



MY HEARTBURN STORY'

ALPA's Aeromedical Office—
There When You Need It

By Capt. Bob Markert (United)

If you've never needed the services of the ALPA Aeromedical Office, count yourself fortunate. Count yourself even more fortunate if you've ever needed this Association asset to come to your aid; the Aeromedical Office's expertise and FAA connections, combined with its role as pilot advocate, are irreplaceable when your job is jeopardized by a threatening health condition.

“They demonstrated to me that, although you may never need it, access to the Aeromedical Office is one of the best reasons to be an ALPA member.”

—*Capt. Bob Markert (United)*

For nearly 40 years, ALPA's Aeromedical doctors have been helping ALPA members maintain (or restore) their FAA medical certification by finding the right approaches to recover from illness and injury and to overcome dependency.

ALPA Aeromedical is not a member service that pilots routinely think about, and I would guess that a majority of ALPA pilots have never contacted the Denver-based facility. However, like an insurance policy, the Aeromedical Office is there when you need it. In fact, you might be surprised by the wide range of circumstances that could lead you to give this office a call. I was.

The details

I'm currently a United B-747-400 standards captain based at the airline's Denver training center. In my down time, I'm also a chief warrant officer 5 and a detachment commander in the Colorado Army National Guard. In 2003, I was diagnosed with sleep apnea, a condition that affects one's ability to breathe freely when sleeping. This disorder can disrupt a person's ability to maintain deep sleep, is often chronic (or ongoing), and can result in excessive daytime tiredness. Fortunately, sleep apnea can be treated.

To maintain my FAA medical certificate, I was required to take a maintenance-of-wakefulness test (MWT) to see if I could be successfully treated with a contraption called a continuous positive airway pressure (CPAP) machine, a respiratory ventilation system that I wore when I slept. Although the CPAP addressed my problem, it is bulky and cumbersome and, after months of wrestling with this device night after night, I asked about an alternative therapy.

I learned that sleep apnea can also be treated with an oral appliance—a simple device that looks like a sports mouth guard, which is worn while

sleeping. After years of toting my box-and-oxygen-mask combo from city to city, I was happy to give this more manageable option a try. However, the FAA required me to take another MWT to ensure that this device properly addressed my condition.

The MWT was performed in February 2006 at a hospital in Denver. I was also required, as part of the hospital's MWT protocol, to take a urine-based drug test. At the same time, my Guard unit was preparing to be deployed to a small anti-terrorist base in Djibouti for “Operation Enduring Freedom,” where I would remain for the next 7 months.

The blunder

Unknown to me—and in a cruel twist that would come back to haunt me—my drug screen tested positive for amphetamines. The hospital was aware of the test results and made an entry in my medical records while I was still at the facility, but the staff said nothing to me.

Obviously, a mistake was made. Had I known about the results, I could have driven to a nearby commercial drug-testing facility, paid the \$50, and had a DOT-approved drug test that would have refuted the hospital's findings.

However, the hospital didn't bother to contact me, and a week passed before I heard the news about my test results. I learned about the outcome from the ALPA Aeromedical Office. In addition, I learned that I was unable to take another drug test within a time limit that would satisfy the FAA that I had been drug-free at the time of my second MWT. You can't begin to fathom the nightmare this situation created. I was furious. My military deployment was rapidly approaching, and my airline career was on the line. I felt like I had just descended into Dante's fifth level of bureaucratic hell.

The FAA revoked my medical certificate, making it impossible for me to fly as an airline pilot. I contacted the ALPA

Aeromedical Office and spoke with Dr. Tom Yasuhara to find out if there was anything I could do.

False positive

I learned that the particular drug screening the hospital used is made by Abbott Diagnostics and that it can cross-react with Ranitidine, a generic form of Zantac (the over-the-counter heartburn medicine), indicating a false positive for the presence of amphetamines. On my pre-admission paperwork, I indicated that I was taking Ranitidine to control heartburn, as prescribed by my doctor. However, the hospital overlooked the potential interaction. In addition, the facility failed to do any follow-up testing to confirm the initial results and threw out the remainder of my urine sample before it could be used for any supplemental analysis.

Dr. Yasuhara thoroughly advised me about what I could expect. He explained how the FAA would view my circumstances, and he acted as my advocate throughout the entire process. Together, we developed a plan.

During one of the Aeromedical Office's weekly conference calls with the FAA, Dr. Yasuhara proposed a process that could help exonerate me. I would see an FAA-recognized psychiatrist, who would assess the likelihood of my drug usage or dependency. I also would take another urine test as well as a hair sample test, the latter of which could effectively demonstrate that I had not consumed amphetamines for the previous 90 days.

The FAA indicated that, pending the report from the doctor and the lab results, it would consider my circumstances and reevaluate the appropriateness of restoring my medical certification.

The two tests registered negative, and the doctor supported the conclusion that I had been unlikely to have taken drugs. In his report, he said, “In

ALPA's Aeromedical Office

ALPA's Aeromedical Office was established in 1969 in response to a 1968 Board of Directors action. The Association retained Dr. Richard L. Masters to advise ALPA's president and to provide professional medical advice to ALPA members upon request.

Under Dr. Masters' direction, the Aeromedical Office provided medical assistance to more than 15,000 ALPA pilots and developed a medical specialist referral system to help evaluate and treat disorders that threaten pilots' FAA aeromedical certification.

Over the years, the Aeromedical



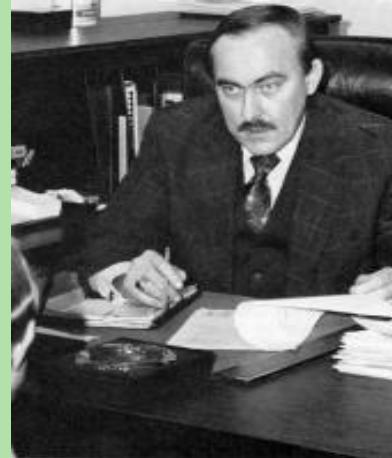
ALPA ARCHIVE PHOTOS

Dr. Donald Hudson

Office has also been instrumental in getting the FAA to change many policies and in helping pilots to regain or maintain their medical certification, often with conditions that the FAA previously considered permanently disqualifying, such as coronary bypass surgery, angioplasty, isolated seizure, total loss of vision in one eye, and more.

In 1974, one of the most important developments occurred: a government grant established the Human Intervention and Motivation Study (HIMS-1) to combat a major unaddressed medical cause of premature career loss—alcoholism. With the cooperation of the FAA and most airlines, more than 3,500 pilots have been successfully treated for alcoholism and returned to work. In 1981, President Reagan's budget cuts slashed the funding for HIMS-1; but in 1992, a new U.S. government grant funded a limited rejuvenation of the program (HIMS-2).


In January 1993, Dr. Masters retired as ALPA's aeromedical advisor, and Dr. Donald Hudson was appointed his successor. The consulting service, the Aviation Medicine Advisory Service, is located at 14707 East 2nd Avenue, Aurora, CO 80011. The Office is open Monday–Friday 8:30 a.m. to 4 p.m.



Dr. Richard L. Masters

mountain time, and the phone number is 303-341-4435.

At present, the Aeromedical Office employs six full-time physicians, a clinical case manager, five administrative assistants, and an administrator.

The Office is acquiring new cases at a rate of more than 8,000 per year. Approximately 20 percent of the cases are chronic in nature, requiring periodic monitoring and reexamination. At any given time, the Office is actively involved in several hundred open cases. 

my experience as an addiction psychiatrist and forensic psychiatrist, I have never heard of an instance where so many consequences could befall a person from a drug testing situation. This is essentially unprofessional.”

Long story short

At last, I was vindicated. I was out \$1,200 for the labs and the doctor visit, lost several precious days with my family before my deployment,

and undoubtedly aged during the process, but my FAA medical certificate was restored. I've since learned that, unlike the hospital's policy, the FAA's MWT protocol does not require a drug screen.

If there's a moral to this story, it's to make sure that your FAA physician is well aware of everything you are taking—prescriptions, vitamin supplements, etc. This information can be crucial in helping you maintain your medical

certification. Be honest and report everything.

I feel fortunate that I didn't have to coordinate this effort from overseas or, more importantly, by myself. Dr. Yasuhara and the Aeromedical Office gave me the advice and guidance I needed to quickly remedy this situation. They demonstrated to me that, although you may never need it, access to the Aeromedical Office is one of the best reasons to be an ALPA member. 