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Flight **PHYSICIAN**

A publication of the Civil Aviation Medical Association



**VOL. 14, NO. 1
APRIL 2011**

President's Report

BY JAMES HEINS, M.D.

OCTOBER IS FAST approaching, which means my term as your CAMA President will end. At that time, I will pass the office to the now President-Elect, Hugh O'Neill. This means that I have only two chances left to air my thoughts, as President, in the *FLIGHTPHYSICIAN*. I am going to make the most of it. Hereafter, it will need to be in letters to the editor.

Early in my tenure, I wrote that I wanted CAMA to be an "open forum" organization in which the membership communicated freely with the Board and Officers, expressing their ideas on what CAMA can or should be as the voice of civil aviation medicine.

Two items were forthcoming. One member asked the Board to consider moving the Annual Scientific Meeting from the first weekend in October to a different date which might be more convenient for the AME members. This was seriously considered and for many reasons found not to be feasible. This was a valid request, however, and we need more input such as this. The second item was a suggestion for a position paper on the potential impact of the proposed

Editor's *Notes*

AN ARTICLE by Capt. John Scott is featured in this issue of the *FLIGHTPHYSICIAN*. It is a harrowing tale about a DeHavilland Dash 7 delivery. This is light reading and, hopefully, interesting. It serves to remind us that when we evaluate pilots they may be employed in various and dangerous environments. We should always inquire closely about a pilot's actual work, for which we are declaring them "fit."

Unfortunately, an E-mail list of members has not yet been created. The future of CAMA must include electronic communication. Many other societies have been using this medium for years. Much work is being done to provide an exciting scientific and social program for the rest of 2011. Timely communication is essential to advertise events early and enable busy doctors to plan well ahead. With only three publications a year, the *FLIGHTPHYSICIAN* is an inadequate tool.

Dr. Jack Hastings reports on the expert cognition panel he has worked so hard to create. Please read his article and plan to attend the meeting in Tucson.

The minutes of the January Board meeting in Dallas are now published. Many members

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health care plan on AME exams. This position was tabled because at this time it is unclear what type of plan will be implemented and if it will have any effect on AME exams.

I think CAMA has an obligation to have a position on every issue in aviation medicine that reaches the public. The suggestions for position papers should come from the officers, Board, and members.

I wrote on the medical consequences of the TSA body scanning procedure in my last President's report. This is an issue in which I feel CAMA has a unique reason to make comment via a position paper, and I made this suggestion to the Board at our January meeting in Dallas. What do you think? Should CAMA have a position paper on this issue? You can let me know your thoughts by E-mail: jamesh7904@aol.com or FAX: 314/965-1318.

To make CAMA a more effective communicator, the Board has initiated two new reports in the *FLIGHTPHYSICIAN*. The first is an annual financial statement, and the second is publication of the minutes of each Board meeting. FYI, the Board meetings are regularly scheduled in January (Dallas), May at the AsMA meeting (Anchorage this year), and October (Tucson this year). The by-laws permit the Executive Committee to act for the Board on an interim basis. The by-laws are posted on the CAMA Web site: www.civilavmed.org.

We are starting an E-mail newsletter to supplement the *FLIGHTPHYSICIAN*. To do this, we need to compile an E-mail database for the membership. You can imagine how difficult it is to get 500+ E-mail addresses together and keep the list current, especially if a member does not notify us of changes. We also plan to use the newsletter to electronically

poll the membership on the validity of a proposed position statement. A non-response will be considered an "aye" vote. We are trying to connect with you in as many ways as we can. Please give us any feedback that you have on our communication efforts.

Many good and/or important things happen to CAMA members, for example, awards, hospital appointments, kudos, and major life changes. These should be circulated to the membership and will be if you let us know.

Right now, the only information we get from you is the arrival or non-arrival of a check. In the latter instance, we do not know if you are disinterested, disgusted, or dead. No communication from you (a check) means that your name will be removed from the mailing list and database, but you could help us build a better CAMA if you would let us know why you didn't send that check.

If an airman goes to the FAA.gov Web site, he or she can find a link to the designated AMEs in his or her area. Do you know the AMEs in your area? Why don't you try it? There may be some surprises. Touch base and if they are not CAMA members, invite them to join.

I can't conclude the President's report without acknowledging the hard work of the Education Committee. They are busily putting together CAMA Sunday for the AsMA meeting in Anchorage, as well as the upcoming annual Scientific Meeting in Tucson. CAMA Sunday at AsMA provides good exposure for our organization and attracts new members. The Scientific Meeting always is informative, medically sound, and permits an attendee to qualify for Category 1 CME credits and FAA accreditation. I'll be in Anchorage and in Tucson; hope to see you there.

FP

Editor's Report from page 1

have an interest in the workings of CAMA. They are offered information to demonstrate our principles of transparency and accountability. It is hoped to provide more information in the future.

There is still time to plan a visit to our events held in conjunction with AMDA and AsMA, in Anchorage. The details are provided elsewhere in this journal. It would be great to see more members attending.

More articles are needed for our journal, and I encourage everyone to let me have material or ideas by E-mail.

Hugh J. O'Neill, Editor

E-mail: hughandann@cogeco.ca

Civil Aviation Medical Association Mission

CAMA, working on behalf of physicians engaged in the practice of aviation medicine, aims to...

- ★ promote the best methodology for assessment of the mental and physical requirements for civil aviation pilots;
- ★ actively enlarge our scientific knowledge;
- ★ advocate, through continuing education, both basic and advanced civil aeromedical knowledge;
- ★ promote professional fellowship among our colleagues from allied scientific disciplines;
- ★ bind together all civil aviation medical examiners into an effective, active medical body to promote aviation safety for the good of the public.

FLIGHTPHYSICIAN

A Publication of the
Civil Aviation Medical
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The editors of *FlightPhysician* welcome submission of articles, letters to the editor, news bits, interesting aeromedical cases, and photos for publication. Please E-mail text on a computer file (MS Word preferred) to:

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Executive Vice President's Report

By **DAVID P. MILLETT, M.D. MPH**

AS WE ENTER 2011, the health of the Civil Aviation Medical Association is excellent. At the end of 2010, our membership was 507. As of March, 2011, despite deaths and retirements, our membership has increased to 512. Our bank balance at the end of 2010 was \$52,263.50. During 2010 our revenue exceeded expenses by \$10.40. Our educational programs continue to set attendance records and receive high praise. The "Flight Physician" is full of good articles and information. We have received letters of praise for its quality and appearance. Of course, all this success is due to many loyal, hard-working members. Remember, "IT TAKES EVERYONE TO BE NUMBER ONE."

BOARD MEETING NOTES

The CAMA Board held its annual winter meeting in Dallas at the end of January. Fortunately, we were done and home before the bad weather and the Super Bowl crowd. The 19 Officers and Trustees worked hard for a day and a half planning the future of CAMA. There were many topics discussed. One change concerns our annual meeting. The Board decided that the Friday evening will not contain an organized event, but will be a free evening for the members to plan their own dinner and activity. This change will be for the next two meetings as a trial. The conference fee has been adjusted for this change.

The Board also accepted the meeting proposals received for the annual meetings for 2013 and 2014. The contract has been signed for October 10-12, 2013 at the Renaissance Orlando at Seaworld. I attended a



Dr. Millett

convention at this hotel last summer and it is an outstanding venue. The other selection is for the Renaissance Montgomery (Alabama) Hotel and Spa for October 9-11, 2014. The second hotel I visited for one day and it is also outstanding.

AEROSPACE MEDICAL

ASSOCIATION MEETING

The next CAMA event is CAMA Sunday at the AsMA meeting in Anchorage, Alaska, on May 8, 2011. The meeting will be 0800-1200 in the Denali room of the Anchorage Hilton. Jack Hastings is putting together a program on airmen certification. The date The CAMA Board meeting is on Monday, May 9 from 1000-1200 in the Anchorage Hilton Dillingham Room. The CAMA luncheon is at noon the same day in the Anchorage Hilton Aleutian/Alaska Room. I hope to see you all there.

ANNUAL SCIENTIFIC MEETING

Finally, some information about the next annual meeting to be held in Tucson, Arizona, October 6-8, 2011. Jack Hastings has worked very hard on the program for the annual scientific meeting, which will be in the DoubleTree Tucson Hotel Reid Park. It is a beautiful venue and we hope to visit the Pima Air and Space Museum. The program and registration form will be published soon. The theme is "Cognitive Function, Sleep Apnea, and Cognitive Testing in Aviation,"

DUES

And remember, please pay your dues. Please contact me if you are unsure of your dues status. Thank you very much for your support.

FP

CAMA Annual Scientific Meeting Tucson, Arizona October 6-8, 2011

Theme: Cognitive Assessment in Aviation

BY JOHN HASTINGS, M.D.

The Civil Aviation Medical Association is putting together an attractive program for the annual scientific program in Tucson this year. There will be core FAA and theme segments, and the meeting will fully satisfy credit requirements for attendance at an FAA aviation medical seminar. —Editor

THIS YEAR'S THEME segment will address the important subject of cognition and its assessment in pilots. Cognitive impairment related to neurological, psychiatric, substance abuse/dependence, and sleep disorders has received increased attention, as has cognitive performance in the fatigued pilot. The AME may face tough questions about cognition such as:

- A student pilot applicant with a history of ADD tells you he is off medications and is fine.
- Was the diagnosis questionable or incorrect? What tests will the FAA require?
- A young applicant states his learning disability is not problematic, but the FAA requires testing.
- How does my pilot satisfy questions about cognitive effects of acquired conditions such as traumatic brain injury, stroke, or tumor?
- Does my airline pilot/applicant who failed recurrent training have neurological disease?
- Is my 71-year-old private pilot/applicant showing signs of intellectual decline?
- How do sleep apnea and fatigue affect cognition?
- How does an applicant satisfy cognitive testing requirements after alcohol or substance abuse/dependence rehabilitation?

- What cognitive testing is needed for selective serotonin reuptake inhibitor (SSRI) use?
- How can I find out who can do the testing and where can it be done?
- Can the testing be done in my area?

Maintenance of alert wakefulness and the capacity to remain broadly aware while simultaneously applying critical focus to a specific task are essential skills in aviation. These attributes are of particular importance in novel and challenging situations both in emergencies and critical phases of flight. We all can agree that pilots should be cognitively at the top of their game.

Safe operation of an aircraft depends upon a normally functioning, sufficiently rested brain unhampered by developmental or acquired brain dysfunction, psychiatric disease, sleep apnea, or fatigue in a healthy aviator. Prescription and over-the-counter medications, emotional stressors, and substance abuse/dependence can also affect cognitive performance.

Subtle, questioned, or suspected cognitive impairment is especially challenging for the AME, the neurologist, other specialists, the neuropsychologist, and ultimately for FAA personnel bearing responsibility



Dr. Hastings will lead CAMA's Theme Seminar at the 2011 Scientific Meeting in Tucson.

for certification. Vexing questions include:

- Is cognitive impairment present or absent?
- If impairment is present, what is the etiology?
- What is the extent of impairment, and does it rise to the level of disqualification?
- Is demonstrated impairment reversible?
- Can cognitive testing stand alone in determining disqualification?
- What converging evidence (neurologic, psychiatric, substance abuse/dependence—other sources) is needed for medical certification decisions?

For the AME, specifically, concerns include:

- Who is qualified to do the testing, and who is not?
- How do I find acceptable testing facilities and personnel in my area?
- What if computerized testing is required and not available in my area?

Cognitive assessment is utilized by the neurologists and other specialists in developmental neurological

Continued →

disorders including attention deficit disorder and learning disabilities. Assessment is often needed in recovery from acquired disease such as traumatic brain injury and stroke, or in questioned degenerative disease. The psychiatrist is interested in the cognitive effects of major depression and other psychiatric disorders. The substance abuse/dependence/addiction medicine specialist evaluates cognition in recovery. The FAA requires serial assessment for approved antidepressant use. All rely upon formal neuropsychological assessment for aeromedical disposition.

Traditional neuropsychological test batteries long employed in cognitive assessment include the Halstead-Reitan Neuropsychological Battery. The Halstead-Reitan battery was specifically designed to detect brain dysfunction. More recently, computerized test batteries have been utilized for screening purposes and serial cognitive assessment in persons with known brain dysfunction. Cog-Screen AE (Aeromedical Edition) is best known.

In an integrated multi-specialty medical practice model in one location, a multi-disciplinary contribution to medical certification decisions is greatly facilitated. The neuropsychologist, psychiatrist, addiction medicine specialist, and neurologist can sit at one table and advise the aerospace medicine specialist. The FAA does not have this luxury and is

faced with the difficult task of coordinating information from consulting specialists scattered throughout the country.

The AME has limited guidance in finding qualified testing facilities and qualified testing personnel for pilots. These issues may result in certification delays, inadequate documentation, unqualified documentation,

significant expense, and lack of a multi-disciplinary perspective.

As you can see, an outstanding academic faculty has been assembled to tackle the challenges of cognitive assessment in airman medical certification and seek workable solutions.

FAA speakers from the Aerospace Medical Certification Division will also give core presentations.

FP

THE FACULTY

Three aviation neuropsychologists...

- ★ Drs. Gary Kay,
- ★ Robert Elliott, and
- ★ Carlos Porges will offer presentations on aviation neuropsychology. Dr. Porges not only performs neuropsychological assessment, but he also flies for a major airline.

One publisher...

- ★ Dr. Robert Heaton, publisher of Heaton's normative values, will speak on normative values and inference from cognitive testing to everyday life.

Neuropsychologists...

- ★ Dr. Russell Adams, of the Oklahoma University Health Science Center, and
- ★ Max Trennery, from Mayo Clinic, Rochester Minnesota, will speak.
- ★ Dr. Paul Buza will address cognitive aspects of hypoxia.
- ★ Behavioral neurologist Dr. Bradley Boeve, Mayo Rochester, will discuss sleep disorders.
- ★ Dr. Steve Alchuler, of Mayo, will address addiction issues.
- ★ Alzheimer's researcher Ronald Petersen, M.D., Ph.D. will also present.

Other speakers include...

- ★ Former AsMA Executive Director Dr. Russell Rayman and
- ★ FAA physician, William Mills, M.D., Ph.D.

Dr Hastings is a senior AME and FAA consultant who practices in Tulsa, Oklahoma.

The 2011 CAMA annual scientific meeting promises to be an outstanding venue. The Doubletree Hotel at Reid Park is a great setting, and October in Arizona is inviting. Join us in Tucson for this unique and important event.

Around The World In Eight Days— A Saga Of Witless Proportions *Fatigue, Risk Assessment, Flight Safety, Challenged Ferry Crew* By CAPTAIN JOHN R. SCOTT, MRAES

The story you are about to read is presented to you not because it was my last flight. But more to the point that, even though I have been directly involved with many aspects of fatigue and flight safety, I placed more value on risk assessment, rather than making prodigious use of all the skills I had developed over 42 years as a pilot (35 of them monocular). Please note where (F) appears in the text it refers to an increased level of risk, fatigue, crew rest, impact on CRM (crew resource management), and flight safety.



THE STORY BEGINS: It was a bright and sunny about 4 p.m. on a Friday afternoon in Toronto (Malton). The crew assembled to depart by car to North Bay, Ontario (CYYB).

We were given some (F) U.S. funds deemed suitable to cover expenses for this **five day** mission. We loaded up the trunk of the car with two bags of Jeppesen charts to cover Canada, the Atlantic, Middle East, and Far East. Probably about 25 kg worth! I then met Bart (Simpson) Burns, a chap who was, of his own opinion, well versed in negotiation techniques and would deal with all the handling agents and fuel suppliers reroute (F).

I was informed that the aircraft (a de-Havilland Dash-7, 4-engine turbo-prop) had already been delayed by six days, and the new owners who ran a mining company in Jakarta wanted to have a special celebration five days hence on the evening of 01 July – our expected arrival date. The Dash 7 was chosen by this company as the aircraft is renown for the short take-off and landing capabilities. It was to replace the current helicopter

transportation of workers to/from the mining areas in the restrictive terrain areas of Jakarta. The aircraft was a 50-seat configuration (twice the helicopter capacity, but its speed was about equal: 150 kts. IAS).

I was also told that there would **not** be any cargo on board—only four crew and their personal baggage (F). Also, I was advised that the contact gentleman was to meet us at 0700 (F) so that we could get on our way from North Bay to our initial destination of St. John's [Newfoundland] (CYYT) (F).

We departed Toronto at 5:30 with the appropriate credit cards (F) etc. We arrived at the Hotel in YYB at 9 p.m. where we met John, our maintenance guy. We determined what food items we should have on board for this forthcoming journey as there was no catering capability, only a hot cup (F). With some expert motoring about the store, we were able to find most foodstuffs that should support our hunger pangs (most were high sodium and caloric content) and did not require refrigeration. We also picked up six cases of water (32 bottles per case). This seemed to be prudent considering

the alternate sources enroute! Now that we had our stuff together, we planned to get up at 6 a.m. to have breakfast and get to the airport by 7!

After breakfast we traipsed out to Voyageur Airways facility to get our aircraft. Unfortunately, not all things were in place. The aircraft was not fuelled. Our contact was not there. The aircraft maintenance company would not release the aircraft to us until final documentation/funds were completed. Fortunately, the lead hand was a pleasant guy and let us least go out to the aircraft and have a look around.

First surprise – a beautiful paint job and a wonderful interior with all leather seats but in the baggage compartment, plus stuffed around the aircraft was a total of about 2700 lbs. of spares plus the entire aircraft paper library (probably another 500 lbs.) (F). This was to cause further problems enroute both for time and weather.

Many phone calls were initiated to as many people as possible so that we could get things going in the right direction. Could we get the fuel? Can we get a ground power unit? Can we get released? No! No! and No! (F).

Finally, at about 9:30 we got the aircraft log book. The refueller had been ordered but their primary contract was with Air Canada Jazz and only when there was no further need for them on the other side of the field would they come over. Eventually, Dufus, the refueller came over. He hooked up and began the refueling process, but someone had not properly checked the gauge settings (F). The result was that, after Dufus had left, we found out that one of the fuel gauges was not reading correctly. After pulling the gauge out and checking connections, we realized that the gauge was indeed correct and we were short about 1500 lbs. in the #1 tank. Back came Dufus – more fuel. Then he left after completing the job to get an imprint on the credit card. He came back but forgot the credit card so back he went again across the field to get the card – each time driving a full size refueling truck! It was now after 10:30 (F). Now ATC had lost our flight plan.

Refile (F). By about 10:45 (3+45 late) we had the wheels in the well on stage one to St. John's. (Psychological impact – frustration, time, fatigue.) Distance 1093nm = 5+23.

Now one has to understand Greenwich Mean Time very carefully. Newfie John (YYT) is 2½ hours behind GMT. Ponta del Gada (PDL) in the Azores is GMT. Basically, we arrived in St. John's at about 1730 local. We were supposed to have landed there about 1300 local (1530Z) (F). Now it takes about 6 hours to fly to PDL, so with an hour on the ground in St. John's we could have made it into PDL at 2330Z. The airport closes from))))Z to 0600Z). That didn't happen!

We landed in YYT, refueled, and then decided to wait until 2200L (0030Z) (at this point we had been up for 13+30 hrs.), thus arriving in PDL at 0630Z in accordance to the opening hours. Unfortunately, after we were about 80 miles east of St. John's, we noticed that the left hydraulic system pressure indicator was fluctuating by about 400 lbs. I decided to return to YYT to check all this out (F).

However, even though this was quite late, the maintenance engineer checked out the filters on the #1 system and had found particles in the filter. He cleaned it out and then we headed out again. During taxi it was evident that the #1 hydraulic system was still fluctuating, so we returned to the ramp and decided to shut it down for the night as here was little else we could do at this point and it was 2 a.m. (we had been up for 18 hours by this point). A good judgment decision not only for fatigue but also attitude.

Away we went to the Holiday Inn to get some rest. Next day the Maintainer went back to the airport to check out the system. Later on, after much discussion I decided to taxi the aircraft to the other side of the field to another Airways hangar. They had a ground power unit and the manager was cognizant with the Dash 7 systems and hydraulics. The Maintainer made the decision to exchange hydraulic transmitters (after we had made a number of calls back to North Bay to arrange various gauges,

filters, etc. North Bay, however, wanted \$25,000 cash to pay for the parts. It was Friday after 4p.m. Guess what? It didn't happen. (F)

So we put in a new filter, started up and all seemed to be fine. However, unbeknownst to us, the fuel gauges into which we had now applied our trust, failed us. But, it wasn't until after we were airborne that the reality became evident – we didn't have enough fuel to get to the Azores. We turned around once again to return to YYT. We had once again lost our window of arrival at PDL. Back to the hotel for another delay. (F)

It was now Saturday. The checks were carried out on the fuel system and we determined that it was going to be necessary to drip each tank and not trust our gauges. After a short rest back at the hotel as we once again had to meet the operating hours at PDL, we went to the aircraft. Topped up our water and coffee containers and launched off into the night at 0030Z. Fortunately the major storm coming up from Bermuda had also passed to the east of our track and there was not to be any strong winds or good following winds, but the weather in general was OK. Distance 1326 nm = 6+15.

At 0615Z, we arrived overhead of Ponta del Gada (PDL) and landed as the sun was creeping over the mountains of the island. After about an hour and a half on the ground to refuel and refile our flight plan, we launched into the air, climbing up to FL 190 (we should have been at FL 230 but the weight and temperature prohibited) (F) enroute to Valencia, Spain. Distance 1301 nm = 6+00.

Our arrival time was about 5 p.m., and once again the support services were vague, inducing lengthy delays in getting out of the airport (F). It was now another long 6 hours to our next destination: Iraklion, Crete. So how long have we now been without prone rest?

The weather enroute did not present any problems. It was quite hot and we were unable to climb to the expected cruise levels (F). After landing in Irak-

lion, we were able to park in a suitable area and were met by our handling agent. In no time at all, we got the aircraft put to bed and then ourselves. Distance 1144nm = 5+12.

The hotel was in the center of the city adjacent to the walled harbour entrance. We did not get to appreciate the quality of the place as we were too exhausted. The time was 2 a.m. Crete time (GMT +2). Twenty-four hours and 30 minutes.

Next morning I awoke about 9:30, showered, dressed, and went down for breakfast. It was close to the end of the breakfast time. The meal was digestible – but barely – dead eggs, stale bread, and some fruits approaching the wine stage (F). The crew amassed at about 1130 to go to the airport and once again begin our quest for the Holy Grail.

Typically, we encountered many bureaucratic delays in getting out of "Dodge." In fact, we were delayed so much that when it came time to get our clearance, it had expired (F). Fortunately, it did not take too long to get it back and we were once again on our way to Hurgada, Egypt on the edge of the Red Sea. This was a totally uneventful leg, fortunately. The turn-around here took about an hour and a half in temperatures of +38C and at a very high cost (F). Distance 697nm = 3+22.

Off we went to the next sector crossing Qatar, Jordan into Bahrain, where we landed for more fuel. The ramp temperature at 7 p.m. (GMT + 4) was 38C. Distance 1229nm = 5+50.

As Maintainer was doing his walk-around, he noticed that the number-two prop was leaking fluid. Oh, Oh! Is this going to need a prop change? After completing the refueling, we did a short engine run on that prop and after shut-down, there was no further evidence of fluid loss, so we wound up the other engines and departed for the next destination – Ahmamabad, India. But we were very concerned about the weather as the major air mass that had been dumping rain on Delhi over the last week had shifted north. We had

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Member 'Gone West'

HARVEY W. WATT

CAMA Friend and Corporate Sponsor

CAPTAIN Harvey W. Watt, age 93, passed away on November 19, 2010, in Atlanta, Georgia.

Harvey, as he was known to everyone, was an affable and gregarious gentleman. Born in Canada, he was educated in Canada and the United States.

He learned to fly at a young age. Early in his career, he was known as the flying insurance agent who liked to land his airplane on the streets of small towns. During World War II, he was a flight instructor for the Army Air Corps in Camden, S.C.

In 1944, he began his 30-year career as a pilot for Eastern Air Lines. As one would expect, he was one of Eastern's most colorful captains.

While flying for Eastern, he applied his knowledge of insurance by creating the Harvey W. Watt and Co. and the Aviation Insurance Agency. He was president of these companies until his retirement. His companies offered loss of medical license disability insurance for pilots. His companies later on branched out to offer other airline and pilot insurance programs.

He promoted good health and lifestyles for pilots and offered assistance for handling medical



problems. With his medical associates, many pilot careers were saved. He also supported aviation medical associations, such as CAMA. Harvey sponsored the Audie and Bernice Davis Award of CAMA, which annually recognizes an AME who has supported health and welfare among pilots. He was a CAMA corporate sponsor for many years. He was a leader in many civic and aviation organizations.

As a supporter of good health, Harvey was known as an advocate for the Pritikin diet and lifestyle program.

I had the pleasure of knowing Harvey for 30 years. He was always a great joy. He was really a lot of fun. I can still hear his voice: "Let's go fishing and then have a good Pritikin dinner."

A memorial service honoring Harvey's life was held at St. Luke's Episcopal Church on November 24, 2010, in Atlanta. The attendance was large and included many aviation people. It was the day before Thanksgiving and we all gave thanks for having the pleasure of being associated with Harvey.

All of us at CAMA will miss him greatly.

—David P. Millett, M.D., MPH.

World in 8 Days from page 7

hoped for tail winds, but that didn't happen. Also, the temperatures were so hot outside that we were unable to even reach FL170. We leveled off at FL150 and even that took over 54 minutes where normally that would only take about 30. The result was a much higher than expected fuel burn. It was unlikely that we would make Ahmambad. So where do we go? Fortunately, Karachi, Pakistan was only 50 miles north of our track, but we did not have any overflight clearance to enter Pakistan. Time to use the Flight Safety card (F). We requested direct to Karachi airport and were cleared accordingly. However, the Grinch now hit us. On approach we selected 15 flap, but nothing happened. It didn't go down. No real problem as we practice zero flap landings all the time. We cleared the runway and taxied to the ramp. We were immediately confronted with security police and some airport authority personnel. We were graciously received. I had to write a report for ATC as to why we had rerouted into Karachi, and my explanation was readily accepted. Distance 643nm =3+12.

After the normal delays, payments, fuel uplift, etc. (about 2 hours), we started up the old steed and tried to extend the flaps. No go. They weren't going to work. We tried every which way to make them happen, but they would not. The FO and I discussed the problem, and as we had a 12,000 runway, and we were in Pakistan, and although it would not be legal, we would do a zero flap takeoff. No problem.

This next leg did present us a number of problems. We were now overflying the more northerly part of India. As populated as that country is, there is a distinct lack of communications available for medium-level aircraft. Even the HF didn't work properly again. The winds were headwinds, not tailwinds. The radar was not functioning well. The weather system was significant and we encountered spots of very heavy rain.

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Civil Aviation Medical Association

SUSTAINING, CORPORATE, AND LIFE MEMBERS

The financial resources of individual member dues alone cannot sustain the Association's pursuit of its broad goals and objectives. Its fifty-plus-year history is documented by innumerable contributions toward aviation health and safety that have become a daily expectation by airline passengers worldwide. Support from private and commercial sources is essential for CAMA to provide one of its most important functions: that of education. The following support CAMA through corporate and sustaining memberships:

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Estol R. Belflower, M.D.
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A. Duane Catterson, M.D.
DeWayne E. Caviness, M.D.
Frank J. Ceravolo, M.D.
Liu Yu-Ching, M.D.

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James N. Heins, M.D.
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Rodney E.L. Williams, M.D.
Ingrid Zimmer-Galler, M.D.

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Banyan International Corporation
P.O. Box 1779
Abilene, TX 70604-1779

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1600 Smith St.
Houston, TX 77002

Harvey Watt & Company, Inc.
P.O. Box 20787
Atlanta, GA 30320

Medaire, Inc.
80 East Rio Salado Parkway
Suite 610
Tempe, AZ 85281-9107

Percussion Aire Corp.
Forrest M. Bird, M.D., President
P.O. Box 817
Sandpoint, ID 83864-0817

Rummel Eye Care, P.C.
1022 Willow Creek Rd.
Prescott, AZ 86301-1642

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Lars Tjensvoll, M.D.
Dottie Hildbrand Trembly, R.N.
Harold N. Walgren, M.D.
Alex M. Wolbrink, M.D.

Thank you for supporting the Civil Aviation Medical Association

CAMA
Board Meeting Minutes
January 28-29, 2011



BOARD OF TRUSTEES hard at work in Dallas,
Jan. 28-29, 2011

WELCOME: Dr. James Heins, President, welcomed the members of the board and thanked them for their travel to Dallas.

MINUTES:

Minutes of the October 2010 board meeting, circulated by E-mail by Dr. Heins, were approved.

PRESIDENT'S REPORT:

Dr. Heins reviewed the events of the past six months. He noted our successes and our short comings. He also emphasized the issues to be discussed. He read the President-Elect's report, as Dr. Hugh O'Neill was not present.

EXECUTIVE VICE PRESIDENT'S REPORT:

Dr. Millett handed out his prepared report and commented on the increase in membership from 428 to 507. He reported the success of the Pensacola meeting and the value of including the FAA-AME Seminar in our program.

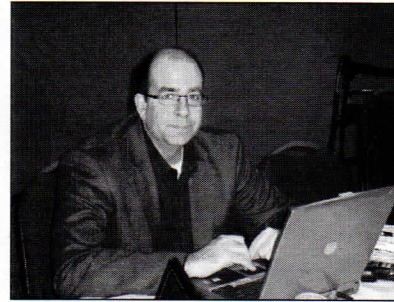
Contracts for the annual scientific meetings for the next two years are completed:

Tucson, AZ, Doubletree at Reid Park, Oct. 6-8, 2011
San Diego, CA, LaJolla Marriott, Oct. 4-6, 2012

SECRETARY/TREASURER REPORT:

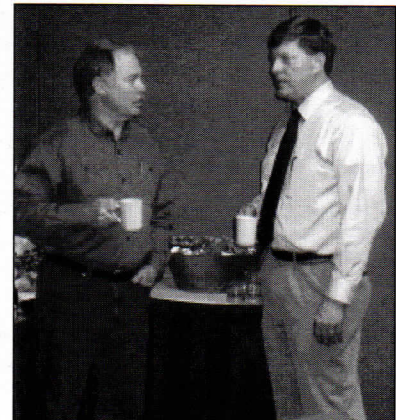
Dr. Ritter produced the accounting of the past year. Dr. Millett circulated the profit and loss balance sheet for FY 2010. The Board reviewed the report. The current bank balance is \$52,273.90.

CAMA has had two great years and is moving forward. It was agreed that the Secretary/Treasurer will provide a financial statement to the Board at each January board meeting. An effort will be made to publish the financial statement in the *FLIGHT PHYSICIAN*.



Clay Cowl
consults his
laptop

Mark Eidson
(left) and
Gary Saboe
take a break.



Dr. Millett reviewed the Tucson program, and the issue of the Friday night program was discussed. After considerable discussion it was decided that Friday night for 2012 and 2013 will be left open for a private evening.

VICE PRESIDENT MANAGEMENT:

By-Law change: ARTICLE.111 Section 3 Specific Terms of Office

The elected officers and trustees shall serve from the date of their elections during the general business session at a CAMA annual scientific meeting until their successors are elected at the general business session of the annual scientific meeting in the year that their term of office expires.

VICE PRESIDENT OF EDUCATION: No report.

CAMA SUNDAY: Dr. Millett informed the group that a room was reserved for the meeting and that if a program were developed, everything could happen as planned.

Motion: Dr. Ritter, Second: Dr. Hastings, that we hold the CAMA Sunday in Anchorage. Dr. Hastings will obtain the speakers. Dr. Cowl suggested that the notice be published in the AsMA Blue Journal. Dr. Millett advised that this was possible.

Motion: Dr. Caviness, Second: Dr. Millett, that CAMA as much as possible be involved with the Airline Medical Directors Association. Those of us who plan to be in Anchorage should try to participate with AMDA on their Saturday program.



TRUSTEES, from left upper clockwise, Robin Dodge, Bob Gordon, Jack Hastings, guest Lovie Beard, Earl Beard, and Duane Catterson.



Jim and Sammie Harris

VICE PRESIDENT OF COMMUNICATIONS: No report

COMMITTEE REPORTS:

LONG RANGE PLANNING: No report

NOMINATIONS: A review of terms for trustees and board was considered, and Dr. Heins recommended that only one person be the elected head of the committee so that communications would be easier.

Motion: Dr. Eidson, Second: Dr. Caviness. Passed unanimously.

Awards: It is time to make recommendations for the awards, and the President will happily accept nominations.

NEW BUSINESS:

A discussion ensued as to the need for a night off in our seminar schedule to be a free night. The recommendation was made that Friday night would be free of any program.

Motion: Dr. Millett, Second: Dr. Hastings. Passed unanimously.

LOCATIONS FOR FUTURE MEETINGS:

Orlando, Florida—2013

Montgomery, Alabama—2014

Motion for 2013 by Dr. Hastings, Second: Dr. Baisden. Passed unanimously.

Motion for 2014 by Dr. Millett, Second: Dr. Eidson. Passed unanimously.

WEB SITE ADMINISTRATION:

Dr. Cowl accepted the responsibility of arranging Webmaster input to resuscitate the Web site. Dr. Millett will send the materials to Dr. Cowl, and Dr. O'Neill will assume responsibility for content. Motion was made to allocate \$2,000 dollars, as needed, for Dr. Cowl to use for this effort.



David Millett enjoys a Mexican lunch.

Photos by Randy E. Caviness, M.D.



President Jim Heins and Joan Heins conclude a successful meeting

Continued on page 13

New Members

Jeffery S. Anderson, M.D.
5059 Highway 70 West
Morehead City, N.C. 28557
Emergency Medicine AME Pilot

Matthew T. Caddell, D.O., M.P.H.
Occupational and Environmental
Health Center
1873 Western Ave., Suite 100
Albany, NY 12203
Occupational Medicine AME

Ronald A. Davidson, M.D., M.P.H.
5647 Herwig Place
Manotick, Ontario
K4M 1B3 Canada
Aerospace Medicine

Daniel R. Doman, D.O.
501 E. Cummins St.
Tecumseh, MI 49286
Family Practice AME

Steven A. Dosh, M.D.
619 Minneapolis
Gladstone, MI 49837
Internal Medicine AME

Ralph P. Eccles, D.O.
2801 Daggett Ave.
Klamath Falls, OR 97601
Family Practice/Diabetes AME Pilot

John R. Fish, M.D.
207 E. 7th St.
Big Spring, TX 79720
Ophthalmology AME

Douglas R. Fownes, M.D.
993 Golf Vu Dr.
Fond du Lac, WI 5493
Family Practice AME Pilot

Kent Gaylord, M.D.
PO Box 3109
Telluride, CO 81435
Family Practice AME Pilot

Michael Gebauer, M.D.
3191 E. Semoran Blvd.
Apopka, FL 32703
Family Practice AME Pilot

Mike Geoghegan, M.D.
49201 22nd St., SW
Calgary, AB, Canada T2T 5G8
Anesthesiology AME Pilot

Daniel Gott, D.O.
234 State St.
Brewer, ME 04412
Family Practice AME Pilot

Brett Graham, M.D.
9162 Woodacre Blvd. S. Dr.
Indianapolis, IN 46234
Family Practice AME

Dennis Haack, M.D.
PO Box 975
Kekaha, HI 96752
Family Practice AME

Kevin Hornbeck, D.O.
627 Wingrove Ct.
Tipp City, OH 45371
Internal Medicine AME

John B. Isbell, III, M.D.
1810 Sylvania Rd. NW
Fort Payne, AL 35968
Family Practice AME Pilot

Whitman B. Johnson, Jr., M.D.
113 Ridge Rd.
Clarksdale, MS 38614
General Surgery AME Pilot

Nani Kanen, M.D.
1838 El Camino Real, Ste. 100
Burlingame, CA 94010
Internal Medicine AME

Shuaib Ayotunde Kehinde, M.D.
Federal Airports Authority of Nigeria
Ikeja, Lagos, Nigeria
Aviation Medicine

Robert Kreutzmann, M.D.
359 James St.
Ozark, AL 36360
Aerospace Medicine AME Pilot

Keith Landry, M.D.
PO Box 300
Paincourtville, LA 70391
Family Practice AME Pilot

Paul March, M.D.
38034 Medical Center Dr.
Zephyrhills, FL 33540
Internal Medicine AME Pilot

Robert McAndrew, D.O.
341 Echo Valley Lane
Newton Square, PA 19073
Family Practice AME Pilot

Luther Martin, D.O.
201 E. Arizona Ave.
Sweetwater, TX 79556
Family Practice AME Pilot

Troy A. Millican, M.D.
2122 Hwy. 71 S., Ste 101
Columbus, TX 78934
Family Practice AME Pilot

Louis S. Moore, M.D.
768 6th Ave N.
Naples, FL 34102
Family Practice AME Pilot

Dr. Reuben Sunmade Osho, M.B.
Federal Airports Authority of Nigeria
PMB 21607
Ikeja, Lagos, Nigeria
Aviation Medicine

Phillip E. Parker, M.D., M.P.H.
2340 Ridgetail Drive
Castle Rock, CO 80104
Aerospace & Occ. Med. AME Pilot

Rob Parrish, M.D.
PO Box 130507
Houston, TX 77219
Neurosurgery AME Pilot

Tom Peurifoy, M.D.
2126 W. Roy Pastur Rd.
Ozark, AL 34360
General Surgery AME Pilot

Brain S. Pinkston, M.D.
301 N. Walker Ave., # 1306
Oklahoma City, OK 73102
Aerospace Medicine

Steven T. Powell, M.D.
2910 S.E. 3rd Ct., Ste. A
Ocala, FL 34471
Dermatology AME Pilot

Richard Ruh, M.D.
3680 Eggert Rd.
Orchard Park, NY
Family Practice AME

Steven Scherr, M.D.
401 N. 9th Street
Bismarck, ND 58501
Family Medicine AME Pilot

*CAMA, the Civil Aviation
Medical Association, Welcomes
Our New Members to the
Growing Body of Aviation
Medical Advocates!*

Continued →

- William R. Scorby, M.D.
N5011 Oakville Dr.
West Salem, WI 54669
Occupation Medicine AME
- Grant J. Shevchik, M.D.
101 Orchard Drive
Level Green, PA 15085
Family Practice AME
- Russell R. Smith, M.D.
5069 West Plano Parkway
Suite 224
Plano, TX 75093
Family Practice AME Pilot
- James R. Straden, Jr., M.D.
1640 Coit Road
Plano, TX 75075
Cardiology AME
- Joey Swartz, M.D.
4502 Kingsway
Anacortes, WA 98221
Aerospace Medicine
- Terry Swezey, M.D.
1800 43rd Ave., Ste. A3
Vero Beach, FL 32960
Family Practice AME
- Richard P. Timmons, M.D.
3131 E. Air Line/ MS 158
Phoenix, AZ 85034
Family Practice AME Pilot
- Felix R. Tormes, M.D.
1065 Harbor Ln.
Gulf Breeze, FL 32563
Orthopedic Surgery Pilot
- Joel Weinberger, D.O.
720 Oak Commons Blvd.
Kissimmee, FL 34741
Family Practice AME
- Richard H. White, M.D.
14509 Ridgetop Ten.
Austin, TX 78732
Family Practice AME Pilot
- Frank L. Young, M.D.
209 Old Rapids Rd.
Lexington, SC 29072
ENT AME Pilot
- Mohd. Hani A. Younis, M.D.
Saudia Arabian Airlines
SVCS. CC506, PO Box 620
Jeddah, Saudia Arabia
Ophthalmology AME
- Osama A.H. Zahran, M.D.
Saudia Arabian Airlines
Jeddah, Saudia Arabia 21231
Rheumatology AME

Board Meeting from page 11

Motion: Dr. Ritter, Second: Dr. Hastings. Passed unanimously.

SATURDAY 8:30 AM

Dr. Millett reminded everyone that lunch was planned for noon.

NEW BUSINESS:

After our annual meeting in Pensacola this past October, concerns were voiced that disclosure and conflict of interest forms had not been distributed to the speakers as had been the policy in the past. A discussion ensued with input from Drs. Cowl, Hastings, and Dodge. Dr. Eidson commented that the form used by the American Academy of Family Practice could be the appropriate form for CAMA use since they were the granting organization for our CME.

Disclosure Policy: Provide Disclosure Forms to all invited speakers. The Program Chairman of the session shall be responsible for their distribution.

Motion: Dr. Hastings, Second: Dr. Caviness. Passed unanimously.

Drs. Eidson, Cowl, and Millett will develop a suitable form.

MEETING EVALUATION FORMS:

Speaker evaluation forms will be distributed to all attendees at scientific sessions and seminars.

Motion: Dr. Eidson, Second: Mr. Harris. Passed unanimously.

POSITION PAPERS:

CAMA Board of Directors welcomes submission of any position papers for review and possible dissemination as an official CAMA position.

Motion: Dr. Ritter, Second: Dr. Eidson. Passed unanimously.

REORGANIZATION:

Dr. Heins led the discussion that the new responsibilities for the Web site newsletter as well as the

FLIGHTPHYSICIAN might require that the Editor function be assigned to another individual other than the President-elect. The Editor would be an ex-officio member of the Executive Committee. The matter was tabled until the next board meeting.

The president asked that the Vice Presidents for Education, Communications & Representation, and Management be elected at the annual meeting pursuant to the By-laws. These individuals are members of the Board Executive Committee. After discussion, the MOTION was made by Mr. Harris, seconded by Dr. Baisden and passed unanimously.

Discussion ensued in regards to agenda for the October meeting. Dr. Millett reiterated the need for a tentative schedule to be available within a week of AsMA meeting in May to allow adequate time for publication.

E-MAIL:

Extensive discussion as to who will be responsible for the Web newsletter and how to achieve this objective. It is agreed at this time that Dr. O'Neill as President-Elect/Editor will assume that job and that the CAMA membership E-mail list be forwarded to him as soon as possible.

Motion: Dr. Hastings, Second: Dr. Wolbrink. Passed unanimously.

NOMINATING COMMITTEE:

The committee membership will remain unchanged and will have a slate of nominations ready for board action prior to meeting in Anchorage.

Dr. Heins thanked the board members for their attendance in Dallas and for their efforts. A hardy welcome to meet again in the Great State of Arizona in October. See ya all in Tucson!

ADJOURNED

(Submitted Dr. Gordon Ritter)

2011 MEMBERSHIP DUES NOTICE

Member's name and address

Name _____
 Street _____
 City _____ State _____ Zip _____

Please complete and return with your payment.

Membership is from January 1 through December 31

U.S. Dollars

Membership dues \$ 100.00
 Sustaining membership dues (OPTIONAL)..... \$ 200.00
 Membership dues for retired members \$ 35.00
 Membership dues for students \$ 35.00
 Life membership \$ 1,000.00

Payment options

Check enclosed # _____ MasterCard VISA
 Credit Card Number _____
 Expiration date: _____ Total amount \$ _____
 Print Name: _____
 Signature: _____

This information provided will not be shared with any other organization

PLEASE PRINT Spouse's name: _____

Check if you are a member of

- Aerospace Medical Association
- Aircraft Owners and Pilots Association
- Airline Medical Directors Association
- American Medical Association
- Americal Optometric Association
- Experimental Aircraft Association

Are you An Aviation Medical Examiner A Pilot

Specialty: _____

Phone number () _____

Fax number () _____

E-mail: _____

If different from address listed above, address you wish *FlightPhysician* mailed:

Street: _____

City _____ State _____ Zip _____ Country _____

World in 8 Days from page 8

Fortunately it wasn't dark yet, so we were able to maneuver around some of the more significant heavy weather. Then about an hour out of Kolkata (Calcutta), the #1 oil pressure began to fluctuate and the engine oil light came on. The engine was shut down immediately to save it and prevent seizure or even fire. Now it became a dark and stormy night. Fuel was becoming critical. We had an engine out. We had to descend to FL110 to maintain speed and keep out of any icing conditions. We asked for and received radar vectors for a short final to the active runway. No problem. We landed in pelting rain with about 600 lbs. fuel remaining. To continue the façade, we shut down #4 as we taxied into our parking area, thus giving the appearance of normal taxi procedures. Distance 1178nm = 5+31 (Crew duty time 18+00).

It took us about 2 hours to get through the bureaucracy. Significant depression set in as we drove by the shanty shacks whose only cover might have been some corrugated sheets of tin carefully wrapped with plastic bags.

We were functioning only on cat-naps so it was not possible to get a full night's sleep. One more day to go we thought – we can handle this. Next morning, at 0700, we departed the hotel for the airport. Again, after many administrative problems the fuel truck arrived but no ground power unit. I was not wanting to refuel only on batteries and had no other manner in which to start the aircraft. After about half an hour, it was clearly evident that the support was not forthcoming, so we minimized battery drain and started the refueling. Maintenance, meanwhile, had put in some 8 litres of oil into #1! (F) The refueling done, the agent finally says that there is a ground power cart behind another aircraft, but the owner would have to bring out his tug to move the unit over – more money.

Finally, they lug the unit over and plug it in. Unfortunately, the GPU requires a key to turn the ignition. No one could find the key! (F) Since it was

becoming quite close to our clearance cancellation time, we decided to start one engine on batteries, recharge to system, and then hopefully get underway. The first engine didn't work so well so we shut it down. We then tried #4 and it worked just fine, so after a time we got the others started. However, when we selected the flaps they would not work. (F) Since Kolkata had a 12,000-ft. runway, we once again made the decision to depart – flapless. Off we went, departing towards Thailand. The temperatures were again excessive, so we could barely make FL170. We were mostly on top of the clouds, but every once in a while we would hit some icing and it necessitated a descent. After about two hours, the #1 oil pressure began to fluctuate. We shut #1 down again. Fuel was not a problem on this leg, so we made our landing at an airfield south of Bangkok. As per our new SOP, we started up the engine prior to our flapless landing. The airfield used to be a naval air base and we were looked after extremely well. This time, the engine took 5 litres of oil. Distance 1039nm = 5+ 00.

We were now ready for the last leg, to Jakarta. No such luck. After a flapless takeoff, we climbed up to about FL130. It was now night. The radar was not functioning properly. We could not get a read on the many thunderstorms in the region. To stay out of icing conditions, we remained at the lower altitude. But, lower altitude, more fuel burn. Could we make Jakarta?? The normal procedure for fuel distribution is that after about the first hour and a half, we open up the #1 & #4 fuel pumps and transfer the higher fuel to #2 & #3. Now we knew that we would have to shut down #1 engine again sometime, so we would have an excess amount in #1 tank. So we began to transfer fuel as per normal. Unfortunately, the #3 tank would not accept any fuel. Engine #3 was also the one that had the higher fuel burn in comparison to the others. (F)

On quick calculation, it would become evident that we would be dry tanks on #3 about one hour short of our destination. Then we would have both #1

& #3 engines shut down doing a flapless night landing after a 20-hour crew day, at an unfamiliar airport, with no radar, and thunderstorms in the area. (F)

I elected to make a diversion to Singapore to at least top up the fuel and try and check out our systems. No problem. ATC vectored us into the center runway, and we followed the taxi lights to our parking spot. Distance 528 nm = 2+18.

Then the fun began. Back to bureaucracy! We did get to file our flight plan. But, the credit cards were now maxed out. Bart Simpson had to borrow about \$2500 from the rest of the crew to pay for the fuel and handling charges. This time we added another 6 litres of oil but only after being airborne for three hours! Hmmm.

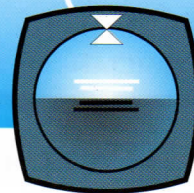
Another flapless takeoff. (F) Climbed up to FL130. This, however, created a problem with communications as all the route structures for communications purposes are based on high flyers. For a great portion of this sector, we could not talk to anyone. So, we figured we weren't on radar either, so we deviated from course for safety of flight as required.

We had to shut down #1 about 1 hour after airborne (F). It was basically [urinating] the oil out somewhere around the carbon seal. After about 2 ½ hours, we were in communication with Jakarta approach. The weather was clear. Light winds. The runway lights were in sight. We started up #1 about 10 miles back. Flew a perfect visual ILS approach and superb flapless landing. Taxied clear and followed the "Follow Me" car to our parking spot. Shut down the aircraft. Got out and kissed the ground! Distance 474 nm = 2+ 20.

I won't bother describing the flight home on Cathay Pacific. It was long and extremely tiring. Five hours to Hong Kong via Singapore and then 17 hours from Hong Kong to Toronto via Anchorage.

Yeah, I am crazy. Would I do it again? No. Not without a considerable number of caveats in place. Did I make mistakes? Probably. Did I violate my personal limits? Never. Did I appreciate the skills of the FO? Absolutely.

FP



FAA Aviation Medical Examiner Seminar Schedule

2011

May 9-12	Anchorage, Alaska AsMA (Med. Cert. Theme)
June 13-17	Oklahoma City, Okla. Basic
August 26-28	Washington, D.C. Cardiology
October 6-8	Tucson, Ariz. CAMA*
Oct. 31- Nov. 4	Oklahoma City, Okla. Basic
November 18-20	Portland, Ore. Neurol/Neuro-Psychol/Psych

*This is the Civil Aviation Medical Association annual meeting, which also has been approved by the FAA as acceptable for AME recurrent training. Information for the CAMA Tucson meeting is obtained from CAMA Headquarters. All of the FAA seminars require contacting your Regional Flight Surgeon or the FAA Education Division (AAM-400) at Oklahoma City, (405) 954-4258 or 954-4830.

Civil Aviation Medical Association 2011 Meetings Schedule

- May 8: CAMA Sunday at Aerospace Medical Association**
Anchorage Hilton Hotel
0800-1200: Aleutian/Alaska Room
Afternoon: A pilot safety seminar will be presented in the same room.
- May 9: Executive Board Meeting**
Anchorage Hilton
1000-1200: Dillingham Room
- May 9: CAMA Luncheon at AsMA**
Anchorage Hilton
Noon: Aleutian Room
- October 5: Executive Board Meeting**
Doubletree Reid Park Hotel, Tucson, Arizona
- October 5-8 Annual Scientific Meeting**
Doubletree Reid Park Hotel, Tucson, Arizona