

The WFC Flyer – August 2012



"Are You Ready to Fly?"

Topic: Advanced Preflight

On Tuesday, August 14, 2012 at 6:00 PM

Location: Rochester Air Center 1313 Scottsville Rd.

Important Dates

General Meeting
August 9, 2012
7:00 PM Clubhouse

Board Meeting
September 6, 2012
7:00 PM Clubhouse

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July 2012 Family Picnic

Once again the proceeds of the "Saturday Hangar Lunches at Jakes" provided for a great picnic for members, family and friends. The weather was good and as usual the phenomenon that everything tastes better in a hangar was in good evidence. The good news is that there is one more family and friends picnic being planned for this year – stay tuned.



Flight Rx by Dr. Pam Tarkington

MEN AND MEDICINE

We will go over several male health concerns.

The first is prostate screening. In May 2012, the USPSTF recommended against screening males of any age for prostate cancer. Against the American Urological Association's recommendation was to offer screening to all men regardless of age - that is to offer a PSA test (blood test) as well as a rectal exam beginning at age 40. The American Cancer Society states that testing should begin at age 50 (except for blacks or those with a positive family history in first degree relative).

Prostate Cancer is the most common cancer in American males and the third leading cause of death. The lifetime risk of developing cancer is 16%. Autopsy results show that 33% of males have prostate cancer at age 75.

The normal range of PSA is 0-4. You can have a normal PSA and still have cancer; however most cancers have a level > 4. Your PSA will be elevated with BPH, prostatitis, aging and recent ejaculation as well as certain medication. PSA detects more tumors earlier than does a rectal exam. Interesting, a vasectomy can increase the risk of prostate cancer (but risk is VERY low).

ERECTILE DYSFUNCTION

ED is the inability to get or maintain an erection for satisfactory sexual activity. This affects 33% of American males > than 50 and 75% of those with diabetes. This goes up with age. Factors contributing to this include diabetes, obesity, tobacco use, depression and stress.

Treatment is usually with phosphodiesterase inhibitors (viagra, cialis, ildenafil, levitra, etc). If these fail there are injections of alprostadil. If these do not work, there are vacuum constriction devices; there are also inflatable pump prosthesis. As a last resort there is oral yohimbe.

Also group therapy and behavioral therapy has been tried.

ED can be a harbinger for cardio vascular disease. It generally appears 3 years before any signs or symptoms of heart disease are noted

There are several things that you can do to lessen your risk of developing ED: avoid stress, loose weight and exercise, avoid alcohol and stop smoking. If you are obese and loose weight, there will be a 33% reduction in ED.

Men are their own worse enemies: the European Union health study concluded that men < 70 years lost twice as many years of life expectancy as females. They also concluded that about 50% of deaths per year in men could be prevented by lifestyle changes: exercise, healthy diets and lifestyle. Most men are poorly informed about health issues and are reluctant to seek medical advice from professionals. Over 1/3 of men do not have a PCP. Men have a greater mortality for CAD and cancer and a shorter than life expectancy than females (73 vs 78 years).

As compared to females, men have high rates of suicide and homicide, accidents and substance abuse. Males are less likely to follow up on any abnormal results or health screening and are less likely to make positive health care changes (better diet, exercise, loose weight, etc).

The bottom line is: please take care of yourself



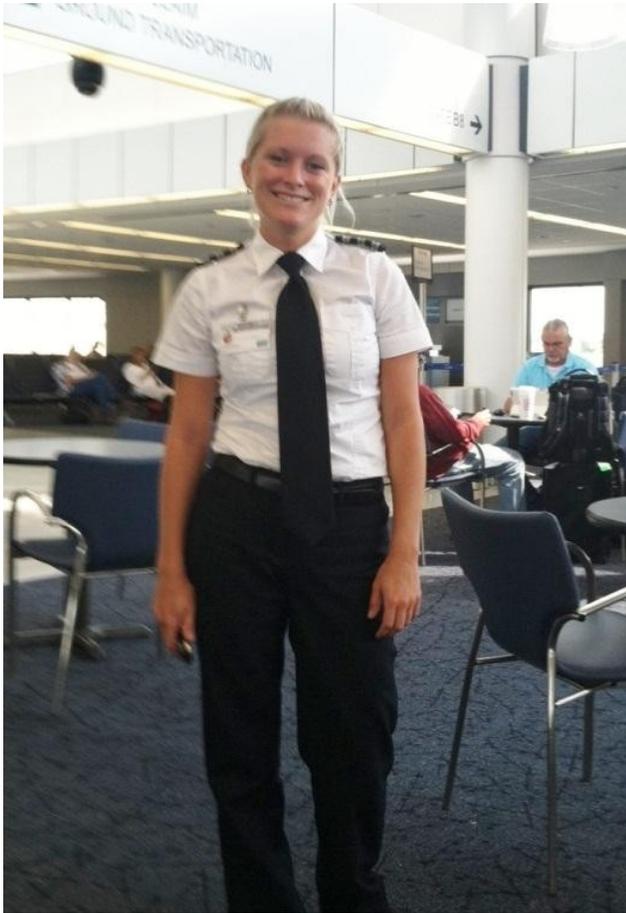
UA 3457 – Best Airline Flight Ever

by Bob Cournoyer

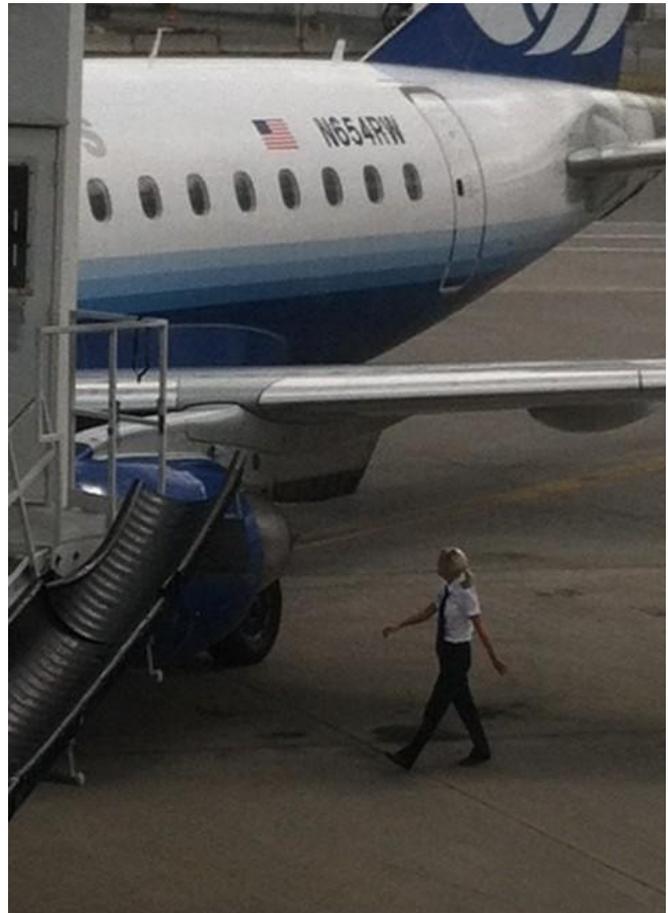
While at work one afternoon, the phone rings and it is my daughter asking what I am doing the next day. Interesting question, not sure where she is going with this until she says “Can I sleep in my own bed tonight?” and “Do you want fly with me to Chicago in the morning?” Now this is not just any father daughter story; it is a story of a community of pilots who encouraged, accepted, cajoled and helped in all kinds of ways while a little blond headed 12 year old started flying at WFC. Acceptance as one of the gang and the expectations that go along with it helped develop not only her piloting but the ability to interact, get along and get things done with the “fly guys”.

It was a cold and windy last day of March '05, also Erin's 16th birthday, when Mike B. had to say no to the solo flight. Good thing – I recall seeing a trash barrel skidding all the way across the parking lot as we pulled in. The next day, April Fool's, the sun was up, winds were behaving and 37R was ready to go. The solo occurred successfully, albeit with a bit of drama, accompanied by lots of hoop la including a cheering section from Hangar 32. Mom and Dad resumed breathing. It was about then Erin decided she wanted a cockpit for her future office. I started anticipating my first airliner flight with her at the controls. We then drove to the DMV to get her automobile learner's permit.

Fast forwarding 7 years, after finishing school, long days flight instructing, doing photo work, ferrying, etc. Erin logged 1200+ hours, got a multitude of ratings and was hired by the Regionals. She flew a few months in the Caribbean for American Eagle in an ATR 72 and now is a Shuttle America First Officer flying ERJ-170s for Delta Connection and United Express.



Shirt fits, pants fit, now about the tie??



Beats getting down on hands and knees to check the tires.

She overnighted in ROC, headed to ORD (UA 3457) the next morning with me in the back. She went on to Edmonton, next day to Denver and then back to Indianapolis. I turned around at ORD and was in ROC in time for dinner. Best time ever in an airliner.

Thanks to the WFC community for all the support and encouragement – Bob C.