



**U.S. House of Representatives**  
**Committee on Transportation and Infrastructure**

**James L. Oberstar**  
**Chairman**

**Washington, DC 20515**

**John L. Mica**  
**Ranking Republican Member**

July 17, 2007

David Heymsfeld, Chief of Staff  
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**SUMMARY OF SUBJECT MATTER**

**TO:** Members of the Subcommittee on Aviation

**FROM:** Committee on Transportation and Infrastructure, Oversight and Investigations Staff  
Subcommittee on Aviation

**SUBJECT:** Hearing on "FAA's Oversight of Falsified Airman Medical Certificate Applications"

**PURPOSE OF THE HEARING**

The purpose of this hearing is to examine the Federal Aviation Administration's oversight of the Airman Medical Certification process. Pilots who are physically or mentally unfit not only pose a danger to themselves and the flying public, they also jeopardize the lives and safety of anyone in their flight path.

The Federal Aviation Administration ("FAA") has established stringent criteria to determine whether airmen are medically fit to fly. In most cases, a medical condition would not preclude a pilot from obtaining a medical certificate, although the FAA requires these conditions to be disclosed and evaluated by Aviation Medical Examiners ("AMEs"). These criteria include a handful of "disqualifying" conditions which the Federal Air Surgeon has determined could compromise the ability of a pilot to safely operate an aircraft. Examples of disqualifying conditions include diabetes, heart replacement, neurological disorders, and mental illness.

While the FAA-required medical exams have some ability to detect disqualifying conditions, the exams rely heavily on self-reporting. Many conditions, including severe mental disorders, may not be readily apparent to an AME seeing a patient for the first time.

In July 2005, a Department of Transportation Inspector General ("IG") investigation uncovered "egregious cases" of airmen lying about debilitating medical conditions on their applications for Airman Medical Certificates. In a sample of 40,000 airman certificate-holders, the Inspector General found more than 3,200 airmen holding current medical certificates while simultaneously receiving Social Security benefits, including those for medically disabling conditions. While the U.S. Attorney's Office ultimately prosecuted more than 40 cases, the IG believes that hundreds more could have been pursued if the U.S. Attorney's resources had not been constrained. The cases involved pilots with a variety of medical conditions including schizophrenia and bipolar

disorder. The extent of the problem of falsified Airman Medical Certificate applications is unknown beyond the initial IG investigation.

As a result of this investigation, the Inspector General recommended that the FAA coordinate with the Social Security Administration and other providers of medical disability to identify individuals whose documented medical conditions are inconsistent with sworn statements made to the FAA. The IG also recommended that the application for an Airman Medical Certificate be amended to ask applicants whether they are currently receiving medical disability payments from any disability provider.

In 1987, an enforcement policy was implemented following an IG investigation of airmen's failure to disclose alcohol- or drug-related motor vehicle convictions on the Airman Medical Certificate application to address unintentional omissions that could incite FAA enforcement actions or criminal charges. The FAA instituted a 12-month amnesty period during which time airmen could correct any records without reprisal from FAA for falsifications of their applications. It did not, however, prevent the FAA from taking action in response to the disclosures, including revocation of pilot licenses when the circumstances warranted it.

The FAA's own researchers have documented hundreds of fatal accidents where pilots failed to disclose potentially disqualifying medical conditions on their Airman Medical Certificate applications. In a research study that analyzed the post-mortem toxicology reports in every fatal accident (386) during a ten-year period (1995-2005), the FAA research team found toxicology evidence of serious medical conditions in nearly 10 percent of pilots. Fewer than 10 percent of these medical conditions (or medications used to treat the conditions) were disclosed to the FAA. Furthermore, of the 386 pilots included in the FAA study, 38 percent (147) were rated for Air Transport or Cargo operations. Fifty-seven percent (219) were private or student pilots. Of the total number of pilots involved in fatal accidents, one-third (127) held first or second class medical certificates. These statistics imply that the falsification issue is not limited to recreational general aviation pilots.

Prior to each flight, pilots make decisions regarding their health and ability to safely operate their aircraft, regardless of their FAA medical status. FAR 61.53 requires a pilot who, "...knows ... of any medical condition that would make the person unable to meet the requirements for the medical certificate necessary for the pilot operation" to practice "self-grounding." Some argue that this system of self-certification before every flight has served the industry and the FAA very well and no efforts are needed on FAA's part to validate what airmen report on the formal application for an Airman Medical Certificate.

The hearing will address the Inspector General's recommendations, the FAA's response to these recommendations, the NTSB's activities related to accidents involving pilot medical incapacitation, and the views of the Aircraft Owners and Pilots Association ("AOPA") regarding the industry's perspective.

## BACKGROUND

On March 19, 2007, a Committee staff report prepared for Chairman Oberstar was issued to the public. In a press conference on March 19, Chairman Oberstar also announced his intent to hold hearings on the issues raised in the report. The report is enclosed with this Summary of Subject Matter for reference purposes.

### RECENT EXAMPLES OF PROSECUTIONS FOR AIRMAN MEDICAL CERTIFICATE FALSIFICATIONS

On March 28, 2007, a former aviation safety program manager in the FAA's Spokane, Washington Flight Standards District Office was fined \$1,000 and ordered to serve three years probation by a U.S. District Court judge for failing to report disqualifying prescription medications on his 2004 airman medical application. These prescriptions included Trazodone (a tranquilizer/antidepressant), Hydrocodone (a codeine derivative), and valium. The FAA considered this manager a "national resource" pilot for the Falcon jet because of his knowledge and expertise with this type of aircraft. The manager's duties included conducting proving flights for Falcon jet pilots approximately once a month, which the IG found he did while under the influence of the prohibited drugs.

On June 1, 2007, a Florida resident was ordered by a U.S. District Court judge to pay a \$1,000 fine and serve three years probation as a result of his conviction on charges of false statements on his applications for his 2002 and 2004 Airman Medical Certificates. The resident was a private pilot and had made false statements regarding his use of prescription medications. The pilot logged 177 hours of flight time while taking OxyContin, a narcotic pain reliever and prohibited medication. The individual stated that he was not taking any prescription drugs when, in fact, he was receiving workers compensation from the U.S. Postal Service and was taking prescription medications.

The FAA revoked both individuals' licenses.

**WITNESSES**

**PANEL I**

**The Honorable Calvin L. Scovel, III**  
Inspector General  
U.S. Department of Transportation  
Washington, DC

**Dr. Mitchell A. Garber, M.D., M.P.H., M.S.M.E.**  
Medical Officer  
National Transportation Safety Board  
Atlanta, GA

**The Honorable Nicholas A. Sabatini**  
Associate Administrator for Aviation Safety  
Federal Aviation Administration  
Washington, DC

*Accompanied by:*

**Dr. Frederick E. Tilton, M.D., M.P.H.**  
Federal Air Surgeon  
Director, Office of Aerospace Medicine  
Federal Aviation Administration  
Washington, DC

**PANEL II**

**Mr. Phil Boyer**  
President  
Aircraft Owners and Pilots Association (AOPA)  
Frederick, MD