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DID YOU KNOW…

…If you're a pack-a-day cigarette smoker, you'll ingest 400 milligrams of nicotine in a week. If ingested all at once, it would be lethal.

…That it is impossible to catch a cold or flu outdoors in winter at the North Pole. The temperatures are so cold that the disease-causing viruses can't live there.

SECOND OPINION PLEASE

About 100,000 Americans over 65 are hospitalized each year because of adverse effects of medication, usually due to accidental overdoses. Just four drugs or groups of drugs cause two-thirds of all these hospitalizations, according to a recent study in the *New England Journal of Medicine.* No.1 is the blood thinner warfarin (Coumadin, for instance), which by itself accounts for one-third of these events. Insulin injections, anti-platelet drugs (such as clopidogrel) and oral diabetes drugs round out the top four. These drugs require very precise dosing—that is, there's a fine line between a proper dose and a dangerous one. They can also interact with other medication.

FREQUENT FLYERS = FREQUENT ILLNESS

Frequent business travelers are at higher risk for health problems, suggests a large new study from Columbia University. It found that people who travel 14 days or more a month for work were more likely to be obese and report their health as poor or fair than those who travel less often, after controlling for age, sex, race and ethnicity. Those who travel 20 days or more a month were nearly twice as likely to be obese as those away from home just one to six days a month. Long hours in a car or plane and poor eating habits on the road, along with work and travel stress, may be to blame.

DENTAL HEALTH: MORE THAN JUST A PRETTY SMILE

Oral health is often taken for granted, but it is an essential part of our everyday lives. Good oral health enhances our ability to speak, smile, smell, taste, touch, chew, swallow, and convey our feelings and emotions through facial expressions. However, oral diseases, which range from cavities to oral cancer, cause pain and disability for millions of Americans each year. Periodontal (gum) disease and tooth decay (cavities) are the two biggest threats to dental health—but the good news is, they're highly preventable.

To help prevent or control periodontal diseases, it is important to:

- Practice Good Oral Hygiene: Brush and floss every day to remove the bacteria that cause gum disease.
- Have Regular, Professional Cleanings: See a dentist at least once a year for checkups, or more frequently if you have any of the warning signs or risk factors for periodontal disease.

Inside This Issue …

COOKIE DOUGH

Don't eat uncooked cookie dough, including "ready-to-bake" commercial products. It's well known that homemade dough can pose a risk from raw eggs, but commercial products can also be a source of foodborne illness, according to a recent CDC report, which implicated them in a multistate *E. coli* outbreak which sickened 77 people. Contrary to what you may think, "ready-to-bake" dough is not "ready-to-eat." The flour was the prime suspect in the outbreak because, unlike other ingredients in commercial cookie dough (such as pasteurized eggs), it usually does not undergo processing to kill pathogens. Though package labels warn that cookie dough should not be eaten raw, some people—teenage girls especially—buy such products with no intention of actually baking cookies.

AVOIDING MRSA

How can you protect yourself against MRSA, the "flesh-eating" virus?"

Until recently, methicillin-resistant Staphylococcus aureus, or MRSA, was confined mostly to healthcare facilities. But now, some healthy adults and children are contracting MRSA, which can "eat" the skin and attack vital organs.

If you come into contact with MRSA, it can "colonize" in the skin and inner nose -- meaning you can carry the MRSA bacteria but show no clinical signs or symptoms of infection. Generally, it causes no harm; however, when people exposed to MRSA get deep cuts or undergo surgery, infections may develop. Most staph infections start as painful pimples or boils.

MRSA is difficult to treat because it produces more inflammatory toxins than other types of staph, and it doesn't respond to conventional medications like penicillins or several other antibiotics. Risk factors include hospitalization within the past year (particularly for surgery), residence in a long-term care facility, frequent antibiotic use and casual contact with intravenous drug users.

To reduce your risk of MRSA:

- Keep abrasions on your skin clean, dry and covered and avoid touching other people's wounds.
- Don't share personal items like towels or razors.
- Use flip-flops in public showers.
- Put clean towels over the handlebars of exercise machines.
- Wash your hands or use an alcohol-based hand sanitizer several times a day.
- Don't be afraid to ask healthcare providers to wash their hands and wipe their stethoscopes before treating you.

Above all, don't panic: You shouldn't stay away from the hospital to avoid MRSA. It's been around for decades, and many drugs -- like tetracyclines, trimethoprim-sulfamethoxazole, rifampin and linezolid -- can still kill the bacterium, particularly when detected early.

WHY YOU WEIGH MORE THAN YOU THINK YOU DO

Have you slimmed down during the past year, or have you put on a few extra pounds? Unless you keep a close eye on your scale, odds are that you just answered that question incorrectly…and that you actually have no idea how your weight has changed.

A new report that measured weight changes between 2015 and 2016 found that most people had gained weight but were in denial about it. The problem with this seemingly innocent self-deception is that "just a few" extra pounds really can accumulate over the years, which increases your risk for dangerous weight-related conditions such as heart disease and diabetes.

Are You In Denial?

Just how badly do we lie to ourselves? Check out these findings…

In an ambitious statistical analysis, number-crunching scientists compared the overall average weight change in the US with the results of a massive, randomized health survey of about 400,000 Americans across the country.

In the survey, men reported weight losses that would have translated to a 2% decline in the overall prevalence of obesity over a one-year period, but the US statistics tell a different story. The prevalence of obesity among men actually increased by 0.3% that year. The same sort of gap was seen among women.

Female survey respondents reported weight losses that would have translated to a 0.9% decline in the overall prevalence of obesity over a one-year period. But according to the US stats, the prevalence of obesity actually increased by 0.5% among women. So subjects thought they had lost weight when they had most likely gained weight—and men were more guilty of this than women!

Why Are We In Denial?

We're now surrounded by very large people, so it's more socially acceptable to be big—it's "the new normal." Even if you look in the mirror and your gut is hanging over your pants, you may not think much of it if the same thing is happening to your friends and neighbors.

Keep Yourself Honest

The key is weighing yourself—but you don't want to do it too often, or you may drive yourself crazy and become obsessed with your weight, which isn't healthy. Weigh yourself weekly—no more, no less.

HEARTBURN OR HEART ATTACK? KNOWING THE DIFFERENCE COULD SAVE YOUR LIFE

Most people experience minor twinges of chest pain now and then. And when it happens, we can't help but wonder if it is something serious. Is it heartburn or a heart attack?

These two maladies have similar symptoms, but very different outcomes. Delaying treatment of heart attack may cost you your life. On the other hand, no one wants to take an ambulance trip if the pain could be cleared up with an antacid. The reason that heartburn has 'heart' in its name is because it's extremely difficult to differentiate a heart attack from heartburn.

The first thing to consider is your heart attack risk. People with coronary heart disease, heart attack survivors, or those who have undergone coronary artery bypass surgery or had a stent implanted should not hesitate to get help. Also, if you are over 50, have a family history of heart disease, have high blood pressure, diabetes, are obese, or inactive, you are also at greater risk and should err on the side of caution.

There are also key differences in the symptoms of heartburn and a heart attack that can help you decide whether to call 911.

Where is the Pain Located?

If the pain is located in the center of the chest, the shoulder, jaw, neck, or back, it may be a heart attack. On the other hand, if the pain is a burning sensation in the throat and is accompanied by a bitter taste in the back of the throat, that's most likely heartburn.

When Does the Pain Strike?

If the pain occurs shortly after you've eaten, it may very well be heartburn; especially if you lie down after eating. Heart attack chest pain more commonly occurs during exertion. Cardiac pain generally does not occur at rest, while heartburn does.

Telltale Symptoms

Heart attack symptoms may include shortness of breath, sweating, fainting, nausea, and lightheadedness. These do not often happen with heartburn. If you get associated symptoms like sweating and shortness of breath with the discomfort, that's more likely to be caused by cardiac chest pain, not heartburn.

Most Important

Remember, there are no hard-and-fast rules. If you're experiencing chest pain that you suspect may be heart-related, chew a 325-milligram aspirin if you have one handy, but don't hesitate – calling 911 is your first priority. Also, don't drive to the hospital yourself. An ambulance is a better option because emergency measures can be taken on the way to the hospital that could save your life.

WEIGHING IN

Research shows that the heavier you are, the greater the risk to your health.

Most people know they need to lose weight for a variety of health reasons if they're obese— that is, if their body mass index (BMI, a ratio of weight to height) is 30 or more. Doctors have defined three categories of obesity:

- **Obesity 1**, with a BMI of 30-34.9
- **Obesity 2** (BMI of 35-39.9)
- **Extreme obesity** (BMI of 40 or more).

It's also important to realize that health risks are not just tied to obesity—they can also increase if you're above normal and fall into the overweight category (a BMI of 25-29.9).

The Bottom Line: The more you weigh, the higher your risk for heart disease, diabetes and high blood pressure, among other health complications. It's important to maintain a healthy weight or to get appropriate treatment if you struggle with being overweight or with obesity. One way you can better manage your weight is by being physically active—no matter what your size!

SIZE MATTERS

Portion sizes have never been bigger, and bigger portions encourage overeating by as much as 56%. In 1955, a single order of French fries weighed 2.4 ounces. Today a single serving size is 7.1 ounces.

But, go ahead and eat large portions of foods low in calories and fat such as vegetables, fruits, and broth-based soups. These foods can aid weight management by providing satisfying portions with fewer calories.

AIRBORN ALLERGENS – COPING WITH SEASONAL ALLERGIES

Millions of Americans suffer from sneezing, coughing, itching, runny noses and watering eyes when the pollen starts to fly. Each spring, summer and fall, tiny particles are released from trees, weeds and grasses. These plants manufacture small, light, dry pollen granules, which are custom-made for wind transport and can drift for many

miles. In fact, samples of ragweed pollen have been collected 400 miles out at sea and two miles high in the air.

Although the mission of airborne pollen is to fertilize parts of other plants, many never reach their targets. Instead, they make unscheduled detours into human noses and throats. At these sites, the pollen can trigger the allergic reaction that doctors call pollen allergy—or seasonal allergic rhinitis—that many people know as hay fever or rose fever (depending on the season in which the symptoms occur).

Pollen Allergies

One of the most obvious features of pollen allergy is its seasonal nature—people experience its symptoms only when the pollen grains to which they are allergic are in the air. Each plant has a pollinating period that is more or less the same from year to year. Three of the most common culprits are weeds such as ragweed, grass pollen and tree pollen.

A pollen count—familiar to many people from local weather reports—is a measure of how much pollen is in the air. This count represents the concentration of all the pollen (or of one particular type like ragweed) that is in the air in a certain area at a specific time. The pollen count tends to be highest on warm, dry, breezy days and lowest during chilly, wet periods.

The Allergic Reaction To Pollen

In people who are not allergic to pollen, the mucus in the nasal passages simply moves these foreign particles to the throat, where they are swallowed or coughed out. But something different happens to a pollen-sensitive person. As soon as the allergy-causing pollen lands on the mucous membranes of the nose, a chain reaction occurs that leads the mast cells in these tissues to release histamine. This powerful chemical causes the nasal passages to swell and results in nasal congestion. Histamine can also cause itching, irritation and excess mucus production. Other chemicals, including prostaglandins and leukotrienes, also contribute to allergic symptoms.

Coping With Allergies

Of all the things that can cause an allergic reaction in some people, pollen is one of the most pervasive. Short of staying indoors when the pollen count is high (and even that may not help), there is no easy way to evade windborne pollen. However, there are some ways to ease the symptoms:

Preventative Strategies For Pollen Allergies

- Avoid the outdoors between 5-10 AM. Save outside activities for late afternoon or after a heavy rain, when pollen levels are lower.
- Keep windows in your home and car closed to lower exposure to pollen. To keep cool, use air conditioners and avoid using window and attic fans.
- Use air-filtering devices inside the home to help in reducing pollen levels. These can be added to whole-house heating and cooling systems, or portable devices can be used in individual rooms.
- Be aware that pollen can also be transported indoors on people and pets.
- Dry your clothes in an automatic dryer rather than hanging them outside. Otherwise, pollen can collect on clothing and be carried indoors.
- During periods of high pollen levels, avoid unnecessary exposure to irritants such as dust, insect sprays, tobacco smoke, air pollution, and fresh tar or paint. Any of these can aggravate the symptoms of pollen allergy.

HEALTHY LIFESTYLES = LONG LIFE

Healthy lifestyle factors may reduce the risk of type 2 diabetes by about 80 percent, according to an NIH/AARP study of 200,000 Americans (age 50 to 71).

These factors are a healthy diet, being physically active, not smoking, moderate alcohol intake and not being overweight. Men with the healthiest lifestyle had 72 percent lower odds of developing diabetes over an 11-year period than those with the least healthy lifestyle. For women, the reduction was a whopping 84 percent.

SMOKING WOMEN

Smoking increases the risk of heart disease 25 percent more in women than in men, concludes research pooled from 86 studies. And, the longer women smoke, the greater the discrepancy in coronary risk. Previous research has found that female smokers also have double the risk of developing lung cancer compared to men.

WHERE'S THE PROTEIN?

How much protein do you consume? Meat, chicken and fish have 6 to 8 grams per ounce. Milk has 8 grams per cup; yogurt, 10 to 13 per cup; an egg, 6 grams; an ounce of peanuts, 8 grams. Cooked beans have 7 grams per half cup; a slice of bread or half cup of pasta, 3 grams. Grain products are often overlooked as protein sources—they supply nearly one-fifth of our total protein intake. Even vegetables contain protein; albeit smaller amounts (a half cup of broccoli or asparagus has 2 grams).

For younger people, it isn't hard to have a moderately high protein intake, but older people may have to make an effort. Four ounces of lean meat, a cup of beans, two cups of milk, a cup of pasta and a cup of yogurt would supply about 75 grams of protein. Add in the small amounts of protein in the other foods you're eating, and you'll reach 90 grams or more. If you consume 2,000 calories a day, about 18 percent of your daily calories will then be coming from protein, which is considered a moderately high-protein diet. If you're older and lack appetite, high-protein "nutritional drinks" such as Ensure or Boost are an option.

If you want to figure out how much protein you're eating, fill out the food questionnaire on the USDA's site www.mypyramidtracker.gov.

FIT AFTER FIFTY

If you want to stay mentally sharp in old age, don't give up sex, says a German study which found that seniors who keep sexually active into their 70s tend to have less memory loss and confusion later.

The study interviewed people ages 63 to 75 and asked them how active they were in their daily life, and whether or not they had an active sex life. Participants also underwent tests for memory, attention, and executive functions. The researchers found out that a healthy sex life was linked with a young mind.

UNDER PRESSURE

A high sodium diet increases your risk for high blood pressure. Do you know what hidden sodium is in your food?

About 90% of Americans eat more sodium than is recommended for a healthy diet. Too much sodium increases a person's risk for high blood pressure. High blood pressure often leads to heart disease and stroke, which along with other vascular diseases kill 800,000 people each year. To reduce your risk of high blood pressure and related chronic diseases, you can take steps to improve your health habits, including your diet.

Americans eat on average about 3,300 mg of sodium a day, but the U.S. Dietary Guidelines recommend limiting sodium to less than 2,300 mg a day (and about 6 out of 10 adults should further limit sodium to 1,500 mg a day). By reducing the sodium in your diet, you can also reduce your risk for high blood pressure.

DIET SUPPLEMENTS: SLIM PICKINGS

Google "diet supplements," and you'll get about 13 million search results most from companies selling products that promise to cure your weight problem—in as little as a week. Their proprietary formulas, which can cost $40 a bottle and up, are often touted as "all natural," "healthy" and "proven to work" with "no side effects."

But, weight loss is neither quick nor easy. Nothing "melts fat away," and certain pills can have serious side effects. Dietary supplements do not have to be tested for safety or effectiveness, nor do they have to list warnings or contraindications. And, the FDA can pull them from the market only after there's proven evidence of harm. That's what happened with ephedra, which the FDA finally banned in 2004—but only after serious problems and even deaths were reported. Since then, ephedra - like substances, including synephrine (in bitter orange) and dimethylamylamine (sometimes listed as geranium oil), have taken its place and may not be any safer. More cause for alarm:

Some weight loss products have been found to contain undeclared pharmaceuticals, which can be harmful if not used properly. In recent years, the FDA has warned about dozens of diet supplements, many from China, that were tainted with drugs, including amphetamine-like chemicals, tranquilizers, anti-depressants, prescription diuretics and anti-seizure medications.

Keep in mind that if a diet product does work, it's likely to have other effects that may not be so desirable. Some ingredients (such as chaste tree, daidzen and dong quai) can affect levels of some hormones. And, diet aids, even if "natural," may interact with medications.

Bottom Line: At best, there's slim evidence for a couple of them. Don't expect such supplements to help you lose much weight. Even if some do cause you to lose a few pounds, none are proven to sustain weight loss, which is key. Prescription diet pills have a lousy track record, too.

LOST YOUR VOICE?

You wake up one morning so hoarse it truly feels like there's a frog in your throat—and it doesn't go away. You may have laryngitis, a catch-all term referring to an inflammation of the larynx (voice box), the organ in your throat that contains the vocal cords. When the cords swell, they have a hard time vibrating and producing clear sounds; thus your voice can sound muffled or even inaudible. Laryngitis can be acute (lasting no more than a few days) or chronic (several weeks), but symptoms are similar—hoarseness, a scratchy sore throat and a dry cough.

Acute laryngitis is usually caused by a viral infection, such as a cold, or sometimes by vocal strain resulting from yelling, poor singing technique or otherwise overtaxing your voice. It usually clears up once the underlying cause goes away.

Chronic laryngitis is a little more complex. While overuse of your voice is often a factor, the condition may also be triggered by chronic exposure to an irritant. Finding the trigger may take some trial and error. Common irritants include smoking and secondhand smoke, chemical fumes and pollen and other allergens.

Clearing your throat

Acute laryngitis usually clears up on its own in a week or less. Still, it may help to avoid speaking, if possible, or at least talk in a soft, breathy voice. Don't whisper—that actually puts unnecessary pressure on your vocal cords.

Use a humidifier if the air in your home is dry. Also, drink plenty of fluids, which will help thin the mucus around the vocal cords. Glycerine throat lozenges may help, too. Avoid alcohol, tobacco and medications that contain decongestants or antihistamines, all of which can dry your throat.

If your symptoms persist more than two weeks, see your doctor, who may refer you to an ear, nose and throat specialist.

SCREENING FOR OSTEOPOROSIS IN MEN

Osteoporosis, characterized by thinning bones and increased risk of fractures, is not just a woman's disease. But, screening in men is often overlooked.

About 2 million men in the U.S. have osteoporosis (compared to 8 million women), and anywhere from 13 to 30 percent of men over 50 will eventually have an osteoporosis-related fracture. Millions more have low bone mineral density that puts them at risk for developing osteoporosis down the road. Moreover, compared to women, men who have hip fractures are more likely to die as a result.

But there are no official recommendations for osteoporosis screening in men because the U.S. Preventive Services Task Force, which advises the government about medical matters, says the current evidence is insufficient to weigh the benefits versus the risks. (In contrast, the Task Force has long recommended bone density screening for women 65 and older and for younger women with risk factors.) That's left screening decisions in the hands of men's physicians for the most part--and in most cases that has meant no screening.

A few months ago researchers released guidelines for men. Here's a brief look:

- All men 70 and older should have a bone density test of the hip and spine. So, too, should men ages 50 to 69 who have additional risk factors, such as a low-trauma fracture, low body weight, hypogonadism (inadequate testosterone production), hyperthyroidism, long-term use of corticosteroids (or certain other medications), or a history of alcohol abuse or smoking. Insurance, including Medicare, may pay for testing only under certain circumstances, however.
- Men found to be at high risk for fractures based on their bone density and clinical risk factors should be treated with medication and monitored with repeat testing every one to two years.
- At-risk men should consume 1,000 to 1,200 milligrams of calcium a day (from food first, then supplements if needed), do 30 to 40 minutes of weight-bearing exercise three or four times a week, and keep alcohol intake moderate; smokers should quit. That's good advice for all men (and women).
- Men with low blood levels of vitamin D should take D supplements. Doses of 1,000 to 2,000 IU a day are usually enough to get blood levels to 30 ng/ml or above, which is considered optimal, but in some cases even larger doses are needed.

A WAKE UP CALL ON SLEEP AIDS

It would be a dream come true if we could all be good sleepers. But for many of us who are not, sleeping pills are a help. Or are they?

Actually, they are usually of limited effectiveness. All have potential risks and none have been tested for long-term safety. That's why most sleep aids have been approved only for short-term use.

Now a study has linked prescription sleeping pills to a surprisingly high risk of premature death.

The risk of dying over a 2.5-year period was four times higher among sleeping pill users—a finding that held up after the data was adjusted for many health and lifestyle factors. Even occasional users had a higher death rate, though the risk increased with more frequent use.

This is not the first study linking sleeping pills to higher death rates. Many factors are involved. The drugs can cause falls and car crashes, even the next day, and may worsen depression. The study also found that people

taking at least 130 pills a year had a 35 percent increased risk of cancer. But the cause of most of the excess deaths remains a mystery.

This study was observational and thus doesn't prove that sleeping pills shorten lives. Though the researchers controlled for many variables, there may well be other things about pill takers that put them at risk. They may simply be in poorer health.

If you take sleeping pills often, consult your doctor about lifestyle changes that may improve your sleep. In any case, take the smallest dose that works for you. Don't drink if you plan to take a pill, and don't drive the next morning, even if you don't feel groggy.

No matter what the ads suggest, there is no "best" pill. Your goal should be to not need sleeping pills. Your doctor should not simply renew your prescription without discussing your progress and the possible side effects.

WHERE THERE'S SMOKE, THERE'S FIRE

The old adage that links smoke and fire is true enough, but the problem is that where there's smoke, you may not know it.

It is impossible for a sleeping person to smell smoke. That's why nine out of ten victims are dead-from breathing smoke and toxic gases before the fire department is even called. Perhaps this is a good reminder for you to check the batteries in your smoke detector.

PEOPLE WHO LOOK OLD MORE PRONE TO HEART ISSUES

Want a clue to your risk of heart disease? Look in the mirror.

People who look old — with receding hairlines, bald heads, creases near their ear lobes or bumpy deposits on their eyelids — have a greater chance of developing heart disease than younger-looking people the same age, new research suggests. Doctors say the study involving 11,000 people highlights the difference between biological and chronological age.

Looking old for your age marks poor cardiovascular health. A small consolation: Wrinkles elsewhere on the face and gray hair seemed ordinary consequences of aging and did not correlate with heart risks.

The research began in 1976 when participants were age 40 or older. At the start, researchers documented people's appearance, counting crow's feet, wrinkles and other signs of age. In the next 35 years, 3,400 participants developed heart disease (clogged arteries), and 1,700 suffered a heart attack. The risk of these problems increased with each additional sign of aging present at the start of the study. Those with three to four of these aging signs — receding hairline at the temples, baldness at the crown of the head, earlobe creases or yellowish fatty deposits around the eyelids — had a 57 percent greater risk for heart attack and a 39 percent greater risk for heart disease compared to people with none of these signs.

This was true at all ages and among men and women, even after taking into account other factors such as family history of heart disease.

Having yellowish eyelid bumps, which could be signs of cholesterol buildup, conferred the most risk, researchers found. Baldness in men has been tied to heart risk before, possibly related to testosterone levels. They could only guess why earlobe creases might raise risk.

Dr. Kathy Magliato, a heart surgeon, says doctors need to pay more attention to signs literally staring them in the face. "We're so rushed to put on a blood pressure cuff or put a stethoscope on the chest" that obvious, visible signs of risk are missed, she said.

RUNNING SHOES

Running shoes lose their support after 300-600 miles of running.

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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