



# AVIATION MEDICAL BULLETIN™

PUBLISHED BY HARVEY WATT & COMPANY BECAUSE HEALTH AND FITNESS MATTER TO AVIATORS

May 2016

## BESIDES YOUR LUNGS, SMOKING MAY HARM YOUR JOB PROSPECTS, PAYCHECK

The "Mad Men" glory days of smoking at work are long gone. Today, smokers have a harder time finding jobs, and earn less than nonsmokers when they do get work.

When unemployed job seekers were studied over a 12-month period, smokers relative to nonsmokers were at a serious disadvantage for finding re-employment. When they did secure jobs, they were paid significantly less than nonsmokers. That difference was more than \$8,300 annually.

It's unclear why smokers might face a penalty on the job front, but smoking is tied to higher health care costs, down time and sick days.

Previous research has linked smoking to unemployment, but the new study is unusual because it follows unemployed people over time.

This new study tracked daily smokers and nonsmokers -- who sought employment from 2013 to 2015. The average age was 48.

Over a year, the researchers found that 56 percent of nonsmokers got jobs compared to just 27 percent of smokers. Among those hired, smokers made 30% less than nonsmokers.

Smokers studied tended to prioritize spending on cigarettes rather than costs that would aid in their job search, such as transportation, mobile phone, new clothing and grooming. Also, hiring managers said job seekers who smell of tobacco place themselves at a great disadvantage for securing employment.

*Source: JAMA Internal Medicine*

## WHAT SHOULD RUNNERS EAT?

It's one of the most common questions we hear from new runners and returning runners. Leslie Bonci, director of sports nutrition at the University of Pittsburgh Medical Center, has some simple advice:

- ✓ Eat one hour before exercise. Consume a "fist-size" amount of food -- enough to fuel your body, but not so much that it will bother your stomach.
- ✓ Drink 20 ounces of liquid one hour before your workout. It takes about 60 minutes for that much liquid to leave the stomach and make its way into the muscle, so drinking ahead of time will keep you better hydrated.

That's it! Listen to your body and find the foods that feel right to you. Nuts and seeds are always a good source of nutrition, but if you prefer a light sandwich or yogurt, go with it. If it doesn't agree with you on your run, change it up next time.

And, don't forget, a glass of chocolate milk after a run is a treat that will help your body recover more quickly.

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## DID YOU KNOW?

Your left lung is about 10 percent smaller than your right lung, which allows room for a small indentation where your heart is located.

## YOUR CHAIR, THE DEVIL IN DISGUISE

It's definitely clear that sitting too much is harmful to your health—but how much should you aim to get up during the course of the day? How long is too long to be sitting? When it comes to official recommendations for sitting, the guidelines simply aren't out yet. "Sitting disease" is a fairly new concept within the scientific research community.

It took decades of research to determine the physical activity guidelines set forth by institutions like the CDC and the American Council on Sports Medicine—so it may take a few more years before experts provide specific recommendations for sitting.

What we know is sitting too much can slowly kill you. Here's what happens from head to toe:

**Your Brain** When you're sitting, blood flow to the brain decreases. When you're sedentary for a long time, everything slows, including the trigger of brain and mood-enhancing chemicals. So, if you're sitting and you begin to feel sluggish and groggy that could be the reason why!

**Your Heart** Again, when you're sitting, less blood flows through your body. A long session of sitting can allow fatty acids in your body to more easily collect and begin to clog your arteries. Prolonged sitting has been linked to high blood pressure and elevated cholesterol. One recent study found that adults who logged more than four hours a day of recreational screen time (i.e., watching TV) had about a 125 percent increased risk of events associated with cardiovascular disease, such as chest pain (angina) or heart attack compared to adults who spent less than two hours a day in front of the TV.

**Your "Core"** When we sit, we tend to slouch, and the core muscles in our body (the abdomen and lower back) are not engaged or used. Repetitive and prolonged sitting can leave you with weak ab and lower back muscles.

**Your Organs** Plain and simple, prolonged sitting doesn't do your vital organs any favors. For example: a study published in 2011 found that the pancreas' ability to produce the proper amount of insulin (the hormone that delivers energy to your cells) can begin to decline after just one day of prolonged sitting.

**Your Legs** Have you ever noticed that after sitting for a while that your legs feel almost numb, or perhaps restless and/or swollen? When you sit for a long time, your blood circulation almost grinds to a halt, which can cause fluid to pool in your legs. After time, prolonged, repetitive sitting can cause varicose veins or even blood clots in your legs.

## 15%

Research has found when people walked to fast tempo music, they walked 15% longer than those did so in silence.

## WHAT'S IN A NUMBER?

A typical "energy" drink can have at least 25 grams of sugar in a serving. The drink may pick you up short-term, but the high dose of sugar will cause you to just as quickly crash.

Water has no added sugar and science reveals that proper hydration can help you feel refreshed and energized.

## SHOULD YOU SEE YOUR DOC?

If you're constantly fatigued, and it's affecting your ability to perform your normal, daily tasks, you should call or see your doctor. Occasional fatigue is certainly a normal part of life, but it shouldn't be something you continually live with (especially if you're taking steps to address it, like getting adequate sleep, exercising and eating right).

## What's *Not* Normal?

Talk to your doctor if you experience any of the following symptoms—they may be tied to an underlying issue like type 2 diabetes or chronic fatigue syndrome:

**Severe fatigue** (the kind that causes you to limit your usual activities) that lasts for several weeks and does not improve with rest.

**Chronic sleep problems** (lasting several weeks) like being unable to fall asleep, stay asleep or still feeling tired or not rested after waking up.

**Any swelling in the glands** in your neck or armpits that lasts for two weeks or longer.

**Chronic fatigue accompanied with frequent urination,** extreme thirst or blurred vision.

## WHAT YOUR MAMMOGRAM REVEALS ABOUT YOUR HEART

Digital mammograms detect more than breast cancer—they also may identify early signs of heart disease. The digital machines, which now account for more than 95% of all mammograms, pick up levels of calcium deposits in the arteries inside the breast.

These are generally benign—in the breast. But, calcium deposits (calcification) in the arteries that supply the heart are a well-established marker for coronary artery disease—the most common form of heart disease. A chest CT scan accurately measures calcium deposits in the coronary arteries, but it also exposes the patient to additional radiation, so it's not done for everyone.

If you have calcium deposits in your breast arteries, however, you probably have them in your heart arteries, too, finds a new study. Radiologists studied women who were not known to have heart disease who had digital mammograms and chest CT scans in the same year. Results: Breast calcium accurately predicted coronary calcium. It wasn't a perfect match, but it identified women at high risk as accurately as standard cardiology scores.

So the next time you get a mammogram, ask your doctor if any calcification was visible.

***Don't panic if the answer is yes. It doesn't mean you have heart disease.*** But, it could be a wake-up call to work harder to reduce known risk factors such as high blood pressure and high blood sugar. Conversely, if you have little or no calcification, it may help you avoid an unnecessary prescription for a statin.

## WHY REDUCED FAT FOODS ARE MAKING YOU FAT

A whopping 65 percent of people want to reduce the amount of fat in their diets, according to a recent Nielson survey, despite overwhelming research that shows low-fat diets may actually *promote* weight gain.

So how has this monster of myth lived for so long? Because people still think fat makes them fat.

And, because the government's new Dietary Guidelines for Americans still tell them to cut down on fat intake, particularly saturated fat.

Apart from urging people to avoid ultra-processed trans fats (still a good move), the new guidelines recommend limiting saturated fat consumption to account for less than 10 percent of your daily calorie intake.

Uncle Sam also says to replace saturated fat with "healthier" unsaturated fats. That's because replacing saturated fats with unsaturated fats is associated with reduced risk of cardiovascular disease.

## Why Cutting Fat from Your Diet Doesn't Mean You'll Lose Fat

Yes, fat contains calories (nine calories in one gram, to be exact). If you eat a lot of fat, it may contribute to weight gain. But, the same goes for any nutrient.

However, when you cut fat, you're more likely to overdo it in the calorie department—upping your risk of weight gain, obesity, and related conditions like Type 2 diabetes and heart disease.

That's because fat is the most satiating nutrient out there, taking longer to digest than either carbs or protein. When you eat fat, your blood sugar levels stay stable longer and you prevent excess hunger.

And, in most people, those extra calories they consume don't come from protein. They come from empty carbohydrates. The less fat people eat, the more carbs they typically eat, and people are already getting more than twice their daily recommended intake of carbs.

## KEYS TO A HEALTHY DIET

**Consume a Variety of Foods** Not all the nutrients and other substances in foods that contribute to good health have been identified, so eating a wide assortment of foods helps ensure that you get all of the disease-fighting potential that foods offer. In addition, this will limit your exposure to any pesticides or toxic substances that may be present in a particular food.

**Keep an Eye on Portions** Sure, you can eat all the broccoli and spinach you want, but for higher-calorie foods, portion control is the key. In recent years, serving sizes have ballooned. In restaurants, choose an appetizer instead of an entree or split a dish with a friend. Don't order anything that's been "supersized." When reading food labels, check serving sizes: some relatively small packages claim to contain more than one serving, so you have to double or triple the calories, grams of fat and milligrams of sodium, if you're planning to eat the whole thing.

**Eat Plenty of Produce** Aim for 2½ cups of vegetables and 2 cups of fruit a day, for a 2,000-calorie diet. If you consume more calories, aim for more; if you eat fewer than 2,000 calories, you can eat less. Include green, orange, red,

blue/purple and yellow produce. The nutrients, fiber and other compounds in these foods may help protect against certain types of cancer and other diseases. Legumes, rich in fiber, count as vegetables, though are moderately high in calories. Choose whole fruits over juice for more fiber. Frozen and canned fruits and vegetables are good options.

**Get More Whole Grains** At least half your grains should be whole grains, such as whole wheat, barley and oats. Whole grains retain the bran and germ and thus all (or nearly all) of the nutrients and fiber of the grain. Look for a product labeled “100% whole wheat” or “100% whole grain.” If it doesn’t say that, look for a whole grain listed as the first ingredient, though there still may be lots of refined wheat (also called “white” or “enriched” flour) and/or sugar. Another option is to look for the voluntary “Whole Grain Stamp” from the Whole Grains Council.

### **BUILD A BETTER SANDWICH**

Every day, millions of Americans grab a sandwich for lunch. It’s quick, easy and seemingly healthy. Or is it? Truth be told, your standard sandwich may be loaded with extra calories, fat and sodium.

In fact, according to the *Journal of the Academy of Nutrition and Dietetics*, those who consume a typical sandwich take in an extra 300 calories and 600 milligrams of sodium compared to their non-sandwich eating counterparts. Yikes!

If you love your daily sandwich, don’t despair. There are some simple things you can do to make your “bread and butter” a nutritional powerhouse.

**Bet on better bread:** Believe it or not, bread is the number one source of sodium in the American diet. Opt for whole wheat bread—anything around 70 mg of sodium per slice will save you a significant amount from the standard white, processed variety.

**Reach for the right meat:** Typical deli meats like pastrami or bologna are loaded with calories and sodium. Opt for slices of whole turkey breast as they tend to be less processed and aren’t packed with salt. Or choose low-sodium canned tuna.

**Be conscious of condiments:** Swap saturated fat-filled mayo with a few slices of avocado. The avocado does contain fat, but it’s loaded with the heart-healthy (omega-3s) variety that has been found to be beneficial to both your brain and cardiovascular system.

**Veg out:** Cheese and sauces can pack big sodium punches, so replace those options with fresh and flavorful veggies. Layer on tomato, arugula, spinach, onions and peppers—all for little to no sodium. Moreover, you’ll swallow a hefty amount of your daily vitamins and minerals.

### **NASAL SPRAYS: A WORD TO THE WISE**

Overusing OTC decongestant nasal sprays can do more harm than good.

Using such sprays for three or more consecutive days can cause nasal tissue to swell, making you feel more congested. The more you use the spray, the more swollen and congested you may feel. Limit use to two consecutive days.

Take a shower before bed. It will help wash away pollen and irritants that have collected on your hair and skin, so you don’t bring them into bed.

### **COLLEGE AGE BINGE DRINKERS MAY FACE HIGHER BLOOD PRESSURE**

Young adults who regularly binge drink have elevated blood pressure compared to those who drink occasionally, and could wind up with high blood pressure, researchers warn in a new study.

The findings show that more than one in four young adults who binge drink meet the criterion for prehypertension. This is worrisome because this condition can progress to hypertension, which in turn can cause heart disease and premature death.

Binge drinking is defined as five or more alcoholic beverages consumed on a single occasion. Previous studies in Canada and the United States have shown that about four in 10 young adults age 18 to 24 are frequent binge drinkers.

Additionally, it’s unlikely that many of these young adults will stop binge drinking any time soon. It’s pretty clear that binge drinking is associated with ongoing issues with alcohol use.

Doctors should not assume that adolescents and young adults who do binge drink can stop. According to researchers, when a doctor is seeing a young adult with higher blood pressure, he/she should ask about drinking when taking their medical history is important.

## FATAL OVERDOSES RISING FROM SEDATIVES LIKE VALIUM, XANAX

While deaths from overdoses of heroin and narcotic painkillers like Oxycontin have surged in recent years, a new report finds the same thing is happening with widely used sedatives such as Xanax, Valium and Ativan.

In 2013, overdoses from these drugs, called benzodiazepines, accounted for 31 percent of the nearly 23,000 deaths from prescription drug overdoses in the United States. The overdose death rate increased more than four times from 1996 to 2013. As more benzodiazepines were prescribed, more people have died from overdoses involving these drugs, said the study author.

The overall number of overdose deaths from benzodiazepines has leveled off since 2010, but that rate continues to rise among adults over 65 and for blacks and Hispanics.

It's estimated that one in 20 adults fills a benzodiazepine prescription in a year. These drugs are prescribed for anxiety, mood disorders and insomnia.

## WHY MEN DIE EARLIER THAN WOMEN

It's true, according to statistics.

On average, women live longer than men. In fact, 57% of all those ages 65 and older are female. By age 85, 67% are women. The average lifespan is about 5 years longer for women than men in the U.S., and about 7 years longer worldwide.

It's not hard to see the gender gap among the elderly. A glance around most nursing homes or assisted living facilities in the U.S. often tells the story: women will usually outnumber men, and the magnitude of the difference is often striking. Doctors often hear that when a man moves into a residential setting dominated by the geriatric set, he tends to be popular; and that's especially true if he still drives.

### So why do men, on average, die first?

There are many reasons why the ratio of men to women (which is roughly equal in young adulthood) starts to favor women over time. Among the most powerful factors?

#### Men tend to....

**take bigger risks.** Some of the reason seems to be "biological destiny." The frontal lobe of the brain — the part that controls judgment and consideration of an

action's consequences — develops more slowly in boys and young men than in their female counterparts. This likely contributes to the fact that far more boys and men die in accidents or due to violence than girls and women. Examples include biking, driving drunk, and homicide. This tendency toward lack of judgment and consideration of consequences may also contribute to detrimental lifestyle decisions among young men, such as smoking or drinking to excess.

**have more dangerous jobs.** Men far outnumber women in some of the riskiest occupations, including military combat, firefighting, and working at construction sites.

**die of heart disease more often and at a younger age.** In fact, men are 50% more likely than women to die of heart disease. The fact that men have lower estrogen levels than women may be part of the reason. But, medical risks, such as poorly treated high blood pressure or unfavorable cholesterol levels, may contribute as well.

**be larger than women.** Across many species, larger animals tend to die younger than smaller ones. Although the magnitude of this effect is uncertain in humans, it tends to work against male longevity.

**commit suicide more often than women.** This is true despite the fact that depression is considered more common among women and women make more (non-fatal) suicide attempts. Some attribute this to the tendency for men to avoid seeking care for depression and the cultural norms that discourage men from seeking help for mental illness.

**avoid doctors.** Men are far more likely to skip routine health screens and far less likely than women to have seen a doctor of any kind during the previous year.

## DON'T TAKE KIDNEY HEALTH FOR GRANTED

If you've never before celebrated this observance, you may want to start. You can do so by learning more about these important organs and planning how to take the best possible care of them.

According to the National Kidney Foundation, 26 million Americans suffer from chronic kidney disease (CKD), and one in three adults is at risk for the condition. To keep kidneys in tip-top shape:

- ✓ Exercise regularly
- ✓ Control your weight

- ✓ Follow a balanced diet
- ✓ Don't smoke
- ✓ Drink alcohol in moderation
- ✓ Stay hydrated
- ✓ Monitor your cholesterol
- ✓ Get an annual physical
- ✓ Check your blood pressure
- ✓ Know your family history
- ✓ If you are 40- to 70-years-old and overweight, have your blood glucose checked.

### POPULAR DIET MYTHS (part 2)

#### Drink More Water to Peel off Pounds

There's no doubt water is vital for your body -- but a weight loss aid? Not really. If drinking water keeps you away from high-calorie drinks, it can certainly help you lose weight. But, adding more water to your diet, without changing anything else, makes no difference in lowering the numbers on your scale.

#### Sugar Makes Kids Hyperactive

This myth is so common it seems impossible that it isn't true. Yet most research shows sugar doesn't make all kids hyperactive. So why do kids bounce off the walls at birthday parties? It's not the cake; it's probably the exciting environment. Still, pay attention to how much sugar your kids eat. Eating too many sweets leaves little room for healthier food.

#### Athletes Need a Ton of Protein

Everyone knows an athlete needs tons of protein to build strength and muscle, right? Well, not exactly. Most American diets provide plenty of protein even for athletes. The real secret to boosting athletic strength and muscle is to get enough calories, focus on intense training, and get a carb- and protein-containing snack (such as nonfat chocolate milk) soon after an intense muscle workout. Special powders, bars, and supplements need not apply!

#### Too Much Sugar Causes Diabetes

Worried that your love of cake or candy will lead to diabetes? Stop fretting about this diet myth. If you don't have diabetes, eating sugar won't cause you to get the

disease. What *does* raise your diabetes risk, however, is being overweight and inactive.

So do your body a favor: Cut back on the empty, sugary calories, and get moving!

#### Carbs Lead to Weight Gain

Stop believing this diet myth. Not all carbohydrates are bad for you. But, it seems like people lose weight on low-carbohydrate diets, right? Those diets almost always restrict calories, too, and fewer calories add up to fewer pounds over time no matter how many of your calories come from fat, protein, or carbohydrates.

### FEEL FULL WITH FEWER CALORIES

Low-calorie foods that help you feel full can promote weight loss and prevent too much snacking.

The U.S. Centers for Disease Control and Prevention suggests eating:

- ✓ More fruits and vegetables, without adding any sources of additional fat. Apples, watermelon, berries, carrots, spinach, tomato and broccoli are good choices.
- ✓ Fat-free and low-fat dairy products, such as milk, cottage cheese or yogurt.
- ✓ Soups with a broth base, such as vegetable soup, tomato soup (no cream), beef broth or chicken broth.
- ✓ Popcorn, whole-wheat bread or pasta, brown rice and other whole grains.
- ✓ Lean ground beef, fish such as salmon or skinless chicken.
- ✓ Green peas, black-eyed peas, beans cooked without any fat, and other legumes.

### CONSIDERING TESTOSTERONE THERAPY?

Millions of middle-aged and older American men today undergo testosterone therapy (usually prescription gels or patches), four times as many as a decade ago. That's despite continuing controversy about the safety and effectiveness of this hormone treatment and even about how to define the condition for which it's usually prescribed, called age-related hypogonadism ("low T" in the ads)—that is, low blood testosterone levels accompanied by undesirable effects such as erectile dysfunction.

Moreover, many of the men being prescribed testosterone don't actually have a low blood level or haven't even had the hormone measured, and they have no related symptoms.

Attracted largely by claims from drug companies and "anti-aging" clinics, these men hope that testosterone therapy will give them youthful vigor, better erections, bigger muscles, and better overall health.

Here's the latest news about testosterone, all from late 2015:

**A call for better research:** Studies, mostly observational, have produced inconsistent results about the hormone's safety for this use, especially in respect to cardiovascular disease and mortality rates with some finding increased risks, some reduced risks and some no effect. Thus, the FDA is requiring the drug companies to conduct large, long-term randomized clinical trials (or preferably one joint trial) on testosterone's risks and benefits. This goes along with the FDA's order that labels on testosterone products carry a stronger warning about the potential risk of heart attacks and strokes. That's besides the known risks, such as acne, unwanted hair growth, and breast enlargement.

**Some good news:** The largest observational study yet, followed healthy U.S. veterans (average age 66) with low testosterone. Those who took testosterone and achieved "normalized" levels actually had a lower risk of heart attacks, strokes, and death over a 14-year period than men not taking testosterone. However, that conflicts with the negative findings of some previous observational studies as well as a clinical trial in 2010 of 209 older men (average age 74, many with chronic diseases), which was halted early when it found far more heart attacks and other cardiovascular events in those using testosterone.

**More seemingly good news:** A clinical trial involving men (average age 67) with low testosterone levels, use of the hormone patch for three years had no effect on the progression of atherosclerosis compared to a placebo patch. But, the study was not large enough to evaluate the risk of heart attacks, so "it should not be interpreted as establishing cardiovascular safety of testosterone use," the Harvard researchers noted. Interestingly, the men taking testosterone did not experience improved sexual function or quality of life compared to the placebo group.

#### **Before you join the Low T party**

The FDA has approved testosterone replacement therapy only for men who have very low blood levels because of medical reasons (such as pituitary or testicular problems or

advanced liver disease), for whom the benefits are clear. And yet, the therapy is mostly being prescribed off-label to men whose "low T" is likely a normal result of aging, for whom the benefits are unproven and the potential risks are biologically plausible and troubling.

Until clinical trials prove testosterone's safety and efficacy, we suggest you think twice about taking it for "low T," especially if you have cardiovascular disease or are at elevated risk for it (for instance, because of age, diabetes, or obesity). Don't automatically blame "low T" if you feel tired or your libido is waning—or because an ad or clinic presents testosterone therapy to you as a veritable fountain of youth.

#### **THROW AWAY SOCIETY**

On average, households waste 14% of their food purchases (15% of that includes products still within their expiration date, but never opened).

A University of Arizona researcher estimates an average family of four currently tosses out \$590 per year in meat, fruits, vegetables, and grain products. Reduce food waste with careful planning. (Devise a menu and take a list to the grocery store.) Buy smaller sizes. Know what's in your refrigerator and pantry that needs to be used while it is still "good." Freeze foods you can't eat right away.

#### **TIMING YOUR EXERCISE**

If you're looking to lose inches, start watching the clock.

Three 10-minute bouts of aerobic exercise may equal one 30-minute session in terms of cardio benefits, but not when it comes to how much fat you'll burn, finds research from Dalhousie University in Halifax, Nova Scotia.

Exercisers who walked for half an hour, five days a week, significantly decreased their body fat after eight weeks, while those who did a trio of 10-minute stints throughout the day saw no marked body-fat dip. It makes sense to squeeze in whatever exercise you can, but schedule two or three longer sessions during the week to see fat-melting results.

#### **ORANGE JUICE LOWERS BLOOD PRESSURE**

People who start the day with a glass of orange juice have been getting a lot of good news lately. In the latest research on the possible health benefits of OJ, scientists report that drinking orange juice was associated with significantly lower diastolic blood pressure and improved blood-vessel function.

## WHAT'S THE DIFFERENCE?

We are often asked, “If we have Long Term Disability (LTD) coverage for our pilots, why do we/they need Loss of License (LOL) coverage”? The answer lies in an explanation of the difference between LTD and LOL.



Traditional LTD carriers don't recognize what we call the licensing risk. That's the risk of an FAA licensing grounding that can extend well beyond the resolution of the health issue/problem that initially triggers a disability benefit. Further, they generally don't recognize at all, those health related licensing safety issues that cause a pilot's loss of income, but never trigger an LTD benefit. Below is an example:

A pilot has to have a stent. After 45 days, his cardiologist releases him to go back to work. The LTD carrier reasons that his health problem has been solved, and his doctor released him, so they deny or cease further payment of benefits.

Here's the problem: The FAA won't even consider letting him fly until at least six months has elapsed between the event and his request to go back on flight status. And, it's incumbent on the *pilot* to prove to the FAA that he/she is fit to fly after the six month mark. So, he has to know the FAA requirements, have extensive testing, and have his case presented to the FAA Cardiac Review Board for a “Special Issuance”. (And, by the way, the board only meets every other month.) So, in the real world of aviation, it can be seven to twelve months before this pilot can fly again even though the LTD carrier stopped benefits after 45 days. A LOL contract would continue to pay him long after the LTD plan stopped.

The bottom line is that traditional disability insurance will not typically consider a pilot disabled once your treating doctor or the insurance company's doctor say “he's good to go.” Hence the reason Loss of License Insurance was created and our experience shows it pays nearly 1 in 20 covered pilots every year.

With 65 years experience, Harvey Watt & Co provides the *only* US pilot disability plans for individuals and small groups we know with a FAA Medical Licensing definition of disability for commercial pilots.

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