

Federal Air Surgeon's Medical Bulletin



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From the Federal Air Surgeon: Pilot Minute Takes Off

By Susan Northrup, MD, MPH
Federal Air Surgeon



In our ongoing efforts to improve communications with the aviation community, we recently introduced *Pilot Minutes*. Liberally borrowing from the concept of the *AME Minute series*, these microlearning events will be aimed at airmen and other interested groups.

The first *Pilot Minute* talks about what pilots can do to help themselves through the airman medical certification process. It advises users to reach out to their AMEs, the FAA, or one of many pilot advocacy groups. And it discusses simple recommendations regarding submissions, such as making sure everything is legible, dated, and signed, and includes the applicant's name and any identifying numbers on letters from the FAA. In less than 30 days, the episode was viewed approximately 60,000 times via social media platforms.

The second *Pilot Minute* presents information on what the Office of Aerospace Medicine is implementing to speed up the process on our end. These initiatives came out of an Airman Certification Summit we had with stakeholders including advocacy groups, labor unions, and employees who work in the system. We will have a follow-up summit very soon.

We are preparing to film the third and fourth editions of *Pilot Minute* later this fall. The topics will be first aid/survival kits and sedating antihistamines. And more will follow in the months to come.

If you have any ideas for future *Pilot Minutes*, please let us know. Our development team includes educators, learning specialists, physiologists, and several flight surgeons and medical officers who fly. I hope you enjoy them!

- Susan

(And, yes, that is my Stearman!)

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WiWAVES to Offer Unique Training Opportunity for Airmen

By Racquel D. Crisp, PMP

The Civil Aerospace Medical Institute (CAMI) has broken ground on the new Wind and Wave Evacuation and Survival (WiWAVES) facility to be located at the Mike Monroney Aeronautical Center. The team developing the facility was recently awarded the “Propelling AAM Through the Future” award for their efforts. Construction of the new facility began September 2021, and it should be in service by 2024. This facility will be a great learning environment for commercial and general aviation pilots who fly over water and will enhance safety educational opportunities for all Airmen.



An architect's rendering of the future Wind and Wave Evacuation and Survival (WiWAVES) facility

The WiWAVES facility will replace the aging 55-year-old Water Survival Research Facility (WSRF) at CAMI, which was installed in 1967. The new facility will go a long way in supporting the mission of the Office of Aviation Safety (AVS), both in regard to airman survival and research. CAMI's Aerospace Medical Education (AAM-400) and Research (AAM-600) Divisions will both take part in performing the facility's critical activities.

The CAMI WiWAVES Research Facility will be a unique facility housed in a nearly 45,000-square-foot building. Research conducted at the facility will be used to establish test criteria and standards for the performance of aircraft evacuation slides, rafts, and other safety devices under simulated rough sea environments. These environments will be simulated in the centerpiece of the facility: a 100' x 86' x 19' water research tank.

But what the general aviation airman will be equally excited about is how the facility will produce rough sea conditions, including strong winds of up to 26 knots and up to ten-foot-high open sea waves. These waves will mostly move up and down, rather than simulating those that crash onto the shore, to produce a more realistic survival environment. This will provide pilots with a realistic environment that simulates a water survival scenario. The water tank area will be surrounded by the structural and mechanical apparatus needed to simulate the rough sea conditions with wave and wind generation machines.

This area will also include the built-in machines to support the placement of large research-related equipment, like aircraft fuselages used for evacuations when ditching into the water. The facility will also be able to simulate a wide range of aircraft door sizes, and will be equipped to attach various escape slides and rafts.



An architect's rendering of the future WiWAVES water research tank.

The new WiWAVES will also contain large horizontal pointing fans for replicating wind gusts, plus an additional downward pointing fan which will replicate "rotor wash" from helicopter blades. There will also be a water rescue training tower for simulating helicopter rescue scenarios. The facility will also house all ancillary spaces needed to support research and training. Additionally, there will be a multi-purpose room capable of supporting multiple classroom setups or large-sized groups of research participants, up to 100 in all.

Both the AAM-600 and AAM-400 divisions are excited about the possibilities WiWAVES will offer once it's fully operational, and they look forward to welcoming both researchers and airmen looking for unique training opportunities.

Mrs. Crisp is a Financial and Management Analyst with the Civil Aerospace Medical Institute (CAMI).

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The Importance of Standardized Training

By Eric A. Harmon

Training is a subject that has fascinated me as long as I can remember. Developing people excited me from the time I joined the Air Force to now, as I found my way back to where this passion was re-ignited at the Civil Aerospace Medical Institute.

I get to lead incredible Legal Instruments Examiners (L.I.Es) and Medical Records Technicians (MRTs), who are responsible to work together in evaluating, processing, and adjudicating medical clearances for Class I, II, and III aviators in the United States, as well as for some located abroad. It takes a large collaborative effort to execute the tasks required to certify aviators consistently every time. Our success in doing so is achieved by standardized training to develop employees in a structured manner to achieve a level of proficiency before they are allowed to adjudicate cases independently.

Standardized training is the key to Aerospace Aviation Medicine effectiveness in certifying all who requires a medical clearance to work for the FAA. This is essential for AAM to meet the FAA's mission: *Provide the safest, most efficient aerospace system in the world*. There are two very important part of the mission: *safest* and *efficient*. These two elements cannot be achieved without consistency, measurability, reliability, predictability, repeatability, and, most of all, meeting and maintaining standards.

My first experience and understanding the concept of standardized training was when I entered Basic Military Training in August 1982. It was an eye-opening experience for me; there I learned about the value of repeatability in tasks and process to ensure consistent results of excellence. The Military Training Instructor's purpose was to develop mindsets focused on attention to detail and how to obtain repeatable results of excellence.

From basic training, trainees attend technical training at their respective career field technical training schools to learn their respective crafts. The same standardized training approach applied. Trainees must be able to perform their tasks or demonstrate the skills learned anywhere in the world they could be assigned to perform their career field functions. All received the same training which measurability, reliability, predictability, and repeatability are easily identifiable when standards are skirted or not met.

So, what is standardized training? It is a *consistent training process that delivers a reliable outcome*. Standardized Medical Certification training focuses on the skills L.I.Es, PAs, and all involved in the process need to effectively evaluate, process, and adjudicate aviators' medical certification cases. It helps them make decisions whether to issue medical certificates, request more information, or refer to an Aerospace Medical Certification Staff Physician and Regional Flight Surgeon for further evaluation and decision making.

It's a very intricate and detailed process where attention to detail is critical, as well as the ability to navigate through the nuisances of medical certification manuals, complex medical conditions, treatments, and physical concerns as they relate to human performance factors to take the right action. The same level of consistency must be reached wherever cases are being processed within the AAM enterprise. All who are part of the process are trained the same way wherever they perform the tasks.

According to flyingmag.com, the new mission statement of the Air Force is "*To Fly, Fight, and Win...Airpower, Anytime, Anywhere*." All AF specialties and career fields were trained in standardized manner from time of inception to achieve repeatable results operating at home bases or deployed locations. That why it's recognized as one of the best in the world.

Like the Air Force's mission, LIEs and PAs must evaluate, process, and adjudicate aviators' medical certification cases anytime and anywhere across the AAM enterprise. Standardized training is the way, the approach, and the investment necessary to ensure medical certification professionals consistently and reliably meet the FAA's mission: "*Provide the safest, most efficient aerospace system in the world*."

Standardization training is a proven concept and a worthy platform to invest in now and in the future. To modify the line from the hit TV series "The Mandalorian," "*Standardized training is the way*."

Mr. Harmon is the Manager of the Medical Review and Appeals Branch (AAM-310).

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Pilot Minute and Microlearning

By Susan E. Buriak DHEd, MEd, MPH



Pilot Minute is a new monthly microlearning series spearheaded by the Federal Air Surgeon, offering practical and relevant information for the aviation community. The videos will cover mutual areas of interest, including expediting medical certification, recent advances and hot topics, aeromedical physiology, and the latest updates to help aviators partner with the FAA for safety and health. *Pilot Minute* is produced by the Civil Aerospace Medical Institute, Medical Education Division, in association with FAA ESC Media Solutions.

The microlearning strategy is designed to provide relevant and useful information in short, easily-retained segments using engaging media elements. The success of incremental learning using microcontent is rooted in the cognitive science of learning and memory.^{1,2}

Combining instructional design with social media distribution also allows the Office of Aerospace Medicine to deliver performance-based topics to our broad and diverse aviation stakeholders using the “just-in-time” approach when necessary. A useful microlearning methodology is the “one-question-one –answer” format, which works well in aerospace medical education, especially for informal training.

We have many great topics planned for this series to inform and engage our aviation partners.

Enjoy *Pilot Minute* on the FAA’s IGTV (Instagram’s TV channel), Facebook, Twitter, or LinkedIn, and subscribe to the playlist on [FAA’s YouTube channel](#).

Pilot Minute follows the success of the 2019 USDLA Innovation Award-winning *AME Minute* series for Aviation Medical Examiner designees. [Visit our archive here](#).

Dr. Buriak is the Aerospace Medical Education’s Program Manager for Instructional Design and Evaluation.

References

1. Mayer RE. Evidence-based principles for how to design effective instructional videos. *JARMAC*. 2021;10(2):229-240.
2. Clark R, Nguyen F, Sweller J. Efficiency in learning: evidence based guidelines to manage cognitive load. San Francisco, CA: Pfeiffer; 2006.

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Survival Signaling - Part One

"Because you just can't seem to holler loud enough"

By J.R. Brown

Signaling is just another basic form of communication. The message here is simple: "Here I am, so come and get me". The language used in the message can vary.

Did you realize that you are multilingual? You can speak electronically, symbolically, and ballistically; and electronically, and with smoke and fire. But watch your language, or you could regret it.

"Three days after breaking his foot in the remote wilderness of Hillesoya Island in Norway, an unidentified 25-year-old Canadian solo hiker decided to light a signal fire.

*The good news is the fire worked, and the hiker was rescued. The bad news is that the fire...took out his tent and then kept going, eventually raging across a good portion of the island. It took two Norwegian Army helicopters and 20 firefighters to contain the blaze."*¹

So, no matter what form of signaling (or language) you use, be well-spoken. In other words, say it effectively and efficiently, but also safely.

Signaling for survival starts even before the walk-around inspection

Where are you going? When will you arrive? When will you return? This is vital information you should always share with a significant other, a family member, or anyone who would miss you and ask questions if you did not return in a timely manner. Let someone know your intentions for each flight. It can make the difference between being stranded a few hours or a few days.

Filing a flight plan is the primary way pilots reveal their intentions. An Air Force review of 325 SAR missions conducted during a 23-month period revealed that time works against those who do not file a flight plan. Thirty-six hours normally pass before a family member initiates a call to alert someone that they are even overdue.²

The national Search and Rescue Plan is activated when an aircraft is in difficulty, overdue, or missing. Generally, the process will start if you are more than 30 minutes late from your return or destination airport. A flight plan can drastically reduce the time from the last known position, or LKP, to rescue. The average time of LKP to rescue has been very consistent over the years. A big factor depends on what type of flight plan you file:

- Instrument Flight Rules (IFR) Flight Plan: 13 hours, 6 minutes
- Visual Flight Rules (VFR) Flight Plan: 37 hours, 18 minutes
- No Flight Plan: 42 hours, 24 minutes

Time to rescue can have a direct correlation on survival

The life expectancy of an injured survivor decreases by as much as 80 percent during the first 24 hours, while the chances of survival of uninjured survivors rapidly diminishes after the first three days.³ Time is a precious commodity you don't want to squander.

Just as important as filing a flight plan is to close it

But don't close it until you're safely on the ground. Flight plans can be closed either by radio as you near your destination or on the ground by telephone. Pilots often use the radio to close their plans before they get too busy entering traffic setting up their approach. They do this rather than taking a chance of having to explain why they forgot to close it out. This early closure is technically allowed, but you should consider that in doing so, you are giving up the benefit of search and rescue at the most critical time of approach and landing.

"In 1968... the pilot of a small airplane canceled his flight plan in the air as he neared his destination. The engine quit on the turn from downwind to base, and the airplane crashed in the woods a mile short of the runway. Three of the occupants were killed. The fourth was unable to move from the wreckage. She survived for three days, keeping a journal of her awful experience before dying of her injuries. Among the things she wrote was that aircraft passed close overhead and yet no one came to help." 4

Electronic calls for help

The next way we can "holler" for help is electronically, through an Electronic Locator Transmitter, or ELT. Most ELTs in general aviation are of the 121.5 MHz variety. These are fine devices and have been used for many years. But the biggest problem with 121.5 types is their staggering 97% false alert rate. If you are totally reliant on a 121.5 MHz ELT for quick rescue, you may be in for a letdown, since these can be ignored for at least 18 hours due to the signal-to-noise ratio.⁵ Chances are you'll be stranded overnight.

Some pilots may feel that having an ELT is a good substitute for filing a flight plan or negates the need for any other signaling device. But an ELT is not the "end-all-be-all" for signaling. You still need a survival kit in case you are stranded a little longer than you expect. And you still need other signaling devices as backups.

But is your ELT even functional? Yes and no. Test it and see. Dial your aircraft to 121.5 MHz and put your ELT in test mode. Listen for the swept tone but limit the test to only three "sweeps". Test completed within the 10-minute window. Is the ELT functional? Well, just because the pre-flight test of the ELT shows that is functional, it still may not help.

If your ELT is a 121.5 type, then be aware that it is no longer being monitored through global satellite coverage. This means that when your 121.5 type ELT is activated upon impact, it will transmit a signal, but someone must be within 20 nautical miles of your position to receive it. You no longer have global monitoring of your ELT. So, you will need luck and circumstance for someone to hear you.

So, what is an airman to do? Upgrade to a 406 MHz ELT.

The 406 type has several advantages. It boasts better accuracy for locating downed airmen, with typical accuracy within a mile or, when the integrated GPS chip is in use, as little as 30 feet.

The 406 is also personalized. Each 406 purchased is be registered to an owner-operator. When the ELT is activated, its signal is received and relayed from an orbiting satellite to the NOAA. When the NOAA receives the alert, they will know exactly who owns the ELT.

When you purchase the 406, it must be registered with NOAA. Each 406 will have a 15-character hex code unique to that ELT to identify it and the owner-operator. As part of the registration, you can link vital information that will pop up on the NOAA alert screen when it's activated, like an aircraft description, aircraft owner information, or numbers to be dialed for additional information. Whatever you think can help you get located and rescued quicker can be entered.

Bottom line: it is not required to switch out your 121.5 ELT for a 406, but it's smart to do so. They are very affordable, they can be carried on your person during flight, and they don't have to be hard-mounted to an aircraft. So, holler with the loudest electronic voice you can: a 406!

Stay tuned for more survival signaling wisdom, including information on aircraft radios, cell phones, and ground communication.

Mr. J.R. Brown is a training specialist with the Airman Education in the Civil Aerospace Medical Institute (CAMI).

References

1. Lesser, C. Survival Fail: signal fire gone wrong. www.Theactivetimes.com.
<https://www.theactivetimes.com/survival-fail-signal-fire-gone-wrong>
Accessed October 20, 2021
2. Federal Aviation Administration. AIP GEN 3.6 Search and Rescue. www.FAA.gov.
https://www.faa.gov/air_traffic/publications/atpubs/aip_html/part1_gen_section_3.6.html.
Accessed October 20, 2021
3. Federal Aviation Administration. AIM Section 2. Emergency services available to pilots. www.FAA.gov.
https://www.faa.gov/air_traffic/publications/atpubs/aim_html/chap6_section_2.html
Accessed October 20, 2021
4. Snow R. To file or not to file. www.aopa.org.
<https://www.aopa.org/news-and-media/all-news/2000/march/flight-training-magazine/to-file-or-not-to-file>
Accessed October 20, 2021
5. Behar M. How to find a missing plane. www.airspacemag.com.
<https://www.airspacemag.com/flight-today/lost-in-america-76765179/>
Accessed October 20, 2021.

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CAMI Welcomes Colombian Aerospace Medicine Residents

By Timothy A. Hursh, MD, MPH

Colombian Residents in Aerospace Medicine (RAMs) arrived June 2021 to spend five months learning Aerospace Medicine with the FAA here at CAMI in Oklahoma City, Okla. Their time will be divided over many areas related to aerospace medicine, to include participating in the Aerospace Medical Education Basic Course, reviewing aeromedical certification teaching files, training in water survival, learning survival skills and aeromedical physiology instruction, and touring and learning about aerospace medicine and occupational medicine at nearby Tinker Air Force Base.

Also, they will pursue research projects, including fatigue management, biodynamics and sled test research, data informatics, and remote aeromedical certification examinations of pilot applicants. And the RAMs will get to assess symptoms of hypoxia by training in the Portable Reduced Oxygen Training Enclosure (PROTE).



Columbian RAM Residents learning to recognize their hypoxia symptoms while participating in Portable Reduced Oxygen Training Enclosure (PROTE) training. (Photo: Bruce Wright)

Upon completing their training with the FAA, these residents will return to Colombia to enter practice in a variety of clinical settings. Upon returning home, these RAMs will put their training to use in various settings, such as working in the Latin American Aerospace Medicine field; developing management in aviation fatigue, disease diagnosis, and prevention in flyers and those within the aviation industry; physiological training of aviation personnel; medical certification of pilots; working with the Colombian Navy; and providing health care on cruise ships.

The RAMs said they have enjoyed many aspects of Oklahoma life, like visiting the Oklahoma State Fair, our variety of museums, the Oklahoma City Zoo; and numerous shopping and eating venues. They will return to Colombia in December

2021 and will have learned a great deal about how we maintain the health of our pilot population here in the US to put forth similar initiatives of their own.

Dr. Hursh is a Medical Officer in the Aerospace Medical Education Division at CAMI.

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Recent Policy Updates

By Judith Frazier, MD, MBA

The Policy and Standards branch has been busy this year, having published more than 70 updates to the *AME Guide* to give you, the AME, additional information and the tools to say “yes” to airmen at the time of their exams.

Highlights this quarter are listed below. The full list is hyperlinked in the [Archives and Updates](#) section. Due to the volume of changes, please make sure you use the most current version. When using the PDF version, look for the “Last Published” date at the bottom of the page. If this date is more than one month old, you may be using an outdated version.

AMCS Technical Support

Use this section if you need help before you transmit an exam (like password resets or corrections to transmitted exams), including the link to the AMCS Access Form.

Item 52. Color Vision

AMEs often ask how they should answer Item 52 if the airman fails the color vision test but holds a valid SODA or Letter of Evidence (LOE). To standardize the responses, please mark “fail” and add “a/m has SODA” or “a/m has LOE” in the pop-up box. If they pass any acceptable color vision test in your office, mark pass.

OSA

We are currently working to streamline the OSA process. In order to make a case decision based on the proper information, the airman’s treating physician can either send in a clinic note/summary or use the OSA Status Report (Initial or Recertification). The PAP download should continue to be submitted.

Neurologic Evaluation

If your airman has a neurological condition or event, what does the neurologist's report need to contain? Requirements can be found in the *FAA Specifications for Neurologic Evaluation*. Let your airmen know how to find this tool prior to their neurology appointments (and make sure they bring it to their appointments). This tool may reduce certification wait time and subsequent letters requesting additional information.

Pacemaker

There are a new disposition table and policy update. Pacemaker dependency has been removed as a requirement for any class!

Plaquenil status report

This status report identifies the testing required based on risk factors and American Academy of Ophthalmology (AAO) guidelines. It can be submitted in place of the clinical note.

Primary Hemochromatosis

New CACI #20 and new disposition table.

PTSD

Use the [Decision Tool](#) for the AME to help identify if an airman can be issued a medical certificate or should be deferred. If deferred, the [PTSD disposition table](#) will help the airman understand what documentation is needed.

Dr. Frazier is the Manager of the Policy and Standards Branch in the Office of Aerospace Medicine.

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Personnel Changes

New Medical Officer joins AAM-400 Education



Dr. Hursh stands in the paddock at a NASCAR Experience® event.

Dr. Timothy Hursh is the newest member of the AAM-400 Education Division. He graduated from the Residency in Aerospace Medicine at U.S. Air Force School of Aerospace Medicine (USAFSAM) in 1995 and is board certified in Undersea and Hyperbaric Medicine. He retired from the Air Force in 2009 after 20 years of service and has since worked in the civilian sector, practicing wound care and hyperbaric medicine. He joined the FAA in 2020 and worked in the AAM-600 Research Division prior to moving to AAM-400.

Dr. Hursh was born in Tulsa, Okla., but grew up in Houston, Texas. He graduated from Southern Nazarene University in 1982 with bachelor of science degrees in both biology and chemistry, then from the University of Oklahoma College of Medicine in 1988. Dr. Hursh earned his Master of Public Health from the University of Texas Health Science Center in San Antonio in 1993, then graduated from the Residency in Aerospace Medicine at the USAFSAM in 1995.

Dr. Hursh served as a flight surgeon, senior flight surgeon, and chief flight surgeon during his 20 years of service, deploying four times to the Middle East, where he supported a fighter wing, worked at the Air Transportable Hospital at Joint Base Balad, and served U-2 operations. In 2001, Dr. Hursh completed a Fellowship in Clinical Hyperbaric Medicine at Brooks Air Force Base in San Antonio, Texas. He moved to

California where he served as a staff clinical hyperbaric physician at David Grant Medical Center at Travis Air Force Base.

Dr. Hursh returned to San Antonio and joined the staff at USAFSAM department, where he was responsible for instruction and organization of the Clinical Hyperbaric Medicine Fellowship. He became the division chief and rose to the position of Hyperbaric Medicine Consultant to the Surgeon General. He retired from active duty in 2009, after which he entered civilian practice in undersea and hyperbaric medicine in Texas and then Oklahoma, until 2020, when he joined the FAA in 2020.

Dr. Hursh says he is very pleased to be joining the team in medical education. His goal is to aid the educational process of aviation medical examiners, residents in aerospace medicine, and foreign visiting physicians on a practical basis, hoping that when they've completed course requirements, they will have the requisite skills when they open their clinic doors.

Aerospace Human Factors Research Division Welcomes New Manager



Dr. Thomas A. Van Dillen joins the NAS Human Factors Research Lab

Dr. Thomas A. Van Dillen is the new Supervisory Research Psychologist for NAS Human Factors Research Lab (AAM-520). He is formally trained as a Clinical Psychologist with specialties in neuropsychology and traumatology. He transferred from the U.S. Army's Intelligence and Security Command Headquarters, where he served as the Command Psychologist and Director of the Center of Military Intelligence Research since July 2016. His primary duties were to assure the health and wellness of the Command and oversee related research that included UAS, AI, health and wellness prevention efforts, and behavioral health and performance-based interventions for those in austere environments.

Prior to this he was at the National Intrepid Center of Excellence at Ft. Bragg, N.C., and later at Ft. Belvoir, Va., where he was the Chief of the Neuropsychology and Clinical Services. He was also the Chief of Neuropsychology Department and Co-Chief of Behavioral Health at Ft. Leonard Wood, Mo. His primary duties at these sites were evaluating our war wounded and providing consultative oversight on developing clinical and research programs. His research included biomarkers for mTBI, TBI sensor development, blast exposure protocols, and remote cognitive behavioral interventions. He also was a prior faculty member and supervisor for the Military APA approved psychology internship and postdoctoral fellowship in neuropsychology.

Prior to this, he worked for the Department of Defense at the National Naval Medical Center as a Neuropsychologist and the Service Chief of Assessment, which included the Psychological Health and Traumatic Brain Injury Program (PH-TBI) for the National Capital Region. As SME/Chief Scientist, he was responsible for debriefings and research reports to the Congressional Committee that oversees the PH-TBI program and its initiatives. Similarly, he entered private industry to establish a business that integrated experts and consulting firms to develop intellectual property and innovation solutions to complex people and system problems for various private organizations and federal agencies.

Dr. Van Dillen has held numerous teaching and research positions at the Associate Clinical & Research Professor level. He has published, presented, and taught courses in the areas of psychology, leadership, and research. He has received numerous awards acknowledging his clinical, research, and academic achievements. In 2016, Dr. Van Dillen was awarded the Army's Lifetime Achievement Award for extraordinary contributions over the course of service to the Army/military. He has been a practicing psychologist for more than 30 years.

Dr. Van Dillen received a Ph.D. in clinical neuropsychology from Alliant International University, an M.S. in Clinical Psychology from the University of Kansas-Emporia State Teachers College, an M.S. in Biopsychology from the University of Missouri-St. Louis, and a B.S. from Benedictine College. He also completed a three-year specialized doctoral fellowship in neuropsychology & developmental

neuropsychology at the University of California San Francisco Department of Neurology and Neurosurgery, a two-year APPCN post-doctoral fellowship in adult clinical neuropsychology at Tufts/New England Medical Center, a research fellowship in developmental traumatology and pediatric neuropsychology at Duke University Medical Center, and a research fellowship in neurotraumatology and neuroimaging at the University of Texas-Southwestern Medical Center. Dr. Van Dillen is a licensed psychologist in Virginia and Kansas and is registered with the National Register of Health Service Providers in Psychology.

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2020 Office of Aerospace Medicine Award Winners

The Office of Aerospace Medicine held their 2020 AAM Award Ceremony virtually on October 20, 2021. Winners were announced by the Federal Air Surgeon, Dr. Susan Northrup, to a rousing virtual ovation from across the FAA. Below is a list of the winners.

Blast Off Award: Lisa D. Eckhardt AAM-700

Excellence in Leadership Award: Melissa S Beben AAM-632

Champion of Innovation Award: Shawna J Adkins AAM-220

Outstanding Team Award: AAM COVID-19 Team

Administrative Excellence Award: Frances A Hamilton ASW-300

William E. Collins Publication Award: Daniela T Kratchounova, PhD AAM-510

Mission Support Award: Vinh (Vickie) N Kieu AAM-220

First Class Service Award: Shane D Green ASW-300

Exemplary Legal Instruments Examiner Award: Gabrielle D Samuels AAM-311

Friends of AAM Award: David Guy AFS-430

Propelling AAM To the Future Award: Anthony P Tvaryanas, MD AAM-600

Propelling AAM To the Future Award: Wind and Wave Evacuation and Survival (WiWAVES) Team:

Melissa S Beben, AAM-632
Racquel D Crisp, AAM-6
Richard L DeWeese, AAM-632
Stephanie R Riddle, AAQ-731
Lori D Samuel, AAM-600
Harold B Stong, AMP-400
Roger A Storey, AAM-400
Monte R Thurman, AMP-400
David B Weed, AAM-632

CAMI Employee of the Year Award: Christy R Hileman-Jones, AAM612

Flight Surgeon of the Year Award: Harriet Lester, MD AEA-300

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Aviation Medical Examiner Information Links

For downloadable, printer friendly versions of this Bulletin [click here](#).

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Federal Air Surgeon, Susan E. Northrup, MD, MPH

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Authors may submit articles and photos for publication to:
9-AAM-FASMB-Editor@faa.gov

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