

Medical Pilot

IN 1981 I WAS A 17-YEAR-OLD with my future all planned. I was learning to fly, had talked to the Air Force about joining after high school, and was destined to be a fighter pilot. Or so I thought.

Just before my first solo I was diagnosed with insulin-dependent diabetes. My doctor explained that I could live a nearly normal life. "About the only thing you'll never be able to do is fly airplanes."

I will never forget that moment.

Many calls were placed to the FAA, which explained that my aviation days were over because the risks were too great to ever consider a diabetic piloting an airplane. I lost direction and struggled with the disease. Like many diabetics, I only saw how diabetes limited me, not what I could still do, and my doctor couldn't provide me with the motivation to control my condition.

The risk of an insulin-dependent diabetic pilot lies primarily in a condition called an insulin reaction, where an imbalance of medication and diet causes a diabetic's blood glucose level to drop so low that it impairs that person's ability to control a vehicle. Severe insulin reactions may lead to unconsciousness, seizures, and even death.

The stress and concentration that pilots are under while flying can increase the likelihood of an insulin reaction. Obviously, an insulin reaction while piloting an aircraft is a situation that must be avoided.

Similar dangers are present in other daily activities. From driving a car to operating machinery, diabetics have to manage their condition by balancing medication, diet, and ex-

Return to the Air

An insulin-dependent diabetic EAAer realizes his pilot dreams

MICHAEL HUNTER



Diabetic pilot Michael Hunter tests his blood glucose before a flight.

ercise to prevent insulin reactions. With training and careful diabetes management, diabetics can safely perform these activities, including piloting an aircraft.

Avoiding severe insulin reactions is easier today because of the technology available. Until a few years ago diabetics had to rely on how they felt physically to determine if an insulin reaction was imminent. This works, but the signal feelings begin *after* a reaction has started.

Today, my Accu-Chek blood-glucose meter is the size of a stopwatch

and can indicate my blood-glucose level in 20 seconds. I test my blood five times a day to chart the control of my diabetes. And I test before—and at frequent intervals during—every flight. With this information, I can prevent a reaction

before it can affect me.

I slowly decided to improve my control over my diabetes, hoping that someday I would fly again. The EAA, the American Diabetes Association, and the FAA reviewed the advances in treatment and agreed that the tools are available for diabetics today to safely act as pilots. Then, at AirVenture '99, I attended an FAA forum on special-issuance medicals. Following the forum, the FAA examiner stayed, answered my questions, and explained the evaluation process. My application was sent two weeks after the convention.


My advice for insulin-dependent diabetics who dream of flying: Don't give up. Strive to control the disease and then, armed with a thorough understanding of the disease, its symptoms, and its effects on your body, with your physician honestly evaluate your capability to pilot an aircraft without compromising safety.

David Hale, executive director of Pilot Medical Solutions, a Tulsa, Oklahoma, organization that specializes in assisting aviation medical examiners (AMEs) with the special-issuance applications process, claims, "If your physician is happy with your control, chances are the FAA will be, too."

When you're ready to submit your application, seek the advice of an AME experienced in *both* diabetes and the special-issuance process. Up to half the requests for special-issuance

medicals are delayed or refused because of incomplete information or format. The EAA can help with their advocate physician service, or you may choose to work with a service to assure that all necessary information is properly submitted.

I believe that the FAA's decision is the correct one in light of these advances in technology, medication, and education of the disease. Using these tools allows diabetics to be safe pilots as long as they keep their disease under control and follow the some common sense rules.

Everyone I've met, from the EAA to the FAA, has been sincerely interested in helping me fly again as long as safety is not compromised. I'm very fortunate to have these organizations on my side helping my lifelong dream come true. With effort, yours will, too. 

Editor's Note: Since Michael Hunter earned his private pilot certificate in 2000, he's logged 200 incident-free hours. And his best moment in flying? Taking his children for their first airplane ride.