

ALPA Attorney Leads the Fight for Pilots' Rights



WILLIAM A. FORD

Suzanne Kalfus (left), senior attorney in ALPA's Legal Department, has been leading the effort to protect pilots' rights with respect to drug and alcohol testing since she first began working at ALPA in 1988. Besides her recent work spearheading the legal challenge to direct observation testing, she has been fighting for more protective procedures

for pilots in these DOT regulations since they were first published. In 1999, the regulations proposed the first procedures for "validity testing" tests to determine whether a urine specimen has been diluted, substituted, or adulterated.

Kalfus first gained expertise on "validity testing" earlier that year when she represented a 20-year veteran Delta pilot with a previously unblemished record who was reported to have "substituted" his sample. At that time, no regulations were in place setting forth any standards governing laboratory protocols for such testing. Despite the pilot's asserted innocence and longstanding career, he was fired and the FAA revoked his certificates based solely on the laboratory's report that his urine specimen had the

parameters of water. Extensive discovery of the laboratory's records with the use of an outside expert forensic toxicologist uncovered wide-ranging laboratory misconduct. The diligence and hard work spent uncovering these grave errors resulted in the complete vindication of the pilot (as well as the reinstatement of several Delta flight attendants who were also fired for allegedly "substituting" their samples).

After the case unearthed such egregious laboratory problems, the government launched a special investigation that found problems with other laboratories and led to the cancellation of 300 drug tests previously reported as "substituted." These serious laboratory problems ultimately led to a number of rulemaking proceedings governing validity testing. From the time the regulations were proposed in 1999 until the final version in 2008 was published, Kalfus filed more than 350 pages of comments on behalf of ALPA and, at times the Transportation Trades Department, in at least eight different rulemaking proceedings. These efforts paid off, resulting in numerous and substantial improvements to the validity testing regulations. While victorious in the validity testing arena, Kalfus's efforts to address other encroachments on pilots' rights continue.—JWP

HIMS Mini-Seminar: Treating the Disease

The young airline pilot passed out in the men's room and broke the urinal with his forehead. Diagnosis: alcoholism. Three years later, the pilot returned to the cockpit with an FAA special issuance airman medical certificate in his wallet.

He was—and is—in good company; since two ALPA airline pilots and Dr. Richard Masters founded the Human Intervention and Motivation Study (HIMS) in 1974, the FAA-sponsored program for treating alcoholism and other chemical dependencies has returned more than 4,200 airline pilots to flight status.

ALPA administers the FAA-funded HIMS contract through the ALPA Aeromedical Office, formally known as the Aviation Medicine Advisory Service. One of the roles of the Aeromedical Office is providing top-notch training for (1) pilots who serve as HIMS coordinators and peer monitors for their pilot groups and (2) FAA-certified aviation medical examiners (AMEs) who wish to become certified as HIMS-qualified.

Every year, ALPA hosts a 3-day HIMS seminar that attracts hundreds of attendees (see "HIMS: The Quiet Success Story," November/December 2007). ALPA holds more frequent HIMS mini-seminars in various U.S. cities; on March 31, ALPA hosted one near Washington Dulles International Airport in northern Virginia. Thirty-two people, including 10 physicians and half a dozen employee assistance program (EAP) professionals, attended the 1-day training course. Representatives from eight airlines—American, American Eagle, Comair, Delta, ExpressJet, Pinnacle, UPS, and US Airways—participated.

Dr. Donald Hudson, ALPA's Aeromedical Advisor and HIMS program manager, assembled an impressive faculty to join him at the podium:

- Dr. Lynn Hanks, clinical professor emeritus, University of Washington School of Medicine,
- Dr. Michael Berry, manager, Medical Specialties Division, Office of Aerospace Medicine, FAA,
- Dr. Fanancy Anzalone, Miami region medical director for American Airlines,
- Capt. Dana Archibald (American Eagle), ALPA HIMS chairman,
- Capt. Chris Storbeck (Delta), chairman, Delta Pilot Assistance Committee (DPAC), and
- Mark Berg, EAP manager, ExpressJet.

Here's the short version of the course they presented:

"Chemical dependency" includes alcoholism and any other drug dependency and is characterized by the three "C"s—loss of control, compulsive use, and continued use despite adverse consequences.

Many people think the problem with those with chemical dependency is ignorance, stupidity, craziness, immorality, or weakness. They, therefore, think the solution is education, psychotherapy, church, jail, or mustering up sufficient will power to "just say no."

But chemical dependency is a disease, and the neurobiology of the addicted brain is fundamentally different from that of the non-addicted brain. "A drug hijacks one's brain, thereby hijacking one's mind, and then one's life," said

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Hankes, quoting Dr. Alan Leshner, former director of the National Institute of Drug Abuse. Thus addiction must not be treated *morally*, but *medically*, “with dignity, privacy, and confidentiality.”

The disease of chemical dependency is chronic, primary, predictable, and contagious. Chronicity means that it is permanent (“not ‘alcohol-was-m,’ but ‘alcohol-is-m’”) and prone to relapse (like diabetes and coronary insufficiency). The alcoholic can’t consume any alcohol, and the addict can’t engage in any recreational drug use. Often fatal if not treated, alcoholism is predictable and progressive in four stages: early, middle, late, and too late. “The insanity is contagious,” said Hankes, because “the stress of living with an alcoholic produces dysfunctional coping behavior similar to that in post-traumatic stress syndrome.”



Dr. Hudson

Total abstinence from alcohol as well as all other addictive drugs is critical.

“The message,” Hankes summarized, “is that chemical dependency is a disease state. Wings and stripes confer no immunity. Denial is the chief symptom and major obstacle to diagnosis and treatment, so intervention becomes necessary.”

Intervention involves presenting reality (i.e., specific data, not gossip or hearsay) in a way that the pilot can hear it—i.e., with concern and compassion. An intervention typically offers two alternatives: (1) agree to undergo evaluation and treatment, or (2) be grounded and face disciplinary action.

“Alcohol is by no means the only drug used by pilots,” Hudson pointed out, “but it is by far the preferred drug.”

Rigid rules and regs (FAA and airline) lead some pilots to binge drinking—i.e., consuming four or more drinks in one sitting. But even “legal” (i.e., meeting the “8 hours bottle to throttle” FAA reg) can still result in blood alcohol concentration (BAC) of more than 0.02 percent. Since 2002, the “high profile” cases known to ALPA’s Aeromedical Office all involved BAC greater than 0.06 and pilots who engaged in heavy drinking (i.e., 8–14 drinks in one sitting).

The FAA shares the premise that alcoholism and other chemical dependencies are part of the disease process that is far beyond the control of the individual. The agency’s philosophy regarding a pilot with a diagnosis of substance abuse is to “return him or her to flying, as long as it is safe to do so.”

Four months from initial evaluation and a diagnosis of dependence—i.e., 28 days of inpatient treatment plus 90 days of daily Alcoholics Anonymous and/or Narcotics Anonymous meetings—is the soonest that the monitoring AME will recommend a pilot to the FAA for a special issuance (SI) airman medical certificate. An application for an SI certificate currently spends about 30 days at FAA headquarters in Washington, D.C., and another week in Oklahoma City—undergoing close medical review in both places—before the agency will issue the SI.

And then comes monitoring—lots of it, by various folks, including HIMS-qualified pilot peer monitors—for at least a few years and, in some cases, the duration of a pilot’s career.

A special mutual-help support group, Birds of a Feather (BOAF), exists for pilots and other flightcrew members. But, the doctors cautioned, alcoholics or addicts in recovery who attend only BOAF meetings, and not regular mainstream AA or NA meetings, tend to relapse, “because they think they’re unique or otherwise special,” said Hankes.

The overall success rate of the program is quite impressive: 85 percent of the pilots who have entered the program have not relapsed even once. The program recognizes that relapses can occur, and has a process for dealing with them.

—Jan W. Steenblik, Technical Editor

To learn more about the HIMS program, including how to find help for yourself or another pilot you think might be suffering from alcoholism or addiction, visit the HIMS website at www.himsprogram.com.



From left, Capt. Dana Archibald (American Eagle), ALPA HIMS chairman; Capt. Chris Storbeck (Delta); Mark Berg; Dr. Lynn Hankes; Dr. Michael Berry; and Dr. Fanancy Anzalone.