



AVIATION MEDICAL BULLETIN™

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HOW MUCH PHYSICAL ACTIVITY SHOULD YOU GET?

The important thing about physical activity is that you do some. Depending on your current state of health, the amount and intensity recommended may vary a bit.

For overall cardiovascular health, the American Heart Association recommends at least 150 minutes of moderate intensity physical activity a week. That can be broken down to at least 30 minutes per day, five times a week. Or, you can shorten the amount of time by exercising more vigorously: at least 75 minutes of vigorous exercise per week, (which can be broken down into 25 minutes at least three days per week) or a combination of the two. Activities should be done in blocks of at least 10 minutes and throughout the week.

If you're working on lowering your blood pressure and/or LDL cholesterol, the recommendation is a little different. Try to average 40 minutes of moderate- to vigorous-intensity aerobic activity three or four times per week.

Moderate vs. Vigorous

Any activity is better than no activity, but movement that raises your heart rate and challenges your muscles affords the most benefits. But, how do you know how moderate or vigorous the activity you're engaging in is?

Moderate activity means that your heart is beating faster. You can still carry on a conversation, but you'll be breathing heavier. And, you'll notice that you're starting to sweat.

According to the U.S. Department of Human Services Physical Activity Guidelines for Americans, examples of moderate are: Walking at a brisk pace; riding a bike slower than 10 miles per hour; water aerobics; doubles tennis; ballroom dancing; general gardening.

Vigorous activity is higher intensity and feels more taxing: Your heart is probably beating much faster. Although you can carry on a conversation, you will find yourself pausing

to take a breath.

Examples from the Physical Activity Guidelines include: Racewalking; running/jogging; singles tennis; swimming laps; biking 10 miles per hour or faster; jumping rope; heavy gardening (continuous digging or hoeing that increases the heart rate); hiking up a hill or with a heavy backpack.

BRAIN TRAINING, NOT

Be skeptical of claims that 'brain training' programs can preserve cognition—they're not supported by scientific evidence. For instance, the creators and marketers of one widely advertised program, Lumosity, agreed to pay \$2 million to settle charges made by the Federal Trade Commission that they deceived consumers with unsubstantiated claims about improving performance of everyday tasks and delaying age-related cognitive decline and dementia.

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GETTING THE BIG NUMBER DOWN

More than 100,000 deaths could be prevented annually, if adults with specific common risk factors for heart disease would engage in an intensive program to lower systolic blood pressure, the top number in a blood pressure reading.

Researchers found that participants using an intensive program to lower systolic blood pressure to less than 120 mm Hg reduced the risk of death from all causes by 27 percent. The research clearly showed that intensive systolic blood pressure lowering will save lives among adults aged 50 years and older.

WHAT'S HEALTHIER? BLUE CORN CHIPS OR YELLOW ONES?

Blue corn chips. They are made from blue corn, a lesser-known variety native to Mexico and parts of New Mexico, where you can find them in some tortillas and hot beverages called atoles.

Not only are they a pretty color, the pigments responsible for their blue shade, anthocyanins, may have additional health benefits. Studies have shown that corn anthocyanins may have anti-inflammatory benefits and may also help to control body weight. Anthocyanins also show up in foods like berries and red wine, where studies have linked them to reduced risk of cardiovascular disease, cognitive decline, and cancer.

But, while you might be tempted to let the chips fall where they may, beware. Even though blue corn tortilla chips can have a slight nutritional advantage, they are not the elixir of snacks. Frying essentially removes most of disease-fighting properties found in blue corn, so your best bet is to stick with a portion-controlled amount.

REASONS TO SEE YOUR RHEUMATOLOGIST

If you have rheumatoid arthritis (RA), you likely see your rheumatologist on a regular basis. But, between your scheduled appointments, there may also be times when you need to see your rheumatologist more urgently. Here are a reasons you should pick up the phone and ask to be scheduled sooner rather than later.

You're experiencing a flare. An office visit may be needed when someone experiences a flare of RA. When the disease's inflammation flares up, the problem is more than painful — permanent joint damage and deformity may occur.

You've got pain in a new location. RA primarily strikes joints, causing redness, heat, swelling, and pain. But, it also can cause pain elsewhere in your body. The autoimmune malfunction can attack the tissues of your

eyes and mouth or cause an inflammation of blood vessels. If your eyes or mouth become dry and uncomfortable, or you begin to develop a skin rash, you could be experiencing an expansion of RA symptoms. Make an appointment with your rheumatologist and ask for an assessment.

You've had a change in sleep or eating habits. It can be difficult to get a good night's rest when you have RA. A sleeping position can be comfortable for affected joints, but not for other body parts. New pain or joint heat can wake you. Along with this, eating can also pose special challenges. Some RA medicines affect appetite, causing weight gain or nausea that prevents you from eating. If you notice you are sleeping less or changing how and when you eat, see your doctor.

You suspect side effects. The most frequently prescribed drugs for RA are nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, disease modifying anti-rheumatic drugs (DMARDs), and newer treatments called biologics. Although these treatments improve the lives of many with RA, they do have side effects.

Some of NSAIDs' side effects include edema, heartburn, and stomach discomfort. Corticosteroids can elevate cholesterol and blood sugar, and increase appetite - leading to weight gain. DMARDs and biologics interact with your immune system and can lead to more infection, or rarely other autoimmune symptoms (psoriasis, lupus, multiple sclerosis).

A treatment doesn't work as well as it used to. RA is chronic and can be progressive. While many begin taking frontline RA treatments such as NSAIDs and DMARDs as soon as they're diagnosed, those treatments might have to be augmented as time goes by.

The takeaway

Having RA means you get to know your entire medical support team quite well. Your rheumatologist is the most vital resource on that team. They can help you understand your condition and its evolution as well as consult with your other caregivers to coordinate care.

SHOULD IBUPROFEN BE A PRESCRIPTION DRUG?

A new study reaffirms cardiac risks of ibuprofen and other nonsteroidal anti-inflammatory drugs. Should over-the-counter sales of these medications be restricted? After a new study linked ibuprofen and another common pain medication to an increased risk of cardiac arrest, one of the study authors called for restrictions on over-the-counter sales of these drugs.

Concerns about nonsteroidal anti-inflammatory drugs (NSAIDs) are not new.

Previous studies have linked NSAIDs to increased risk of heart failure, heart attack or stroke, and irregular heart rhythm.

In the new study, researchers reviewed the medical records of people who had a cardiac arrest. Use of any NSAID raised the risk of cardiac arrest by 31 percent.

Diclofenac — which is available in the United States only as a prescription — was linked to a 50 percent increased risk of cardiac risk and prescription-strength ibuprofen with a 31 percent greater risk. Naproxen, rofecoxib, and celecoxib were not associated with cardiac arrest.

WHAT ARE THE HEART RISKS ASSOCIATED WITH TESTOSTERONE THERAPY?

While previous studies suggested a link between testosterone therapy and an increased risk in heart disease, currently the connection isn't clear.

For example, a 2014 study reported that testosterone therapy might increase the risk of a heart attack in men age 65 and older, as well as in younger men who have a history of heart disease. A 2013 study found a higher frequency of death and heart problems in men who had coronary artery disease and received testosterone therapy.

However, more recent studies show no increase in cardiovascular disease in men taking testosterone therapy. Some research even shows a lower risk of death in men receiving testosterone therapy compared with those not receiving therapy. A large 2016 study found that testosterone therapy did not increase the risk of cardiovascular events.

More research is needed to determine the safety of using testosterone therapy to treat older men dealing with age-related declines in testosterone. Keep in mind that testosterone therapy carries various other risks, including contributing to sleep apnea, stimulating noncancerous growth of the prostate, enlarging breasts, limiting sperm production, stimulating growth of existing prostate cancer and contributing to the formation of blood clots in the veins.

If you wonder whether testosterone therapy might be right for you, talk with your doctor about the risks and benefits. If you are taking testosterone, make sure your doctor is monitoring your response to treatment with regular blood tests.

REASONS YOU'RE NOT LOSING WEIGHT

Your Sleep Schedule Is Off: If you get more than 9 hours of sleep a night, you may be the envy of your friends, but too much or too little sleep -- less than 5 hours a night -- can be linked to weight gain. Both can throw off the way your body makes the hormones that control your appetite and hunger. And if you don't feel rested, you may skip your workouts, too.

You Don't Drink Enough Water: Between 2 and 6 cups of clear, plain water each day can help you lose extra pounds. Water has no calories at all, so it satisfies your thirst without adding weight. And, when you drink enough water, you may be less likely to grab sodas, juices, or coffee drinks packed with sugar. High calories in sweet drinks can add up to a big weight gain.

You Wait Too Long to Eat: When you space out your meals too much, your metabolism slows down and isn't able to burn off all the calories you eat in your next meal. Those extra calories may wind up as extra weight. And, you may overeat because you're too hungry. Try eating smaller portions, and eat more often.

You Eat Out Too Often: OK, you hate to cook. But if you eat most of your meals at restaurants, it may be harder to keep your weight under control. Even so-called light dishes may have more calories than you realize. And we're not just talking about dinner, either. People who eat lunch out daily can weigh up to 5 pounds more than those who brown-bag it.

You Sit All Day: Your desk job or TV obsession may make it harder for you to drop those pesky pounds. When you sit most of the time, your body can lose its ability to know when you've eaten too much -- you can overeat and gain weight. Even brief exercise breaks during the day can help you stay healthy. Get up for three 10-minute walks around meetings or your favorite shows.

You Reward Workouts With Food: Exercise is a great way to lose weight -- it burns calories and builds muscle mass. But, if you indulge in a big dinner or smoothie after every workout, you can ruin all that sweaty work. Watch out for high-sugar sports drinks and protein bars, too. While they can help quench your thirst or give you an energy boost post-workout, they can be very high in calories.

You Overdo the Alcohol Whether you like wine, beer, or mixed drinks, alcohol has calories that add to your daily amount. If you often have 3 or more drinks a day, you're more likely to gain weight or be overweight, no matter what type of alcohol you drink. Stick to light or moderate drinking, like one glass of wine with dinner. That may

actually help keep you from gaining weight.

You Make Quick Food Decisions: It's worth your time to plan out your meals and healthy snacks so you're not tempted to grab something on the go. Even if you get enough activity, you can gain an extra pound or two if you tend to eat fast food or sugary snacks or sodas. Your body doesn't seem to treat these calories the same as energy you get from healthy foods -- it breaks them down too quickly. They're also low in fiber, so you don't feel full afterward and you're likely to eat or drink more.

Your Medication: Some drugs you take for health problems could make you gain a little weight. For example, steroids can change your metabolism and make you feel hungrier -- you may overeat and gain extra belly fat. Even antihistamines that calm your hay fever could cause weight gain. They lower a chemical your body makes to control your appetite, so you may sneeze less but eat more.

WHAT I WISH I HAD KNOWN BEFORE HAVING A HEART ATTACK

Heart attacks can strike when you least expect. People who survived heart attacks tell us what they wish they'd done differently, so the rest of us can take better care of our health before it's too late.

"I should have changed GPs." Mine wouldn't listen to me, even going as far as to laugh at me, when I told him of the overwhelming fatigue I was experiencing.

"I wish I'd taken 5 deep breaths." My advice for others: Choose your relationships carefully. Take actions that benefit you ASAP and get out of stressful situations. Saying yes is good; saying no is more powerful. [Also,] I wish I'd taken five deep breaths several times a day and chilled.

"I would have paid closer attention to all the warning signs." As is typical for most women, we have a tendency to rationalize our symptoms. I chalked up my fatigue to working 50-60 hours per week and caring for an aging parent; the shortness of breath was due to the Florida heat and humidity; the right elbow pain was because of a previous injury. I should have been more proactive in seeing my primary care physician. With my strong family history of heart disease, I really needed to see a cardiologist. Of course it would have helped to have lab work and EKGs done on a more regular basis.

"Let someone call 911."

I got terrible pain in my upper back just left of my spine. When I went back to bed, I felt really sick. My wife wanted to call 911, but I had no chest pain so I said I'd be

fine. I went to urgent care the next morning where they gave me a muscle relaxant. I didn't know it was a heart attack until my annual physical 6 months later. I was very lucky. My advice: Let your mate call 911. Better a live patient than a dead martyr.

"What you don't know can kill you." Know your family history. What you don't know can kill you. Most importantly, listen to your body at all times. I knew at least a week before the actual cardiac event that something was off and I was experiencing warning signs (shortness of breath, chest pains, and tiredness).

"It took me nearly dying to finally make a change." I wish I went to the doctor. I knew something was off. It got to the point where I couldn't even walk down the street without losing my breath. I was eating a diet of entirely processed meats and barely any vegetables. It was comfortable. It was how I was raised. Until one day, I woke up in a hospital bed. Fat, sick, and almost dead. I've always had a hard head and I have to learn lessons the hard way. It took me nearly dying to finally make a change.

WHAT IS A GLEASON SCORE?

The most important factor in predicting the current state of the prostate cancer and the success of any treatment is the Gleason score. This score is based on tumor grade, which is an indication of the tumor's aggressiveness. The tumor grade reflects how far the cancer cells deviate from normal, healthy cells.

Normal prostate epithelial cells form highly organized glands, with well-defined borders. Cancer cells, in contrast, display various degrees of disorganization and distortion.

Cancers whose cells appear closest to normal are considered grade 3 and generally are the least aggressive; those with highly irregular, disorganized features are classified as grade 4 or 5 and generally are the most aggressive.

The Gleason score is derived by determining the two most prevalent organizational patterns in the tumor, assigning each a grade and then adding the two numbers together. For example, if the most common pattern—the primary grade—is 3 and the next most common pattern—the secondary grade—is 4, the Gleason score would be 7 or 3+4. But, if the primary grade is 4 and the secondary grade is 3, the Gleason score would be 4+3, and this would be considered to be more aggressive.

In other words, the primary grade carries more weight than the secondary pattern in determining the aggressiveness of the cancer. In some cases the pathologist will report a tertiary pattern that is associated with prognosis but is not a part of the overall score. For example, a pathologist may report that the biopsy shows a Gleason 3+3 (score 6), with a tertiary pattern 4.

Most doctors classify a Gleason score of 6 as a low-grade tumor, a Gleason score of 7 as intermediate, and Gleason scores of 8, 9 and 10 as high grade. Gleason scores of 8 to 10 are associated with the least favorable outlook.

FOOD FIGURES

11 pounds: Average annual consumption, per person, of seafood in the U.S. (including shellfish)

65 pounds: Average annual consumption, per person, of beef in the U.S.: (of which 33 pounds are hamburger)

3,400 milligrams: Average amount of salt Americans consume each day (Recommended amount: 1,500 milligrams per day for high-risk groups, 2,300 for others.)

36%: Percentage of added sugar in diet that comes from soda and other sugary drinks.

NEW DRUGS MAY BEAT STATINS, BUT PRICE IS HIGH

Two different injectable drugs can lower cholesterol levels even further than statins do, potentially warding off future heart attacks or strokes, new research suggests. However, some heart experts question whether the pricey medications, one of which costs roughly \$14,000 a year to take, perform well enough to make them worth the extra money.

In fact, some cardiologists said the drugs should be reserved only for patients with the highest heart risks.

The drugs, evolocumab (Repatha) and inclisiran, both work by targeting PCSK9, an enzyme that regulates the liver's ability to remove "bad" LDL cholesterol from the bloodstream. By blocking the enzyme, the medications spur the body to screen out more cholesterol.

Clinical trial results showed that evolocumab was linked to a 15 percent reduction in the risk of major heart events in patients who are already taking statins due to heart disease. These events include sudden heart death, heart attack, stroke, hospitalization for angina, or surgery to reopen a blocked artery.

Evolocumab was also associated with a 20 percent reduced risk of heart attack, stroke or sudden heart death. In patients with heart and blood vessel disease

who are already on a statin, we know now that adding evolocumab reduces the risk of future heart attack or stroke, and it does it safely.

OBESITY: LEADING CAUSE OF DEATH?

Obesity may soon be the leading cause of death in the U.S. A recent report from the CDC indicate that tobacco kills in excess of 430,000 (18%) Americans each year. Obesity from poor diet and physical inactivity account for over 400,000 (17%). That's up 100,000 from a decade ago, and the number is expected to rise. By comparison, car crashes account for 43,000 (2%).

LIGHT SMOKING

The percentage of Americans who smoke (23%) hasn't changed in recent years. However, there is a dramatic increase in occasional smokers.

While the health risks of occasional smoking are less than those of regular smokers, they are still high. A recent study reported in the *Journal of The National Cancer Institute* found that the amount of carcinogens inhaled and absorbed into the body do not drop in proportion to cutbacks in smoking.

Also, women who tend more to be light smokers don't reduce their risk of lung cancer from only smoking occasionally.

CALORIE CONSUMPTION

On average, Americans consume 3800 calories a day. That's roughly twice what we need to meet basic nutritional requirements.

SAFEST COLOR CAR

Want to avoid traffic accidents? Then consider the color of your car. Silver is the safest color to drive.

Yellow, on the other hand, is the most dangerous. According to a New Zealand study, serious crashes are four times more likely in a yellow car than a silver one. They are twice as likely in a white car.

Other risky colors are brown, black, and red.

DRIVER'S SIDE SUNBURN

Dermatologists are reporting an increase in precancerous spots and skin damage on the left side of driver's faces and arms.

The sun's harmful UVA rays pass through a car's window even if it is tinted. UVB rays are blocked by glass.

WHAT WE SAY WE ARE EATING

Ask people what they ate yesterday, or even today, and the odds are that they'll underestimate the amount. This discrepancy has been called the "eye-mouth gap."

One study found that some obese people actually ate twice as much as they reported. Research has shown that perhaps 80% of us - even lean and athletic people - underestimate our food intake. One national survey found that adults underestimate their daily diet, on average, by about 800 calories.

People also tend to think that their diet is healthier than it is, according to a survey released in 2000. They overestimate their intake of fruit and dairy products, for instance, but underestimate the amount of sweets, refined grains, oils, and other fats they eat.

Misreporting is seldom a deliberate deception, researchers believe. More likely, it's unconsciously done, perhaps in response to social and familial pressure, combined with wishful thinking.

In addition, people don't know how much food they put on their plates. If you're trying to lose weight or improve your diet, don't trust your eyes. Weigh or measure the food you eat to get a sense of what you're eating.

SLEEP YOURSELF THIN

Increasing the number of hours you sleep per night from six to the recommended seven to nine may reduce your risk of obesity, according to a new study at Columbia University.

Researchers believe that chronic sleep deprivation affects hormone levels, which may stimulate appetite and cause overeating. The less shut-eye you get, the greater your chances of packing on pounds: people who average five hours a night have a 50 percent greater risk.

THE REAL HAPPY MEAL

Dinner-table chats can help your daughter develop healthy eating habits. The family dinner can strengthen bonds and protect your daughter from eating disorders, a new study suggests.

When University of Minnesota researchers examined the habits of middle and high school students, they discovered that girls whose families rarely ate together were 75 percent more likely to use extreme dieting techniques, compared with girls from families who often sat down together.

Of girls who dined with their parents less than three times a week, 1 in 5 turned to vomiting or popping diet pills to stay slim; only 1 in 12 of the girls who ate five or more

family meals a week practiced these unhealthy habits. This builds on previous studies demonstrating that the family dinner can boost your teens' report cards and self-esteem, and prevent them from abusing drugs and alcohol

50%

According to a 10 year study at the University of Western Ontario, that's how much you can cut your risk for diabetes and heart disease with exercise - even if you don't start until you're 55. All it takes is 30 to 45 minutes of walking, 3 days a week.

GRAPEFRUIT AND MEDICINE

Grapefruit or grapefruit juice can affect how certain medications are metabolized in the body. It has the potential to cause dangerous side effects. Here are the facts you need to know:

- ✓ Grapefruit juice contains a substance that blocks the liver's ability to break down certain drugs. This results in higher levels of the drug in the body - which creates the potential for dangerous side effects.
- ✓ This reaction can occur with either the fruit or juice of grapefruit, limes, or the Seville oranges used to make some marmalades. It's not a concern with other citrus fruits and juices like oranges, lemons, and tangerines.
- ✓ Adverse reactions with certain medications can occur for up to 24 hours after you've consumed grapefruit.
- ✓ The drugs known to interact with grapefruit include Plendil, Procardia, Adalat, Sular, Neoral, Sandimmune, SangCya, Prograf, Valium, Halcion, Sonata, Tegretol, Anafranil, and some of the statin drugs used to treat high cholesterol.
- ✓ Pharmacists might place a sticker on any prescription drug that should not be taken with grapefruit or grapefruit juice. If in doubt, ask your pharmacist.

COFFEE BUZZ

Do you sometimes feel the effects of caffeine even when you drink decaf coffee?

The actual caffeine content in decaffeinated products can vary greatly. Under Food and Drug Administration regulations, coffee can contain between 2 and 13 milligrams of caffeine and still be labeled decaffeinated. That's enough for people who are very sensitive to

caffeine to feel the effects.

There is no decaffeination process that removes all the caffeine. The water process method removes approximately 94% to 96%. Methods that use chemical solvents or highly pressurized carbon dioxide can remove up to 98%.

UNDERAGE DRINKING - HOW TO CONVINCE YOUR TEENS THAT STAYING SOBER IS “AWESOME” AND “COOL”

1. **It’s easy to gain weight if you drink too much.** A glass of beer has about 150 calories. It doesn’t take long to consume almost half your daily calories if you combine drinking with snacking on pizza and chips.
2. **You’ll be a better dancer.** You might think you’re a smoother mover after a couple of drinks, but in reality, alcohol impairs your motor skills.
3. **Not drinking improves your dating potential.** Alcohol can slur your speech, constrict your pupils, and affect your eyesight, none of which is attractive. It’s also not cool when an adult must chauffeur you and your date because your license has been suspended for drinking underage.
4. **You’ll be smarter.** Teens who drink too much can lose up to 10% of their brainpower. That could be the difference between an entire grade on a test, remembering a winning sports play, or forgetting the notes to a song.
5. **It could save your life.** In addition to being linked to fatal car crashes, drinking too much can cause alcohol poisoning, which may lead to unconsciousness and heart and respiratory failure.

DAILY CALCIUM NEEDS FOR MEN & WOMEN

Age	Amount
19 to 50	1,000 mg
50+	1,200 mg

MARRIAGE BEATS MONEY FOR HAPPINESS

When reaching for the key to happiness, it's better to go for the golden ring than the greenback. A new Gallup poll shows most Americans are generally satisfied with the way their personal life is going. But, those with higher personal incomes and especially those who are married are more likely to say they're very happy with their personal life. Married adults at any income level were as likely, if not more likely, to report being happy than even the wealthiest unmarried adults.

TY COBB'S PHILOSOPHY

Jim Lanier was batboy for Ty Cobb in the 1925 and 1926 seasons. At the dedication of the Ty Cobb Museum in Royston, Georgia, he recalled memories of those times. In particular he remembered "Mr. Cobb," as he called him, saying, "Teach a kid to throw a baseball and he won't throw a rock."

THE GREEK DIET

A Mediterranean diet can lower blood pressure, which helps explain why it may reduce the risk of heart disease. A recent study of over 20,000 Greek men and women found that the more closely they followed a traditional diet, the lower their blood pressure. Olive oil emerged as a leading factor behind the benefit, along with vegetables and fruits. The researchers theorize that polyphenols in olive oil may play an important role.

PHYSICIANS SHOULD BE COACHES

Noted cardiologist and writer George Sheehan, MD, likens doctors to coaches. "They cannot go on the field and win the game for us. We must do that. But, we cannot win without good coaching."

He says that modern medicine "has led us to believe that all our medical problems have a cure." But curing, isn't the only answer. Prevention must play a significant role, and prevention depends on the patient doing his part.

Sheehan reminds his colleagues that the Latin term *doctor* means "teacher," and doctors, he says must be teachers.

They must teach their patients that "more often than not, individual health is a matter of individual behavior."

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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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