSD, please AVOID prescribing any benzodiazepines. They tend to “cement” the symptoms and make recovery difficult.

2. Eliminate EtOH use

Likewise, encourage your patient to eliminate alcohol use. In a very simplified way, alcohol tends to “reward” the bad behavior of the brain to producing the symptoms we know as PTSD.

3. Advise sleep

Sleep is incredibly important and yet so often overlooked in our patients. Encourage sleep hygiene. Inform patients of resources they can use, such as free smart phone applications. I recommend one called “SLEEP TIME” for use with either Android or iPhone systems. These are not nearly as good as sleep studies, but they are easy to use and can help a patient understand their sleep patterns that are frustrating.

A large component of PTSD sufferers are the nightmares that can flow into their sleep. These are natural and are a means for the primitive, no vocabulary, human brain to remember the dangers that have threatened it and to avoid them in the future.

Low-dose alpha blocker (off-label)

If your patient is in relatively good health and has no contraindications, off-label alpha blockers (eg: prazosin) can be used to reduce the autonomic hyperactivity related to nightmares and allow the patient to remain asleep. I use it to “re-train” the brain that it is sleeping that the nightmares are not real. The relaxation of smooth muscles throughout the body appears to send a negative feedback signal to the brain that reduces the fight-flight-freeze signals that accompany nightmares.

4. SSRIs: Sertraline, citalopram, escitalopram, fluoxetine

*Urban Dictionary is a crowdsourced online dictionary with definitions written by everyone. It was originally intended as a dictionary of slang, or cultural words or phrases not typically found in standard dictionaries, but it is now used to define any word or phrase.

In authorized dictionaries, ‘politics’ is Greek in origin from Aristotle’s books on cities, rendered in English in the mid-15th century as Latinized “Poletiques”. Thus it became “politics” in Middle English.

These SSRIs are relatively good for treating the anxiety symptoms of PTSD. You may note these are also the SSRIs the FAA is now allowing aviators to use.

5. Professional Counseling

The most effective form of medicine for PTSD is quality, professional counseling. I do make it the point, however, that not all counseling is the same.

If the trauma for a patient is military or combat in nature, then I find a counsellor who has some experience or ability to address the service-related trauma. If the trauma is something not military service related, then I will look for counsellors specializing in those traumas instead.

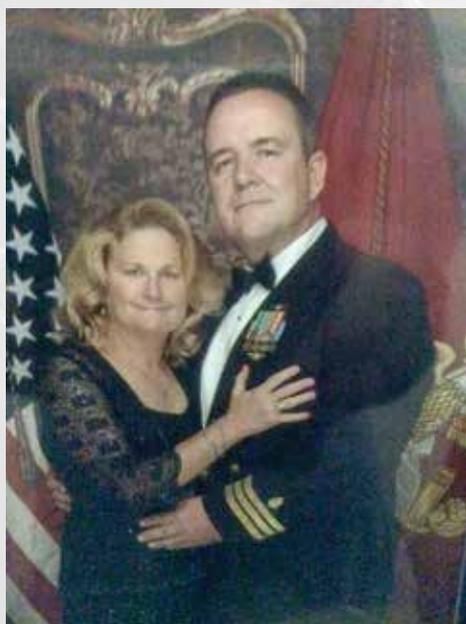
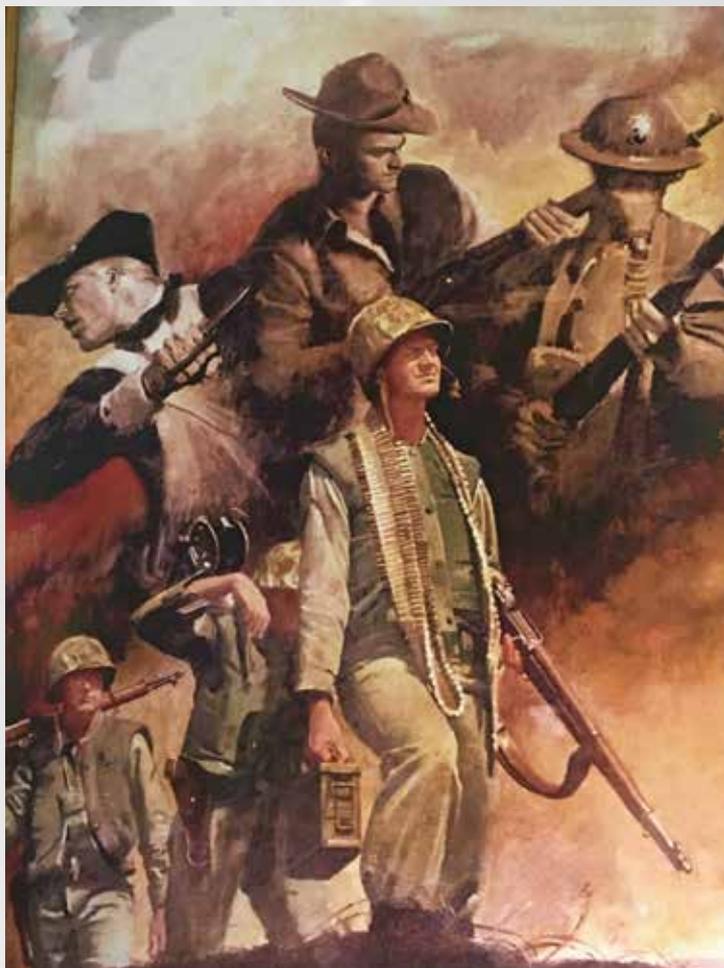
Considering there are very few mental health professionals within the military or who have military experience, finding a good counsellor for a veteran, even within the VA, can be a challenge.

6. Treating PTSD Takes Time

Finally, recognize that meeting and overcoming the challenge of PTSD takes time. There are no quick fixes for this diagnosis.

One last thing. If you meet a veteran, please don't insult them. Instead of saying some empty platitude like, "Thank you for your service", try engaging them with something different and actually encourage a healthy, open discussion about their military service. You'll be surprised by what you'll learn. Our warfighters deserve our respect and admiration.

I am regularly humbled by the Marine patients I treat.



ABOUT THE AUTHOR:

George L. Cowan, MD, MS, is a 30+ year active duty US Navy psychiatrist currently assigned as the Division Psychiatrist for the 2d Marine Division at Camp Lejeune, NC. A graduate of The Catholic University of America in Washington, DC, he was initially a Naval Aviator for the first half of his career, flying the ES-3A Shadow and the S-3A/B Viking aboard several aircraft carrier deployments. He transitioned to the Medical Corps and graduated from the Uniformed Services University of the Health Sciences (USUHS) in 2005. CDR Cowan deployed to Afghanistan with the USMC in 2010 and helped establish nascent TBI therapies while running a Combat Operational Stress Control clinic aboard Camp Leatherneck.

Dr. Cowan is a member of the FPA Dixie Chapter and flies a Mooney, N201PV. His aircraft home is 51J/KMRH. He soloed in 1986 and currently has 2800 hours flight time. He is certified IFR, COMM, MEL and Instrument rated.

He is a hobby farmer with his wife, LtCol (ret) Kim Cowan, RN, a USAF Reserve Flight Nurse, in South Carolina where they tend to numerous horses, dogs, fish, and all sorts of feathered friends. Both are awaiting George's eventual retirement from the Navy so he can finally live with his bride, be a country doctor, and work towards becoming a master beekeeper.

Contact the author with questions or comments: shadow722@aol.com

CHARITY – CONNECTING THE DOTS

Flying Compassion Flights

Written by:

Gareth Eberle, MD, FPA Past President
Holly Christini, President,
INTO THE HEART INTO THE HOME

GARY EBERLE, FPA MEMBER: *I volunteered for a Lifeline Pilot flight on August 13th to return a pediatric patient, Yvan Youan, from Iowa City to a host mother's home in Michigan after he underwent a second corrective surgery for his club foot deformity. It was one of my more gratifying missions. The following is the story behind Yvan Youan's corrective surgery.*

My name is Holly Christini, and I have been a host mom four times with an organization called Children's Medical Missions West, based in Lima, Ohio. After hosting my second child, I decided to start my own organization to specifically focus on the child's needs as well as their family's needs when they return home. My organization is called Into the Heart Into the Home, a nonprofit 501c3.

Each child that comes to the United States with Children's Medical Missions West is receiving donated medical care, and it changes their life. In their home country, these are children unable to receive the specialized care needed, and they have been accepted by a US doctor willing to donate their services. These are pictures of one child I hosted and show how this network of volunteers changes the outlook for her future.

Once treatment in the US is complete and the child is ready to return home, I personally accompany them to reunite with their family. Our mission is to provide them a solar Bible*, water filters, mosquito netting and education for the entire family, all designed to better their lives.

Yvan Youan is a 3-year-old-boy born with club feet, and he is from the Ivory Coast of Africa. His father left the family because of his son's deformity. Yvan was put into hiding for 3 years by his grandmother, literally to save his life. Many chil-



Two Host 'Moms' with patient Yvan Youan and FPA member, Gary Eberle

(L-R: Gary Eberle, Holly Christini and Amy Northrup cradling patient, Yvan Youan)

dren are killed in that part of the world if they are born with a deformity.

After arriving in the USA, Yvan had his first surgery in Ohio. Unfortunately it failed to help his feet, and we prayed for another doctor to accept his care for a second opinion. The answer came from a friend, Donnell Weaver. Her son also had club feet, and Donnell was instrumental in helping us make contact with a specialist and in reaching out to Lifeline Pilots. One of the top US doctors for club foot care is based in Iowa. His name is Jose Morcuende, MD, PhD. He is a pediatric orthopedic surgeon at the University of Iowa Hospitals and Clinics, and he accepted Yvan's case.

It is costly to transport Yvan with his US host mothers from Ohio to Iowa and then to Michigan, but pilots volunteering with Lifeline made the journey possible. I was the host

*The 'solar Bible' given to the families is called a *Proclaimer*, an *audio* Bible recording in their language since many of the families cannot read or write. The player arrives with a battery that can be charged through both the built-in solar panel and hand crank, or via an included AC adapter. It will play for 15 hours. The solar panel, in addition to charging the battery, will run the Proclaimer even without battery power as long as there is sunlight.



This is Amy Northrup's first time helping with hosting and she wants to host the next child.

(L-R, Amy Northrup, Yvan Yuan, Holly Christini)

mother in Ohio. Amy Northrup is Yvan's new host mother in Michigan at their vacation home. This was Amy's first host assignment, and she has already volunteered for the next one!

Yvan's medical visa expires January 11, 2017, and the doctor recommended that Yvan stay and gain as much strength as possible prior to returning home. Yvan will be returning to the Ivory Coast in January, 2017, to reunite with his family. We are forever grateful for everyone working together for this little boy.



Yvan Youan and Holly Christini in flight



These 3 children are celebrating a birthday. The young birthday boy in the orange shorts is Nabon. He is from Burkina Faso and is hosted in Toledo. Nabon arrived in the US with very crooked legs, bad hip and a hernia. He left the US in late August to return home. The

other child is Achiga. He was from Haiti and is also hosted. His medical condition evolved into lifelong treatment, and he was subsequently adopted with the blessings of his parents in Haiti, and they still keep in contact. His health continues to be good. Yvan is in the casts.

GARY EBERLE, FPA MEMBER: *Yvan is recovering nicely, and I will be flying them from Michigan back to Iowa on September 18th for the cast removal.*

Gary Eberle and Holly Christini invite you to contact them with questions about Yvan, Lifeline Pilots, Childrens Medical Mission West and Into the Heart Into the Home. Contact information is provided below:



Nabon blows out candles with the assistance of Achiga.

Holly Christini

President, Into the Heart Into the Home
118 Orchard Court
Galion, Ohio 44833
419-295-3074

(Holly is a nurse at Ohio Health Shelby Hospital labor and delivery for 18 years. She is married to Mick, and they are parents of two teenagers, Lindsey and Vincent.)

Gareth Eberle, MD

FPA Past President 2012-13
Lifeline Pilot volunteer
815-623-6477 or 815-262-1660
gaeberle@gmail.com

(Gary and Sylvia Eberle live in Roscoe, IL, and he is an anesthesiologist with Rockford (IL) Health Physicians. An active pilot with over 4800 hours, he flies a Beechcraft 58P Baron, N831GE. He is instrumented rated and certified IFR, MEL and SEL)

Amy Northrup

Sylvania, Ohio
(Amy is co-owner of a commercial cleaning business. She is married to Reeves, and they are parents to three grown children, Abigail in Charlotte, NC, Tripper and Victoria, graduates of Ohio State and both living in Columbus, OH. Now empty-nesters, Reeves and Amy missed all the home activity and will be hosting children in the future.)

Lifeline Pilots

<https://lifelinepilots.org/>
800-822-7972.

Tri-Chapter Fall Meeting Northeast, Great Lakes and Dixie Chapters

**Sheraton Hotel at the Falls
Niagara Falls, New York**

September 15 – 18, 2016

Contact: Dr. James and Terry Timoney
207.777.5395 or 207.576.5943
jtortho@aol.com tdlrn43@aol.com



A popular spot for getting wowed or soaked amid natural splendor, Niagara Falls attracts curious spectators from around the world. The splendid main attraction - more than six million feet of water cascading over a rocky crest - sits partially in the United States and partially in Canada.

Venues like the Aquarium of Niagara offer fun and engaging alternatives, after or in between visits to the Falls. Outdoor recreation such as hiking, biking, and fishing are available at the Niagara Falls State Park.

The storied history of attempts to conquer the majestic Falls is captured at the Daredevil Museum; the Schoellkopf Museum concentrates on the history and geology. There's more to the Falls than, well, the Falls, including a wide array of dining options, from budget to upscale. This awe-inspiring region makes for an exhilarating and multi-faceted getaway.

Insider tip: The Falls are also beautiful at night, and fireworks are displayed every Friday night at The Falls.



GETTING AND STAYING THERE

Buffalo Niagara International Airport (BUF), 25 minutes from the Sheraton Hotel.

THE HOTEL

Sheraton at the Falls Hotel, Niagara Falls, NY, is ideally situated in the heart of downtown—adjacent to the Seneca Niagara Resort where you have the opportunity to see great entertainment in the lounges and at their theater.

A short walk from the Sheraton

takes you to the falls, as well as the Canadian border. Toronto is a 70-minute drive.

In addition to its restaurants, Sheraton offers a Starbucks® coffee shop, room service, heated indoor pool, 24-hour fitness room, and 24-hour business center. All guest rooms, common areas, and meeting spaces are equipped with complimentary High Speed Internet Access.

ADDRESS: 300 Third Street, Niagara Falls, NY 14303

PHONE: 866.961.3780

RATE: \$149 per night

CUT-OFF DATE: August 25, 2016 or when FPA block is filled.

PARKING: \$10 per night per car with unlimited in and out privileges.

MEETING SCHEDULE

Thursday, September 15, 2016

Arrival Welcome Reception

Friday, September 16, 2016

7:00 am Breakfast

8:00 am – 12:15 pm

Morning CME Session

Afternoon: Group Tour

Saturday, September 17, 2016

7:00 am Breakfast

8:00 am – 12:15 pm Morning

CME Session

Afternoon: Free to explore on your own

6:30 pm Group Hospitality

7:15 pm Farewell Dinner

Sunday, September 18, 2016

Individual departures

Chapter scientific and aviation schedule will be posted online and in future publications.

CHAPTER MEETING REGISTRATION CANCELLATION

Make cancellations 14-or-more days prior to the meeting commencement with the FPA Headquarters office: (936) 588-6505, or ahenderson@FPAdrs.org. Cancel registration in the 2 weeks immediately prior to the meeting with the chapter planners. Cancellation fees may include nonrefundable deposits, event guarantees, and other charges. The Chapter officers determine the amount charged for late cancellation after review of the meeting finances.

FPA MEMBERS – INVITATION TO SERVE

TO: FPA current and past members
FROM: John Freitas, MD, Samaritan Service Committee
RE: Volunteers needed on Saturday, October 29.

For FPA members, especially those west of the Mississippi who like to combine flight time with healthcare delivery, please consider this opportunity to participate in a one-day medical clinic. It is scheduled on October 29th, Saturday, in Acuna, Mexico, a border town, across the Rio Bravo, from Del Rio, TX.

A nice airport, (KDRT) awaits with good FBO services. The trip is organized by Adonai Missions Outreach, and you don't need to hablo espanol to participate. See more details in the attached invitation.

SPECIAL INVITATION TO FLYING PHYSICIANS ASSOCIATION MEMBERS

Adonai Missions Outreach (AMO) is partnering with the City of Acuna to provide a free medical clinic on October 31, 2015 for the people of Acuna, Mexico.

Our mission trip last year was a great success. Like last year, the City of Acuna provides the clinic building (with private facilities for volunteers), several doctors from Mexico, high school students to help interpret and a catered lunch.

AMO provides nursing staff, a pharmacist, volunteers, and all medications for the pharmacy including prescription medications (blood pressure medications, antibiotics, oral diabetic medication, etc.) as well as OTC medications (vitamins, pain relievers, cold and allergy medications, etc.).

Our current physician is unable to be part of the mission trip this year and we need an American physician to make our mission trip complete.

The clinic is part of a city health and family event that includes other free activities on the grounds such as eye exams, dental exams, haircuts, etc.

With the clinic being held in Mexico I know safety might be a concern. Fortunately the event is organized and attended by Acuna's First Lady. There is an armed guard presence as well as a police booth at the event.

We usually spend the night in Del Rio, TX, which has an airport, then cross the border to Acuna, Mexico.

If you are interested in joining us, know of physicians who are willing to volunteer, or if you need information, please contact Tena Fink or George Rodela at (682) 225-2594.



George and Esther with volunteers



Medical team volunteers 2015



Winter Board Meeting

New Orleans, Louisiana

January 20-22, 2017

Airport: KNEW

Hilton St. Charles Hotel

Contact: Charles R. Reininger, MD

crrreininger@aol.com

POST-Meeting Tour

January 22-23, 2017

Including National WWII Museum

Contact: Bernard A. Heckman, MD

Tour Committee Chair

b.heckman1@verizon.net



New Orleans is the most celebrated city in the American South, the largest in the state of Louisiana, and is known by many as “The Big Easy”. A heavenly blend of mouthwatering Creole food, rich history and great Blues and Jazz music make New Orleans the vibrant city that it is! No city in North America can compete with New Orleans when it comes to culture, food, historic architecture, joie de vivre and tourism options.

The Crescent City, straddling the mighty Mississippi River, has suffered plagues, wars, imperial regime changes and devastating floods. Yet, it always wakes up with a smile on its face. This may be because its inhabitants step to an easy beat first laid down three centuries ago. Moving at this relaxed pace, visitors are delighted by the French Creole elegance of the Vieux Carre (French Quarter) or the opulence discovered in a streetcar ride through the Garden District and Uptown. Any time of year in New Orleans, you will find live music, amazing Creole and Cajun cuisine, fresh seafood, farmers markets, shopping, nightlife and more.

Join FPA Board of Directors members in this 24-hour city for the Winter Board Meeting. Spend time with physi-



cian pilots and their families, earn CME at the optional Saturday afternoon in the FPA Volunteer Leadership Workshop or extend your visit to spend time with the group on a Sunday tour of the World War II Museum and other exciting activities on Sunday and Monday.

GETTING THERE AND STAYING THERE

AIRPORT: KNEW, Lakefront Airport, located 9.5 miles from the Hilton St. Charles (20 minute drive) is a public use airport located northeast of the central business district of New Orleans.

Address: 6001 Stars and Stripes Blvd, New Orleans, LA 70126

Telephone: 504.243.4010

FBO: SIGNATURE Flight Services, located at KNEW south end.

General Mgr: Addie Fanguy, 504.241.2800

Concessions: FPA planes, \$1.00 discount current gas. Gas purchase waives ramp fee.

Parking: \$10 or less per night..

CAR RENTAL: Available through FBO.

TAXI/Uber: Approximately \$25 KNEW to Hilton St. Charles.

COMMERCIAL: Fly into Louis Armstrong International (MSY) owned by the city of New Orleans and is 11 miles west of downtown New Orleans. One-way tax to the Hilton St. Charles is \$45+.

HOTEL: Hilton St. Charles Hotel, AAA 4-Diamond

Guest Room: \$169 + 15.75% tax & \$1 occupancy (\$196.62/night)

Address: 333 St. Charles Avenue,

New Orleans 70130

Phone: 504.378.2819

Cut-off: December 30, 2016

Amenities: Free Wi-fi in the guest rooms, complimentary coffee and newspapers in the lobby each morning and evening wine reception. Hilton St. Charles was built in 1927 as the Masonic Grand Lodge of Louisiana. Its historic architecture and craftsmanship are still visible throughout the hotel, and it was inducted into the Historic Hotels of America in 2014.

Indoor pool and hot tub, a spacious state-of-the-art fitness center open 24-hours, a lobby library and computer lounge are among the guest amenities. HHonor Club Members have an option to upgrade and enjoy the 24-hour Executive Lounge.

PARKING: \$40/night hotel parking with in and out privileges or \$25/day in a public parking lot across the street (no in and out).

RESTAURANTS: Lüke—Hilton St. Charles' Signature Restaurant under James Beard Award-winning chef, John Besh. Open Daily: 7 A.M. TO 11 P.M. Chef John Besh welcomes you to Lüke, his homage to the grand old Franco-German brasseries that once reigned in New Orleans. Luke's is a brasserie showcase of what Besh learned during his time in France and Germany (Alsace) while not forgetting this is New Orleans. Luke's menu has a number of familiar Franco-German brasserie renditions --plus a locally popular raw bar that attracts locals and tourists alike in the late afternoons for fresh oysters on the half-shell and craft cocktails.

New Orleans is brimming with culinary talent unlike any other in the country. Some of the best remain under the national radar while others have risen to the level of celebrity chef. Here are just a few who've reached name-recognition status in New Orleans and beyond: John Besh, Nina Compton, Emeril Lagasse, Donald Link, Tory McPhail, Alon Shaya, and Susan Spicer. Many of the restaurants overseen by these nationally-recognized chefs are only steps from the Hilton St. Charles Hotel.

STREETCARS: Getting around New

SCHEDULE:

Friday, January 20, 2017

3:30-5:30 pm

Executive Committee

6:00-7:15 pm

Welcome Reception

Dinner on your own

Saturday, January 21, 2017

9:00 am

Board of Directors

12:15 – 4 pm

Leadership Workshop with Working Lunch
(separate registration)

6:15 pm

Dutch-Treat Group Dinner
at local restaurant

Sunday, January 22, 2017

Individual Departures

POST-Meeting Tour: National WWII Museum

Monday, January 23, 2017

FPA group tour/activities TBA

Tuesday, January 24, 2017

POST-Meeting Individual Departures



Orleans by streetcar is a great way to see the city. There are three different lines: St. Charles, Canal Street, and the Riverfront, each of which originates downtown but takes you to different parts of the city. Hotel guests may catch the St. Charles Avenue streetcar which rides directly in front of the hotel.

St. Charles Ave Streetcar: All aboard for a trip into New Orleans' past on the oldest continuously operating streetcar in the world! The mahogany seats, brass fittings and exposed ceiling light bulbs are from a day when plastic seats and aluminum rails were not even a thought. Rumbling around the "neutral ground" of St. Charles Avenue and Carrollton Avenue for more than 150 years, the streetcar symbolizes the charm and romance of the City of New Orleans.

The route traditionally forms a 13.2-mile crescent from Carondelet at Canal Street in the Central Business District through the oldest and most majestic section of uptown New Orleans, around the Riverbend to Carrollton at Claiborne Avenue. Swaying along St. Charles Avenue through a tunnel of Live Oaks, the streetcar passes dozens of antebellum mansions, historic monuments, Loyola and Tulane universities,

the sweeping grounds of the Audubon Park and Zoo, shopping centers, fine restaurants and hotels.

Streetcars in New Orleans offer \$1.25 fares and can be paid with exact change when you board. One and three-day unlimited ride "Jazzy Passes" are also available at reasonable cost.

HOTEL RESERVATIONS-MEETING REGISTRATION

Reserve your guest room at the Hilton St. Charles at your earliest convenience. With these hotel room rates, the block will fill quickly. Deadline for the rate: December 30, 2016 or when block fills.

Registration opens on January 1, 2017. Information printed in future ONLINE MEMBER BULLETINS and THE FLYING PHYSICIAN MAGAZINE Issue 2 (December 2016) and available on the FPA web site on January 1, 2017 (www.fpadrs.org).

WBM MEETING REGISTRATION CANCELLATION: Meeting registration cancellations are made with the FPA Headquarters office: 936.588.6505, or ahenderson@FPAdrs.org. The cancel administration fee through 1/15/17 is \$20.00 per person; from 1/16/17 through 1/18/17 \$50.00 per person; no registration cancellation refunds after 1/19/2017.

Southwest - Western Chapters Joint Spring Meeting

Durango, Colorado

April 5 – Early Bird Mesa Verde Tour
April 6-9, 2017

Contacts:

John D. Davis, MD
drjohn@hctc.net
830.896.4711

Mark E. Thoman, MD
paro1795@aol.com
360.871.2219

Durango is a small breath-taking city in southwestern Colorado, near the New Mexico border. From the rugged mountains to the crystal clear lakes and the scenic hiking trails, you'll find all you're looking for. A well-known attraction, the 19th-century Durango & Silverton Narrow Gauge Railroad steam train, boards in Durango and carries passengers through passes, mountains, and canyons – overlooking tumbling rivers and awe-inspiring mountain ranges. In Durango city center, the affiliated Railroad Museum displays restored locomotives, aircraft and a baggage car converted into a movie theater. Nearby, the Powerhouse Science Center offers interactive exhibits in a former power plant.

Come early and participate in an optional group tour of Mesa Verde National Park on Thursday. It's known for its well-preserved Ancestral Puebloan cliff dwellings, notably the huge Cliff Palace. The Chapin Mesa Archeological Museum has exhibits on the ancient Native American culture. Mesa Top Loop Road winds past archaeological sites and overlooks, including Sun Point Overlook with panoramic canyon views. Petroglyph Point



Trail has several rock carvings.

Enjoy the First Thursday Art Walk on Thursday, April 5, a unique opportunity to see the galleries and artists of the Durango area beginning at 5:00 pm. Friday evening, 7 pm, the Diamond Belle Saloon and Strater Hotel sponsor an Old West Shootout, complete with saloon girls, lawmen and outlaws. Who knows? Those outlaws might include an FPA member! Don't forget the stage coach rides available in town to round out your Western experience.

GETTING THERE AND STAYING THERE

AIRPORT: Fly your plane into KDRO, the Durango-La Plata County Airport

FBO: AvFlight

RENTAL CAR: Available through FBO or main terminal, 2 blocks

COMMERCIAL: United and American Eagle

HOTEL: The Historic Strater Hotel: This grand premier landmark hotel was built in 1887 and is a 3-minute walk from the Durango & Silverton Narrow Gauge



Railroad & Museum. The individually designed rooms have Victorian décor, antique furniture, and tiled bathrooms. Upgraded rooms add larger bathrooms, plus living and dining areas. One of the West's iconic hotels, the Strater Hotel is the centerpiece of Durango in every way. It is also the heart of fun and entertainment. The interior is adorned with beautiful handcrafted woodwork, period wallpaper, and the largest collection of American Victorian walnut antiques in the US. Everywhere you look are high quality features of the Old West.

The world-famous Diamond Belle Saloon features nightly entertainment including top-rated ragtime piano players. Louis L'Amour found the atmosphere so inspirational that he frequently booked rooms 222 and 223 to work on his western novels. Operated for three generations by the Barker family, The Strater Hotel invites you to experience the best of the Old West and the best of Durango.

The hotel guest room rate includes breakfast. An on-site restaurant, room service, and a piano bar hosting live music daily are hotel guest amenities. Business services are offered, including laptops for guest use. There's also an attached theatre. Included in the room rate is on-site parking, Wi-Fi, hot tub and concierge services.

Address: 699 Main Ave,
Durango, CO 81301
Telephone: 800.247.4431.



(Ask for FPA Chapter Meeting rate)
Room Rate:
\$139 + \$9.9% tax (\$152.76/night)
Cut-off Date: March 6, 2017

PROPOSED SCHEDULE
(subject to change)

THURSDAY, 4/6

Optional tour Mesa Verde National Park
6:00-7:00 pm Welcome Reception/
Registration

FRIDAY 4/7

Breakfast (included in room rate)
8:00 am – 12:15 pm
Morning CME Session
12:30 pm
Group Planned Tour with lunch
6:00-7:00 pm
Hospitality Hour

SATURDAY, 4/8

Breakfast (included in room rate)
8:00 am – 12:15 pm
Morning CME Session
12:20 pm
Chapters Business Meetings
Afternoon
Lunch on own/free to explore
6:30-7:00 pm
Hospitality Hour
7:00-9:30 pm
Group Dinner

SUNDAY, 4/9

Breakfast (included in room rate)
Individual departures

Chapter scientific and aviation schedule will post online and in future publications.

CHAPTER MEETING REGISTRATION AND CANCELLATION

Make cancellations 14-or-more days prior to the meeting commencement with the FPA Headquarters office: 936.588.6505 or by emailing ahenderson@fpadrs.org. Cancellation in the 2 weeks prior to the meeting may include non-refundable deposits, event guarantees, and other charges. The chapter officers determine the amount charged for late cancellation after review of the meeting finances.

We look forward to having you with us in Durango – a truly exciting place to fly and visit!

John Davis & Mark Thoman



Dixie and Great Lakes Chapter Spring 2017 Meeting

Destin, Florida

April 20-23, 2017

Contact: John Freitas, MD
Jfreitas2004@comcast.net
734.994.6213 or 734.775.1547
George Cowan, MD
shadow722@aol.com

Stunning white beaches, challenging golf and world-famous fishing define the Emerald Coast city of Destin, Florida. Snuggled against the Gulf of Mexico in northwest Florida, Destin is rightfully famed for its sugar-white sands and emerald-hued waters. And due to its plentiful and always hungry underwater population, Destin is widely known as the “world’s luckiest fishing village.”

Vacationing in Miramar Beach is like taking a stroll down memory lane through the beach towns of your childhood. It brings back the feel of those classic coastal enclaves with its scenic beach roads, surf shops, fabulous restaurants, and panoramic views of the Gulf of Mexico.

But don’t let the nostalgic beach vibe of Miramar fool you. It also has ultra-modern amenities and activities that are ideal for family fun. Spend the day enjoying Jet Ski rentals, parasailing and endless shopping opportunities at one of the nation’s largest designer outlet centers, Silver Sands Premium Outlets.



GETTING THERE AND STAYING THERE

AIRPORT: Destin Executive (KDTS),
1001 Airport Road, Destin, FL 32541,
850.837.6135

FBO: Destin Jet South, 8 miles to Embassy Suites Hotel Destin.
FBO Contact: Brian Cherry,
850.837.6135 or fax 850.654.0618.

Email: bcherry@destinjet.com
Tie-down/night: \$15 single, \$20 twin.
First night tie-down is waived for fuel purchase. Hangar rates if available:

\$50-75 single, \$75-\$125 twin per night. Fuel Discount: 60-cents/gal retail.

COMMERCIAL AIR: Destin-Fort Walt Beach (KVPS) 42 miles to Embassy Suites

RENTAL CAR: Hertz, Enterprise and Destin Jeep arrangements by Destin Jet. Email customerservice@destinjet.com



MEETING HOTEL: Embassy Suites by Hilton Destin Miramar Beach

RATES: \$179 king or double queen suite; \$199 King water view (includes breakfast)

TELEPHONE: 850.337.7000

ADDRESS: 570 Scenic Gulf Drive, Destin FL, 32550

RESERVATION CUT-OFF:

March 21, 2017

ONLINE RESERVATION: http://embassy-suites.hilton.cmo/en/es/groups/personalized/D/DSIESES-FPA-20170420/index.jhtml?WT.mc_jd+POG

MEETING SCHEDULE

Thursday, April 20, 2017

6 pm Hospitality reception

Friday, April 21, 2017

7 am Breakfast
(included in room rate)

8 am – 12:15 pm

CME Session I

Afternoon

Tour of Hurlburt Field, Eglin AFB
(lunch included)

6 pm Hospitality reception

Dinner on your own

Saturday, April 22, 2017

7 am Breakfast
(included in room rate)

8 am – 12:15 pm

CME Session II

12:20 pm Chapter Business
Meetings

Lunch on your own; afternoon free to explore

6 pm Hospitality reception

7 pm Group Dinner

Sunday, April 23, 2017

Breakfast (included in room rate)

Individual departures on your own

Register online at the FPA web site: www.fapdrs.org and use your credit card. Or, complete registration information online and send a check to FPA Headquarters, 11626 Twain Drive, Montgomery, TX 77356. Please mark clearly on the check that payment is for the Dixie-GL Spring 2017 Meeting.



CHAPTER MEETING REGISTRATION CANCELLATION

Make cancellations 14-or-more days prior to the meeting commencement with the FPA Headquarters office: (936) 588-6505, or ahenderson@FPAdrs.org.

Cancel registration in the 2 weeks immediately prior to the meeting with the chapter planners. Cancellation fees may include nonrefundable deposits, event guarantees, and other charges. The Chapter officers determine the amount charged for late cancellation after review of the meeting finances

2017 Annual Meeting

June 3 – 6

Marriott Downtown
Knoxville, Tennessee



Knoxville is situated in the Great Appalachian Valley (known locally as the Tennessee Valley), about halfway between the Great Smoky Mountains to the east and the Cumberland Plateau to the west. It is a place of natural beauty on every side. With the Smokies on one side and the Cumberlands on the other, the city hugs the Tennessee River.

Rich in cultural heritage and history, Knoxville welcomes visitors with traditional Southern charm and hospitality.

Arrive early on Friday, June 1, for a unique, optional Knoxville history and craft beer breweries tour. For wine drinkers, a local winery is a possibility too! Stay tuned.

The meeting begins Saturday afternoon, June 2, followed by the Welcome Reception at The Women's Basketball Hall of Fame, located next door to the Marriott. Knoxville is home to the University of Tennessee Lady Vols, and the late, great coach Pat Summitt lived there too.

Sunday, June 4, offers another optional activity. Dinner at a Knoxville Market Square restaurant followed by a Broadway tour company production of the musical, "Dirty



Dancing" at the Tennessee Theater, a nationally-recognized historical landmark,.

Monday afternoon, June 5, an optional and lim-



Marriott Knoxville – overlooking the Tennessee River

ited participant tour will visit Oak Ridge National Laboratory (ORNL), site of the Manhattan Project, a secret military project created in 1942 to produce the first US nuclear weapon. Other optional activities may be added; more information to come!

The final CME session is Tuesday morning, June 6. The Awards Celebration on Tuesday evening is the final activity, and it will be fun, reflecting the eastern Tennessee, mountain music environs.

Annual Meeting Registration opens on January 1, 2017. Check the FPA web site, www.fpadrs.org, for more information added as available.

We invite you to join us in Knoxville next year!

Chuck and Carrie Reinninger

FPA MEETINGS REGISTRATION FORM

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 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.

<p>Tri-Chapters Fall Meeting September 15-18, 2016</p>	<p>Sheraton Hotel at the Falls Niagara Falls, New York</p>	<p><input type="checkbox"/> \$525 member couple <input type="checkbox"/> \$280 member single <input type="checkbox"/> \$280 additional adult <input type="checkbox"/> \$125 kids to 12 y/o</p>
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<p>FPA Winter Board Meeting January 20-22, 2017 Registration open 1/1/17</p>	<p>Hilton St. Charles Hotel New Orleans, Louisiana</p>	<p><input type="checkbox"/> Send information</p>
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<p>SW-Western Chapter Spring Meeting April 6-10, 2017 Registration open 1/1/17</p>	<p>Strater Hotel Durango, Colorado</p>	<p><input type="checkbox"/> Send information</p>
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<p>Dixie-Great Lakes Chapter Spring Meeting April 20-23, 2017 Registration open 1/1/17</p>	<p>Embassy Suites Miramar Beach Destin, Florida</p>	<p><input type="checkbox"/> Send information</p>
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<p>FPA 63rd Annual Meeting June 3-6, 2017 Registration open 1/1/17</p>	<p>Marriott Hotel Downtown Knoxville, Tennessee</p>	<p><input type="checkbox"/> Send information</p>
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Fax this form to 832-415-0287 or mail to: FPA Chapters Meetings
11626 Twain Drive • Montgomery, Texas 77356

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!

NORTHEAST, GREAT LAKES AND DIXIE TRI-CHAPTERS FALL MEETING

September 15-18, 2016

The Sheraton on the Falls
Niagara Falls, USA

Contact: Jim Timoney, DO
207.576.5943
jtortho@aol.com

AOPA FLY-IN

September 16-17, 2016 KBTL
Battle Creek, Michigan

www.aopa.org/community/events/aopa-fly-ins

AOPA FLY-IN

September 30-October 1, 2016 KPRC
Prescott, Arizona

www.aopa.org/community/events/aopa-fly-ins

FPA FLY-OUT TO CUBA

October 24-29, 2016
Arrangements TBA

Contact: FTormes@aol.com

ACUNA MEXICO-MEDICAL CLINIC MISSION

Arrive Del Rio, Texas, October 28
Contact: Tena Fink 682. 225.2594
October 29, 2016

FPA WINTER BOARD MEETING

January 20-22, 2017
Hilton St. Charles Hotel
New Orleans, Louisiana

WINTER BOARD POST-MEETING TOUR

Winter Board Post-Meeting Tour
January 22-24, 2017
National WWII Museum
Other activities TBA

Contact: Bernard A. Heckman, MD
B.heckman1@verizon.net

SUN'N'FUN INT'L FLY-IN & EXPO

April 4-9, 2017 LAL
Lakeland, Florida

SOUTHWEST-WESTERN CHAPTERS SPRING MEETING

April 6-9, 2017
April 6, 2017 Optional Day Tour - Mesa Verde
Nat'l Park
Historic Strater Hotel
Durango, Colorado

DIXIE-GREAT LAKES CHAPTERS SPRING MEETING

April 20-23, 2017
Embassy Suites by Hilton at Miramar Beach
Destin, Florida

AEROSPACE MEDICAL ASSOCIATION ANNUAL MEETING

April 29-May 4, 2017
Sheraton Hotel Downtown
Denver, Colorado

FPA 63RD ANNUAL MEETING

June 3-6, 2017
Marriott Hotel Downtown
Knoxville, Tennessee

FPA ANNUAL POST-MEETING TOUR

June 7 -10, 2017
Destination TBA
Contact: Bernard A. Heckman, MD
B.heckman1@verizon.net