

Air Travel to India

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Padma's father, Narayana

After living in the US for a long time, my parents, who are semi-retired in India, spend six months in India (in the fall) and six months in Washington, DC, and California (usually in the spring when it is hot in India). My father was diagnosed with ALS when he was in the US in June 2006. He wasn't given the option of using noninvasive ventilation (NIV). The ICU physicians scared us with their prognosis that eventually he would need a tracheostomy and that NIV wasn't possible in his case. I wish we had been more knowledgeable at the time so that we wouldn't have been cornered into the trach decision. My father uses the LTV®950.

My father wanted to return to India to say goodbye, and my sister and I accompanied him and my mother last September. Traveling with a ventilator requires much preparation. When I decided to help my parents return to India, I contacted many people for advice and suggestions. All were most helpful and the trip, despite minor glitches, was a success.

We booked flights on KLM Royal Dutch Airlines, owned by Northwest Airlines (NWA), from Dulles Airport to Amsterdam, then from Amsterdam to Hyderabad on September 11, 2006. We confirmed with the KLM medical desk that all was okay and ready to travel.

After we boarded, we were informed that no oxygen had been ordered for my father. They had a wheelchair, but no oxygen. Luckily, KLM airlines always carries O₂ but for use with a nasal cannula, not with a vent. When my dad needed oxygen during the long flight to Amsterdam, we put the nasal cannula on the trach.

Later we learned that the error was made by NWA, which handles all travels on NWA and KLM from the USA. NWA booked our flights and ticketed us in a hurry and didn't follow through with KLM's medical desk. (I have since filed a complaint against NWA with the US Department of Transportation.) The KLM flight attendants and pilots were very accommodating and apologetic. They faxed information to the medical desk, and everything was ready for my father when we arrived in Amsterdam.

My sister, my 70-year-old mother and I had been trained in trach and vent care. In order for my parents to rest, my sister and I didn't get a wink of sleep, attending to my dad. We knew how to operate the vent, suction machine and PEG tube feeding. I had persuaded my dad to get the feeding tube before the trip, because he was losing weight due to swallowing problems. The flight attendants didn't know what to say.

When we landed in Amsterdam, a wheelchair was brought to the gate,

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and my dad was wheeled (although he can still walk) to the medical desk which we were told was 45 minutes away, but in reality was only five minutes. There they had a room with an O₂ concentrator for my dad. After resting for four hours, we began the next leg of the journey to Hyderabad.

Even though the flight was more than eight hours, my father was so determined. All went well when we arrived in India. He was received by his siblings and happy to be in familiar surroundings.

In Hyderabad, we went to Apollo Hospital and met with the pulmonologist whom I had already contacted. After he examined my father and read the reports we brought with us, he immediately formed a team with a neurologist, an ICU physician and a general physician. We admitted my dad to the hospital, so all tests could be done in one day. To my surprise, the hospitals and doctors are super. The “care” in the word “healthcare” really means something.

Mobility Air Transport (MAT) is developing a nationwide air taxi service made up of aircraft modified specifically for passengers who use wheelchairs. Flights will be priced per person with fares comparable to those published online by the major air carriers. Smaller regional airports will be used. Ventilator users will be able to bring their vents onboard. Oxygen will be available at reasonable rates. A nonprofit organization, MAT’s mission is dedicated to making air travel more accessible, convenient, and comfortable for people with impaired mobility. These flights are NOT for emergency medical flights requiring special medical equipment, supplies or medical assistants on board. www.emtlaser.com/mat

We took all the supplies we could from the US but everything we needed is available in India. I arranged for a caregiver to stay with them from 8:30 am–6:30 pm. My mother is fully trained, but she needs to rest and can run errands while the caregiver is there.

My parents seem content and at peace in India, where there are noises all day, and someone stops by – the maid, milkman and watchman. Seeing my mother so independent and in control also gives my father confidence. It was hard for me to part, but this is what they seemed to want.

The journey was a tremendously satisfying learning experience. I returned to the US from India after spending two weeks. I’ve never seen my father with tears in his eyes until I said, “Goodbye.” I’m grateful for everyone’s support in making my parents’ dream come true. ▲

Air Travel in India

Because air transportation is easier and cheaper within India, more people with disabilities are flying. On July 25, 2007, the Office of the Director General of Civil Aviation, New Delhi, issued a “Draft Civil Aviation Requirements (CAR) Section 3 Series 'M' Part I -- Carriage of Physically Challenged Passengers by Air.” The requirements are effective August 15, 2007. [www.dgca.nic.in/misc/draft%20cars/D3M-M1%20\(R1%20draft\).pdf](http://www.dgca.nic.in/misc/draft%20cars/D3M-M1%20(R1%20draft).pdf)

Ghulam Nabi Nizamani (gnn_sgr@yahoo.com) and other advocates at Disabled Peoples' International (www.dpi.org) report that the policy is not being followed and that many Indian airlines still insist on a “fitness to fly” certificate from persons with disabilities, and one airline assesses an additional charge if a person has a disability.

Ventilator users should note that the policy as written requires medical clearance when a passenger “would require medical attention and/or special equipment to maintain their health during the flights.” This clearance is to be obtained from the passenger’s physician or through the medical departments/advisors of all carrying airlines. ▲