



AviationHealth ASSOCIATION

# AVIATION MEDICAL BULLETIN™

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### Reducing cancer 2

You could cut your cancer risk by \_\_\_\_ % if you would:

### Belly fat 4

Beer bellies don't come from drinking beer.

### Heart disease 6

Heart disease is the leading cause of death among US women.

### CPR GUIDELINES: CHEST COMPRESSION FIRST

The American Heart Association recommends that the three steps of cardiopulmonary resuscitation (CPR) be rearranged. The AHA says 'C-A-B' Is the Way to Go: Compressions, Airway, and Breathing.

The new first step is doing chest compressions instead of first establishing the airway and then doing mouth to mouth. The new guidelines apply to adults, children, and infants but exclude newborns. The old way was A-B-C -- for airway, breathing and compressions. The new way is C-A-B -- for compressions, airway, and breathing.

“By starting with chest compressions, that's easy to remember, and for many victims, that alone will be lifesaving, says AHA guidelines for CPR and emergency cardiovascular care. According to the report, the old approach was causing delays in chest compressions which are crucial for keeping the blood circulating.

The new guidelines may inspire more people to perform CPR, say experts. Mouth to mouth is hard if you're not trained. Anybody can do chest compressions, whether they have had a class or not. Good chest compressions really help save lives. In many cases, there is a reserve of oxygen left in the patient's blood and lungs from the last breath, and we can take advantage of that oxygen reserve and just do chest compressions.

#### How to Do the New CPR

Here is a step-by-step guide for the new CPR:

1. Call 911 or ask someone else to do so.
2. Try to get the person to respond; if he doesn't, roll the person on his or her back.
3. Start chest compressions. Place the heel of your hand on the center of the victim's chest. Put your other hand on top of the first with your fingers interlaced.

4. Press down so you compress the chest at least 2 inches in adults and children and 1.5 inches in infants. One hundred times a minute or even a little faster is optimal.
5. If you're been trained in CPR, you can now open the airway with a head tilt and chin lift.
6. Pinch closed the nose of the victim. Take a normal breath, cover the victim's mouth with yours to create an airtight seal, and then give two, one-second breaths as you watch for the chest to rise.
7. Continue compressions and breaths - - 30 compressions, two breaths -- until help arrives

#### FIT AFTER FIFTY

Walking two or more hours a week will cut your chance of a stroke by 25 to 30 percent, according to a Harvard School of Public Health study.



**REDUCING CANCER RISK**

You could cut your cancer risk by \_\_\_% if you would:

- 20% if you would eat at least five servings of fruit & vegetables each day
- 30% if you stop smoking
- 30% to 40% if you eat mostly plant-based foods, exercise regularly, and maintain a healthy weight.

**ALMONDS CUT RISK OF DIABETES, HEART DISEASE**

Adding almonds to your diet could help prevent Type 2 diabetes, as well as fight cardiovascular disease. This is according to a new study, which found that a diet rich in almonds improves insulin sensitivity and reduces levels of LDL (“bad”) cholesterol in the blood.

Researchers studied the effects of almonds in the diets of middle-age patients with pre-diabetes, a condition in which glucose levels are high, but not high enough to be diabetes. Volunteers who got 20 percent of their daily calories from almonds (about a quarter of a cup) showed an improvement in insulin sensitivity and a significant reduction in LDL cholesterol at the end of the 16-week study. Scientists believe the fiber and healthy, unsaturated fats in almonds contribute to the nuts’ benefits. (Raw, unsalted almonds are best.)

**THE DIFFERENCE IN EXERCISE**

In the first month of exercising regularly, you’ll start to feel the difference.

In the second month, you’ll see the difference.

In the third month, others will notice the difference.

**FAT KIDS**

The number of overweight children is growing rapidly in the U.S. There is a corresponding increase in the rate of diabetes. In fact, scientists conservatively estimate that by 2050, one out of every three boys and two out of every five girls born today will eventually develop diabetes.

The risk is high in all groups, but highest in blacks and Hispanics.

**SECOND PIECE OF CHEESE**

Though it is high in saturated fat, cheese may not raise LDL (“bad”) cholesterol, according to a recent study in the American Journal of Clinical Nutrition. When people ate a few ounces of either cheese or butter a day for six weeks, the butter raised LDL and total cholesterol, but cheese did not. Some previous research also found that cheese has a neutral effect on cholesterol levels, and that cheese does not increase heart attack risk. Cheese is calorie dense, and in the new study it partly replaced other high-fat foods in the diet, so overall calorie intake went up only a little. But, if cheese causes weight gain, that would have an adverse effect on cholesterol levels

**EATING LESS SODIUM CAN BE A CHALLENGE**

It can be challenging to reduce sodium in your diet because it can be included in foods in surprising ways. In fact, foods that otherwise seem healthy may have high levels of sodium (e.g., cottage cheese

and turkey breast luncheon meat). Some foods that you eat several times a day, such as bread, add up to a lot of sodium even though each serving is not high in sodium. There are steps that you can take, however, to reduce sodium in your diet.

Most of the sodium we eat comes from processed foods and foods prepared in restaurants. Sodium is already part of processed foods and cannot be removed. However, manufacturers and restaurants can produce foods with less sodium. In addition, you can select lower sodium foods when possible, and you can cook more foods yourself to better control how much sodium you eat.

**More than 40% of Sodium Comes From The Following 10 Types of Foods:**

- ✓ Breads and rolls
- ✓ Cold cuts and cured meats (such as deli or packaged ham or turkey)
- ✓ Pizza
- ✓ Fresh and processed poultry
- ✓ Soups
- ✓ Sandwiches such as cheeseburgers
- ✓ Cheese
- ✓ Pasta dishes (not including macaroni and cheese, which is its own category)
- ✓ Meat-mixed dishes such as meat loaf with tomato sauce
  - Snacks such as chips, pretzels and popcorn

Source: *Health&FitnessTips.com*



## 1,000 CALORIES PER WEEK

Physical activity helps prolong lives, and the benefit increases with longer and more vigorous exercise, suggests an analysis of 80 studies with more than 1.3 million participants. Each weekly hour of light activity (such as walking or gardening) was associated with a 4 percent reduction in mortality rates. For moderate exercise (such as golf or swimming), the reduction was 6 percent per weekly hour; for strenuous activities and sports (high intensity running or cycling), a 9 percent reduction for each hour.

### WHICH CUT IS LEANEST?

One way to eat red meat healthily is to choose the cuts with the least amount of calories and fat. Here's a nutritional ranking of some of the most common cuts.

Cut	Servicing Size	Calories Per Serving	Fat Per Serving
Top Round	3 oz	180	7 g
Filet Mignon	3 oz	185	9 g
Eye Round	3 oz	200	10 g
Flank Steak	3 oz	220	15 g
Ground Beef	3 oz	250	15 g
London Broil	3 oz	300	18 g
Chuck Roast	3 oz	290	21 g
Brisket	3 oz	330	25 g

### ORGANIC CONFUSION

Since the USDA's National Organic Standards went into effect a decade ago, shopping for organic foods has become more mainstream. The regulations created an official definition for what constitutes an organic food, ensuring that when you buy something with the label, you're getting what you pay for. Though organic foods still represent a fraction of the total food supply, nearly five million acres of U.S. farmland have gone organic, and sales are on the rise.

The USDA organic seal indicates that the foods were grown and processed according to clear criteria, as verified by private or state organizations. In short, the use of nearly all conventional pesticides,

petroleum-based fertilizers, sewage sludge, genetic modification and irradiation is banned. Animals raised organically consume 100 percent organic feed, without antibiotics, growth hormones or animal by-products. Organic regulations also prohibit or severely restrict the use of various food ingredients, including artificial sweeteners, partially hydrogenated oils and MSG.

If there's no USDA seal, the food is not organic. Not all organic farmers and producers choose to go through the voluntary certification process, which is costly and time consuming, but nevertheless may follow organic practices. If you shop at a local farmers' market, ask how the food was grown or raised. It may meet—perhaps even exceed—the national organic standards.

### What's on a label?

Foods and beverages that carry "organic" labels must meet certain criteria:

- "100% organic": All the ingredients are organic.
- "Organic": At least 95% of the ingredients (by weight, excluding water and salt) are organic.
- "Made with organic [specified ingredients]": At least 70% of the ingredients are organic—but the package cannot carry the USDA organic seal. In addition, no ingredients that involve genetic modification, sewage sludge or ionizing radiation can be included.
- Products with less than 70% organic ingredients cannot carry the USDA seal or even use the term "organic" on the front of the package, but can list the organic ingredients.

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### SIMPLE SECRETS FOR A HEALTHY LIFE

Only 3% of Americans consistently practice four habits linked to an overall healthy lifestyle, say researchers at Michigan State University.

Those four habits include: not smoking, staying at a healthy weight, eating at least five fruits and vegetables every day, and getting regular physical activity.

The study also found that:

- ✓ 76% of adults don't smoke
- ✓ 40% of adults are at a healthy weight
- ✓ 23% of adults eat 5 fruits & vegetables a da
- ✓ 22% of adults get regular physical activity

### LOST WEIGHT? NOW THE HARD PART

The diet industry tends to focus on strategies needed shed pounds, paying less attention to what's needed to keep weight from creeping back up. Now, a large study has found that dieting and long-term weight control require some different tactics. In particular, successful weight-loss maintainers are more likely to:

- Eat lots of low-fat sources of protein.
- Follow a consistent exercise routine.
- Reward themselves for sticking to their diet or exercise plan.
- Remind themselves why they need to control their weight. That's in addition to practices common in both successful dieting and weight loss maintenance, such as eating lots of fruits and vegetables, controlling portions, planning what you'll buy before going to the store and reading nutrition labels.

Previous research by the National Weight Control Registry (NWCR), which tracks people who have lost at least 30 pounds and kept it off for at least one year, has identified other long-term strategies. Successful weight-loss maintainers tend to have a consistent eating pattern (they don't eat more on weekends or vacations), eat a less-varied diet (greater food variety may tempt you to eat more) and watch less TV. They also tend to be conscious of calories, eat breakfast, weigh themselves regularly, keep food diaries and exercise a lot.

Why the need for some new strategies to keep the pounds off? Weight control is a process in which you fine-tune what works for you as you go. You may find, for example, that limiting calories works initially, but that later on you feel better and can keep your calories down by eating more lean protein. And you may be highly motivated to lose weight initially, but over time, as motivation wanes, find that you need to remind yourself of your goals more often.

**Don't get discouraged:** According to the NWCR, most people fail several times before they "get it right." Keep in mind, too, that if you can keep the weight off for two years, chances are it will stay off.

### BEER BELLY?

Beer bellies don't come from drinking beer. According to a study of 2,300 people in the Czech Republic, the country with the highest per-capita beer consumption, people who drink beer are no more likely to have a beer belly.

Most studies show that beer drinkers are no more likely to be obese than non beer drinkers.

### HOW DANGEROUS IS THIRDHAND SMOKE?

It's hard to remember, but until two or three decades ago, few people worried about secondhand smoke or had even heard of it. Many thought it was much ado about nothing (boy, were they wrong—it kills an estimated 50,000 Americans a year).

We're at that stage now with thirdhand tobacco smoke—the residue that smoke leaves on furniture, carpets, walls, clothing and food, even in dust. You get a whiff of it sometimes in a hotel room or when visiting the homes of smokers, even if they refrain from smoking while you're there. Turning on a fan or opening a window does only a little to get rid of the penetrating odor and clinging compounds.

Tobacco contains hundreds of carcinogens and other toxic chemicals (such as nicotine, benzene, formaldehyde, lead, arsenic and toluene), and researchers have long been studying how these linger on surfaces for many days.

But, the term "thirdhand smoke" was coined only a few years ago, and research has picked up steam since then. It shows that tobacco substances absorbed by surfaces can react with ozone and other household air pollutants to form other dangerous compounds, such as nitrosamines and ultrafine particles.

It's hard to quantify the risks posed by thirdhand smoke. A sofa exposed to someone smoking a few cigarettes 10 feet away will be far less contaminated than one that has absorbed compounds from a heavy smoker who sits on it every day. The type of material the sofa is made of and the amount of ventilation in the room will affect absorption and release of the toxins, too.

## WHY KIDS GET FAT

Because one's childhood environment can increase the risk of later obesity, British researchers studied children to determine risk factors in early life that were associated with obesity at age 7. From 25 suspected risk factors, the list was narrowed down to eight: They include:

- parental obesity
- higher birth weight
- weight gain in the first year of life
- watching more than 8 hours of TV per week at age 3
- getting less than 10.5 hours of sleep per night at age 3
- early obesity
- catch-up growth between birth and 2 years
- being in the highest weight group at age 8 months and 18 months

While prevention strategies aimed at older children and teens have not been very successful, researchers hope that programs begun at an earlier age will bring about better results.

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The danger is certainly small compared to secondhand smoke, though the exposures are often longer. Still, no level of these hazardous compounds is safe, especially for children and infants, who are more vulnerable.

People who insist on a smoke-free hotel room and a smoke-free rental car are sometimes scoffed at as fanatics, but they are doing the right thing, particularly if they have small children. As knowledge of the dangers of thirdhand smoke grows, it will encourage more places to go smoke-free and more smokers to quit.

## 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.

## 10 STEPS TOWARD A LONGER LIFE

1. Don't smoke.
2. Build physical and mental activities into every day.
3. Eat a healthy diet rich in whole grains, vegetables, and fruits, and substitute healthier monounsaturated and polyunsaturated fats for unhealthy saturated fats and trans fats.
4. Take a daily multivitamin, and be sure to get enough calcium and vitamin D.
5. Maintain a healthy weight and body shape.
6. Challenge your mind.
7. Build a strong social network.
8. Protect your sight, hearing, and general health by following preventive care guidelines.
9. Floss, brush, and see a dentist regularly. Poor oral health may have many repercussions, including poor nutrition, unnecessary pain, and possibly even a higher risk of heart disease and stroke.
10. Discuss with your doctor whether you need any medication—perhaps to control high blood pressure, treat osteoporosis, or lower cholesterol—to help you stay healthy.

## PERFECT PUSH UP

When exercisers at the Mayo Clinic did push ups using different hand positions, one technique challenged pecs and triceps most: with hands close, touch thumb to thumb and forefinger to forefinger, so hands form a diamond.

*Source: Self*

## EXERCISE TO EASE DEPRESSION

New study shows as little as one hour a week may go a long way to prevent depression.

Exercise may very well be the magic bullet when it comes to helping prevent a host of chronic diseases, and we can now add depression to the list. You may feel better after a stroll outside or a group fitness class, and science shows that this feeling is indeed real and can even protect you from developing depression later on down the road.

Study subjects who reported no exercise were 44 percent more likely to develop depression over the study period compared to those who reported getting one to two hours of exercise a week.

## Don't Ignore the Signs

It's important to note that if you feel depressed (see the signs and symptoms below), you should talk to your doctor. He/she will discuss your symptoms with you and evaluate you for any other underlying conditions. If depression is the diagnosis, it's highly treatable. Your doc may prescribe a combination of therapy, medications and of course exercise to help get you back to feeling your best.



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**Signs of depression**

There are several signs of depression. Below are some of the more common signs. It’s normal to occasionally experience some of these symptoms; however, if the symptoms don’t go away after a few weeks or get in the way of your daily life you should see your doctor.

Signs of depression often include chronic feelings of:

- ✓ Sadness or anxiousness
- ✓ Helplessness or guilt—you may feel bad about yourself or your life, or think a lot about losses or failure
- ✓ Irritability or anger
- ✓ Hopelessness

You may also experience:

- ✓ Less interest in activities you enjoy
- ✓ Low energy and fatigue
- ✓ Trouble concentrating
  - Changes in sleep and/or appetite
  - Unexplained aches and pains

**THREE DAYS A WEEK**

Do you struggle to workout six days a week? Then you'll like what Jeff Galloway says. "I believe in the three-day-a-week workout plan," says Galloway, noted Olympic runner and author on running. "You only need to run three times a week to maintain or boost your current fitness level."

He contends that you can "improve your race performance, train and complete marathons, recover from injuries more quickly and have more days free for your family, work, social life and other athletic pursuits."

**26 PERCENT**

A study published in Diabetes Care found that people who consume one or two sugar-sweetened beverages per day are 26 percent more likely to develop type 2 diabetes than people who drink one or less a month.

**EMERGENCY ROOM**

Here are the most common things that lead to emergency room visits each year.

Activity	Per Year
Baseball/softball	404,000
Dog bites	334,000
Playground	267,000
ATVs, mopeds	125,000
Volleyball	98,000
Inline Skating	76,000
Horseback riding	71,000
Baby Walkers	28,000
Skateboards	25,000

**FAT: THE GOOD, THE BAD & THE HEALTHY**

Fat is an important part of our diet. But, not all fats are created equal.

Is fat good or bad? It’s a confusing issue, and the answer depends on the kind of fat in question. When consumed in excess, some fats can contribute to weight gain, heart disease and certain types of cancer. But, other fats support good health. The trick is to know the good from the bad and integrate the good fats into your daily diet.

**Bad fats**

Let’s start with the basics. Fat is an important part of our diet, and it does everything from producing energy to building brain tissue. But, not all fats are created equal. Unhealthy fats

include saturated fats and hydrogenated fats and oils (trans-fatty acids) and typically come from fast, fried, junk and processed foods.

Our bodies can actually make saturated fats from other types of dietary fats, so we don’t need to eat saturated fats to be healthy. In fact, it’s just the opposite: Saturated fats promote inflammation, damage the heart and blood vessels, contribute to obesity and increase the risk of certain types of cancer. From a wellness perspective, these fats are bad news.

**Good fats**

Our bodies can’t produce the “good” fats, so we must get them from our diet. These fats are called essential fatty acids and commonly appear on food labels as **monounsaturated fats and polyunsaturated fats**. You’ll find them in nuts and seeds, fish, vegetables and whole grains, and they deliver numerous benefits, from lowering cholesterol to reducing the risk of heart disease.

**Omega-3s: The fat you’ve got to have**

Omega-3 fatty acids are the most important of the good fats. These poly-unsaturated fats are essential to heart health. Omega-3 fatty acids are found in the highest concentration in cold-water fish, which is why regional populations with diets that focus predominantly on fresh fish, vegetables and whole grains—for example, the Mediterranean diet—are among the healthiest.

Evidence for the benefits of omega-3 fatty acids is so strong that the American Heart Association says taking sufficient amounts of omega-3s daily appears to significantly reduce deaths from all causes, not just from heart disease. This is powerful stuff.



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It's easy to get more omega-3s in your diet. One way is to eat at least two servings of fatty fish—salmon, mackerel, herring, lake trout, sardines or albacore tuna—per week. Fatty fish are rich in omega-3 fatty acids. If you don't eat that much fish, add a daily fish oil supplement to your nutritional routine. Find a triple-strength fish oil formula that delivers a combined 900 mg of EPA and DHA (types of omega-3s) per day. It's great insurance for your heart.

#### **STATINS DEplete CoQ10**

People taking statins such as Lipitor to lower their cholesterol might also find that the statin is depleting their levels of coenzyme Q10, or CoQ10, potentially causing muscle pain, the most common statin side effect. This can be a problem since CoQ10 is a crucial nutrient and a key component in the production of cellular energy. CoQ10 is also a powerful antioxidant vital for heart health. Men and women taking statins should consider supplementing with CoQ10.

#### **HEART DISEASE AND HER**

Heart disease is the leading cause of death among US women. It affects 1 in 10 females over age 18.

#### **Talk With Your Doctor**

Your physician can be an important partner in helping you set and reach goals for heart health. But, don't wait

for your doctor to mention heart disease or its risk factors—speak up and ask questions. Many physicians don't routinely bring up the topic, especially with their female patients. New research shows that women are less likely than men to receive heart healthy recommendations from their doctors.

#### **Know The Key Symptoms**

Chest pain or discomfort has long been seen as the most common early warning sign of a heart attack. But, recent research has raised questions about whether this holds true for women.

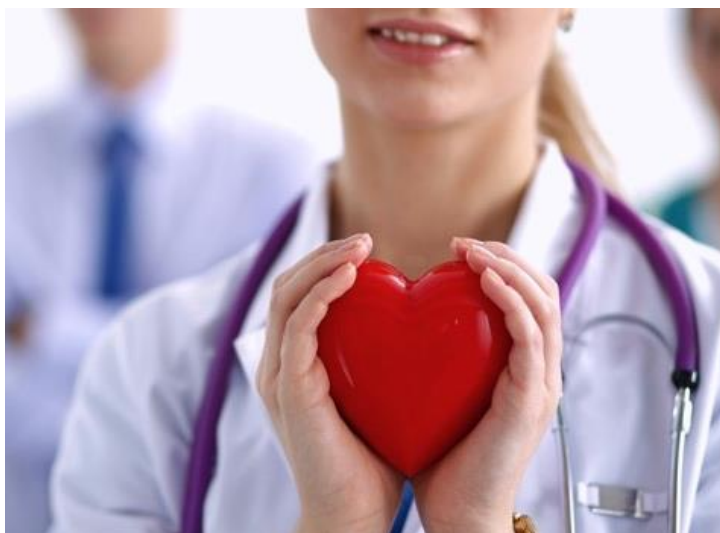
A new research investigation by the National Institutes of Health looked at the available evidence from 69 studies done over 35 years and concluded that chest pain is the most common sign of heart attack for most women. Taken together, the studies showed that the majority of women - two-thirds to three-quarters - had chest discomfort with heart attack.

In addition, the authors found that women seem to report a wider range of symptoms than men. These

symptoms include shortness of breath, nausea or vomiting, loss of appetite and dizziness.

#### **Take Your Risk Seriously**

Although chest pain may be the most common sign of heart attack for most women, experts recommend that any new symptoms be promptly evaluated. Surveys suggest that more women are now aware that heart disease is their leading killer, but many still don't take their risk of heart disease personally.



Visiting a physician for an annual checkup is simple- and essential – step to keeping your heart healthy.

## HEART DISEASE AND HIM

According to the American Heart Association, heart disease affects more men than women.

A recent article by the American Heart Association listed the top 10 reasons - and solutions - for why men skip this important appointment:

### 1. I don't have a doctor.

Step one toward staying healthy is finding a doctor you trust. To find a doctor that's right for you, you can check with your insurance company, browse online listings, ask your friends and family for recommendations, or call local doctors' offices to ask questions.

### 2. I don't have insurance.

You can call doctors' offices or local agencies and ask if they're taking new patients and what options they have for people who don't have insurance. They may offer discounts or charge using a sliding scale.

### 3. There's probably nothing wrong.

You may be right, but you're not a doctor. That's why you need one, to be sure, especially since serious diseases such as high blood pressure—which can cause heart attack and stroke—don't have symptoms. Finding a health problem early can make a huge difference in the quality and length of your life.

### 4. I don't have time.

There are over 8,000 hours in a year, and you want to save... two? These two hours at your appointment could save your life if you really DO need a doctor. And, if you want to spend more time with your family, these two hours aren't the ones to lose.

### 5. I don't want to spend the money.

It makes more sense to spend a little and save a lot than to save a little and spend a lot. If you think spending time with a doctor is expensive, try spending time in a hospital.

### 6. Doctors don't DO anything.

When you see your doctor, it may feel like you don't get anything but tests—but you do! By having a thorough check-up and conversation with your doctor on a regular basis, you get news and knowledge that can bring better health or prevent worsening conditions.

### 7. I don't want to hear what I might be told.

Maybe you smoke, drink too much, or have put on weight. Even so, your doctor is there to help you. So don't deny reality: listen to someone who'll tell you the truth you need to hear and help you take action.

### 8. I've got 'probe-a-phobia.'

If you're afraid of exams, just remember that your chances of survival are much better if a health condition is caught early—so it's worth it. Don't let one test stop you from getting all the benefits of an annual physical.

### 9. I'd rather tough it out.

Don't think you can beat health problems by just 'sucking it up.' Having a regular appointment with your doctor will help you stay on top of your game.

### 10. My significant other has been nagging me to get a checkup, and I don't want to give in.

Okay, you don't want to look like a pushover, but isn't it POSSIBLE you could be wrong? Give in on this one—it's important to see the doctor.

When it comes down to it, there are no good reasons not to see the doctor, only excuses. So don't wait. Schedule your annual physical today.



## 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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