



AVIATION MEDICAL BULLETIN™

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WALK 3 MPH OR FASTER TO LIVE LONGER

It sounds like a bad joke: How can you stay one step ahead of the Grim Reaper? Answer: Walk faster.

But, in fact, that's the serious finding of a major new study of the health benefits of a brisk walk. The study found men who walk with a spring in their step — keeping a pace of at least 3 mph — have a dramatically lower mortality risk than those moving slower at 2 mph or less.

Race Against Time

Men who walked faster than 2 mph — covering a mile in 30 minutes — were 1.23 times less likely to die than those who walked slower, the study found. What's more, none of the men who could walk a mile in 20 minutes or less — 3 mph — died during the study.

Gauging Speed

But, how do you know, short of carrying a GPS device, if you are walking fast enough? Researchers say you can count the number of steps you walk in a minute. As a rough guide, for an average person, 105 steps per minute is equivalent to 3 mph.

The "talk test" is another simple way to measure exercise intensity. If you're doing moderate-intensity activity you can talk (but not sing), during the activity according to the CDC. If you're doing vigorous-intensity activity, you will not be able to say more than a few words without pausing for a breath.

Target Heart Rate

Another way: For moderate-intensity activity, your target heart rate should be 50-70 percent of your maximum heart rate. You can gauge this by subtracting your age from 220.

For example, a 50-year-old's maximum heart rate would be 170 beats per minute (220 minus 50). So, that person's target heart rate would be between 85 and 119 beats per minute.

CAN AN ASPIRIN A DAY KEEP CANCER AWAY?

Aspirin has been called the one-cent miracle drug, and it remains the most famous and most widely used drug in the world. Still, it is easy to take aspirin for granted. It's what our grandparents took when they had a headache or fever, but most of us have moved on to other pain relievers. Millions of healthy people take low-dose aspirin to help prevent heart attacks, but this benefit appears to be smaller than once thought—especially when compared to the effect of statins.

After many studies on aspirin therapy, the conclusion:

Daily aspirin reduced total cancer deaths by 34% after five years. And, 15 years later, long after the trials had ended, death rates among aspirin groups were still 20% lower, with the biggest drops in esophageal, colorectal, lung, and prostate cancer, in that order. The longest studies found the greatest reductions in cancer deaths. The studies included mostly men, so breast cancer risk was not evaluated.

Low dose, big benefit

One promising finding was that the anti-cancer benefit was not related to the dose of aspirin. In fact, the low doses used for heart health (75 to 81 milligrams, the

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amount in a “baby” aspirin or one quarter of a standard tablet) were just as effective as larger amounts.

Bottom line: The best evidence for aspirin’s anti-cancer effect concerns colorectal cancer. But, if you’re at high risk for some other cancers, you may also want to consider daily low dose aspirin. Some people, including those who have had ulcers or are taking certain drugs, are at elevated risk for adverse effects from aspirin. So, if you’re considering aspirin therapy, it’s important to talk to your doctor first.

MORE BAD NEWS ABOUT SECOND HAND SMOKE

Even one occasional cigarette or a brief exposure to secondhand smoke can trigger a heart attack, stroke, or sudden death, according to a major new report from the Surgeon General called *How Tobacco Smoke Causes Disease*.

Chemicals in tobacco smoke have many immediate effects on the body that increase cardiovascular risk. While most people associate tobacco with lung cancer, smoking related cardiovascular disease kills far more people.

HEY, WHERE’S MY WAIST?

You may know that having a larger belly puts you at greater risk for heart disease and other medical conditions. But, how exactly do you measure your waist?

People with a lot of abdominal fat (that is, an apple-shaped body) are at increased risk for cardiovascular disease, type 2 diabetes, hypertension and other conditions. In contrast, a larger hip circumference (a pear-shaped body) may actually be somewhat protective, especially in women. The waist-to-hip ratio (WHR)—or even just a waist measurement alone—is thus a good way to assess your overall health risk, because it takes both factors into account.

It’s not always obvious, however, where to measure the waist. It may not be where your belt is, for instance. You should measure at the narrowest point between the lower rib and the top of the hip bone, or at the midpoint in between. Do not suck in your belly. If you can’t find the narrowest point (it may be difficult if you’re very overweight), measure just above your belly button.

Measure your hips at the widest part of your buttocks as viewed from the side. To calculate the ratio, divide the waist number by the hip number.

A waist-to-hip ratio above 0.9 for men and 0.85 for women indicates above-average risk; above 1.0 for men and 0.95 for women, high risk. Measuring just your waist is also an accurate gauge: more than 40 inches for men or

35 inches for women indicates high risk. However, these are not magical numbers; there’s some evidence that risk starts to rise before those cutoff points.

NEW ADVICE (AGAIN) ABOUT PSA TESTING

When the influential U.S. Preventive Services Task Force recommended against routine PSA screening for prostate cancer in 2012, many men were surprised, confused, or even angry. Some men and their doctors followed the advice and stopped screening or didn’t start, while others ignored it.

Now the Task Force has changed its collective mind. It has revisited the subject, as it does every five years, and issued new draft guidelines that leave the decision about screening up to individual men, ages 55 to 69, depending on their “values and preferences” and in consultation with their doctors. It still recommends against screening men 70 and older. (Note: Prostate cancer screening means testing men without signs, symptoms, or history of the disease.)

The new guidelines align with those of the American Cancer Society, American Urological Association, and American Academy of Physicians, though these groups say the discussion about the pros and cons of screening should begin around age 50 or even 45 and that most men should stop at 75, which is what we have also advised.

Why the change?

The PSA test measures blood levels of the prostate-specific antigen, a protein produced by prostate cells. PSA testing has long been a contentious issue because, though it is likely to benefit some men, it’s not clear how many lives it actually saves. Meanwhile, the risks are well known, including over-diagnosis, overtreatment, and the serious adverse effects that treatment may entail. Thus, experts have had difficulty in advising men about what to do.

The Task Force is changing course largely because it now sees the benefit/risk ratio somewhat more favorably. It says that while research is still inconsistent, longer-term follow-up data from a key European study strengthens the case that screening slightly reduces the risk of dying from prostate cancer. It cites estimates that for every 1,000 screened men (ages 55 to 69) over a 10-to-15-year period, 240 will get a positive PSA result, leading to 100 positive biopsy results and ultimately one or two fewer deaths from prostate cancer.

PSA ups and downs

PSA is not a cancer test per se. Blood levels can rise as a result of a variety of prostate disorders—such as

infection, benign enlargement, or cancer—or sometimes for no apparent reason. The test, which is easy to do and inexpensive, was introduced in the 1980s to monitor men already diagnosed with prostate cancer. But, doctors soon began using it to screen millions of healthy men.

Even though the PSA test can detect cancer early, that isn't always a good thing. Age greatly increases the risk of prostate cancer—about 90 percent of cases are diagnosed in men over age 55, and 70 percent of deaths occur after age 75.

However, the great majority of prostate tumors, especially in older men, remain small, develop very slowly or not at all, do not spread, and cause no symptoms. Far more men die with prostate cancer than from it. In fact, autopsy studies reveal that more than one-third of men in their fifties and three-quarters of those over 75 had prostate cancer—usually small and harmless—and the vast majority never knew they had it and died from something else.

Unfortunately, PSA is not a very good screening test because it produces lots of false alarms and misses many cancers (since some men with prostate cancer have normal PSA levels). The only way to determine which men with elevated PSA have cancer is with a biopsy. Fewer than half of them turn out to have cancer.

Among men who are diagnosed with prostate cancer, the Task Force estimates that up to half have cancer that would never affect their health; this is called over-diagnosis. But, abnormal biopsy results often lead to the treatment of these small, slow-growing cancers. And, standard treatments such as radiation and surgery to remove the prostate often produce impotence, urinary incontinence, and other complications.

The good news is that death rates from prostate cancer have been declining since 1990, and some of this improvement can be attributed to PSA screening, though better treatments probably deserve much of the credit. But, even data showing that screening saves lives presents a sobering picture. It's estimated that for every man whose life is prolonged because of PSA screening, somewhere between 30 and 100 men end up being treated for a cancer that was never going to harm them. Most men treated with radiation or surgery will have potentially serious complications. Such numbers are improving, however, thanks to more men opting for active surveillance.

AVOID CANNED TUNA WHILE PREGNANT

Pregnant women should avoid canned tuna, according to

Consumers Union, which recently found mercury in all 42 cans and pouches of tuna tested. Just 2.5 ounces of any of the “white” (albacore) tuna samples would exceed the safe daily limit set by the EPA. And, though “light” tuna generally has less mercury than white tuna, some samples had levels high enough to be of concern. In contrast, for years the government has said its okay for pregnant women to eat up to 6 ounces of white tuna and 12 ounces of light tuna a week. Pregnant women should also avoid shark, king mackerel, tilefish, and swordfish due to high mercury levels.

KEEPING POUNDS OFF

If you've lost weight, exercise is crucial in helping to keep the pounds off. And, if you do regain weight, exercise can help you maintain many of the health gains derived from weight loss. In a recent study overweight or obese people lost about 5% of their body weight via diet and aerobic exercise. They were then allowed to regain about half this weight, while they did strength training for 45 minutes three times a week for about 10 weeks. The exercise helped them maintain improvements in body fat percentage, blood pressure, and cardio-respiratory fitness.

DIET CAUSING 300,000+ ANNUAL CARDIOVASCULAR & DIABETES DEATHS

We're often told to eat better to ward off risk of disease and dying early. In that effort, knowing which eating habits to focus on could be helpful. Findings from a new study show the large potential impact of 10 dietary factors on Americans' risk of dying from heart disease, stroke or type 2 diabetes. These three conditions encompass the term cardiometabolic disease.

Many Americans realize there's something wrong with the food system that's increasing their risk of disease. Recent findings showed that increased intake of certain foods and not enough of others was associated with nearly half of all deaths in the US due to heart disease, stroke and diabetes. That amounts to about 320,000 deaths a year, which equals nearly 1,000 deaths each day.

While our findings are sobering, there is a major silver lining. The mortality burden was not only due to excess harmful foods, but also too few healthy foods. This is a positive message: increase the good food.

Diet Link:

To reduce risk of premature death from cardiometabolic disease, data suggests Americans need to eat more fruits, vegetables, nuts, seeds, whole grains, vegetable oils and omega-3-rich fish. At the same time, people need to cut

back on salt, processed meats and sugar-sweetened drinks.

Certain dietary factors were associated with more deaths from some diseases than others. The most deaths from heart disease were associated with low intake of nuts/seeds and seafood omega-3 fats, and high intake of processed meats, sugar-sweetened beverages and sodium. The most deaths from stroke were associated with low fruit and vegetable intake and high sodium intake. And, the most deaths from type 2 diabetes were associated with low intake of whole grains and high intake of processed meats and sugar-sweetened beverages.

DIET LINKED TO MORTALITY

Dietary Factors Associated with Increased Mortality	% of Annual CMD Deaths*
Poor diet, 10 factors combined	45.4
1. High in sodium	9.5
2. Low in nuts/seeds	8.5
3. High in processed meat	8.2
4. Low in seafood omega-3 fat	7.8
5. Low in vegetables	7.6
6. Low in fruits	7.5
7. High in sugar-sweetened drinks	7.4
8. Low in whole grains	5.9
9. Low in polyunsaturated fat	2.3
10. High in unprocessed red meat	0.4

*CMD = cardiometabolic disease (heart disease, stroke, type 2 diabetes). Percents based on 702,308 CMD deaths in 2012 in US; 318,656 were related to the 10 diet factors.

ACCIDENTS THAT ARE NO ACCIDENT

Highway-safety experts rarely, if ever, use the word “accident”—they speak of “crashes” instead. That’s because “accident” implies a random event, out of human control, whereas a “crash” is something that can be predicted and avoided. Many ‘accidents in the home (such as falls and burns) and workplace are also predictable and could be prevented if we simply thought about them differently and took precautions.’

Every year about 30 million Americans are injured seriously enough to end up in the emergency room—and many more simply go to their doctors for injuries or limp around untreated. Unintentional injuries are a leading cause of death and disability, especially among the young as well as the very old.

Personality or circumstance?

Some studies have found links between accidents and certain traits—such as over-confidence, aggressiveness, chronic anger, and lack of conscientiousness—but overall the research has yielded inconsistent results. In any case, we all may become “prone” to injury because of factors such as the following:

Lack of sleep. This impairs performance and judgment behind the wheel and elsewhere. In particular, people with sleep apnea (characterized by heavy snoring and disrupted sleep) are at risk for injuries and crashes.

Alcohol. Besides causing crashes, alcohol makes drinkers more susceptible to falls, burns, and cuts. The same is true for people using marijuana and other illegal drugs.

Medications. Many can make you confused, groggy, or dizzy and can dull reflexes. Sleeping pills and nighttime tranquilizers can leave you drowsy the next day. And, old-fashioned antihistamines (like Benadryl), used in many OTC sleep aids, can leave you impaired the next day even if you don’t feel drowsy.

Poor health. People in poor health are more susceptible to injury, possibly because they tire more easily, may not sleep well, and take lots of medicine.

Being physically unfit can lead to balance problems. Frail older people who live alone are at high risk. People with mental illness may also be accident-prone.

Distraction. This has become a big research area for safety experts, as people spend more time multitasking—phoning or texting while driving, for instance, or texting while walking.

Some accident insurance

Take the obvious steps. Don’t drink and drive. Wear safety belts. Don’t phone or text while driving or walking. Fence in swimming pools. If you own a firearm, keep it locked up and unloaded. Try to get enough sleep. Read labels on medications to see if they can cause impairment, or ask the pharmacist. Make your home fireproof, childproof, and fall-proof. And so on.

A NOTE FROM DR. GORDON.... DIABETES MELLITUS (DM)

You went to your A.M.E. for your periodic FAA medical and you had sugar in your urine test!

What do you do now???

Diabetes is the abnormal metabolism of Glucose (sugar). Excessive sugar in the blood causes chemical changes that can lead to damage of nerves and blood vessels. This can lead to myocardial infarctions, painful nerve damage to the hands and feet, blockage of blood supply to the feet, which can lead to amputations, loss of vision, kidney failure, etc. Excessive blood sugar can lead to coma, and drop in blood sugar can cause loss of consciousness. All are serious medical problems for pilots. Causes of diabetes are due to genetics, obesity, poor diet and lack of physical activity.

How to prevent problems with diabetes is to see your doctor at least yearly for a physical and have your blood tested for fasting blood sugar and HgA1c.

Normal fasting glucose is less than 100mg/dl. Fasting glucose between 100 and 125mg/dl is considered pre-diabetes and above 125mg/dl is considered diabetes. HgA1c is a measurement of glucose attached to red blood cells. Red blood cells live an average of 90-120 days so this number reflects a long term average of the blood glucose. Normal is less than 5%. The FAA allows pilots to fly with a HgA1c of less than 9%, which is considered very high.

Diet, weight loss and exercise are the basis of diabetic treatment. But, when that doesn't work glucose lowering medications are necessary.

There are various drugs that can be used to lower blood glucose. Some stimulate the pancreas to make insulin or release more insulin, while others make the liver release hormones to prevent the breakdown of insulin or the release/or increase storage of glucose and others increase the effects of insulin on cells to more easily use glucose.

There are some combinations of diabetic medications that more easily lead to low blood glucose which the FAA does not allow. The FAA will not certify anyone to fly that requires more than 3 diabetic medications to control their diabetes. (Go to "pilotdr.com" and under "medical information" is "Diabetes," then see "Diabetes-acceptable medication combinations").

Until a year ago any first or second class pilot who required insulin to treat their diabetes were grounded indefinitely. 1st and 2nd class pilot now treated with insulin may have their cases reviewed on a case by case

basis for approval by the FAA medical certification division in Washington D.C.

If a medication is started, the pilot should stop exercising the use of their flight medical certificate until receiving a special issuance from the FAA. If Metformin is the only medication started, there is only a 2 week waiting period required. All other medications require a 60-day waiting period.

After the wait a new HgA1c is required, and the treating doctor needs to complete the "Diabetic Worksheet", available under "Diabetes" on the "pilotdr.com" web page. The sheet outlines what the FAA doctor will need to certify a pilot treated with oral diabetic medications.

EVERYTHING ON THE FORM NEEDS TO BE COMPLETED.

If there has been any change in diabetic medications or doses of any of the medications require a waiting period as noted above will be required.

Once certified, a yearly update of the diabetic worksheet will need to be presented to your A.M.E. at time of your exam to issue a new medical.

Written by Harvey Watt Physician Dr. Bob Gordon.

HEAVY CAR CRASHES

Obese people are more likely to die if they're in a serious car crash, compared to thinner people, according to a new study in the *American Journal of Emergency Medicine*. Those who are merely overweight (not obese) are actually at lowest risk, followed by those who are of normal weight. The very obese are at greatest risk. Obese people tend to be in poorer health in general and have more complications if they undergo surgery after a crash. Car design may play a role, since safety standards are designed for lighter people.

GOOD CHOLESTEROL REDUCES ALZHEIMER'S RISK

Healthy levels of HDL ("good") blood cholesterol may reduce the risk of memory loss and Alzheimer's disease.

The latest study to suggest this found that people over 65 with high HDL levels (above 55 mg/dl) were 60% less likely to develop Alzheimer's during the next decade. One theory: HDL may help block the formation of plaque in the brain. Ways to boost HDL include losing excess weight, exercising vigorously, drinking moderately, and limiting starchy and sugary foods.

NO JUICE BEFORE AGE 1

Grandkids or kids at home? Note new advice from the American Academy of Pediatrics (AAP). The group revised its stance from no juice before 6 months old to no juice before one year old. The AAP's new policy statement in

Pediatrics also advises that daily intake of juice be limited for kids one year and older, as follows:

- ❖ 4 ounces for ages 1–3
- ❖ 4 to 6 ounces for ages 4–6
- ❖ 8 ounces for ages 7–18

The AAP also advises only buying 100% juice (not fruit drinks with added sugar). And, avoid offering juice in a bottle or sippy cup.

Why the tough stance?

Juice could interfere with infants consuming the milk or formula they need. Juice also lacks the fiber of whole fruit, is easily over-consumed, can contribute to weight concerns and increases risk of tooth decay, particularly if sipped throughout the day.

GROWING OLD AT A COST

Americans are living longer than ever, but the added years are often spent in poor health. A recent analysis in the *Journal of Gerontology* found that while life expectancy has increased by 1 year during the past decade, people face an extra 1.2 years of serious illness (notably cardiovascular disease, cancer, and diabetes) and an extra 2 years of disability.

Mortality rates have declined mostly because people survive longer with various diseases (thanks to improved medical treatments), not because they are less likely to get the diseases, according to researchers.

DIETING? EXERCISE TO PROTECT MUSCLE, BONES

For older adults struggling with obesity, it's a bit of a catch-22 that weight loss may speed up age-related loss of muscle and bone mass (lean tissue). That could worsen physical ability and contribute to frailty. The solution?

Exercise is important to help preserve muscle and bone mass during weight loss and to further improve physical function.

In a recent study, obese older adults completed a reduced-calorie weight-loss program in addition to one of three exercise programs: aerobic training, resistance (strength) training or a combination for six months.

A control group received no weight-loss or exercise instruction. Each exercise group lost an average of 9% of body weight (the control group lost less than 1%). But, the combination of aerobic and resistance exercise was best at improving physical functioning while helping minimize bone and muscle loss.

MEDICATION NATION

Half of all Americans took at least one prescription drug during the past month, about 10% more than a decade

ago, according to a recent report from the National Center for Health Statistics. Spending on prescription drugs more than doubled over the past decade, even after accounting for inflation.

- ✓ Nine out of ten people over 60 took at least one prescription drug during the past month; three out of four took two or more drugs; and more than one in three took at least five drugs. Drugs for cholesterol and blood pressure are most common.
- ✓ Younger people are taking more medication, too. Nearly half of those age 20 to 59 take medication. Antidepressants are the leading drugs in this age group.
- ✓ One out of five children under 12 is taking at least one drug, most often for asthma. And so are nearly 30% of teenagers.
- ✓ About 20% more women take medication than men.
- ✓ People with health insurance are twice as likely to take medication as those without.

Adding it up: That's a lot of medication, and many people are undoubtedly taking drugs they don't really need. The more drugs people take, the more likely they'll experience adverse effects—a big concern among older age groups. At the same time, many others are not getting the drugs they need, often for financial reasons and lack of health care.

PATTY MELTDOWN

Those who indulge in fast food more than twice weekly are not only 10 pounds heavier than those who eat it sparingly, but their risk of diabetes can more than double, a study reveals.

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 day
- 22% of adults get regular physical activity

TITLE IX

In 1971, just before congress passed Title IX creating equal opportunity in athletics, only 1 in 27 girls played organized sports.

Today, 1 in 3 high school girls is in the game.

EXERCISE: THE OLDER THE BETTER

Studies at Washington State University School of Medicine in St. Louis suggest that the older you are, the better exercise is for you. That's because the benefits for older persons are so dramatic.

Men and women in their 60's experienced a 25% to 30% increase in heart function after a year of aerobic exercise. And, men in their 70s showed significant strength gains from weight training workouts.

While the benefits of exercise accrue to all ages, the benefits are disproportionately high in older persons. In fact, exercise can actually make older persons "younger." According to a recent editorial in the *Annals of Internal Medicine*, "functional aerobic age is probably lowered by the conditioning effects of repeated exercise."

So if you want a stronger heart, more powerful muscles, lower blood pressure, increased levels of HDL (the good) cholesterol, relief from emotional stress and better weight control, try exercising. It won't turn the clock back, but it can wind it up again.

REALITY CHECK

In a nationwide survey, 60% of people who qualify as overweight by government standards said that they were at a "healthy weight."

KEEP YOUR WEIGHT STEADY

Did you ever go on a diet and lose weight, only to slip back to your old eating habits and subsequently regain the weight? Some people repeat the process many times, and their weight bobs up and down like a yo-yo.

Others enjoy rich holiday foods and gain weight between Thanksgiving and Christmas. Then they diet and exercise to lose the extra pounds - only to repeat the cycle the following year.

Many experts have felt that weight fluctuations are unhealthy, and now there is data to support their belief. Kelly Brownell, PhD, at Yale University and a group of colleagues reviewed the health status of more than 5,000 men and women in the Framington Heart Study. The analysis centered on fluctuations in weight during 32 years of follow up.

The study separated the effects of weight fluctuation from other influences such as smoking, cholesterol, blood pressure, diabetes, physical activity, weight gain and obesity. The researcher concluded that weight fluctuations are linked to higher rates of disease and death. In fact, weight fluctuation appeared to be as big a health risk as being overweight itself.

This study is the first to provide convincing evidence that weight fluctuations are an independent factor in the development of disease and in increased death rate.

So, if you have a tendency to gain weight, losing weight is only one battle. To win the war you need to *keep the weight off*.

THE REAL COST OF SMOKING

Would you pay \$40 per pack for cigarettes? That's the actual cost over a lifetime of smoking. Duke University health economists took into account the cost of life and property insurance, medical care for the smoker and smoker's family, and lost earnings due to disability - oh, and the cost of the cigarettes.

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