

## Adjusting to Challenging Times

Editorial, by Jon L. Jordan, MD, JD

**For the Summer 1999 issue** of the Bulletin, I wrote an column titled Dealing With Change. In that column, I pointed out that dealing with technical and organizational change presents one of the greatest challenges managers and employees face during their working lives. The thrust of the article was to emphasize the need for flexibility in accepting fresh ideas and using new technology.

While my thoughts were focused principally on aviation medical examiner acceptance of electronic transmission of medical certification data, I referenced the impact that personnel changes have on an organization's vitality and culture. At that time, **Dr. William Hark**, my long-time deputy, had retired from the agency, and I was lamenting the negative impact his departure would have on the Office of Aerospace Medicine and on me, personally. Unfortunately, another key staff member has now retired, and we have another significant void to fill.

On March 3 of this year, **Dr. Barton Pakull**, FAA's Chief Psychiatrist, retired after over 39 years of Federal service. Bart joined the FAA's medical staff in 1970, fresh out of the Peace Corps and following a stint in the US Army as a Green Beret psychiatrist. Bart brought not only an unusual background and variety of experiences to the FAA but also an approach to psychiatric investigation and diagnosis that served aviation safety quite well he didn't believe everything (sometimes nothing) others might be inclined to tell him.

Bart is known best for the role he played on behalf of the FAA in the establishment and development of the Airline Pilots Association's Human Intervention Motivation Study (HIMS). As I indicated in my column in the Fall 2002 issue of the Bulletin, the program for identification, rehabilitation, and return to duty of alcoholic airmen that was established under HIMS has proved to be highly successful. Over the years since its initiation in the mid-70s, thousands of alcoholic and alcohol-abusing airmen have been identified, rehabilitated, and safely returned to aviation duties [see Dr. Borrallo's article in this issue].

It's difficult to think of any other single medical certification initiative we have taken that has had a more positive impact on aviation safety. Bart formulated FAA's criteria for certifying alcoholic airmen and, since inception of the initiative, he personally reviewed virtually all of the cases, assuring clear introspect, consistency, and objectivity in the decision-making process.

While known best for his involvement in the certification of rehabilitated alcoholic airmen and his efforts to educate others on how to diagnose, treat, and monitor alcoholics, Bart's value to

the Office of Aerospace Medicine and to me, personally, went far beyond that one element of our certification program. As I have already mentioned, Bart's approach to assessing psychiatric cases generally is the trait that set him apart from many other medical practitioners, including psychiatrists. With rare exceptions, Bart was able to sort out truth from untruth and correctly identify those airmen who should or should not be certified. Given the importance of an airman's good mental health to aviation safety, Bart performed a public service of significant magnitude.

Like Bill Hark, Bart's retirement leaves a major void in the structure of the Office of Aerospace Medicine. When it's all said and done, however, I'm sure we will survive and who knows, may even flourish.

For all of us who have depended on Bart's expertise, though, his retirement presents another challenge in adjusting to the changing times.

**JLJ**