



Human Health and Performance for a Mission to Mars: How NASA Does It How NASA Should Do It

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Chief Scientist, NASA HRP (2013-2016)



I. NASA & HRP

overview

EVOLVABLE MARS CAMPAIGN

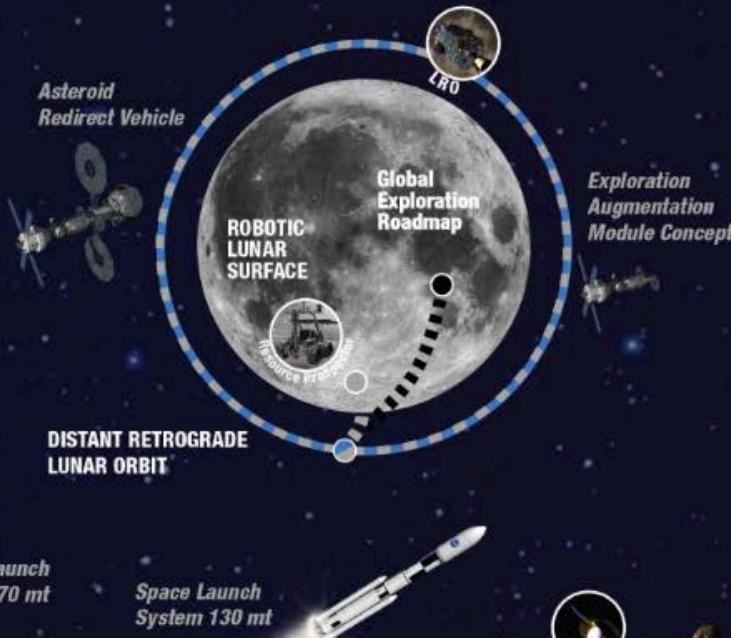
A Pioneering Approach to Exploration



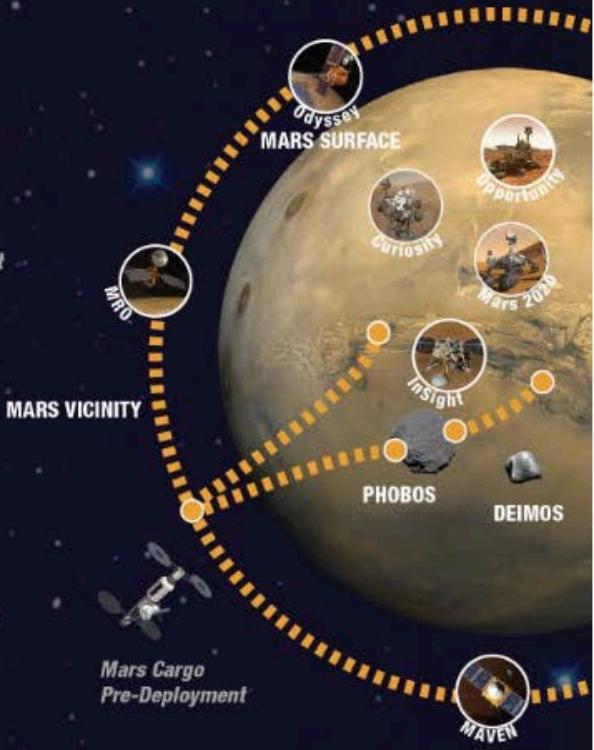
EARTH RELIANT



PROVING GROUND



EARTH INDEPENDENT



THE TRADE SPACE

Across the Board | Solar Electric Propulsion • In-Situ Resource Utilization (ISRU) • Robotic Precursors • Human/Robotic Interactions • Partnership Coordination • Exploration and Science Activities

Cis-lunar Trades

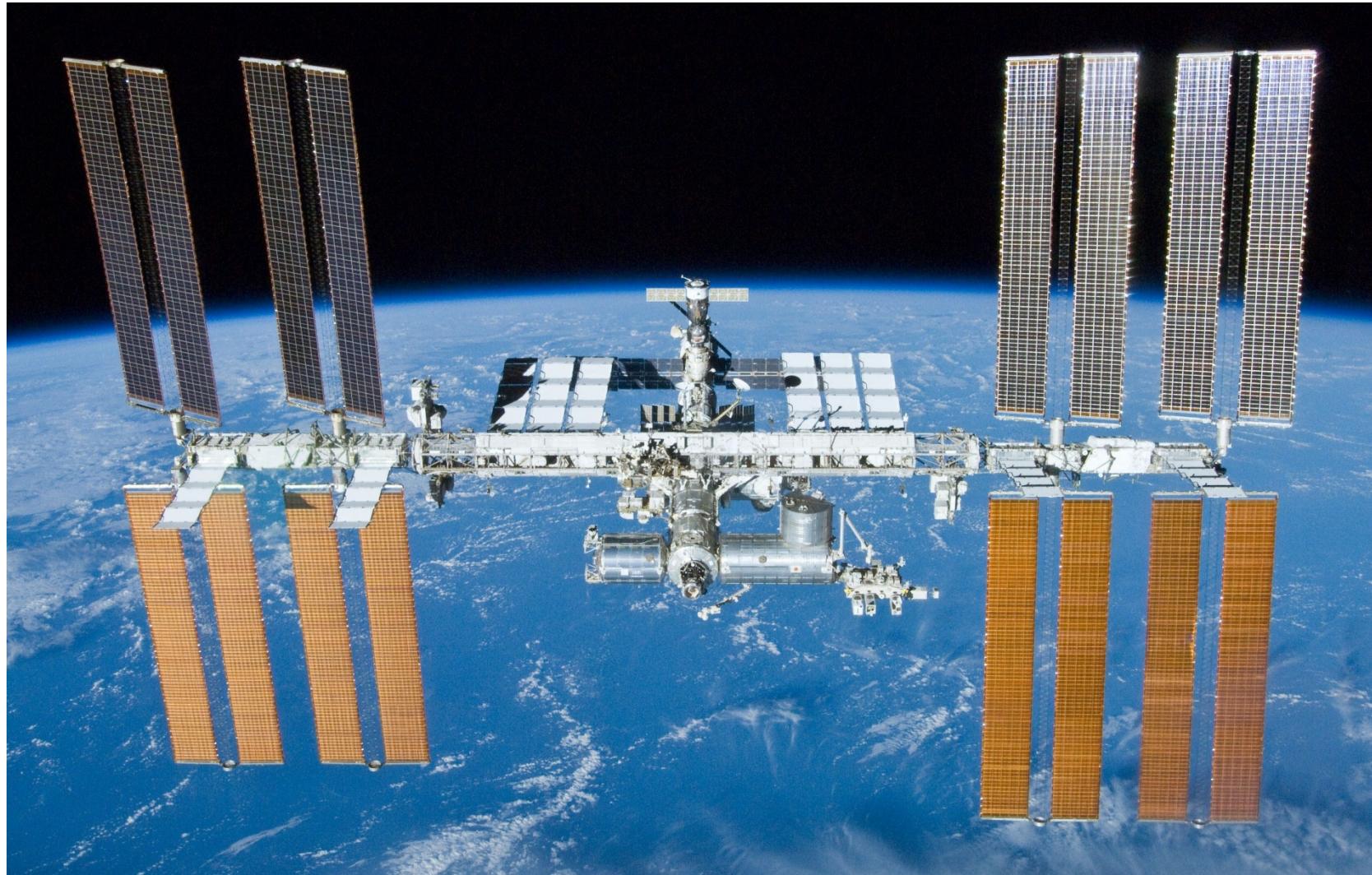
- Deep-space testing and autonomous operations
- Extensibility to Mars
- Mars system staging/refurbishment point and trajectory analyses

Mars Vicinity Trades

- Split versus monolithic habitat
- Cargo pre-deployment
- Mars Phobos/Deimos activities
- Entry descent and landing concepts
- Transportation technologies/trajectory analyses



ISS is a Test Bed



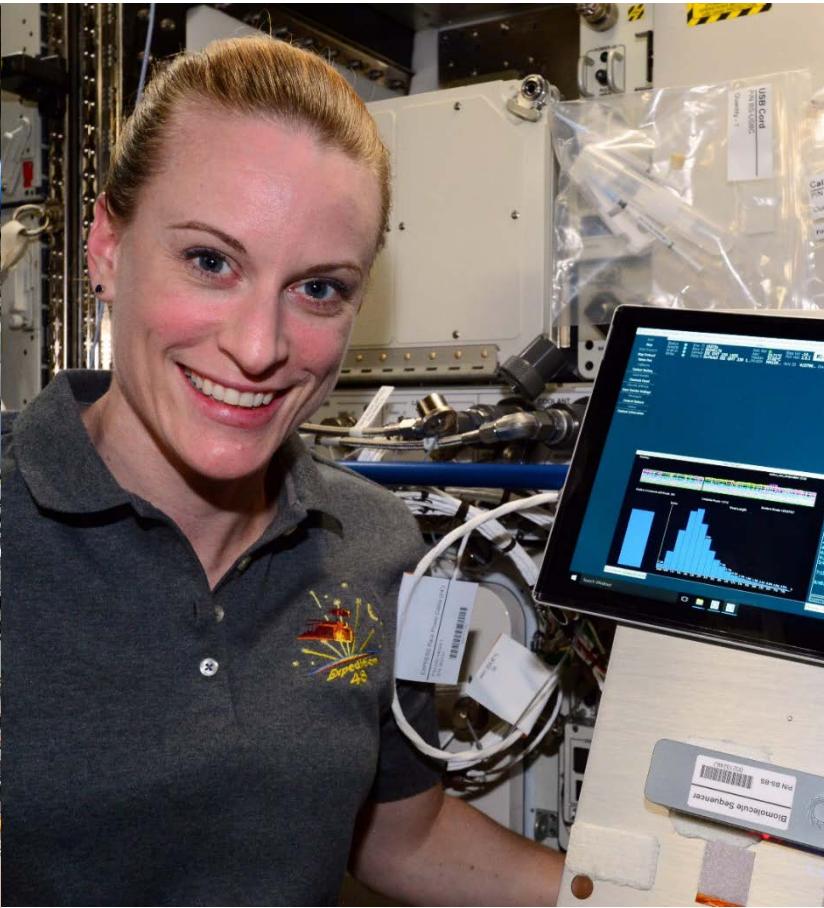


Human Experiments





Human Experiments





Health and Performance Risks by Hazard



Altered Gravity

1. Spaceflight-Induced Intracranial Hypertension / Vision Alterations
2. Renal Stone Formation
3. Impaired Control of Spacecraft/Associated Systems and Decreased Mobility Due to Vestibular/Sensorimotor Alterations Associated with Space Flight
4. Bone Fracture due to spaceflight Induced changes to bone
5. Impaired Performance Due to Reduced Muscle Mass, Strength & Endurance
6. Reduced Physical Performance Capabilities Due to Reduced Aerobic Capacity
7. Adverse Health Effects Due to Host-Microorganism Interactions
8. Urinary Retention*
9. Orthostatic Intolerance During Re-Exposure to Gravity*

Concerns

1. Concern of Clinically Relevant Unpredicted Effects of Medication
2. Concern of Intervertebral Disc Damage upon and immediately after re-exposure to Gravity

Radiation

1. Risk of Space Radiation Exposure on Human Health

Distance from Earth

1. Adverse Health Outcomes & Decrements in Performance due to inflight Medical Conditions
2. Ineffective or Toxic Medications due to Long Term Storage

Isolation & Confinement

1. Adverse Cognitive or Behavioral Conditions & Psychiatric Disorders
2. Performance & Behavioral health Decrements Due to Inadequate Cooperation, Coordination, Communication, & Psychosocial Adaptation within a Team

Hostile & Closed Environment

1. Acute and Chronic Carbon Dioxide Exposure
2. Performance decrement and crew illness due to inadequate food and nutrition
3. Injury from Dynamic Loads
4. Injury and Compromised Performance due to EVA Operations
5. Adverse Health & Performance Effects of Celestial Dust Exposure
6. Adverse Health Event Due to Altered Immune Response
7. Reduced Crew Performance Due to Hypobaric Hypoxia
8. Performance Decrements & Adverse Health Outcomes Resulting from Sleep Loss, Circadian Desynchronization, & Work Overload
9. Reduced Crew Performance Due to Inadequate Human-System Interaction Design
10. Decompression Sickness
11. Toxic Exposure*
12. Hearing Loss Related to Spaceflight*

HRP Integrated Path to Risk Reduction

PPBE19 Baseline



Mars Flyby		FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29
Risks	LxC		CCP		EM-1		EM-2		EM-3 (DSG)	ISS End	EM-6 (DST)	EM-7 (DSTH)		
HRP Deliverable Need Dates - DSG		Std/Req Veh/Hab Des	TTO	HW/Prot Veh/Hab	TTO	Stand alone HW/SW								
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Cognitive or Behavioral Conditions (BMed)	3x4							Risk Factors Understood	Monitoring Tools Day	CMS & Treatment Developed			Long-term Health Monitoring Support CMs Developed	
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ISS Required

Milestone Requires ISS

Planning only

DSG – Deep Space Gateway
DST – Deep Space Transport
DSTH – DST HAB
DSTS – DST Shakedown

ISS Not Required

Ground-based Milestone

Exploration Mission Milestone

End ISS

PPBE19 Baseline
HRPCB-approved
20 December 2017

High LxC Mid LxC: Requires Mitigation Low LxC Optimized Insufficient Data



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II. Science issues in detail



The Problem

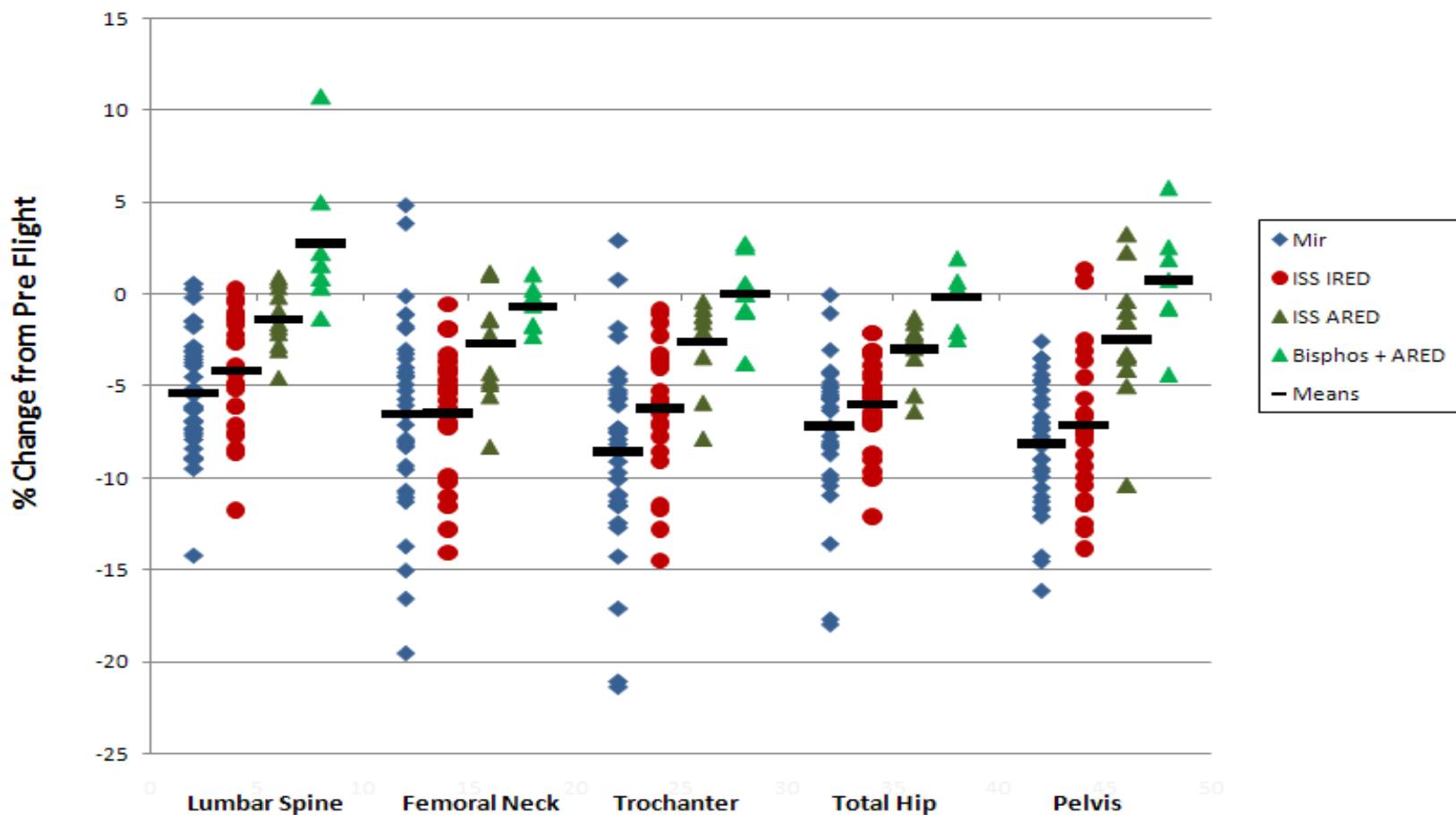




Bone Density Changes

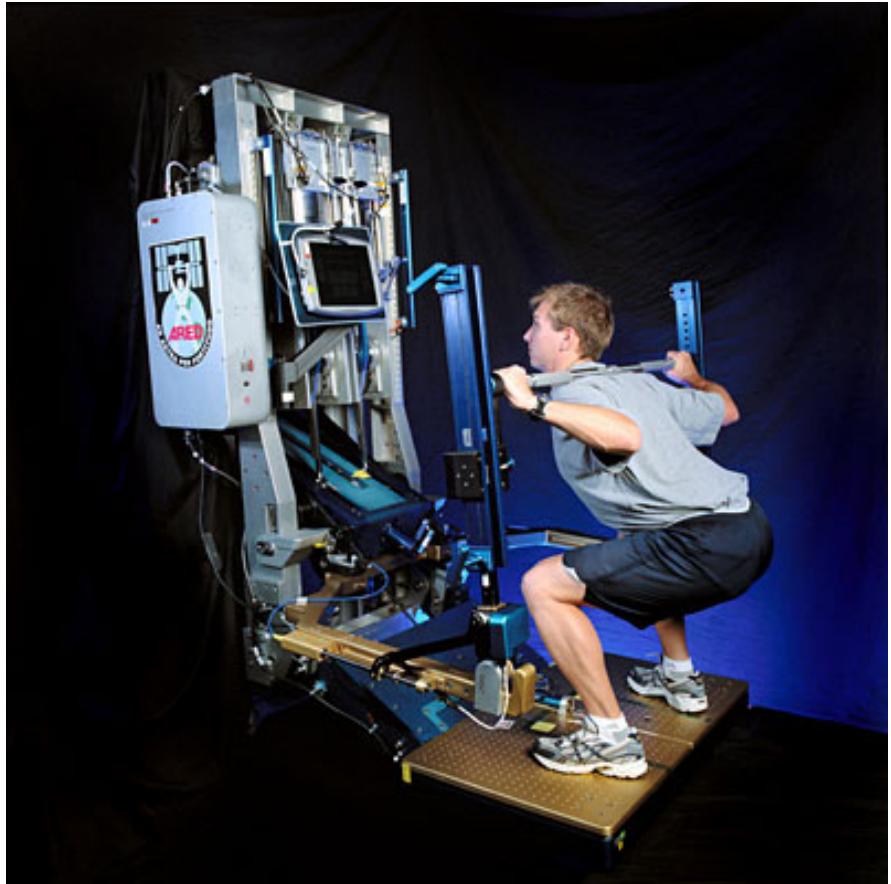


% Change in DXA BMD after Long-Duration Mir and ISS Missions
Mir n=35; ISS IRED n=24; ISS ARED n=11; Bisphos + ARED n=7





ARED



Effective but too big to take to Mars



ISS Locomotion Pre/Post

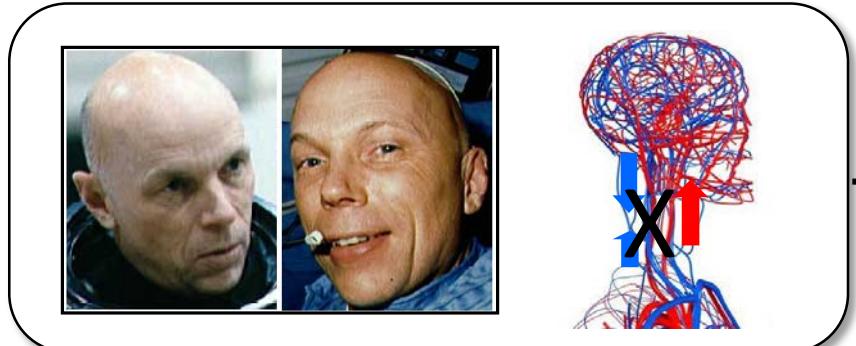




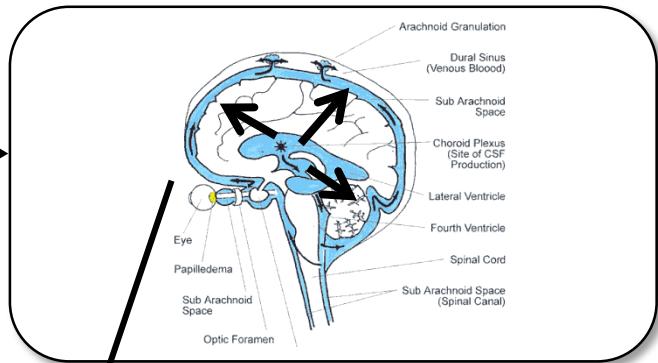
Visual Impairment / Intracranial Pressure



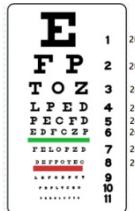
1. Headward fluid shift



2. Increased ICP



3. Elevated ICP transmitted to eye and optic nerve



Hyperopic Shifts

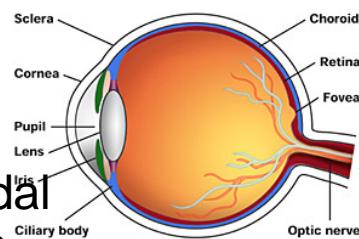
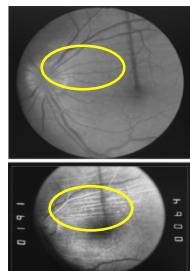
Altered Blood Flow



Scotoma

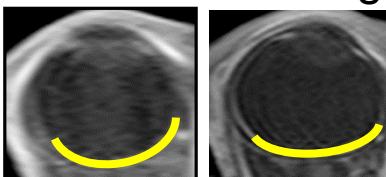
Choroidal Folds

With increasing ICP, visual field loss would probably first appear in the nasal field, whether the variations are transient or permanent. Whether the variations are transient or permanent, the cause of the result, as far as the author can determine, is the same. In the case of a transient loss of vision, it is difficult to similar malconformation of the maculae resulting in the loss of vision. It might also occur in the case of a permanent loss of vision.



+ICP

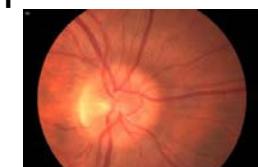
Globe Flattening



Increased Optic Nerve Sheath Diameter



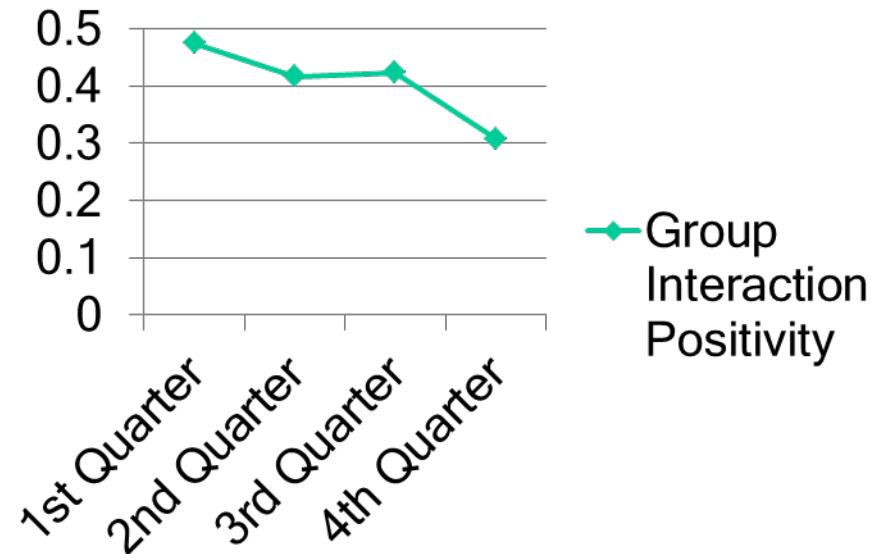
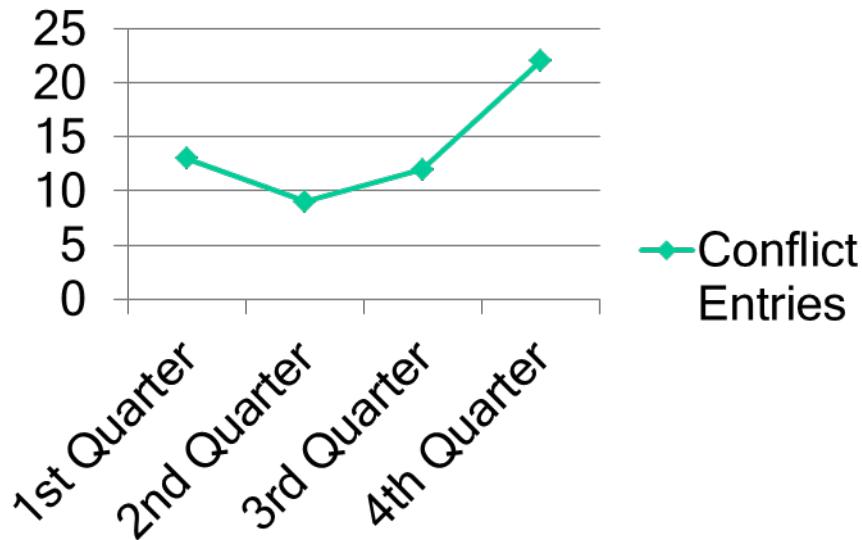
Optic Disc Edema





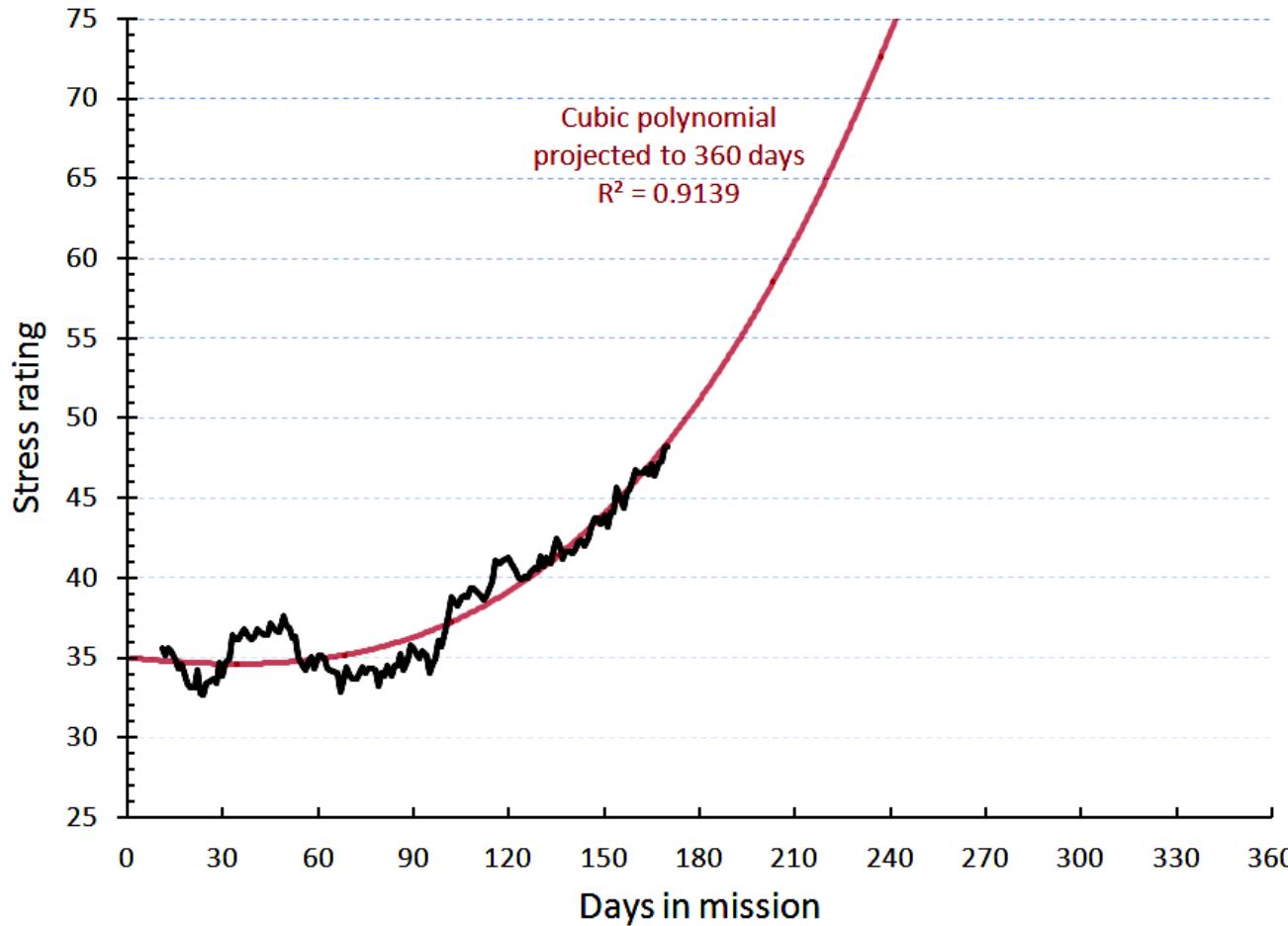
Interpersonal Conflicts

- ISS Journal entries on conflict by mission quarter
- ISS Group Interaction Positivity Ratings by mission quarter (244 entries)





VAS Stress Rating



Even if stress is compensated and does not affect overt performance, it may produce adverse physiological changes (cardiac & immune).

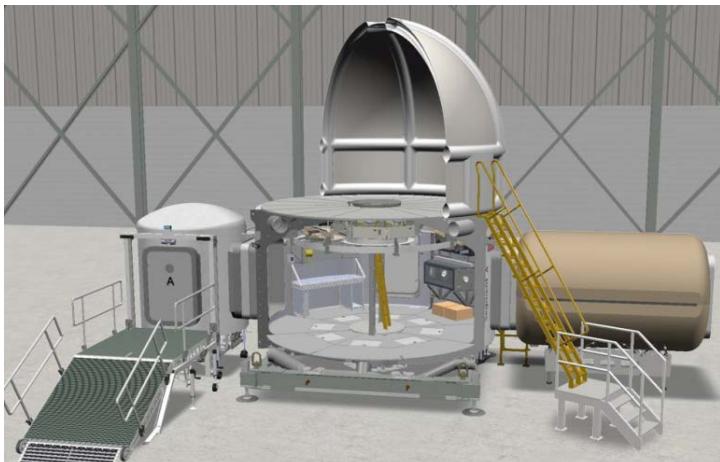


Human Exploration Research Analog HERA



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- Analog for isolation, confinement and remoteness



- ✓ Behavioral health and performance assessments
- ✓ Communication and autonomy
- ✓ Human factors evaluations
- ✓ Medical capabilities assessments and operations

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End ISS

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HRPCB-approved
20 December 2017



But...

- There are shortcomings to the conventional segregated approach
 - The subsystems *interact* with each other
 - The body subsystems *interact* with other mission factors
 - *Interactions* can lead to resilience or its lack
- Biggest risk: the one we haven't thought of
 - Likely will be related to unanticipated *interaction*
 - How to address this? (not done well...)



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III. Integration



Space Flight Effects on Human Body



- Most systems affected
 - Sensorimotor, Cardiovascular, Muscle, Bone, Immune
- Different time courses and magnitudes
- Consequences for health *and* performance (physical *and* behavioral)
- Responses commonly explored individually
- Systems interact in ways we do not yet understand

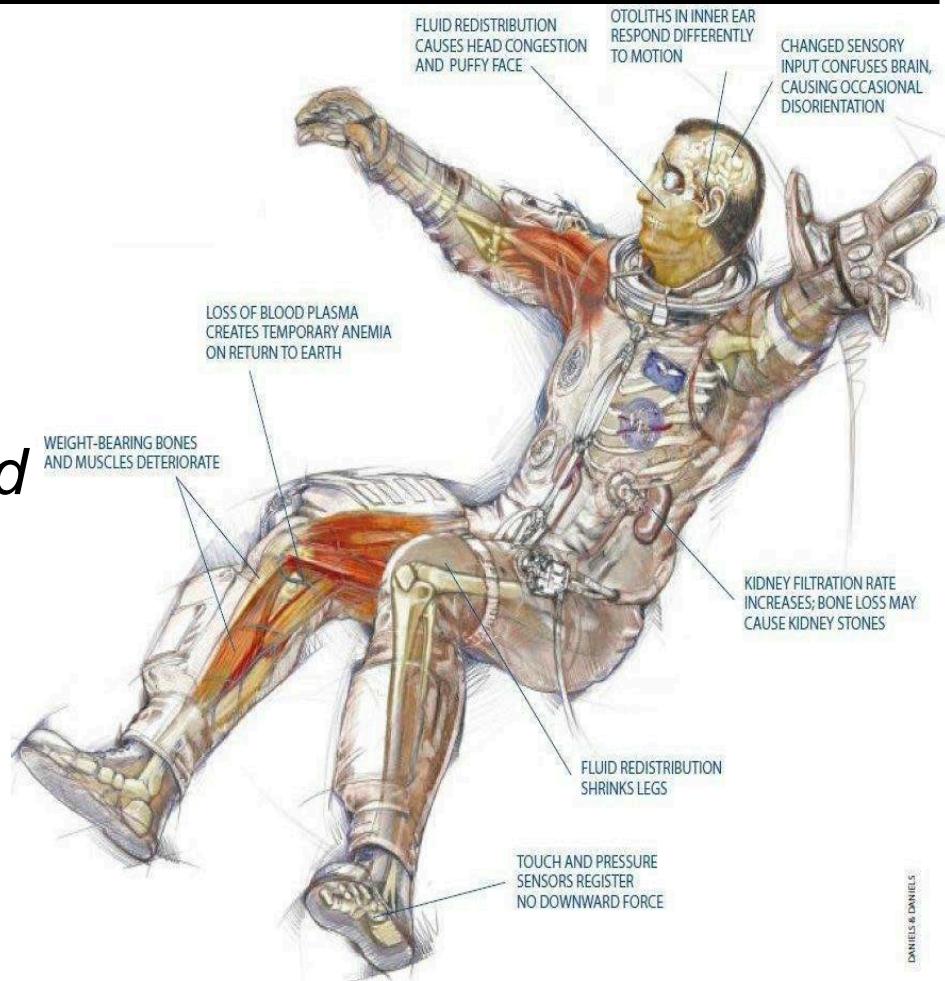


Image from: <http://zerog2002.de/bodyreactions.html>



Need an Integrated Approach

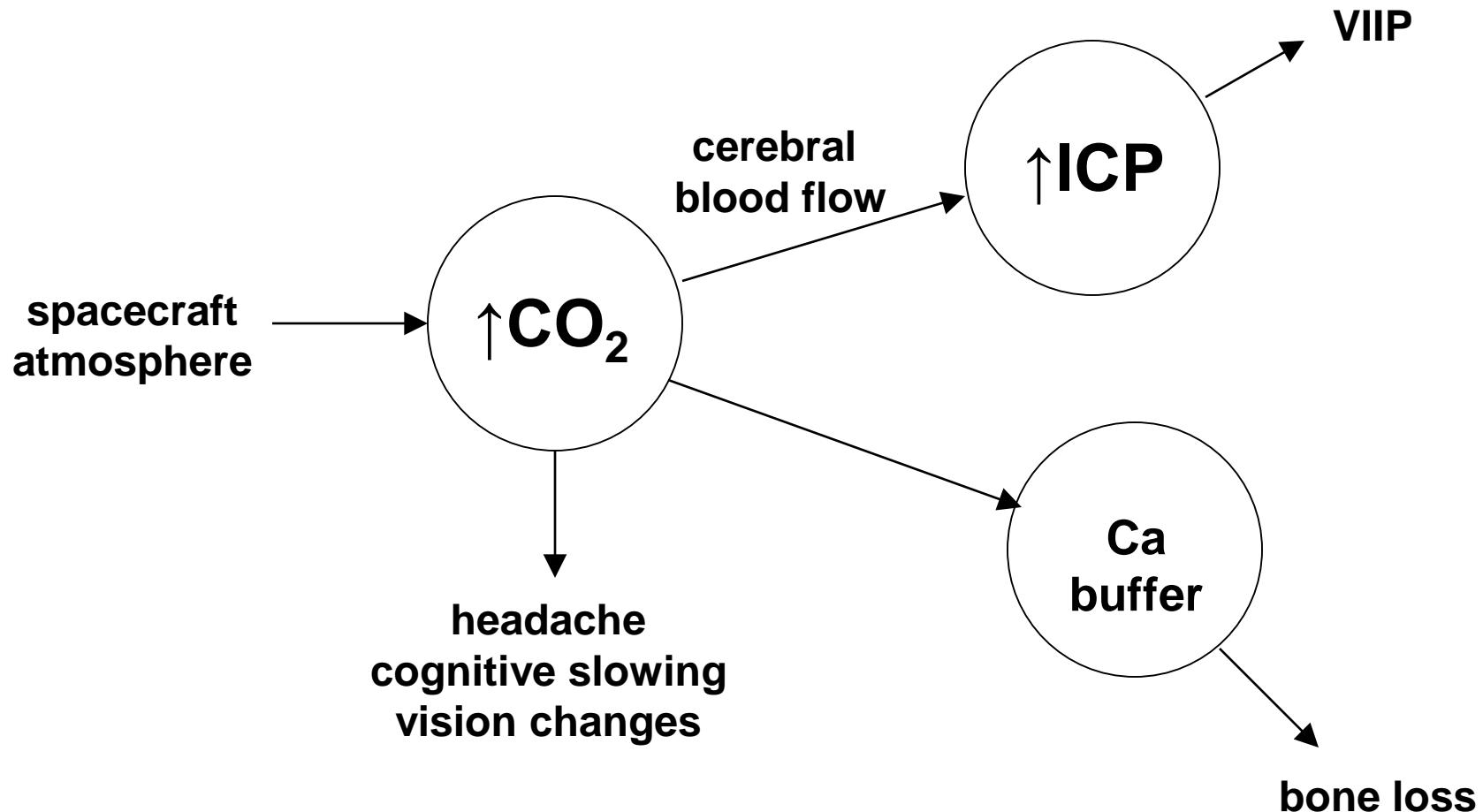


Meeting the health-related challenges of human space exploration requires that one abandon any model of the human body that has the muscles, bones, heart and brain acting independently. Body parts will not travel on exploration missions. Instead, the individual space traveler's body must be viewed realistically, with all parts connected and fully interacting.

White & Averner (2001) Humans in space. *Nature* 409:1115-1118.



Interaction Example: Spacecraft CO₂ Level





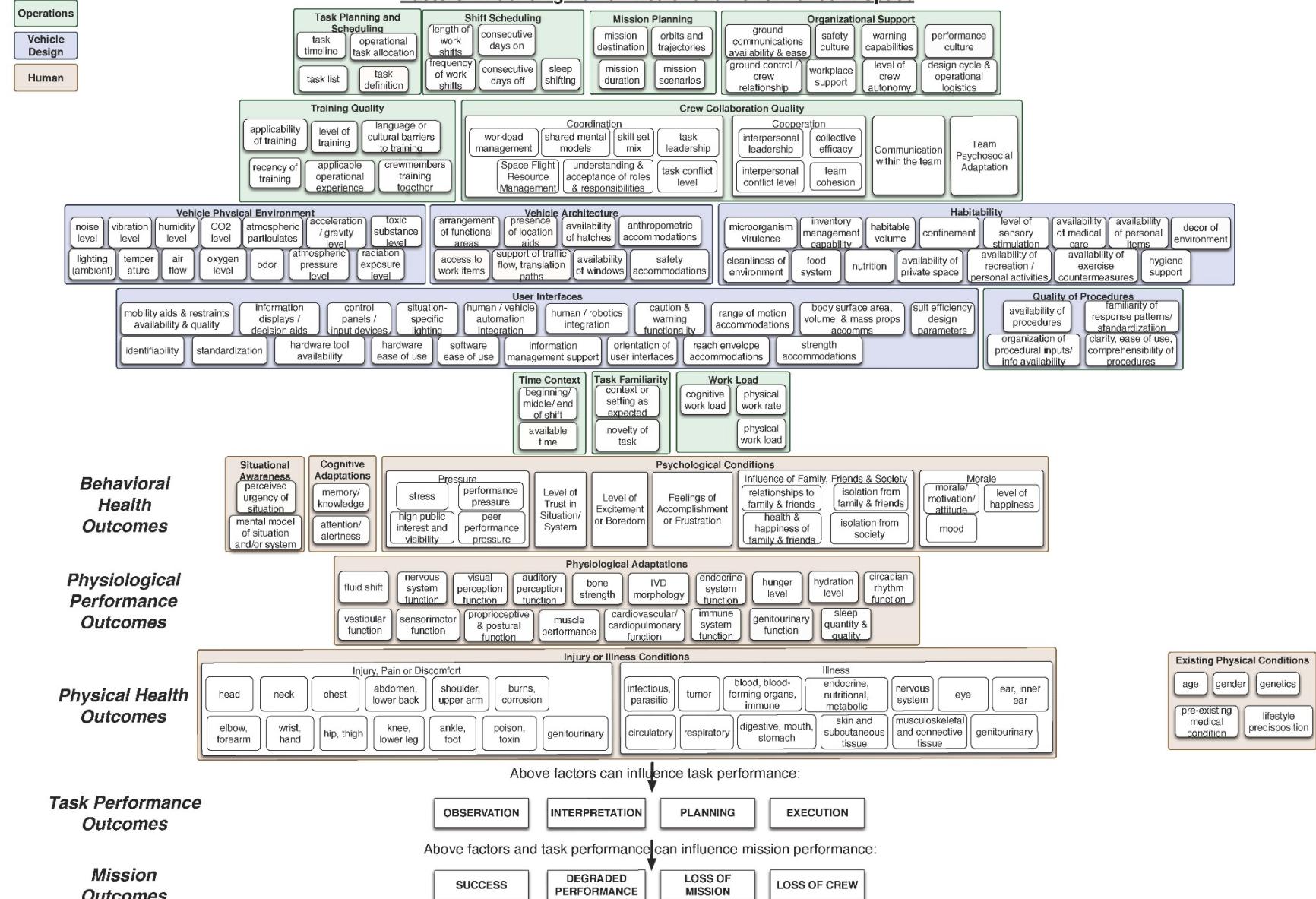
Systematic Approach



- Need framework to systematically identify interactions
 - Include multiple levels
 - Physiology, Psychology, Behavior, Performance
 - Mission control and planning
 - Vehicle and habitat
 - Prioritize based on connectivity
- Unexpected events when mission duration increases
 - Could tracking of interactions have predicted visual impairment?
 - What is next??!!

Contributing Factor Map

Factors Influencing Human Health and Performance in Space

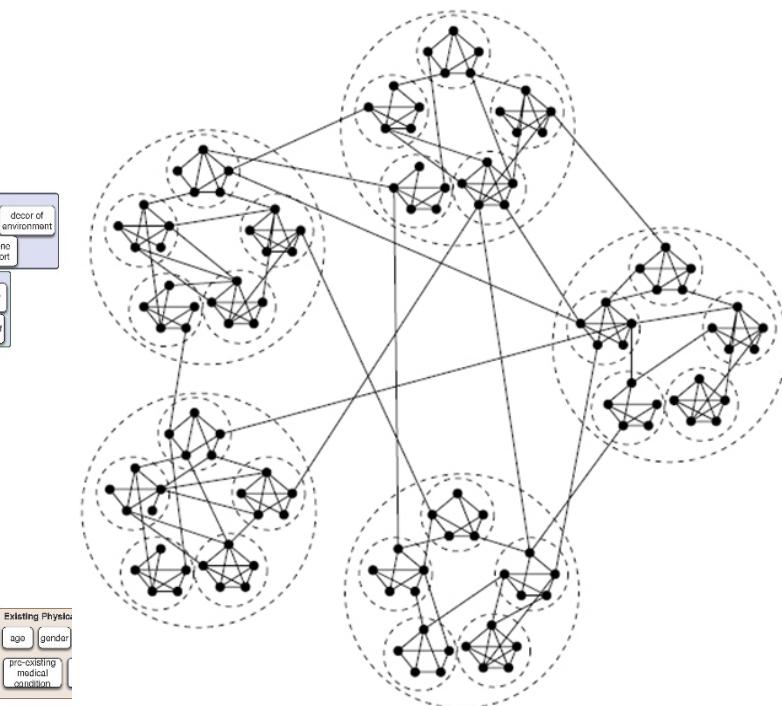
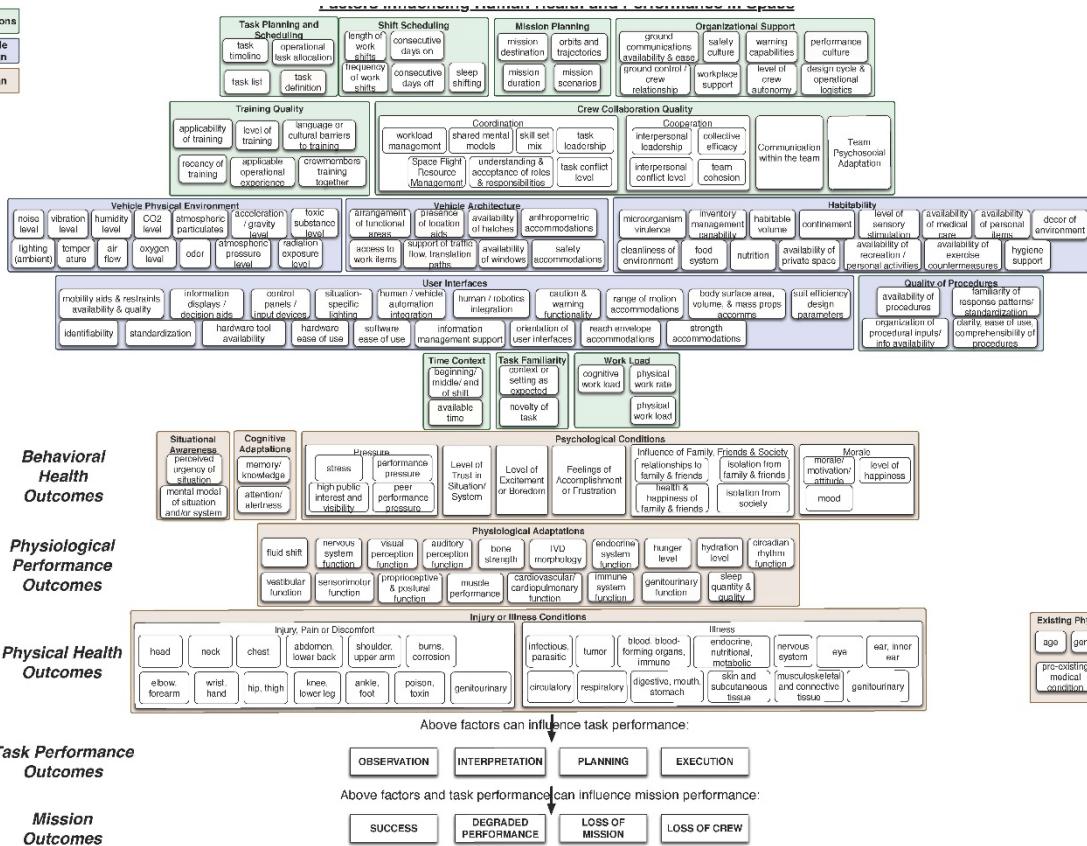


Adapted from Mindock, J., *Development and Application of Spaceflight Performance Shaping Factors for Human Reliability Analysis*. University of Colorado, Boulder, CO, 2012.



It's a Network

Operations
Vehicle Design
Human



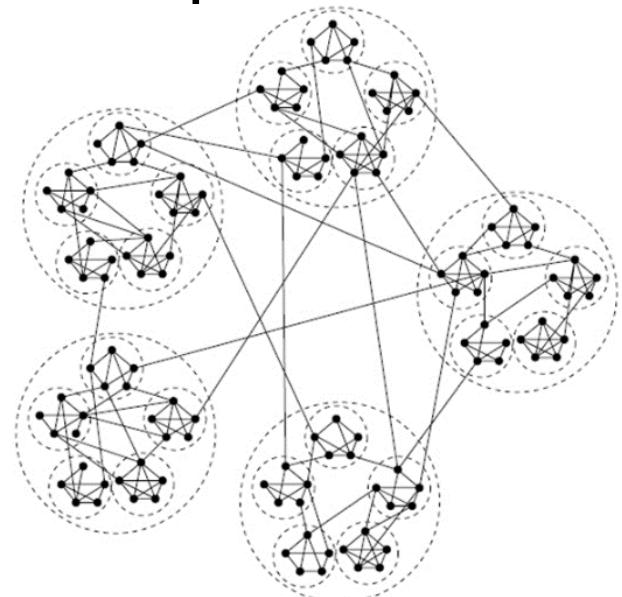


IV. Digression on Complex Networks



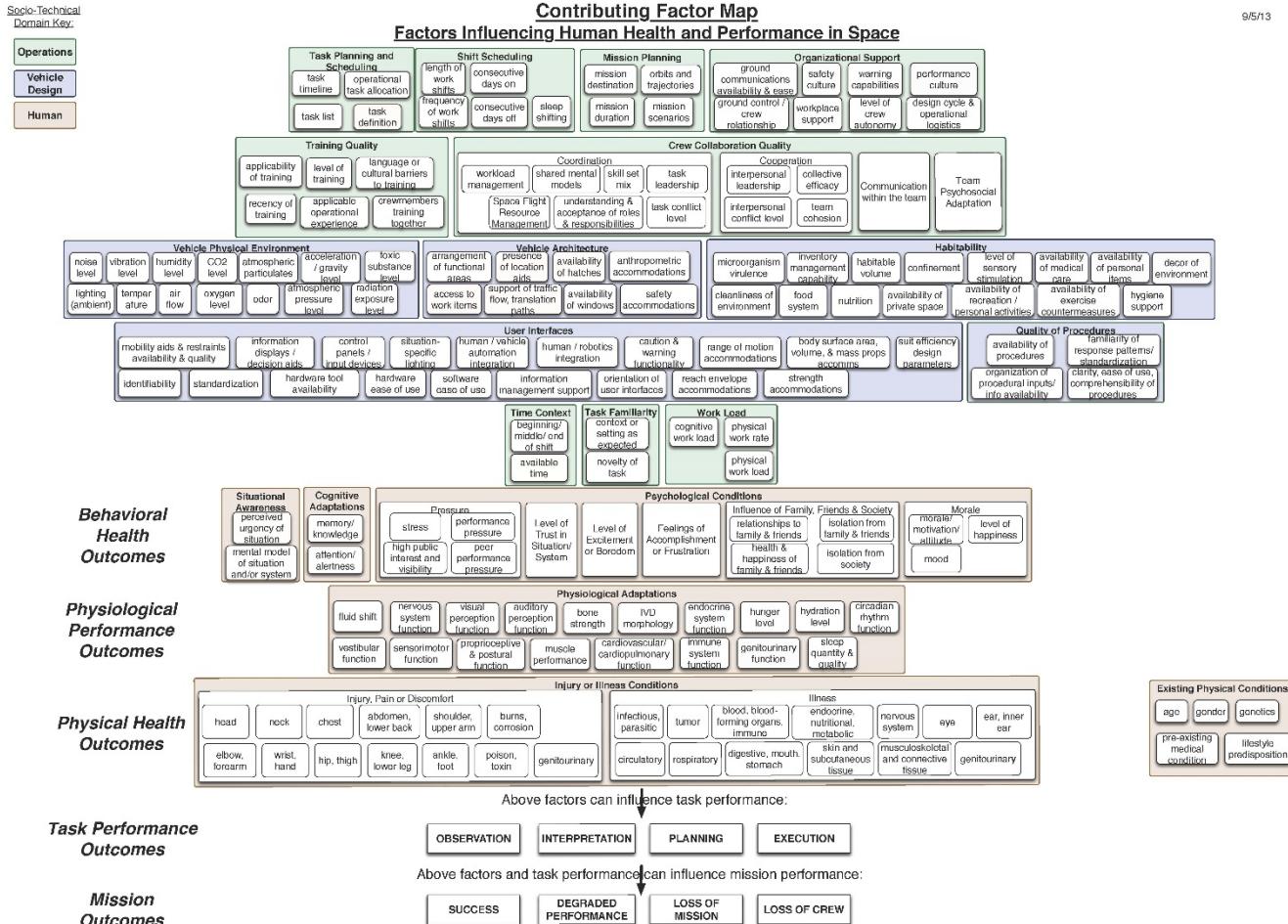
SWN

- “A **small-world network** is a type of mathematical graph in which most nodes are not neighbors of one another, but the neighbors of any given node are likely to be neighbors of each other and most nodes can be reached from every other node by a **small** number of hops or steps.” – Wikipedia
 - Watts DJ, Strogatz SH (1998) Collective dynamics of ‘small-world’ networks. *Nature* 393:440-2.
 - >30,000 citations





Populating the Nodes

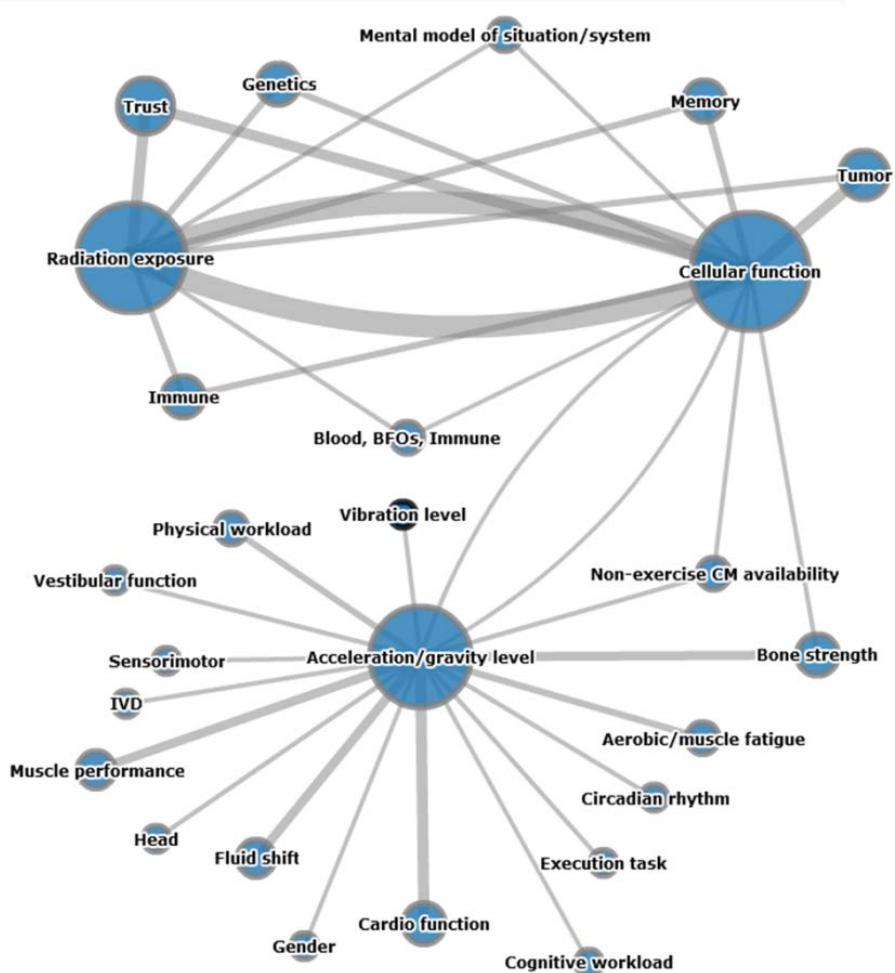




Populating the Links



Visualize links
between topics
covered by NASA
Human Research
Program based on
publication records





Network Approach



- Explicit recognition of interconnectedness
 - Lacking in biomedical research
 - Need to span domains
- Can draw on results from network theory and complexity
- Networks have **emergent properties**
 - Hopelessness of understanding details
 - Common features regardless of details



Resilience Functions



LETTER

doi:10.1038/nature16948

Universal resilience patterns in complex networks

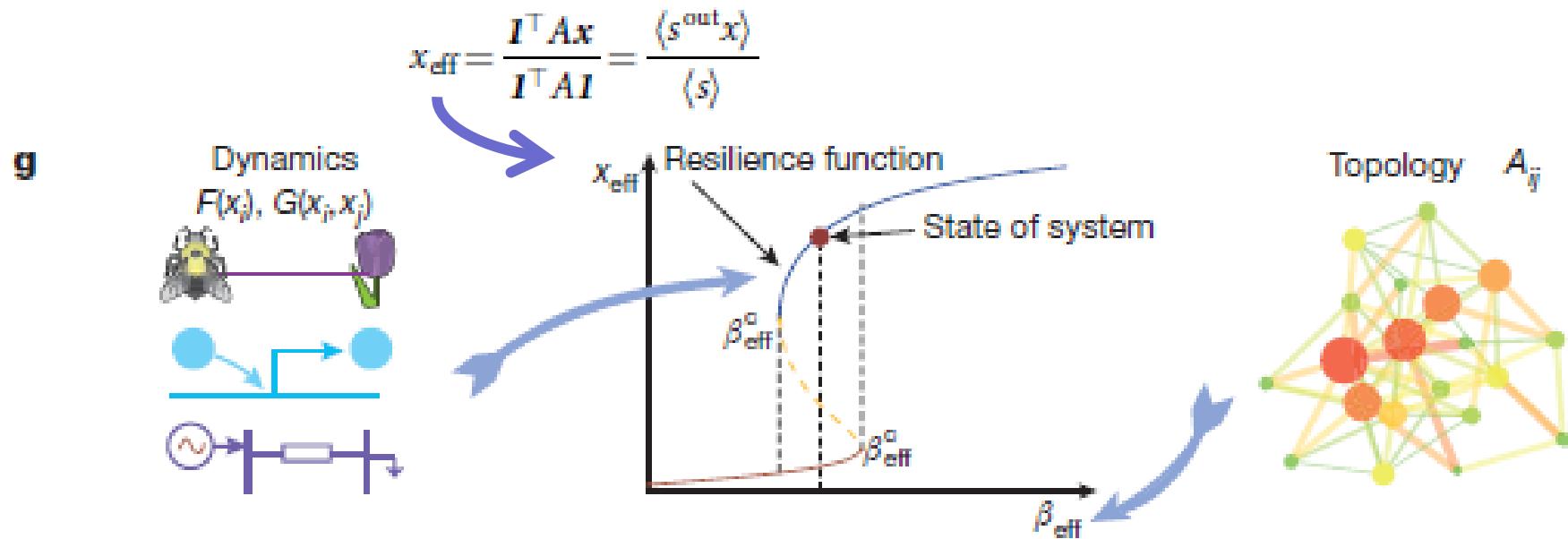
Jianxi Gao^{1*}, Baruch Barzel^{2*} & Albert-László Barabási^{1,3,4,5}



Resilience Functions

Consider a system consisting of N components (nodes) whose activities $\mathbf{x} = (x_1, \dots, x_N)^T$ follow the coupled nonlinear equations^{12,13}

$$\frac{dx_i}{dt} = F(x_i) + \sum_{j=1}^N A_{ij} G(x_i, x_j) \quad (4)$$



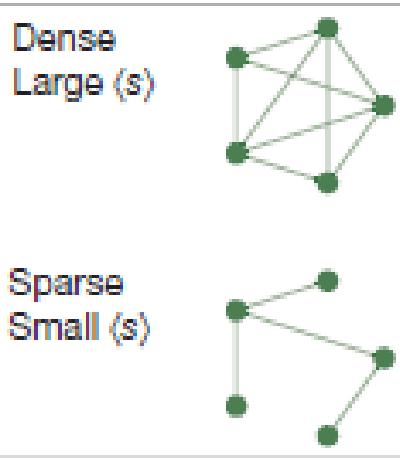


Resilience Functions

$$\beta_{\text{eff}} = \langle s \rangle + S\mathcal{H}$$

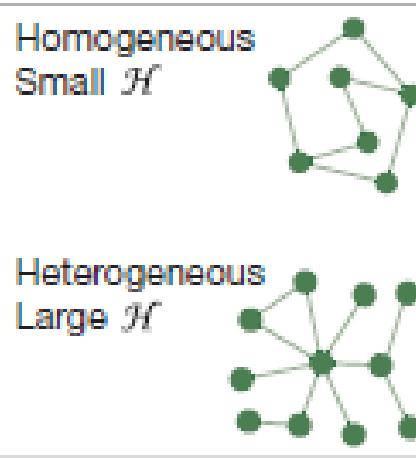
a

Density $\langle s \rangle$



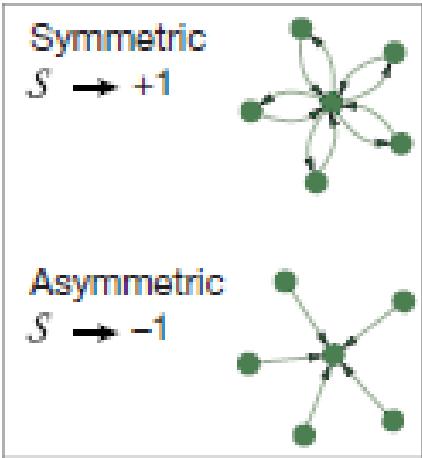
b

Heterogeneity \mathcal{H}



c

Symmetry S



Connectivity (topology) determines resilience

Density
Heterogeneity
Symmetry



Resilience Functions

- Function depends on dynamics not topology
- Location along the resilience function depends on topology
- Some networks are more resilient than others
 - depends on Density, Heterogeneity, Symmetry
- Resilience function
 - effective state as function of effective topology
- Can have critical points and bifurcations to undesired states
- Establish resilience – stay away from a bad critical point
- But how to define desired and undesired effective states?



Controllability



ARTICLE

[doi:10.1038/nature10011](https://doi.org/10.1038/nature10011)

Controllability of complex networks

Yang-Yu Liu^{1,2}, Jean-Jacques Slotine^{3,4} & Albert-László Barabási^{1,2,5}

- Controllability = ability to steer system to desired states
- Depends on topology not dynamics
 - Degree distribution: number of incoming and outgoing links per node



Early Warning

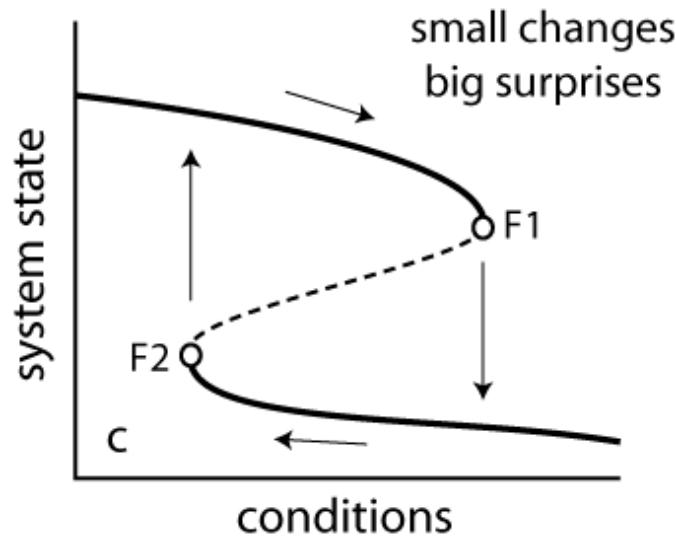
Vol 461 | 3 September 2009 | doi:10.1038/nature08227

nature

Early-warning signals for critical transitions

Marten Scheffer¹, Jordi Bascompte², William A. Brock³, Victor Brovkin⁵, Stephen R. Carpenter⁴, Vasilis Dakos¹, Hermann Held⁶, Egbert H. van Nes¹, Max Rietkerk⁷ & George Sugihara⁸

Complex dynamical systems, ranging from ecosystems to financial markets and the climate, can have tipping points at which a sudden shift to a contrasting dynamical regime may occur. Although predicting such critical points before they are reached is extremely difficult, work in different scientific fields is now suggesting the existence of generic early-warning signals that may indicate for a wide class of systems if a critical threshold is approaching.





Critical Transitions

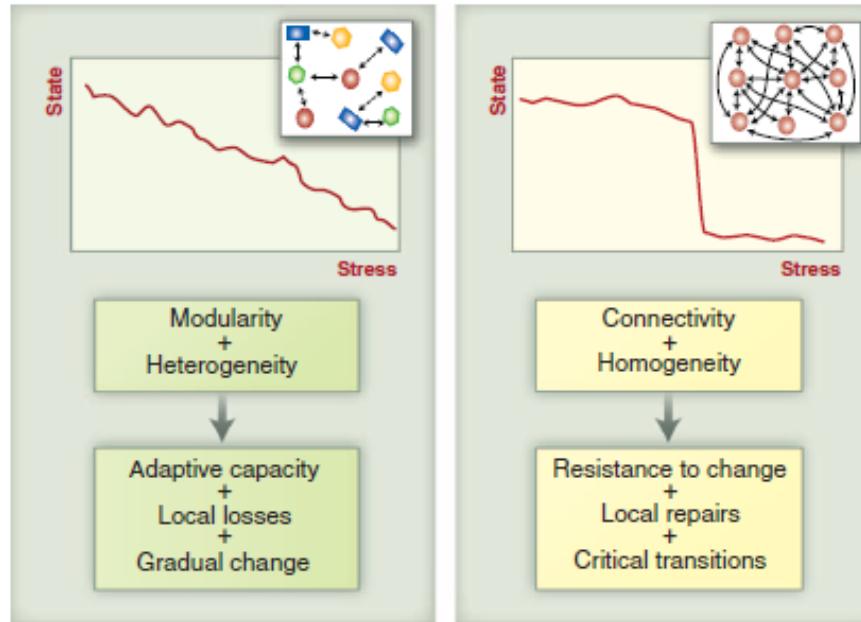


Fig. 1. The connectivity and homogeneity of the units affect the way in which distributed systems with local alternative states respond to changing conditions. Networks in which the components differ (are heterogeneous) and where incomplete connectivity causes modularity tend to have adaptive capacity in that they adjust gradually to change. By contrast, in highly connected networks, local losses tend to be “repaired” by subsidiary inputs from linked units until at a critical stress level the system collapses. The particular structure of connections also has important consequences for the robustness of networks, depending on the kind of interactions between the nodes of the network.



Critical Transitions

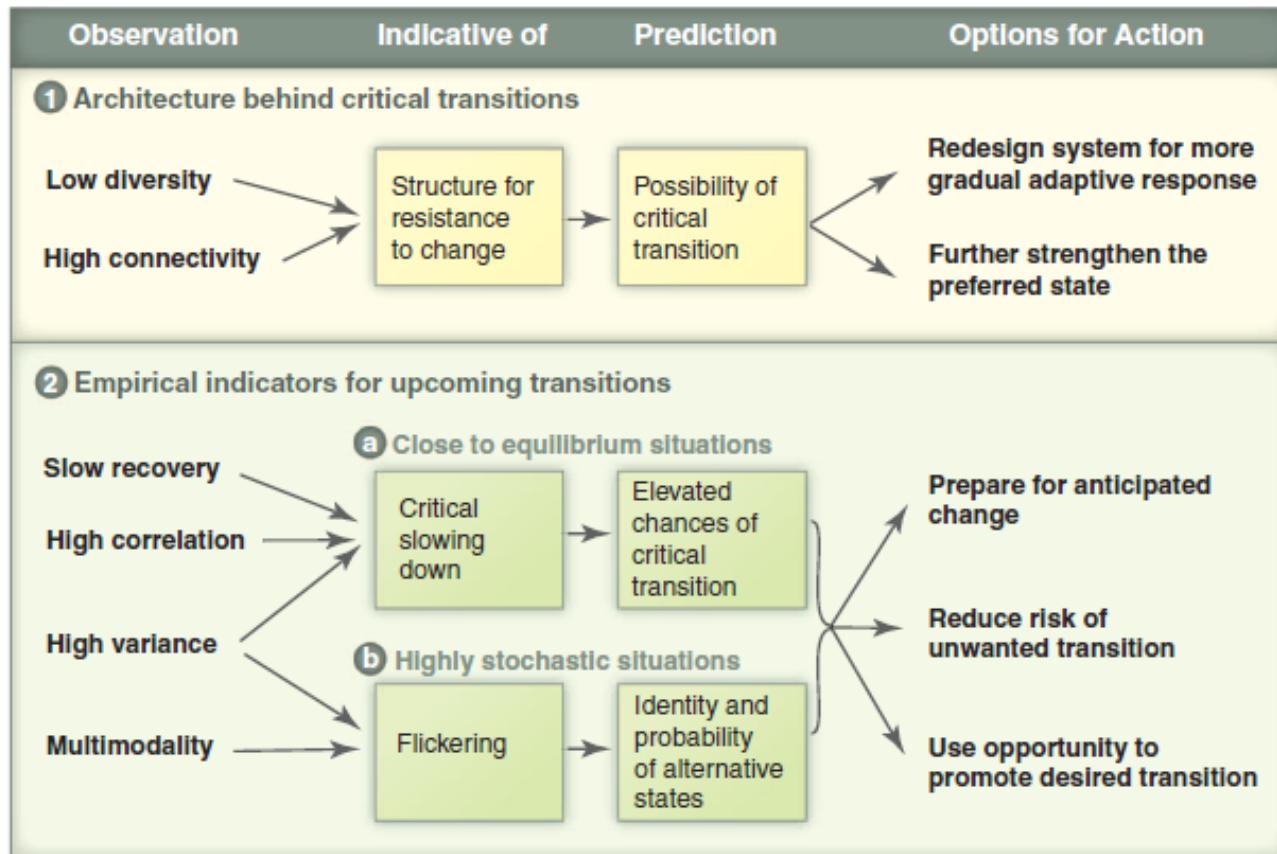


Fig. 4. Different classes of generic observations that can be used to indicate the potential for critical transitions in a complex system.



Early Warning



- Dynamics and imminent breakdown
 - Latent indicators of impending failure
- Critical slowing near transition
 - slower recovery from perturbation
- Increased correlations
 - slowed dynamics, increased memory
- Increased variance
- Use perturbations (natural and artificial) as probes
 - monitor recovery time



Network Approach



- Explicit recognition of interconnectedness
 - Lacking in biomedical research
 - Need to span domains
- Can draw on results from network theory and complexity
- Networks have **emergent properties**
 - Hopelessness of understanding details
 - Common features regardless of details



V. Back to Space



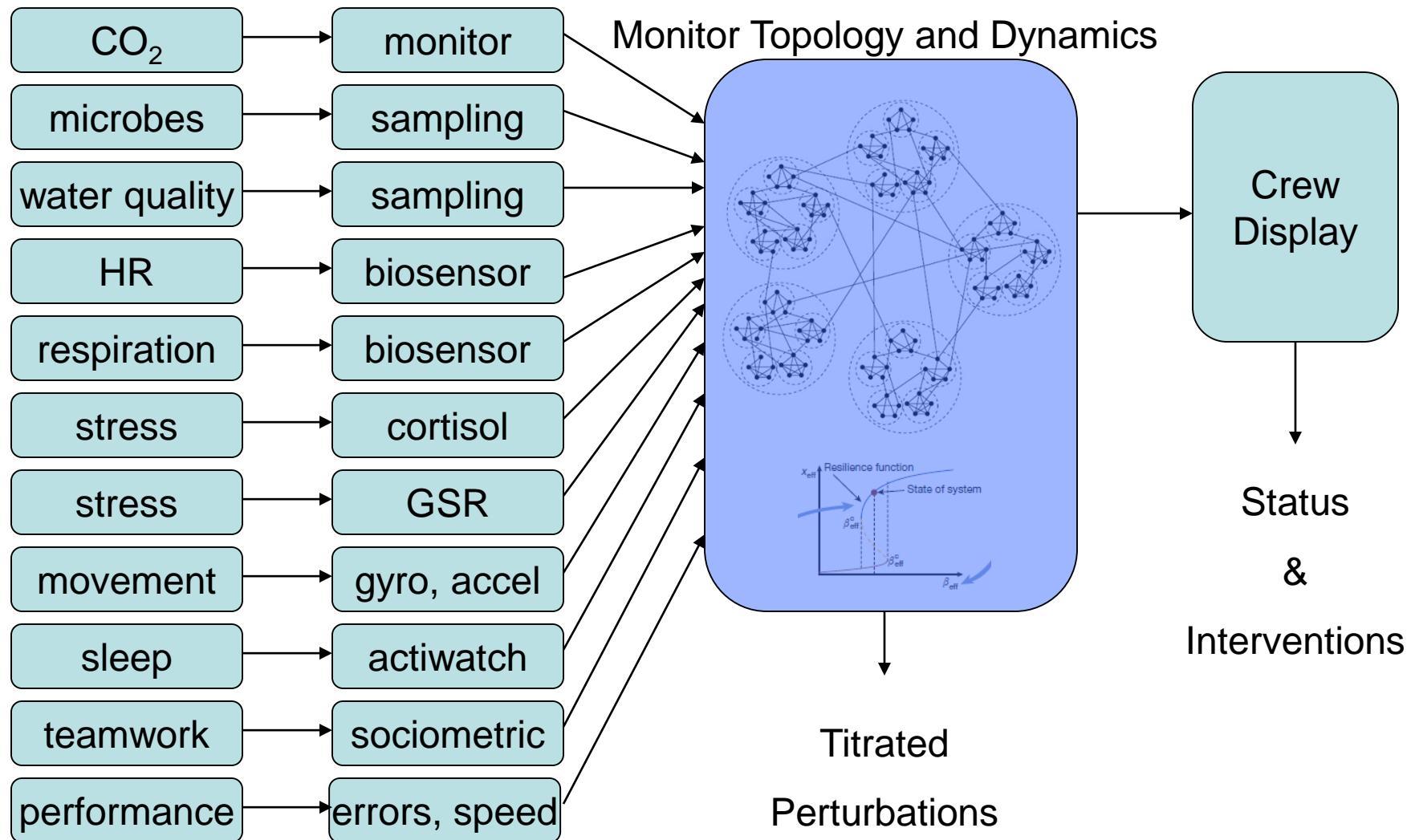
Human Spaceflight as a Complex System



- Many interacting parts
 - Factors from CFM
 - System of human/vehicle/ops
- Emergent behavior
 - Unanticipated problems (and solutions)
- Resilience/adaptation capabilities
 - Resilience to physiological assaults
 - Resilience of team to operational stressors
- Self-organizing
 - Autonomy from Earth



The Grand Plan (subset)





Applications



- Spaceflight mission architecture
- Design guidelines
 - Density, Heterogeneity, Symmetry
- Real-time inflight monitoring and intervention
- Identification of cross-disciplinary research opportunities



Advantages



- Autonomy
- Resilience
- Tools to deal with the unexpected
- Detect and intervene before problems become overt
- Possible to control overall system with incomplete knowledge of components



Problems



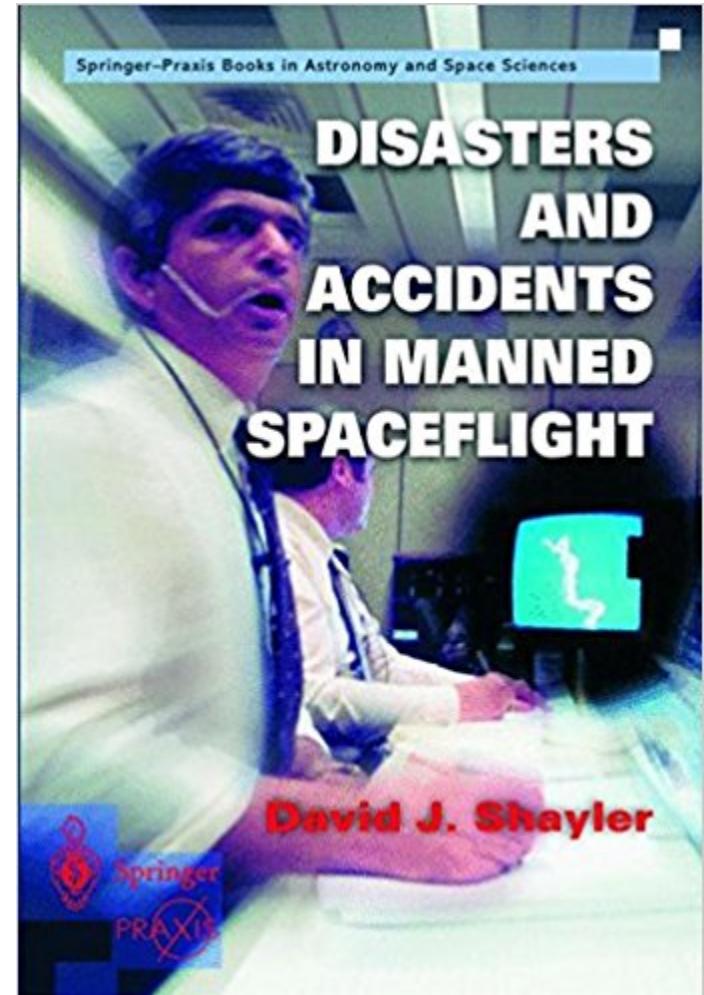
- Crew acceptability
 - Big Brother
 - Unexpected automation
- How to distinguish undesired changes in state from desired changes due to adaptation?



Case Study



- David J. Shayler
- *Disasters and accidents in manned spaceflight*
- Springer Science & Business Media
- pp 309-342





MIR/Progress Collision



JOHNS HOPKINS
MEDICINE
SCHOOL OF MEDICINE





MIR/Progress Collision Contributing Factors I



Precipitating events

- Previous onboard fire
 - flight engineer blamed, initially
 - pre-existing stress from fire
- Later re-use of oxygen candles due to failure of oxygen separator
 - CO₂ scrubber failure and backup use
 - problems with availability and reliability of spares for separator
 - incompatible connectors for gas fittings
- Failure of attitude sensor
 - gravity-gradient mode
 - power reduction
 - increase in temperature
 - reduction in exercise and use of LBNP
- Coolant leak into the module
 - flight engineer allergic eye reaction
- Toilet failure and repair
- Passageways cluttered with equipment
- Earlier failed re-docking of Progress M-33



MIR/Progress Collision Contributing Factors II



Hardware/software issues

- Restricted views from observation windows
- Commander had video image of Mir from Progress POV
- Poor Progress thruster performance

Human factors

- Foale surprised at Russian commander's initial remoteness
- High Cosmonaut workload
 - falling behind in maintenance
 - no free weekend in three months
- Crew cohesion and shared workload
 - Foale offered to do some work
 - Russian reticence to accept assistance
 - Russians shared little with American astronauts



MIR/Progress Collision Contributing Factors III



Implementation issues

- Commander showing signs of stress before docking
- Unclear instructions on what to expect from the docking initiation
- Bad visual reference and lighting on video image
- Had not practiced docking for 130 days
- Poor ground communication impaired real-time assistance

Overarching issues

- Poor information flow
 - crew-ground, crew-crew
- Crew health status
 - fatigue, pressure, workload
- Performance pressure



MIR/Progress Collision Contributing Factors IV

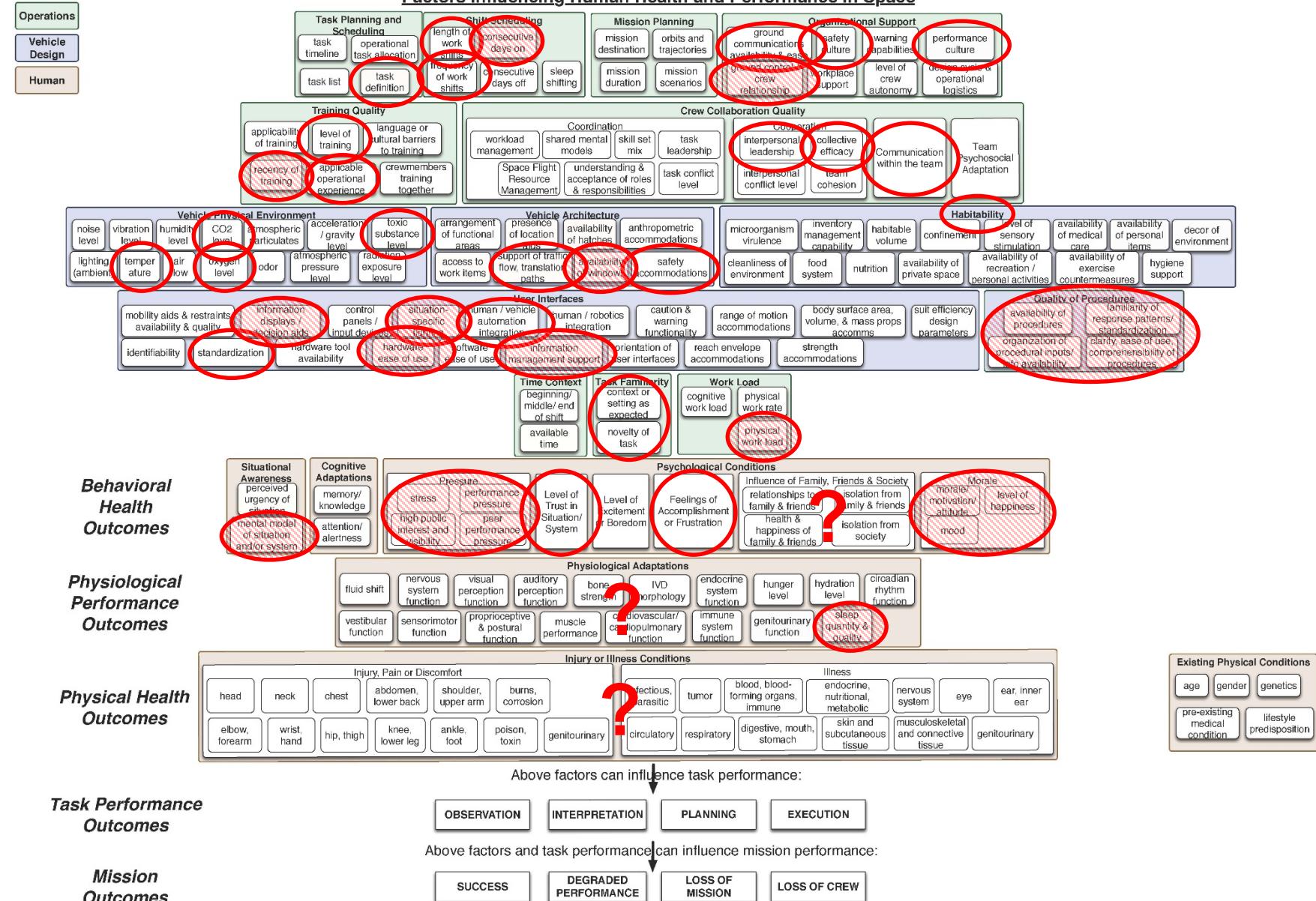


Trend of increasing problems

“It was not the fault of one person or element, but a combination of several actions of a variety of people and by different hardware and software.” – Shayler p 339

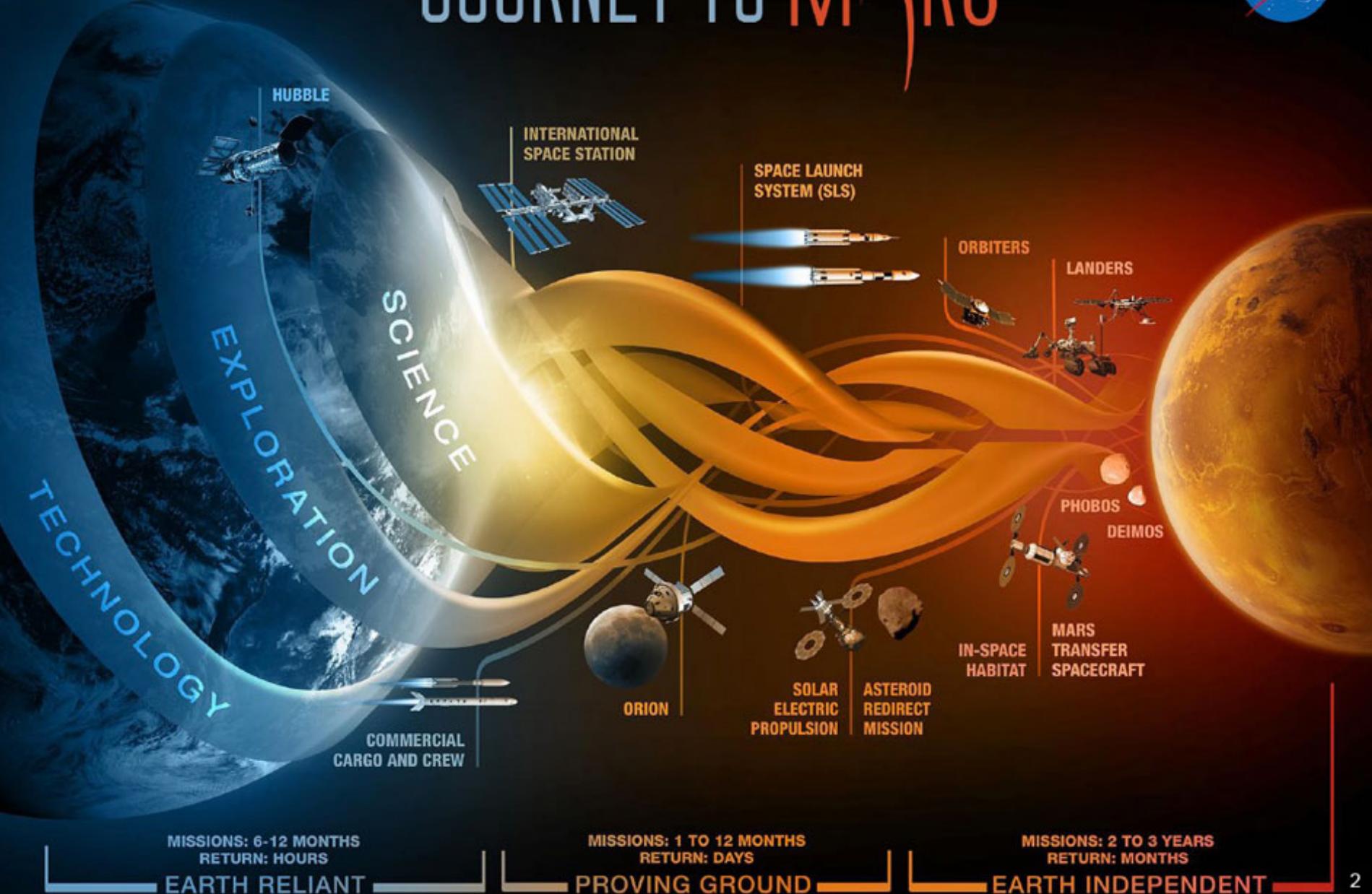
Contributing Factor Map

Factors Influencing Human Health and Performance in Space





JOURNEY TO MARS



MISSIONS: 6-12 MONTHS
RETURN: HOURS

EARTH RELIANT

MISSIONS: 1 TO 12 MONTHS
RETURN: DAYS

PROVING GROUND

MISSIONS: 2 TO 3 YEARS
RETURN: MONTHS

EARTH INDEPENDENT