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00:00:04,160 --> 00:00:06,479
[MUSIC]

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00:00:06,479 --> 00:00:12,179
Hello and welcome to Open Science.

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00:00:12,179 --> 00:00:16,650
I'm Dr. Marshall Porterfield, and today
we will be discussing the impact of sex and

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00:00:16,650 --> 00:00:19,560
gender on adaptation to space.

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Joining me today in this discussion, a distinguished
panel: Dr. Graham Scott, to my left, from

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00:00:24,860 --> 00:00:29,869
the National Space Biomedical Research Institute;
NASA's senior medical advisor, Dr. Saralyn

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00:00:29,869 --> 00:00:34,610
Mark; and from the Human Exploration and Mission
Operations Directorate, Dr. Bette Siegel.

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00:00:34,610 --> 00:00:39,730
Now that--together, as a team, you've been
working with other investigators to study

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and better understand the role of impact of
sex and gender in space flight adaptation.

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00:00:46,800 --> 00:00:51,500
So, what are some of the key findings from
your studies, just off the top?

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Firstly, Marshall, let me say that both women

and men do very well in space.

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Having said that, we do see some differences--some of these are very subtle and others are more

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pronounced.

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For example, the majority of the astronauts are now having some visual impairment issues.

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00:01:13,050 --> 00:01:18,820

Most--in most cases, these are mild, really, just involving a change in the prescription

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00:01:18,820 --> 00:01:25,680

that an astronaut might need in her or his eyeglasses, you know, one to two months, let's

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00:01:25,680 --> 00:01:27,060

say, into the mission.

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00:01:27,060 --> 00:01:32,190

But, in a minority of cases, maybe in about 20% of the cases, we're seeing more significant

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00:01:32,190 --> 00:01:37,989

issues with the eyes, and these could involve changes in, actually, the shape of the eyes

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00:01:37,989 --> 00:01:42,190

that don't even fully resolve when the astronauts return to Earth.

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00:01:42,190 --> 00:01:45,530

And we're seeing these more pathological changes.

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00:01:45,530 --> 00:01:48,690
We're seeing those only in the male astronauts.

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00:01:48,690 --> 00:01:54,259
The other area where there are some quite significant differences is in the ability

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00:01:54,259 --> 00:02:00,520
of our male and our female astronauts to spend time in space, and this is due to the radiation

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00:02:00,520 --> 00:02:03,130
limits that NASA imposes on the astronauts.

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00:02:03,130 --> 00:02:10,170
So, our female astronauts can spend significantly fewer days in space because, based on ground

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00:02:10,170 --> 00:02:18,440
studies and based on data that's been collected over several decades, it's been prognosticated

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00:02:18,440 --> 00:02:22,710
that the female astronauts are more susceptible to cancer.

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00:02:22,710 --> 00:02:30,030
And NASA has set a very strict limit of only having a 3% increased risk of cancer due to

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00:02:30,030 --> 00:02:33,290
time in space over the course of an astronaut's lifetime.

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00:02:33,290 --> 00:02:37,550
So, there's a couple of examples of where we do see some significant differences in

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00:02:37,550 --> 00:02:43,160

how our male and our female astronauts are adapted to space flight.

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We also see interesting findings in the cardiovascular realm, generally, women who respond to stress

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00:02:49,280 --> 00:02:51,310

with an increase of heartrate.

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00:02:51,310 --> 00:02:55,930

Men tend to respond by clamping down their vessels primarily due to hormones such as

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00:02:55,930 --> 00:03:01,170

testosterone that causes that vasoconstriction, that closing down of the blood vessel to maintain

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00:03:01,170 --> 00:03:02,560

blood pressure.

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00:03:02,560 --> 00:03:07,260

We see with many of our women, female astronauts returning that they may experience what we

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00:03:07,260 --> 00:03:09,180

call orthostatic hypotension.

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00:03:09,180 --> 00:03:14,690

And what that means is a drop in blood pressure, which puts them at risk for fainting.

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00:03:14,690 --> 00:03:19,630

And it's primarily due, we believe, to these changes in volume as well as how we respond

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00:03:19,630 --> 00:03:20,710

to stress.

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00:03:20,710 --> 00:03:25,350

Men and women respond differently in their vasculature.

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What we did is we looked at things that we see here on Earth and tried to see if we would

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00:03:29,150 --> 00:03:30,150

see them in space.

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00:03:30,150 --> 00:03:35,090

So, we know, on Earth, we usually see women, especially as they get older, developing osteoporosis.

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00:03:35,090 --> 00:03:36,380

Their bones lose calcium.

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00:03:36,380 --> 00:03:40,790

But, when we looked at the data to see what we would see in space, we actually didn't

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00:03:40,790 --> 00:03:42,210

see a gender effect.

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00:03:42,210 --> 00:03:44,080

We didn't see a difference between the male and female.

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00:03:44,080 --> 00:03:46,410

It was all over the place, basically.

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00:03:46,410 --> 00:03:51,010

Yeah, and what Bette's alluding to is that there are a lot of personal differences.

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00:03:51,010 --> 00:03:56,991

So, we're now living in this era of precision medicine, and what we see is that there are

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00:03:56,991 --> 00:04:01,810

very individualized responses to the space flight environment.

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00:04:01,810 --> 00:04:07,569

To add onto what Bette's saying, some people actually come back with increased muscle mass

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00:04:07,569 --> 00:04:12,530

relative to the muscle mass that they had when they left to go up onto the International

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00:04:12,530 --> 00:04:17,940

Space Station for six months, and others come back with somewhat less muscle mass or bone

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00:04:17,940 --> 00:04:18,940

mass.

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So, there are real opportunities to tailor countermeasures to each astronaut and really

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00:04:26,070 --> 00:04:33,570

invoke this whole new approach of personalized medicine to really make everyone's stay

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00:04:33,570 --> 00:04:37,340

in space as healthy and as productive as possible.

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00:04:37,340 --> 00:04:42,060

What we saw--and we had six work groups looking at how the human body adapts to space.

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So, those work groups included cardiovascular, neurosensory, reproductive, immunological,

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behavioral, and certainly, reproductive has been traditionally what we viewed, but we

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00:04:52,810 --> 00:04:56,150
went even well beyond that, and then, of course, musculoskeletal.

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00:04:56,150 --> 00:04:58,139
And we found difference throughout the body.

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00:04:58,139 --> 00:05:00,710
Now, the question is, is it statistically significant?

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00:05:00,710 --> 00:05:05,020
That may not be as much an issue in regard to how does that translate to what we see

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00:05:05,020 --> 00:05:06,020
clinically?

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00:05:06,020 --> 00:05:10,900
I think what's exciting is, as we're increasing our numbers of women flying, we'll have

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00:05:10,900 --> 00:05:11,900
a better database.

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00:05:11,900 --> 00:05:13,370
We'll be able to assess.

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00:05:13,370 --> 00:05:17,949
But, we have to keep in mind we're not looking at who's faster, who's better, who's

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00:05:17,949 --> 00:05:19,810
smarter, who's better able to adapt.

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00:05:19,810 --> 00:05:24,150

What we're doing is trying to understand what we're seeing so that we can develop

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00:05:24,150 --> 00:05:28,280
the appropriate countermeasures, develop the appropriate equipment so that we can keep

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00:05:28,280 --> 00:05:32,270
both men and women healthy in space and when they return to Earth.

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00:05:32,270 --> 00:05:36,449
And that's really a very important point because for our future exploration missions

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00:05:36,449 --> 00:05:39,930
are going to be men and women, and so we need to make sure.

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00:05:39,930 --> 00:05:44,590
We need to study it so that we know that the countermeasure to these changes that we see

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00:05:44,590 --> 00:05:49,139
in space are going to both protect men and women, both while they're in space and when

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00:05:49,139 --> 00:05:51,139
they return to Earth.

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00:05:51,139 --> 00:05:52,139
Very good.

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00:05:52,139 --> 00:05:54,080
It's a really fascinating area.

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00:05:54,080 --> 00:05:58,630
And I noticed, though, in the title of your primary publication that recently came out,

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00:05:58,630 --> 00:06:02,870
you made the distinction of sex and gender,
using that term.

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00:06:02,870 --> 00:06:05,699
Can you explain to the audience why that's
important to make that distinction?

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00:06:05,699 --> 00:06:09,110
So, the institute of medicine has defined
sex as your biology.

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00:06:09,110 --> 00:06:10,780
Are you male or are you female?

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00:06:10,780 --> 00:06:14,130
And gender is the way you respond in society,
and so we don't mean necessarily if someone's

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00:06:14,130 --> 00:06:15,130
gay or not.

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00:06:15,130 --> 00:06:18,480
What we're really looking at is, perhaps,
because you might be a female, maybe you're

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00:06:18,480 --> 00:06:22,690
getting the same medical care that you might
get if you were male.

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00:06:22,690 --> 00:06:27,600
And so, for example, on Earth, when people
have a heart attack, we know these symptoms.

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00:06:27,600 --> 00:06:30,840
You might have crushing pain in your chest
and shooting down your arms, but that's

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00:06:30,840 --> 00:06:32,139

really what men experience.

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00:06:32,139 --> 00:06:38,290

Women, very often, experience fatigue, or they may experience feeling an upset stomach,

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00:06:38,290 --> 00:06:39,680

nauseous, or something.

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00:06:39,680 --> 00:06:43,130

And so, when they go to the doctor, someone may not check them out that see if they're

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00:06:43,130 --> 00:06:44,220

having a heart attack.

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00:06:44,220 --> 00:06:46,800

So, in our papers, that's how we use the word gender.

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And, actually, after a while, the definitions started to blend together more.

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And then, I just want to follow up on that.

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When the Institute of Medicine released the report in 2001 entitled Does Sex Matter?

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00:06:57,009 --> 00:07:02,060

looking at the biological contributions to health, they were very clear on how they define

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00:07:02,060 --> 00:07:07,490

sex and gender--again, the psychosocial construct implying gender, the biological chromosomal

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00:07:07,490 --> 00:07:12,440

implying sex--as we've evolved into the world of precision medicine, as we've evolved

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00:07:12,440 --> 00:07:16,900

into a world where we understand the influence in genetics or human genome on our health,

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00:07:16,900 --> 00:07:22,030

we've come into a space that we call epigenetics, and that certainly influences how we live

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00:07:22,030 --> 00:07:23,030

our lives.

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00:07:23,030 --> 00:07:28,530

So, in a sense, as Bette has alluded to, the definition, the delineation between sex and

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gender has become more of a continuum.

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But, we felt, for the nature of this paper, we wanted to be a little more clear-cut, acknowledging

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00:07:35,990 --> 00:07:40,680

that the environment influences the genome, and the genome influences the environment.

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00:07:40,680 --> 00:07:42,400

Very good.

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00:07:42,400 --> 00:07:47,660

So, the data--the body of data that you used for your study included both ground-based

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00:07:47,660 --> 00:07:49,730

and space flight-based research.

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00:07:49,730 --> 00:07:57,650

How does your study benefit us back on Earth in terms of our medical technologies?

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I think space is a fantastic platform to study how the body adapts.

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I'm a geriatrician endocrinologist, so I see it as a model for, in a sense, accelerated

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aging.

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00:08:09,310 --> 00:08:11,910

The body adapts to space, and it adapts in a way that is appropriate.

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The question is can the body readapt back to Earth, and can we reverse some of the findings

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00:08:16,270 --> 00:08:20,490

so that we can keep people healthy in space and, certainly, when they return to Earth?

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I think what we have seen is that, as we just alluded to, that there are changes in every

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00:08:24,669 --> 00:08:25,669

system of the body.

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So, for example, we mentioned osteoporosis.

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Osteoporosis is a state of low bone mineral

density as well as what we call microarchitectural

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deterioration meaning that the structure of the bone can be impaired, and that puts you

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00:08:38,789 --> 00:08:41,379

at risk for developing fractures.

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00:08:41,379 --> 00:08:46,699

On Earth, 80% of those afflicted tend to be women, and they're at high risk, certainly,

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00:08:46,699 --> 00:08:51,230

for developing fractures, and men tend to develop osteoporosis and fractures later on

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00:08:51,230 --> 00:08:52,230

in life.

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00:08:52,230 --> 00:08:57,389

So, as we study how the body adapts, how bones adapt, how muscles adapt to space, we can

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00:08:57,389 --> 00:09:02,600

learn appropriately how to prevent bone loss and how to mitigate against that, and we can

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00:09:02,600 --> 00:09:06,550

take those lessons and imply what we need to keep people healthy on Earth.

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We see it, really, in every system of the body.

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00:09:08,660 --> 00:09:14,069

One of my other particular interesting favorites to study is how the body adapts from an immunological

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00:09:14,069 --> 00:09:15,329

perspective.

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We know, on Earth, women are more resistant to infection.

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00:09:19,319 --> 00:09:22,750

But, when they do get infected, they amount very robust responses.

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When women are pregnant, they lose that resistance, of course, so that they don't reject their

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00:09:28,139 --> 00:09:29,139

fetus.

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00:09:29,139 --> 00:09:31,069

In space, we know we have changes in the immune system.

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00:09:31,069 --> 00:09:36,939

There's an altered immune expression to microbes, to bacteria, to, really, everything

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00:09:36,939 --> 00:09:38,870

that you're experiencing in your environment.

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00:09:38,870 --> 00:09:39,870

And we want to see.

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00:09:39,870 --> 00:09:43,889

Are we going to find those same findings in space as we do on Earth?

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00:09:43,889 --> 00:09:48,069

And, if so, how can we change that so people can stay healthy in space?

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00:09:48,069 --> 00:09:52,769

Again, every system of the body changes and it has significant relevance to how we age

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00:09:52,769 --> 00:09:54,610

and stay healthy here on this planet.

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00:09:54,610 --> 00:10:00,149

I think space medicine can also be translated to Earth in a couple of other contexts.

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So, one is in the radiation area, so increasingly now, the leading cancer hospitals are using

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00:10:06,970 --> 00:10:13,800

particle therapy - proton therapy, and in some parts of the world, using carbon ions.

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00:10:13,800 --> 00:10:20,649

And these are the types of particles, actually, that are impacting our astronauts, that are

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00:10:20,649 --> 00:10:25,649

potentially causing damage in their cells and to their chromosomes.

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00:10:25,649 --> 00:10:32,449

And so, by studying the effect of space radiation on our astronauts, we may, actually, also,

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00:10:32,449 --> 00:10:38,420

in parallel, gain some insights to the effect of this particle therapy that is now being

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00:10:38,420 --> 00:10:42,839

therapeutically applied to patients here on Earth.

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00:10:42,839 --> 00:10:48,199

The other thing that I think is interesting is that space--the space environment is the

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00:10:48,199 --> 00:10:51,200

ultimate stressful environment in terms of the human body.

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00:10:51,200 --> 00:10:55,879

The human body has not evolved to, necessarily, to live in space, but yet, we can live there

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00:10:55,879 --> 00:10:58,029

very nicely.

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00:10:58,029 --> 00:11:05,509

So, given that this is a stressful environment, I think that the way the body adjusts both

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00:11:05,509 --> 00:11:09,759

at a molecular level and also at a physiological level can actually give us some really deep

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00:11:09,759 --> 00:11:16,389

insights into how much stress we can actually endure as a species and what actually happens

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00:11:16,389 --> 00:11:20,809

as we go through those stressful situations, again, in terms of our molecular responses

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00:11:20,809 --> 00:11:23,660

and our physiological responses.

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00:11:23,660 --> 00:11:29,170

So, just so that we have a better idea of the scope of the work that you've accomplished

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00:11:29,170 --> 00:11:36,270

in this study, over what time period was the data that you used collected, and what are

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00:11:36,270 --> 00:11:39,639

we talking about in terms of population of subjects, astronauts?

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00:11:39,639 --> 00:11:45,750

So, we looked at the data from 1998 to about 2013 because that's when we finished our

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00:11:45,750 --> 00:11:50,369

study, but actually, there were studies and reports done that were even prior to 1998.

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00:11:50,369 --> 00:11:54,749

So, we were looking at the shuttle astronauts and the astronauts that were on space station.

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This included the U.S. astronauts as well as the astronauts of the partners.

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00:11:58,800 --> 00:12:03,899

And, at that time, during that time period, when you looked at the total number of astronauts,

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00:12:03,899 --> 00:12:06,779

women were about 20% of the astronaut core.

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00:12:06,779 --> 00:12:12,569

The good thing is we're moving in the right direction as the last astronaut selection

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00:12:12,569 --> 00:12:14,750

was eight astronauts - four men and four women.

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00:12:14,750 --> 00:12:19,660

And the reason that's important to us is, as a scientist, I want to see things that

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are statistically significant.

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And, in order to do that, you have to increase the N. And so, if we fly more women, we can

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00:12:26,029 --> 00:12:30,470

study more women, and then we can make sure that the countermeasures we're developing

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00:12:30,470 --> 00:12:33,839

will protect their health and the men's health as well.

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00:12:33,839 --> 00:12:38,920

And I think what makes this program, what we develop, this study exciting is that it

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00:12:38,920 --> 00:12:40,209

was a collaborative effort.

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We had six work groups.

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We had over 50 scientists working across the country.

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00:12:44,899 --> 00:12:49,939

Not only did we develop the manuscripts, but we also had a virtual workshop so that we

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00:12:49,939 --> 00:12:53,410

could share our information with the general public.

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00:12:53,410 --> 00:12:57,829

And it was very much a collaborative effort and, hopefully, an ongoing effort.

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As Bette has alluded to, we are, every day, gathering new data both from our academic

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00:13:02,989 --> 00:13:07,459

partners and, certainly, within NASA and our other agencies that we work with so that we

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00:13:07,459 --> 00:13:12,549

can better ascertain sex and gender differences so, again, that we can develop the appropriate

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00:13:12,549 --> 00:13:16,889

products, and policies, and programs to take care of our astronauts on Earth and when they

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00:13:16,889 --> 00:13:18,839

return to space.

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00:13:18,839 --> 00:13:23,079

Obviously, this is an important new study.

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00:13:23,079 --> 00:13:28,529

It has importance and significance in terms of how we plan and operate the Human Research

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Program in the future.

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00:13:29,980 --> 00:13:34,639

How have you been working with the Human Research Program and conducting this study, and what

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are your recommendations?

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00:13:35,639 --> 00:13:36,639

Yeah.

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00:13:36,639 --> 00:13:41,060

So, the Human Research Program has taken a really strong interest in this study.

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00:13:41,060 --> 00:13:46,660

And, as Dr. Mark just mentioned, a number of the investigators that were authors on

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00:13:46,660 --> 00:13:51,629

the various paper that were published, they're actually funded, in many cases, by the Human

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00:13:51,629 --> 00:13:52,629

Research Program.

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00:13:52,629 --> 00:13:55,019

So, there are a lot of touch points.

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00:13:55,019 --> 00:14:00,139

A number of the aspects, in fact, the majority of the aspects that were looked at in terms

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00:14:00,139 --> 00:14:05,809

of musculoskeletal health or cardiovascular health, these impinged directly on some of

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00:14:05,809 --> 00:14:13,259

the major risks that the Human Research Program is seeking to mitigate, to close technology

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00:14:13,259 --> 00:14:17,670

gaps, and to develop countermeasures for.

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00:14:17,670 --> 00:14:23,939

So, I mentioned earlier in the conversation this visual impairment issue.

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00:14:23,939 --> 00:14:28,069

This is the number one risk to human health
in lieu with all that.

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00:14:28,069 --> 00:14:34,129

And so the Human Research Program is keenly
interested in better understanding this visual

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00:14:34,129 --> 00:14:40,540

impairment issue - how to fix women, how to
fix men, why there appear to be some differences.

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That could actually really give us a clue
to what's going on at a molecular or at

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a physiological level.

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00:14:47,029 --> 00:14:52,100

Why are no women currently having these more
clinically significant symptoms?

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00:14:52,100 --> 00:14:59,449

That could actually be a big clue in terms
of solving the underlying mechanism of what's

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00:14:59,449 --> 00:15:03,399

causing this visual impairment, and then,
ultimately, leading to a countermeasure.

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00:15:03,399 --> 00:15:07,600

So, absolutely, the Human Research Program
and the organization that I work for, the

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National Space Biomedical Research Institute,
we're very much involved in architecting

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and participating in the study.

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00:15:16,000 --> 00:15:24,420
And now, the flow on effect is that there's
an increasing impetus to involve roughly equal

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00:15:24,420 --> 00:15:31,069
numbers of males and females in Human Research
Program and NSBRI funded studies.

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00:15:31,069 --> 00:15:38,459
Now, it isn't possible in every single case,
but there's a real ground swell, if you

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00:15:38,459 --> 00:15:39,459
will.

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00:15:39,459 --> 00:15:47,449
And this has been seen in solicitation documents
as well to really try to get, as Dr. Siegel

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00:15:47,449 --> 00:15:53,420
said, enough female and enough male subjects
that you can really start to look for these

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00:15:53,420 --> 00:15:54,420
trends.

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00:15:54,420 --> 00:15:57,629
And then, ultimately, the goal is to build
countermeasures for our females and for our

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00:15:57,629 --> 00:16:02,009
male astronauts, and also to develop these
again, going back to what I said earlier,

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00:16:02,009 --> 00:16:05,189
for--on a personalized basis and on an individualized
basis.

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00:16:05,189 --> 00:16:07,920

So we had--oh, I'm sorry.

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00:16:07,920 --> 00:16:12,550

We had six teams, basically, and I just wanted to say, in each team had a chair and a co-chair.

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00:16:12,550 --> 00:16:17,329

And the chair usually was a NASA expert meaning they're NASA or NSBRI.

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00:16:17,329 --> 00:16:22,519

So, there were people from HRP, and then the co-chair would be someone who had an expertise

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00:16:22,519 --> 00:16:24,310

in sex and gender research.

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00:16:24,310 --> 00:16:28,559

And then, the team members were about six to ten people, and they were, again, divided

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00:16:28,559 --> 00:16:29,759

up like that.

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00:16:29,759 --> 00:16:34,209

I just want to follow up when we talk about how do we assess the data?

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00:16:34,209 --> 00:16:39,720

Traditionally, we have used statistical significance as being the ultimate goal, the gold standard.

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00:16:39,720 --> 00:16:44,139

What we have learned from the national institutes of health who've implemented a policy since

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00:16:44,139 --> 00:16:49,850

1993 through their NIH revitalization act,
that they needed to include male and female

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00:16:49,850 --> 00:16:54,209

subjects in their studies unless there is
a particular reason why they should not be,

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00:16:54,209 --> 00:16:57,540

that you don't actually need statistical
significance to determine value.

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00:16:57,540 --> 00:17:00,649

They've moved into a space that we call
valid analysis.

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00:17:00,649 --> 00:17:05,740

Dr. Scott has mentioned trends, and we can
learn a lot from that.

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00:17:05,740 --> 00:17:10,360

I think it helps our researchers to know that
they don't have to have exorbitant numbers.

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00:17:10,360 --> 00:17:14,329

It doesn't have to be financially draining,
but they do have to have sufficient numbers

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00:17:14,329 --> 00:17:16,440

so that we can do the valid analysis.

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00:17:16,440 --> 00:17:21,170

We're also moving into a time where we're
looking at preclinical, so meaning we can

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00:17:21,170 --> 00:17:26,930

study what happens in the cell culture as
well as animal studies to give us insight.

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00:17:26,930 --> 00:17:29,530

We look at ground-based studies, what happens

here on Earth.

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00:17:29,530 --> 00:17:31,140

We also have flight-based studies.

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00:17:31,140 --> 00:17:32,140

We work with animals.

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00:17:32,140 --> 00:17:33,960

We work, of course, with humans.

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00:17:33,960 --> 00:17:37,670

And, I think, when you look at the compendium data from both those environments and all

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00:17:37,670 --> 00:17:42,730

the various study subjects, you can make a best assessment of how the human body and

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00:17:42,730 --> 00:17:48,020

the animal body adapts and what we need to do to keep people healthy.

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00:17:48,020 --> 00:17:54,310

So, it's well aware the agency has a goal of performing a human mission to Mars at some

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00:17:54,310 --> 00:17:55,310

point.

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00:17:55,310 --> 00:18:01,870

What are your recommendations from your study with regards to Mars architecture for human

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00:18:01,870 --> 00:18:02,870

exploration?

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00:18:02,870 --> 00:18:07,530

We had five robust recommendations, and if

you were to drill down, the bottom line is

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00:18:07,530 --> 00:18:13,240

we need to include more women and more men
to fly and to conduct experiments both on

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00:18:13,240 --> 00:18:19,260

Earth and in space, and that sex and gender
is incorporated into all our experiments and

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00:18:19,260 --> 00:18:20,580

what we do.

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00:18:20,580 --> 00:18:24,260

And that will certainly influence, again,
the policies that we draw up, the products

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00:18:24,260 --> 00:18:29,120

that we need to have so people can live in
space, the educational programs that we need

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00:18:29,120 --> 00:18:34,500

to provide to our astronauts and to the people
that work with them to ensure that everyone

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00:18:34,500 --> 00:18:40,810

has the best opportunity to live and work
safely and with quality in space and on Earth.

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00:18:40,810 --> 00:18:45,380

I want to take the opportunity to thank you
all for joining me today.

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00:18:45,380 --> 00:18:50,880

This is really a fascinating topic, and it's
very important to the agency and to the future

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00:18:50,880 --> 00:18:52,070

goals of the agency.

