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16. Abstract An index to Federal Aviation Administration Office of Aerospace Medicine Reports (1964-2014) and Civil Aeromedical Institute Reports (1961-1963) is presented for those engaged in aviation medicine and related activities. The index lists all FAA aerospace medicine technical reports published from 1961 through 2014: chronologically, alphabetically by author, and alphabetically by subject. An introduction describes recently expanded capabilities for impact testing, aircraft cabin simulator research, portable hypoxia demonstration, and advanced flight simulation.					
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Recently Upgraded Facilities Expand CAMI's Capabilities

By Michael E. Wayda

Researchers at the Civil Aerospace Medical Institute, CAMI, recently upgraded four advanced facilities that will positively affect aviation safety in the years to come.



This new impact test facility was named in honor of the late Van Gowdy, a long-time CAMI impact sled engineer. The facility was dedicated in Nov. 2014.

Van Gowdy Impact Facility

The facility features a computer-operated sled on a 110-foot track that runs more efficiently, at higher acceleration levels, and with a higher payload capacity than the track it replaces, allowing CAMI researchers to obtain data that will eventually help passengers and crew survive commercial aircraft accidents. The main research application is to improve the crash safety provided by existing and proposed aircraft seats and restraint system configurations and materials.

Impact tests are conducted using an accelerator-type sled system. Test specimens are mounted on a sled that is propelled along precision rails by a pneumatic cylinder and controlled by a servo hydraulic brake system. This system can accurately reproduce the high frequency/high G accelerations that occur during survivable aircraft crashes. Any impact vector can be replicated by adjusting the orientation of the test article on the sled.

During impact tests, the seats are occupied by instrumented anthropometric test dummies ranging in size from a 1-year-old child to a 95th percentile male. Accelerations, forces, and deflections are precisely measured during a test, recorded on a multi-channel, high-speed data acquisition system, and evaluated to determine the risk of injury.

The impact facility became fully operational in June of 2014.

CAMI researchers gave an impact test demonstration during the November 2014 dedication ceremony and open house. The seats are occupied by instrumented anthropometric test dummies; the resulting data are analyzed to determine the risk of injury to the occupants.



Flexible Aircraft Simulator

The second new research facility now operational is the Flexible Aircraft Simulator, or FlexSim. Its mission is to provide simulations of single-aisle transport category airplanes (airliners) with seating for up to 120 passengers. The FlexSim is mounted on electro-mechanical scissor lifts that can raise the cabin to doorsill heights applicable to a range of airplane types, as well as pitch and roll the cabin to simulate various landing-gear-out, post-crash configurations. The purpose of this capability is to allow research into emergency procedures and evacuations from numerous crashed configurations.

The interior seats and monuments are fully reconfigurable to allow simulations of many different transport airplanes and to provide unique cabin interior configurations for answering novel research questions.

Windows are simulated via high-definition video display terminals mounted along both sides of the cabin interior to provide research participants a variety of realistic exterior scenes and operational scenarios, including normal takeoffs, landings, and cruise flight, as well as a full complement of emergency situations.

Cabin lighting is controllable to simulate all possible visibility conditions from normal- to emergency-lighting only, with or without simulated (theatrical) smoke generated to obscure the interior.

The Flexible Aircraft Cabin Simulator and the Van Gowdy Impact Facility were developed as part of the Aerospace Medical Equipment Needs program that was initiated in 2009.

In the center photo, this “airliner” is configured as a narrow-body passenger transport airplane with triple-seat assemblies on each side of the center aisle, complete with drop-down tray tables and oxygen masks.



Exterior of the FlexSim, located at the Mike Monroney Aeronautical Center in Oklahoma City, Okla.



Interior of the one-of-its-kind simulator. 120 test participants are briefed during acceptance testing.



Bottom photo, L-R: Scissors ready, FlexSim's ribbon is cut by Cabin Safety Research team members David Weed, Ken Larcher, Team Lead Dr. Garnet McLean, David Ruppel, Center Director Michelle Coppage, Federal Air Surgeon Dr. James Fraser, CAMI Research Division Manager Estrella Forster, CAMI Director Melchor Antuñano, and team members Cynthia Corbett and Kenneth Baldwin.

Portable Reduced Oxygen Training Enclosure

Although hypoxia in aviation is a threat to flight safety, relatively few pilots have had practical training to combat this hazard. The Civil Aerospace Medical Institute was one of the first to offer hypoxia training to the civil aviation community through the use of CAMI altitude chambers.

CAMI's altitude chambers have been used successfully and have an impressive safety record, but they also have limitations. First, pilots have to be clear of any upper respiratory ailments that could cause ear and sinus blockages. Second, even though the chambers are demonstrably safe, there is still a remote chance of developing decompression sickness associated with unpressurized flights to high altitudes. Finally, pilots must travel to Oklahoma City to get the training because the altitude chamber is situated in CAMI.

The advances in technology that are embodied in the Portable Reduced Oxygen Training Enclosure (PROTE) solves all of these problems. The PROTE uses mixed-gas technology to induce hypoxia, so it

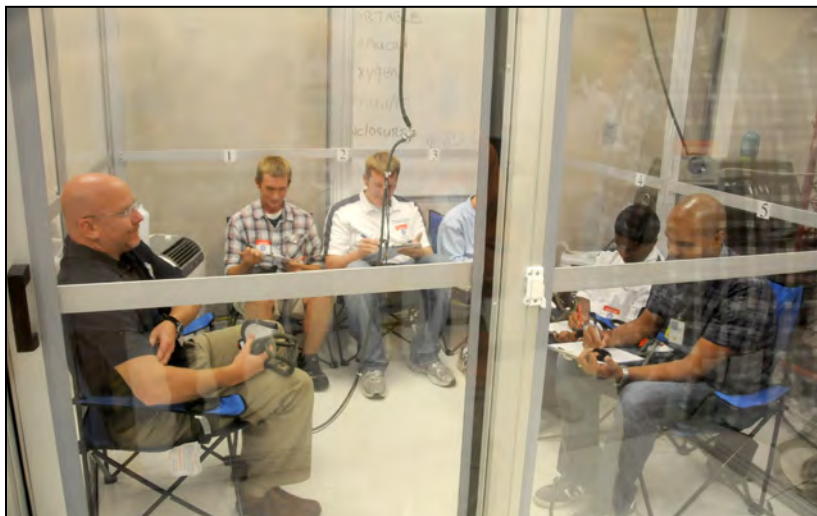


The portable chamber from the operator's perspective showing the enclosure with seats for five trainees and an instructor.

has distinct advantages over existing altitude chambers. Since mixed gas is used, issues with ears and sinuses are diminished, as well as the risk of decompression sickness caused by exposures to altitudes of 18,000 feet or higher.

Now, aviators can experience their personal symptoms of hypoxia without risking any of the above-mentioned issues of pressure reduction. An added bonus is that the PROTE is portable. Although based at CAMI, the 8-ft. by 11-ft. chamber can be shipped to various locations (such as major airshows), be made

operational in two hours, and can be used to train large groups. Five pilots at a time can be accommodated in the PROTE. They enter, sit down for about five minutes (under the tutelage of CAMI instructors) to discover their symptoms of hypoxia, don an aviation oxygen mask, and their hypoxia symptoms quickly disappear. Pilots emerge from the training chamber knowing their personal symptoms of hypoxia. Thus, they can use that awareness while flying to identify hypoxia symptoms and take corrective action.



A training session with five trainees. An instructor monitors the session to encourage them to participate fully by becoming hypoxic and to don the oxygen mask when the experience is complete. The experienced feelings can be remembered and can then serve as a signal to pilots during high-altitude flight...before safety is compromised.

Mustang Very Light Jet Simulator

A flight simulation training device for the Cessna Citation Mustang Very Light Jet was built to an equivalent level-5 flight training device and is now used as a research platform.

The Mustang features an accurate flight deck depiction with a sophisticated avionics suite, accurate portrayal of control forces, and a high-fidelity digital surround system that accurately replicates aircraft and environmental sounds. A graphical user station is provided that allows researchers to set and control all aircraft systems and environmental conditions.

Various research scenarios are automated, and data recordings have enhanced capabilities to generate detail-rich reports for post-flight analyses. Seven-megapixel Internet protocol cameras capture various angles of the cockpit and pilot interactions with the controls and avionics.

Flights are replayed on both the simulator and remote debrief station, including playback of audio communications, cockpit video, and digital flight data collected from the real time flight model. The simulator is mated with a high-fidelity 225-degree spherical dome that gives the pilot a large field of view. The out-the-window display system consists of six projectors that are driven from six high-end computers that provide pilots with realistic visualizations.



Wide view showing the Mustang VLJ and projected background.



View from the cockpit. The out-the-window display system consists of six projectors that are driven from six high-end computers that provide pilots with realistic visualizations.

These upgrades have significantly advanced the Civil Aerospace Medical Institute's ability to enhance aviation safety. Innovative work at CAMI has become the norm for more than 50 years, and these new applications of cutting-edge technology will position CAMI's researchers to meet future challenges.

Photos provided by

- ✦ IZONE Research Support Team
- ✦ CAMI Publications

HOW TO USE THE INDEX

Organization

The Index is organized in three sections:

1. Chronological Index: a cumulative list of all research reports from 1961 through 2012.
2. Author Index: all contributing authors, in alphabetical order.
3. Subject Index: subjects, listed in alphabetical order.

Some examples are:

14-3 Weed DB, Paskoff LN, Ruppel DJ, Corbett CL, McLean GA: Identification and comprehension of symbolic exit signs for small transport-category airplanes.

Above: This is an entry from the **Chronological Index** of research reports, shown in cumulative sequence.

Milburn NJ 82-10, 92-28, 92-29, 92-30, 93-16, 93-17, 95-13, 96-22, 97-10, 99-8, 04-10, 04-14, 06-26, 09-11, 11-8, 13-15, 13-16, 13-18, 13-20, 14-6

Above: This is an entry from the **Author Index**, which lists all research reports prepared by an author or co-author.

Air Traffic Controllers

...biographical factors, associated with training success, 83-6, 84-6, 90-4, 94-13, 13-7, 14-8

Above: An example of entries in the **Subject Index**; refers to all reports that pertain to a specific topic.

Report Numbers

13-8 Montgomery RW, Wood KJ: Laser illumination of helicopters: A comparative analysis with fixed-wing aircraft for the period 1980 – 2011. ADA577678

Above: The first numbers (13-8) refer to the year and chronological number of the report. This is an abbreviated portion of the official number given each report and is found in the upper left of the report's cover page. The full report number of "13-8" is DOT/FAA/AM-13/8. The "ADA577678" was appended to the report by the Defense Technical Information Center (DTIC). Keep the number system in mind when ordering from DTIC.

How to Order or Obtain for Free

- Abstracts and full text of all reports are available on the Federal Aviation Administration's Internet site:
www.faa.gov/go/oamtechreports
- Defense Technical Information Center (DTIC). Abstracts and full text of most reports are available from the DTIC's Public Technical Reports Internet site. Reports may be searched by author, title, and keyword, as well as "ADA" number.

<http://www.dtic.mil/dtic/search/tr/tr.html>

"Aviation Safety Through the Development and Application of Aeromedical Knowledge"

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- 77-16 Lategola MT, Flux M, Lyne PJ: Altitude tolerance of general aviation pilots with normal or partially impaired spirometric function. ADA044557/7GI
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- 79-8 Lategola MT, Trent CC: A lower body negative pressure box for +Gz simulation in the upright seated position. ADA069326/7GA
- 79-9 Schroeder DJ, Collins WE: Effects of congener and noncongener alcoholic beverages on a clinical ataxia battery. ADA069375/4GA
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- 83-4 Mertens HW, McKenzie JM, Higgins EA: Some effects of smoking withdrawal on complex performance and physiological responses. ADA126551/1
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- 83-6 VanDeventer AD, Taylor DK, Collins WE, Boone JO: Three studies of biographical factors associated with success in air traffic control specialist screening/training at the FAA Academy. ADA128784/6
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- 83-8 Kirkham WR, Wicks SM, Lowrey DL: Crashworthiness: An illustrated commentary on occupant survival in general aviation accidents. ADA130198/5
- 83-9 Boone JO: Radar Training Facility initial validation. ADA133220/4
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- 83-11 Pickrel EW, Convey JJ: Color perception and ATC job performance. ADA132649/5
- 83-12 Crane CR, Sanders DC, Endecott BR, Abbott JK: Inhalation toxicology: III. Evaluation of thermal degradation products from aircraft and automobile engine oils, aircraft hydraulic fluid, and mineral oil. ADA133221/2
- 83-13 Thackray RI, Touchstone RM: Rate of initial recovery and subsequent radar monitoring performance following a simulated emergency involving startle. ADA133602/3
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- 84-3 Booze CF Jr, Simcox LS: Blood pressure levels of active pilots compared with those of air traffic controllers. ADA146645
- 84-4 Lategola MT, Davis AW Jr, Gilcher RO, Lyne PJ, Burr MJ: Aviation-related cardiorespiratory effects of blood donation in female private pilots. ADA148045
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- 84-6 VanDeventer AD, Collins WE, Manning CA, Taylor DK, Baxter NE: Studies of poststrike air traffic control specialist trainees: I. Age, biographic factors, and selection test performance related to Academy training success. ADA147892
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- 85-2 Melton CE: Physiological responses to unvarying (steady) and 2-2-1 shifts: Miami International Flight Service Station. ADA155751

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- 85-5 Collins WE, Mertens HW, Higgins EA: Some effects of alcohol and simulated altitude on complex performance scores and Breathalyzer readings. ADA158925
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- 85-11 Rueschhoff BJ, Higgins EA, Burr MJ, Branson DM: Development and evaluation of a prototype life preserver. ADA163224
- 85-12 Russell JC, Davis AW: Alcohol rehabilitation of airline pilots. ADA163076
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