

Virtual Flight Surgeons® Inc.

“Our Physicians...Your Solution”

Quarterly Aeromedical Newsletter

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Changes to FAA Aeromedical Certification Policies-Federal Air Surgeon Aeromedical Policy Updates



New NPRM on Alcohol and Drug Testing. The FAA has published a Notice of Proposed Rule Making (NPRM) titled “Disqualification for Airman and Medical Certificate Holders Based on Alcohol Violations and Refusals to Submit to Drug or Alcohol Testing” and found at <http://dms.dot.gov/search/document.cfm?documentid=308148&docketid=19835>. The

key elements are:

- 1) Equating the medical diagnosis of “Substance Abuse” for a single DOT test with Breath Alcohol Concentration (BAC) of 0.04 mg/dl or greater resulting in the revocation of an Airman Medical Certificate and possibly any certificates and ratings issued by the FAA, including pilot and mechanic certificates.
- 2) Revocation of Airman Medical Certificate for “refusal to submit” for drug or alcohol testing, including failure to remain available for testing for 8 hours after an accident or incident.
- 3) Reducing the number of days for an employer to report positive drug test results or “refusals to test” to the FAA from 12 days to 2 days.
- 4) Require employers to report positive pre-employment and return to duty test results to the FAA (currently not required) since these employees are not engaged in safety-sensitive duties at the time of testing.
- 5) Authorize breath testing as acceptable evidence of rule violations in 14 CFR 91.17.

While some of these proposals seem benign on superficial review, the physicians of VFS have significant reservations about the implications because of the historically very broad interpretation of some terms used by the FAA. For example, in the 89 cases of airline pilots characterized as a “refusal to test”, many were unable to provide a urine specimen in four hours, went to the designated testing area and no tester showed to provide the test, were notified improperly leading to them not appearing at the right place or time, having too dilute a concentration of urine or other possible innocent mistakes. Under the NPRM, the resultant revocation of medical and pilot certificates would effectively end a pilot’s career for a possibly innocent mistake.

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Even worse is the undermining effect that the automatic diagnosis of “substance abuse” for a BAC or 0.04 mg/dl or greater may have on the very effective drug and alcohol abatement programs already in place in the airline industry and now being established in corporate aviation. See the VFS article at www.AviationMedicine.com/hims.htm and articles in Aviation International News at <http://www.aviationmedicine.com/AIN0204.pdf> and <http://www.aviationmedicine.com/AIN%200604.pdf>. A substantial number of pilots who have complied with the “8 hour rule”, but have tested for alcohol at levels above 0.039 mg/dl, may have a diagnosis of alcohol abuse or dependence. However, a significant number may not have that diagnosis, but have consumed alcohol not expecting to be called to duty in a short time. Under the new NPRM with a positive test or a “refusal to test”, they would be forced to either relinquish their medical certificate for a minimum of two years or to go to an intensive alcohol treatment program to have their medical certificate reinstated and be monitored by at least 4 entities for a minimum of three years when returning to fly. They also would have to abstain from any alcohol consumption for the remainder of their flying careers. To force a pilot who does not have an alcohol problem to undergo treatment and admit to a problem that does not exist as the only route to regain medical certification undermines the credibility of very effective treatment programs.

On behalf of the Air Line Pilots Association (ALPA), one of the VFS physicians has written an extensive response and commentary to the FAA regarding this flawed proposal. The importance of establishing a robust program for early identification and treatment of alcohol and drug problems in the pilot work force will be substantially increased if this NPRM is adopted. Several business aviation groups are instituting programs now as part of their safety programs and employee health activities. These programs save lives, save careers, save costs and enhance aviation safety.

Flying on Antidepressant Medications. As discussed in the last two quarterly VFS Aeromedical Newsletters, the Federal Air Surgeon is considering a change in the blanket prohibition of antidepressant medications while holding an Airman’s Medical Certificate or ATC medical qualification. See the VFS section on Counseling, Depression and Psychological support at www.AviationMedicine.com/depression.htm. VFS feels the current policy undermines aviation safety and harms pilot health. We hope to have favorable news by the 3rd quarter of 2005.

Medication Update



Erectile Dysfunction Medications

Previously, the FAA has only authorized Viagra as an acceptable medication for erectile dysfunction if a pilot waits at least 6 hours after the last dose before performing pilot duties (in an aircraft). Concerns disturbances in color vision with Levitra and Cialis resulted in those medications being restricted by the FAA. The FAA has modified the policy and now authorizes both Levitra (6 hour wait) and Cialis (36 hour wait).

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Health and Nutrition Advice



Guidelines for Disease Prevention Released. The three leading causes of death in adult Americans are cardiovascular diseases, cancer and diabetes. Recent recommendations released jointly by the American Cancer Society, the American Diabetes Association and the American Heart Association address prevention and reduction of these killers. A summary of these recommendations is available in American Family Physician at <http://www.aafp.org/afp/20050215/practice.html#p1> and the full text version is available at <http://circ.ahajournals.org/cgi/reprint/109/25/3244>.

Briefly, the key recommendations focus on the elimination of tobacco use, weight reduction, improved nutrition, increased physical activity and early screening for heart disease and cancer. Tobacco is responsible for 30% of cancer deaths and 20% of cardiovascular deaths. It also may increase the risk of Type II diabetes by 45-74%. Obesity is responsible for 14% of all deaths and in 1999-2000, 64% of American adults met the criteria for being overweight. Obesity is associated with heart disease, stroke, diabetes, high blood pressure and elevated cholesterol. Obesity is also associated with several types of cancer including the most common types of breast and colon. Dietary recommendations include focusing on a primarily plant-based diet with reduction in total calories and refined carbohydrates (sugars), alcohol and saturated fat.

Physical activity reduces heart disease, stroke, hypertension and diabetes and may reduce the risk of some cancers. Current recommendations include 30 minutes of physical activity at least 5 days per week. The benefit of exercise increases with the duration and intensity, but any exercise is beneficial. Screening for diseases should be based on age, gender and risk factors. Early detection and intervention reduces the death rates from these diseases, but indiscriminate screening is associated with excessive costs, potential health risks and may impact FAA medical certification. Please consult with the Virtual Flight Surgeons, Inc. physician staff for any questions regarding the benefits and FAA implications of particular screening procedures.



VFS News

Flight Safety Foundation CASS and NBAA Regional Business Forum Presentations. Dr. Quay Snyder is scheduled to give presentations on "FAA Medical Certification: Current Standards, Policies and Tips for Pilots" at the NBAA/FSF Corporate Aviation Safety Seminar (CASS) on April 27 in Orlando, Florida. He will give a similar presentation at the NBAA Regional Meeting on September 15 in Denver, Colorado at Centennial Airport (APA). Question and answer sessions will follow. Dr. Snyder has also been selected to speak at the Rocky Mountain Regional Fly-In on June 26 and 27 as part of the National Association of Flight Instructors (NAFI) Master CFI speakers forum.

New Virtual Flight Surgeons, Inc. website. VFS will soon unveil its new web site designed for ease of navigation, excellent search capabilities and a new Members Only Section. The current site has

articles which may be downloaded in an easy-to-print format that pilots may take with them or use when working with their physicians. All information on the site will be contained in a searchable database using single word/phrase search capability. The new web site will be found at the same URL, www.AviationMedicine.com and is expected online in May 2005. VFS Corporate Members are welcome to suggest additional features to add to the site.

NATCA Presentations. VFS represents the 15,000 members of the National Air Traffic Controllers Association (NATCA) in protecting their health and medical qualification status with their employer, the FAA. As part of this relationship, physicians from VFS give educational seminars to NATCA facility and Regional representatives. Dr. Snyder will be in Philadelphia in late March to speak with representatives from each ATC facility in the Eastern Region. Dr. Martin will give a similar presentation in June for the facility representatives of the Southwestern Region when they meet in Houston.

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Recent Articles on VFS Website

Seventeen articles and forms have been updated on the VFS site since the last VFS Quarterly Newsletter. For a complete listing of medical articles, please see www.Aviationmedicine.com/contents.htm. For a series of articles on pilot health and nutrition, please see www.AviationMedicine.com/health.htm. For tips on passing an FAA medical examination and other FAA procedural policies, see www.AviationMedicine.com/faq_info.htm. We have updated our Privacy Policy and are in full compliance with the Privacy and Security portions of the HIPAA law. You can review this section at www.AviationMedicine.com/HIPAAprivacy.htm.



Your Corporate VFS Newsletter



Your company flight department has subscribed to the Virtual Flight

Surgeons, Inc. Corporate Aeromedical Services Program, providing professional pilots the premier aeromedical certification information, advice and assistance available in the industry. Our expert physician staff is at your call to respond to any medical questions and the discussion of any potential impact on your FAA Airman's

Medical Certificate of medical conditions you might have. All pilot discussions with our staff are completely confidential and risk free. These services are FREE to pilots of your company, offered as a valuable additional benefit to all pilots.

THE VFS GOAL IS TO KEEP PILOTS HEALTHY, SAFE & FLYING!

The VFS quarterly newsletter is designed to update pilots on:

- 1) Changes to FAA aeromedical certification policies

- 2) New medications authorized or restricted by the FAA
- 3) Additional medical information and pilot health articles on the VFS web site since the last quarter
- 4) Advocacy actions by the VFS physician staff on behalf of professional pilot groups.

We welcome your comments and suggestions! Please contact our editor, Catherine Cazorla at ccazorla@aviationmedicine.com.

Final Notes

Your company's VFS Aeromedical Services Program entitles you to free telephone and E-mail consultation with our staff of Aerospace Medicine physician specialists. E-mail us on our secure Confidential Inquiry Form at <https://www2.quik.com/virtualfs/question.html>. Please enter Zeros "0" for any credit card information requested and list your name, organization or the corporate pilot member number in the appropriate block of the questionnaire.

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If you do not wish to continue to receive the VFS Corporate Pilot Aeromedical electronic newsletter, please reply to this e-mail and type "REMOVE" in the subject line. We will remove your e-mail address from our mailing list.

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