

## THE REST OF YOUR LIFE

# A Soaring Passion for Flight

During his senior year of high school in Seattle, Wash., Dr. Kevin Ware came across a classified ad in the aviation section of a local newspaper that read: “guaranteed to solo: \$99.”

He was making just \$1.25 an hour as a gas station attendant in 1964 but figured he could afford flight school training. He earned his pilot’s license by the time he graduated from high school.

“After that, I realized that I had a hobby that I couldn’t afford,” recalled Dr. Ware, a family and emergency physician based in Seattle, who left full-time practice 10 years ago to work as a cruise ship physician and return to flying professionally. “I thought that I might as well get enough flying time and a pilot rating, so I could at least get this hobby to pay for itself.”

By the time he turned 24, he had logged more than 4,000 hours of flying time, earned a commercial pilot’s license, and become a certified flight instructor. The money he made from flying clients to various locales and from teaching flight instruction helped pay his college tuition at the University of Washington, Seattle, and medical school bills at Des Moines University, in Iowa.

The summer after his first year of medical school, he got a job flying a corporate airplane for a corn seed company. He also had a stint flying Iowa’s lieutenant governor during his campaign. One day, the itinerary involved flying him to Davenport in time for the evening news from the opposite end of the state. “The problem is, across Iowa in the afternoon in the summer you get a lot of thunderstorms and a lot of really rough air,” said Dr. Ware, whose father was an aircraft engineer in the Royal Air Force during World War II. “When we got to Davenport, the TV cameras were all set up for [the lieutenant governor’s] arrival. He got off the airplane as green as anything.”

Dr. Ware, who owns a helicopter and a twin-engine Cessna airplane, said that the skills he learned as a pilot suited him well for a career in medicine. “Flying taught me procedural discipline and a level of self-confidence, particularly when circumstances get

difficult, that is hard to obtain from any other endeavor,” he said. “Flying also involves a high level of hand-eye coordination, coupled with the ability to apply academic knowledge. All of these translate well to medicine.”

He emphasized that flying “is not inherently safe,” he said. “You can only make it safe by being very careful about what you’re doing, by knowing what you’re doing, and by taking information you’ve acquired academically and intellectually and applying it.”

Despite the inherent risks that come with flying, little rattles him. “If you do

usually at a gliding site in Hollister, Calif., about 80 miles from his current home in northern California. He describes engineless air travel as an intellectual challenge.

“In gliding, the goal is to stay up as long as you can, whereas for people who pilot power planes, their interest is more in visiting different places,” said Dr. Araujo, who directs the family medicine residency program at Mercy Medical Center in Merced. “You have to search for forms of air lift, and you’re constantly gauging how far away you are from where you’re going to land versus your altitude. The other side of it is that it’s just you up there all alone. You have to concentrate on what you’re doing so you forget about all the other stuff: hassles, stresses, work, or whatever. You’re able to put everything away and aside for a period of time. It’s a good mental release and relaxation.”

Dr. Araujo belongs to a Bay Area club of pilots that owns five gliders. Monthly membership fees cover use of the craft. Other out-of-pocket costs include towing fees.

In the United States, the most common way to tow a glider is an aerotow, in which the glider is towed into the sky with a 200-foot-long rope hooked to the back of an engine-powered plane.

“You’re towed up into the air with that, so you’re flying in formation behind the tow plane,” he explained. “You have a release hook on the rope and you release at whatever altitude you want, based on the air conditions.”

When he’s piloting a glider near Hollister, Dr. Araujo often soars with hawks and eagles. “They’ll be right there in the same thermal, which is an uprising column of air,” he said.

As with other forms of flight, weather can make or break an intended gliding route. Eight years ago, Dr. Araujo was flying in Hemet when a thunderstorm cloud approached from a nearby mountain range. “I was trying to figure out: Am I going to be able to stay up and wait for it to go past, or should I try to land first?” he recalled. “I decided to land first, which probably was not the best decision. I landed right in the middle of this thunderstorm cloud coming right across the airport. It was the rockiest landing I ever had.”

To maintain his pilot status, Dr. Araujo undergoes flight review by a certified instructor every 2 years. “It’s almost like recertification for a physician,” he said. “But during that time, you have to fly enough in between—at least once every 90 days—in order to remain a pilot in command. You have to do it frequently enough to remain safe.” ■

By Doug Brunk, San Diego Bureau



Good hand-eye coordination and the ability to apply knowledge are necessary in flying, which translates well to medicine, said Dr. Kevin Ware.

it right, you don’t get scared,” he said.

He pointed out that flying has become safer and less stressful in recent years because of the advent of satellite-downloaded weather radar and GPS navigation systems. Also, annual simulator training currently is a routine requirement for professional pilots “and is a learning process medicine should copy,” he said. “If I go to a CME course in medicine, and I go to the equivalent of a CME course in aviation, the aviation CME is more effective and practical. They really do teach you how to fly those airplanes in bad situations.”

Dr. Ware noted that flying smaller aircraft enables him to see things most other people don’t, such as the scores of grizzly bears he and his wife spotted while dotting the coast of Alaska north of Ketchikan, as well as a sizable portion of the Lewis and Clark expedition, from the Missouri River to Oregon.

### Why Not Fly the Real Thing?

Fifteen years ago, Dr. David Araujo was operating a radio-controlled glider plane with a good friend when it occurred to him: “Why not try to fly the real thing?”

On a subsequent vacation in Oahu, Hawaii, he visited a soaring site for gliders—also known as sail planes—and took a ride.

He was hooked.

When he returned to his then-home in southern California, he took lessons at a gliding site in nearby Hemet and earned a license to pilot the craft. Nowadays, he flies 1-2 times a month,

## Risks of Flying Help Put Life in Perspective

I didn’t grow up with a burning desire to fly a plane. But my teenage cousin took me flying in the late 1950s after he had gotten his license and that experience stayed in the back of my mind for several years. So when the chance arose to learn how to fly, I jumped at it.

That opportunity occurred during my first month of internship in 1972, when I was rotating in the emergency room 24 hours on and 24 hours off. Returning to my apartment for 6 hours of sleep allowed me time to enroll in a flying school at Lambert Field in St. Louis. When I found that flying in a small plane didn’t bring on any nausea and the freedom of the skies was exhilarating, I was hooked. I soloed at 10 hours and had the date recorded on a torn t-shirt. By 50 hours, I had earned my private single-engine land license.

I was now allowed to fly passengers and I eagerly chose close friends. Flights to Silver Dollar City in the Ozarks; Hannibal, Mo.; Greenville, Ill.; and Columbus and Cleveland, Ohio, proved to be exciting adventures. But not all my trips ended on a high note.

When I took up my future wife for a spin on a blustery spring day, the turbulence proved to be too much for her to handle. When her tears began to flow, I knew I needed to get back to terra firma. It was the last flight she took in a single-engine plane. Another time, I landed on a grass strip in the Ozarks with two passengers and picked up a third at the field. I hadn’t figured in the extra weight and just barely cleared the fence at the end of the runway. I was sweating bullets, but my passengers were oblivious to the near miss.

After residency in 1975, I chose to return to my wife’s native state, Ohio, and practiced in Fairfield County. I continued to fly mostly by myself until one fateful day.

After returning from a solo trip around the area, my wife asked how much it had cost. My answer was met by, “I could have bought a place setting of china for that price.” That was essentially the end of my flying career for 20 years while my children were growing up and my wife was completing her china collection. She impressed on me the fact that it would be easier to raise four children with both spouses. I got the hint.

There have been a few snags in my late-life flying experience. A pilot friend of mine flew the Beech Musketeer that I used for most of my flights and suffered a disastrous crash with four passengers aboard while returning from Cleveland. The aircraft ran out of fuel about 10 miles from the airport, and the pilot was able to successfully land on a highway median. Unfortunately, the plane collided with an abutment during the landing, which resulted in three fatalities.

Such events do put a different slant on one’s view, and I must say I am leaning more toward my wife’s perspective. I now have five grandchildren and would have no problem encouraging them to take up flying. But I believe my flying days may be numbered and that more practical considerations are taking precedence. How much flying that will involve remains to be seen.

DR. JOHN O’HANDLEY is a family physician with the Mount Carmel Family Practice Center in Columbus, Ohio.

### E-MAIL US YOUR STORIES

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