Allen Parmet, M.D., M.P.H., a Fellow of the Aerospace Medical Association, was recently deployed to Florida to respond to Hurricane Michael. He had volunteered for the National Disaster Medical System (NDMS) when he retired from active duty over 25 years ago and joined the Missouri Disaster Medical Assistance Team (DMAT), which functions like the National Guard. He was called in early October as a member of one of many teams called by the Federal Emergency Management Agency (FEMA) to assist with storm recovery. In his own words:

Midwest-1 was the first DMAT into Mobile and spent the day of the hurricane preparing to go. Shortly after midnight, we left and headed into the storm zone, along with our ambulance strike teams, urban search and rescue teams, the “Cajun Navy” of small boats, and an entire army of powerline and phone repair technicians and highway maintenance workers. By dawn, our DMAT, designated Task Force 1, entered Panama City. It was Katrina-bad. Every street was obstructed by downed trees and powerlines. Every home and building were damaged. Both hospitals were out of action and evacuating their patients. We dropped three of our strike teams, a team of one physician, two nurses, two paramedics, and a pharmacist or support person. They set up emergency rooms and began sending ambulances out to accompany the search and rescue teams.

Behind us, another DMAT set up a portable hospital in Ft. Walton Beach for evacuees. We pressed on with the two strike teams directly into the heart of the strike zone. We were unable to get to Mexico Beach, ground zero, and we now know it wasn’t there. Instead one strike team got to Apalachicola and set up an ER there. My team went on to Blountstown, the only hospital between Panama City and Tallahassee.

The eye of the storm passed over Blountstown and the hospital was a wreck. We set up an ER with our ambulance units and went to work. We brought our own supplies and augmented them with what was left of the hospital’s stores, but they had lost power and all their vaccines, refrigerated pharmaceuticals and food. The local personnel were overwhelmed.

A day later, a second strike team from Colorado, CO-2 joined us. Together, our two teams, joined by seven ambulance teams from all over the country (Mississippi, Washington, and California) plus a medivac helicopter from South Carolina, a big generator brought in by FEMA, and a lot of Army paratroops to start cleaning up the debris, we were in business. Food and water were getting out. People were able to travel the roads. We started making “house calls” to small communities, going to churches, fire stations, and libraries to provide onsite medical care, vaccines, medicines (when you lose your home and flee to a shelter, bring your drugs!), food, and water. …

The roads were clearing, telephone and power lines were going back up, and cell phone service restored. The hospital people were able to return to work and began taking over their own building again once the Army put a temporary roof on it and FEMA attached a generator. Seems their “emergency generator” could barely keep the lights on in two rooms and not run much of anything. After two weeks, the Pennsylvania DMAT arrived to relieve us.

As a note, NDMS was created to fill the gap when, after the Cold War, the military was downsized and National Guard units traditionally called up to answer civil emergencies were lost. The volunteer physicians, nurses, medics, and support members of Missouri-1 DMAT form a self-sufficient mobile medical team which can put up 4 emergency rooms in 4 hours and a 50-bed hospital in 24 hours. These units have responded to hurricanes like Katrina, Ike, Harvey, and, this...
**New Members**

AsMA welcomes 26 new members in November.

- Bleasdale, Reagan; Bastrop, TX, United States
- Bogdanovski, Goran; Skopje, Macedonia
- Braverman, Ariel; Shanghai, China
- Carson, Zachary; Waukomis, OK, United States
- Carter, Daniel; Lebanon, OR, United States
- Clark, Shane; Fleming Island, FL, United States
- Donahoe, Timothy; Bethesda, MD, United States
- Dubowy, Dominik; Frankfurt am Main, Germany
- Ellis, Mary; Houston, TX, United States
- Gerold, Dennis; Whispering Pines, NC, United States
- Huntington, Mark; Sioux Falls, SD, United States
- Johnson, Joseph; Columbus, OH, United States
- Lamp, Amanda; Pullman, WA, United States
- Land, Christopher; Salem, NJ, United States
- Long, Andrew; Centerville, OH, United States
- Milanovich, John; Ann Arbor, MI, United States
- Miller, Chinele; Kingston, Jamaica
- Nadathur, Srijam; Doncaster East, Victoria, Australia
- Nambusi, Rachael; Fort Myers, FL, United States
- O’Neil, Taylor; Dayton, OH, United States
- Petrillo, Peter; Phoenix, AZ, United States
- Policastro, Lucas; Brooklyn, NY, United States
- Riddell, Robert; Saint-Bruno, Quebec, Canada
- Shields, Joshua; Riverside, OH, United States
- West, Michele; Murrieta, CA, United States
- Xu, Danny; Corpus Christi, TX, United States

**Clarksville Baptist Church:** An outreach clinic in the parking lot of the church. Dr. Parmet is examining a patient who proved to have atrial fibrillation and was transported to Tallahassee. The adjacent church was used to store and hand out food, water, and basic supplies.

That year, Florence and Michael. They were federalized (as Midwest-1, combining Missouri, Kansas, Iowa, and Nebraska) and sent internationally for earthquakes. Dr. Parmet spent weeks in Haiti and, the next year, assisted with the Japanese tsunami recovery. His Midwest-1 DMAT teams spent 6 months rotating in Puerto Rico and the U.S. Virgin Islands last year.

**In Memoriam: David P. Millett**

AsMA was saddened to hear of the death of David P. Millett, M.D., M.P.H. A native of New York City, Dr. Millett received his undergraduate degree from Denison University. He graduated from the Yale University School of Medicine in 1968. After medical school, he spent 2 years as an assistant resident in surgery at the Yale-New Haven Medical Center. He graduated from the USAF School of Aerospace Medicine in April 1971. He received his M.P.H. from Florida International University in 1987.

Dr. Millett served on active duty in the U.S. Air Force from 1970–1978, achieving the rank of lieutenant colonel in the Medical Corps. He served as Chief of Aviation Medicine at Shaw AFB from 1973–1978, after remaining in the Reserves until 1990. He was particularly proud of his service as the Assistant Air Attaché and Post Medical Officer at the American Embassy in Moscow from 1973–1975. In 1978 he was designated a Senior Aviation Medical Examiner and in the same year became Director of Flight Medicine for Eastern Air Lines, serving in that position until 1987. After several years of private practice, he was chosen to be the FAA Regional Flight Surgeon for the Southern Region in 1990 and held that position until 2007. His teaching positions included Adjunct Professor, Embry-Riddle University (1980–1987), Adjunct lecturer at Florida International University (1988–1990), and Adjunct Assistant Professor of Medicine at Emory University (1990 until his retirement).

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**Webb Recognized by Congressional Rep**

James T. Webb, Ph.D., was recognized by Congressman Dan Newhouse for having received the Louis H. Bauer Founders Award. This was entered into the Congressional Record for the 115th Congress, second session. The writeup for his award was also published on the front page of his hometown paper, the Yakima Herald Republic.

Dr. Webb was recognized with the Bauer Award for his dedication and accomplishments in aerospace medicine and human performance. He is a native of central Washington state, served in the U.S. Air Force for 20 years, and is known for his research on oxygen toxicity, acceleration effects on fighter pilots, and DCS. He has received other awards from AsMA and AsMA’s Constituent organizations as well as the Silver Snoopy Award from NASA. He is also a Past President of AsMA and has served on AsMA’s Council and Executive Committee. For a full biography, please see the July 2018 issue of the journal [Aerosp Med Hum Perform. 2018; 89(7):671] or the July 2018 newsletter (p. N28).
Association (AsMA), a trustee, Fellow, and Executive Vice President of the Civil Aviation Medical Association (CAMA), a member of the International Academy of Aviation and Space Medicine, and Past President of the Airlines Medical Directors Association (AMDA, 2015–2016). He had served on many AsMA committees for 35 years. He was chairman of the Air Transport Medicine Committee for 5 years and chairman of arrangements twice. He was the chair of the program and arrangements for the AMDA meeting three times.

Dr. Millet’s awards include the John A. Tamisiea Award from AsMA, a President’s Commendation and the Harris Award from CAMA, the Joint Services Commendation Medal, the Air Force Commendation Medal, the FAA Flight Surgeon of the Year, the FAA Regional Employee of the Year, the FAA Spirit Award, several FAA Superior Accomplishment Awards, the CAMA President’s Award, and an Honorary Membership in Birds of a Feather. He presented and authored numerous scientific papers on aviation medicine, including the memorable presentation on the “Mystery of the Red Sweat” at the AsMA meeting in 1983. In recent years, he has represented CAMA at AsMA meetings, often presenting the Tamisiea Award. We will miss his larger than life presence at AsMA meetings.

Obituary Listing

Thomas J. Conage, Sr., M.D., USAF (Ret.), died at the end of September. Born in St. Petersburg, FL, he earned his M.D. from the University of Colorado in 1975 and served a 1-year internship at Presbyterian Medical Center in Colorado. He also served an Aerospace Medicine Residency at Brooks AFB, TX, and Johns Hopkins, where he earned an M.P.H. at the School of Health & Hygiene. He was a flight surgeon in the U.S. Air Force, retiring with the rank of Colonel, and served as an FAA Senior Medical Examiner. While serving in the Air Force, he developed Flight Medical Standards for the USAF Major Command. He had been a member of the Aerospace Medical Association since 1978.

UTMB Wins National Award for Quality Patient Care

For the second year in a row, the University of Texas Medical Branch (UTMB) at Galveston has earned a prestigious national award for providing superior care to patients. UTMB ranked fourth out of 99 academic medical centers nationwide, earning the 2018 Vizient Bernard A. Birnbaum, M.D., Quality Leadership Award. Rising from ninth place in 2017, UTMB is among a small number of academic medical centers nationwide recognized for demonstrating superior quality and safety performance as measured by the Vizient Quality and Accountability Study, which has been conducted annually since 2005. UTMB experienced significant improvement since the implementation of the Best Care initiative in 2016 to deliver quality patient care at every level. The 2018 Vizient Quality and Accountability Study rankings place UTMB among other top academic medical centers in the nation.

MedAire Partners with NBAA

MedAire and the NBAA have announced a partnership to ensure NBAA teams have the best care wherever they travel. The NBAA team does a lot of travelling, including travel to its many industry events. While these trips usually go seamlessly and without any issues, it can be stressful when an unexpected illness or injury occurs, or when safety is at risk while away from home. For example, an NBAA team member needed help for a medical event at an international BACE show, and called MedAire, who were able to help immediately. The MedAire Global Response Centre (GRC) assessed the case and quickly arranged for a vetted doctor to visit the team member in their hotel room. After the doctor’s diagnosis, the GRC handled all the logistics and payment arrangements, had medications delivered, and kept in constant communication with the team member throughout the event. MedAire has also helped the team while travelling domestically with routine medical assistance and advice such as referrals, arrangements for medical care, and prescription refills. Having a knowledgeable and reliable resource provides peace of mind when away from home.

Mayo Clinic Announces Collaboration with Baxter

Baxter International Inc. and Mayo Clinic announced a new collaboration to develop a renal care center of excellence in the U.S. The center will serve patients across the continuum of renal care—from chronic kidney disease management through transplant—and drive better patient outcomes. The Baxter and Mayo Clinic’s new renal care center of excellence is located on Mayo Clinic’s campus in Jacksonville, FL, in the Mayo Clinic Dialysis Center, where Mayo Clinic’s recognized excellence in care will be integrated with Baxter Renal Care Services’ proven clinical service model and chronic kidney disease management program. The collaboration will also allow for the trial of potentially new, co-developed products and services.

SAA Hosts AASA’s General Assembly

South African Airways (SAA) was the host airline for the Airlines Association of Southern Africa’s 48th annual general assembly (AGA), which took place in mid-October in Livingstone, Zambia. The theme for this year’s AGA was Enabling African Airline Service Excellence. The assembly, which took place at the Avani Lodge Hotel in Livingstone, Zambia, attracted around 300 delegates, including leading airline industry executives and government policy makers from Southern Africa’s airlines, airports, air navigation services, and regulatory bodies, as well as aircraft and engine
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manufacturers, ground handling service providers, and associated businesses. The topics that the delegates unpacked at this year’s AGA reflected the need to continually innovate and improve service in areas such as digital transformation, bridging the communication and delivery gaps, as well as a panel discussion about how to manage the passenger’s airport and airline experience with their expectation.

—Please visit https://www.flysaa.com/about-us/leading-carrier/media-center/media-releases/newsroom to read more about this.

KBRwyle Wins NASA Contract

KBR, Inc., announced that its global government services business, KBRwyle, has been awarded an indefinite-delivery/indefinite-quantity (IDIQ) contract by NASA Goddard Space Flight Center (GSFC) to construct, deploy, and commission the next generation Space Geodesy (SG) Satellite Laser Ranging (SLR) ground systems. KBRwyle will deliver up to six SLR systems on this contract. It will also provide project management, engineering development, system build, documentation, acceptance testing, and other services. KBRwyle’s efforts will help maintain and enhance the geodetic infrastructure that enables modern geodesy and supports NASA’s earth science missions. Geodesy is the science of accurately measuring, with the highest precision, the Earth’s geometric shape, gravity and orientation in space, including their evolution in time. The KBRwyle-built systems will be part of the new NASA Space Geodetic Network (NSGN), which will provide high-quality millimeter data for the International Terrestrial Reference Frame (ITRF).


NIOSH Debuts New NORA Website

The National Institute for Occupational Safety and Health (NIOSH) made a new website available from the National Occupational Research Agenda (NORA) Manufacturing Sector Council. The Council is a partnership program developed by NIOSH which identifies workplace safety and health issues that require more attention and research. The new website features ways in which businesses and companies can safeguard employees from the release of hazardous energy during service and maintenance activities. Injuries and deaths can result from the unsafe release, presence, or activation of stored energy during servicing or repair. Specific practices and procedures ensuring deactivation and the control of re-activation, referred to as “lockout/tagout,” are meant to safeguard employees from unexpected startup of machinery, unsafe release of energy, or exposure to uncontrolled hazards, including electrical, mechanical, hydraulic, pneumatic, chemical, thermal, and other hazards. The new website provides current and adapted resources to help companies and businesses start or improve and maintain any existing lockout/tagout programs they may already have in place. It features a resource guide with step-by-step guidance and customizable materials and templates to help with the implementation of effective strategies for the control of unsafe hazardous energy release.

—Please visit https://www.cdc.gov/niosh/updates/upd-10-15-18.html for more on this.

ALPA Calls for Enhanced Aviation Security

In testimony in September before the U.S. House Transportation and Protective Security Subcommittee, the Air Line Pilots Association, International (ALPA), commended the recent aviation security improvements led by Congress, but underscored that insider threats to both passenger and all-cargo flight operations remain a serious concern. In the testimony, ALPA described an “insider” in aviation
As someone with authorization and unescorted access to secured airport areas such as the security identification display area known as the “SIDA.” Insider threats, which can result from such causes as malicious intent, complacency, or a lack of awareness, involve actions such as the aircraft theft that occurred recently near Seattle–Tacoma International Airport. ALPA’s testimony noted the danger posed to passenger and cargo flights as well as to communities on the ground. The union called on Congress to help achieve one level of security for passenger and cargo flight operations with swift policy action.


AOPA Works on Expanding LSA Capabilities

For more than 2 years, the Aircraft Owners and Pilots Association (AOPA) and other industry representatives have been actively engaged with the Federal Aviation Administration (FAA) and working on improvements and reforms for light sport aircraft (LSA) through the ASTM International Committee F37 on LSAs. While specifics including timing and other details are not official yet, significant and positive changes are expected to be coming soon. The current maximum takeoff weight for LSAs, set at 1,320 lb, was established in the original 2004 sport pilot/light sport rule. But, with a future revision to the definition, LSA limits may be performance-based and incorporate new systems and technologies—including electric propulsion, which is currently prohibited. With any change to the definition, additional aircraft would be expected to become eligible for sport pilot operation. LSA reforms and standards have been primarily developed through the ASTM process. In addition to LSAs, the effort is expected to touch on additional categories of aircraft, including unmanned and manned aircraft under 14 CFR Part 21.