

The AsMA Global Connection Story with IAC

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Dear readers, AsMA members, and friends,

In this edition of your Journal I have the pleasure to talk to one of my closest friends for many years, Elena Cataman, M.D. She is a founding member of ESAM, the European Society for Aerospace Medicine in 2006, but also very active in aviation long before in her small country, the Republic of Moldova, a part of the world which we do not know enough. I had the pleasure to be invited to some of the Interstate Aviation Committee (IAC) meetings, and I found exactly the same spirit of the aviation medicine family as I was used to from my meetings further west. This was yet another good reason to



Elena Cataman

approach this section of our community in order to knit more and closer ties!

Elena, please introduce yourself and the IAC and tell us a little bit about what you do.

Dear Roland, dear friend, first I should say that I am proud of you and it is an honor and a pleasure to talk to you about our common work and profession.

I am the Chief Medical Officer of the Civil Aviation Authority of the Republic of Moldova, a small Eastern European country. I have worked in civil aviation now for nearly 20 years but have a background in cardiac surgery. I like to share my knowledge and experience with colleagues from Moldova and other states. In addition to the obligations of medical assessor, I deliver lectures in aviation medicine and human factors issues in aviation. Since 2000, when Moldova joined the civil aviation community of the European Union via JAA, I have had an opportunity to get acquainted with you, dear Roland, and other colleagues from Europe. Moldova is also a member of the Interstate Aviation Committee (IAC) as an observer. IAC was established in December 1991 on the basis of the Interstate Agreement on Civil Aviation and Use of Airspace (Agreement). The Agreement was signed between newly independent states, 12 of them being from the former Soviet Union republics. The purpose of the Agreement is to maintain aviation regulations, standards and collaboration in different fields of civil aviation, independent accident investigation, certification of aircraft and engines, international aerodromes and air navigation equipment; training of aviation specialists; coordination of policies in the field of international air services,

simplification of border and customs formalities; development of measures to prevent aviation terrorism and unlawful interference with civil aviation; and harmonization and coordination in medical issues for civil aviation.



What is the IAC's contribution to aviation medicine?

I think Dr. Sergey Ivashov, the Head of the IAC Aviation Medicine Department and Chairman of the Coordinative Advising Aero-medical Council (CAAC) of the IAC, is best placed to answer this question. Dr. Ivashov made a great contribution to the development of clinical and aviation medicine in Russia and the Commonwealth of Independent States. For more than 35 years he has worked in aviation medicine. He is a professional doctor and specialist of military and civil aviation, devoting his work to medical examinations and protection of the health of aviation personnel. He was one of the founders of the "Association of Aerospace, Maritime, Extreme and Ecological Medicine of Russia" (AACMEM); he is its First Vice-President.



Sergey Ivashov

Sergey: Congratulations dear Roland on your election as AsMA President!

I would like to add that, being an international treaty, the main principle of the Interstate Aviation Committee is adherence to international norms, respect of national sovereignty and sovereign airspace, mutual trust and a common goal for the effective and safe development of aviation. Over the years, IAC has created and implemented an effective and balanced mechanism for global-regional cooperation in the field of civil aviation and the aviation industry, which served as a model for similar organizations in other regions of the world with which we successfully cooperate.

The IAC Medical Department deals with the coordination of flight safety in terms of medical and hygiene matters in the

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member states which are signatories to the Agreement. For the purpose of better collaboration and harmonization of the regulations the Coordinative Advising Aeromedical Council (CAAC) of IAC was formed in October 23, 1993. Representatives of the member states; major air operators; medical, scientific, training institutions; and international organizations like ICAO, WHO, ICASM, ESAM and AsMA took part in CAAC meetings and conferences.

I could present the following regulations and recommendations as examples of what has been produced and adopted by CAAC for use by the member states which are signatories to the Agreement:

- Medical certification of aviation personnel;
- Regulation on psycho-physiological provisions of flights in civil aviation;
- Standard guidelines on labor protection of the members of air accident investigation committees.
- Medical requirements for admission of civil aviation employees to work in harmful and/or hazardous occupational conditions in civil aviation.

These documents have been presented at the ICAO Assembly for specialists all around the world.

IAC Medical Department successfully collaborates with ICAO, especially in the CAPSCA project and attends international congresses and meetings organized by IAASM, ESAM, and AsMA. The refresher training in aviation medicine and aviation hygiene is organized and delivered by the Medical Department of IAC on a regular basis.

Elena: Sergey, could you please tell about the certification of civil aviation medical institutions and aeromedical examiners in the member states?

Sergey: Regulations on the attestation of aviation medical specialists, Aeromedical Centers and Flight medical commissions have been approved by the CAAC of IAC. The Interstate Attestation Commission was formed for these purposes. The procedure is used in 5 states participating in the Agreement at the request of the Civil Aviation Authorities.

Elena: I would like to say that in Moldova the "doctor in aviation medicine" specialty has been in the list of medical specialties for a number of years and the IAC Medical Department assisted us in offering arguments and evidence for this to be done on a state level.

Sergey: Indeed, Regulation and corresponding documents have been adopted by the IAC Council and supported at a Governmental level in order to introduce the specialty of aviation medicine in the Russian Federation, Ukraine, Kazakhstan, Armenia, Belarus, and Kyrgyzstan.

What is your and their relationship with AsMA and how long has it been in existence?

Elena: I have had links with AsMA since my involvement in aviation medicine. It is a Global Association that first of all provides knowledge and great experience in aviation medicine for specialists all around the world. The "Blue Journal" was my first meeting with AsMA in the early 2000s, then I attended some annual

meetings and finally I became a member of AsMA in 2016. But I would like to say that AsMA's collaboration with the European Society of Aerospace Medicine, where I am more involved, brought AsMA and colleagues from Europe closer.

Sergey: Currently, the civil aviation of states is operating in a rapidly changing environment. New international standards and recommended practices of ICAO and WHO have been adopted in many areas of health and civil aviation activities, and new international threats to life and health have emerged. This is what dictates the need to expand international and interregional cooperation between public health authorities and aviation authorities in order to mobilize resources in achieving priority tasks in the field of health safety management, revision and standardization of the regulatory framework for medical support of flights. AsMA and the Commonwealth of Independent States have a long history and rich experience in issues involving the medical safety of flights and aviation medicine. No one can underestimate the effectiveness of their partnership in cooperation with international organizations, primarily ICAO, WHO and others. Some CAAC members attend AsMA annual meetings and we always inform our members on information from the "*Aerospace Medicine and Human Performance*" Journal.

What already works well in this relationship and what could be improved or intensified in our collaboration?

Elena: I very much appreciate the mutual collaboration of AsMA and ESAM in organizing conferences in aviation medicine. It brings ordinary specialists active in aviation medicine from both sides of the Atlantic Ocean and worldwide much closer, sharing their experience and latest knowledge much quicker. It is very important especially for representatives of small countries where the aviation industry is not big, but safety issues are not less important. I would vote for stronger collaboration of AsMA and ESAM.

Sergey: I consider that better collaboration and exchange of information could be achieved on such issues in civil aviation as the health of the workers other than flight personnel and ATCOs whose work influences flight safety directly or indirectly; sanitary and hygiene issues; biological and radiological risks.

Do you have ideas for AsMA? For our support to your organization, and/or for the dissemination of information from your organization?

Elena: I would suggest that AsMA and European associations be more involved in the public promotion of the health issues of aviation personnel, stressing the importance of aviation medicine specialists, in other words more involvement in the safety management of physical and mental human factors issues in aviation. We should continue the exchange of knowledge and experience. I would appreciate collaboration in scientific research in human factors issues if AsMA could initiate this, and I would be most happy and willing to participate in that research.

What is your personal involvement in AsMA? Do you have any further plans? Are you interested in participating in the work or getting involved in the leadership of our Association?

Elena: In my work I use information provided to us by AsMA and I am very grateful for that. It is so important that we have an opportunity to collaborate during meetings and to visit the website of AsMA. I would be glad to take part in working aspects of AsMA.

Sergey: We must better identify threats, close gaps and vulnerabilities in order to effectively enhance our collective security, prevent public health hazards in aviation by combining our aspirations.

Aviation administrations, health authorities in cooperation with international organizations, including AsMA and AACMEM of Russia, have to expand regional cooperation, consolidating activities which will facilitate the formation of an effective system for preserving the health of aviation specialists, their professional reliability, and averting public health threats, which will certainly help flight safety in a positive way.

Dear Elena and Sergey, many thanks for this insight into the organization of aviation medicine in your countries and your achievements. We must certainly look for ways to share more information and collaborate more closely.