

STATEMENT OF ANTHONY J. BRODERICK, ASSOCIATE ADMINISTRATOR FOR AVIATION STANDARDS, BEFORE THE HOUSE COMMITTEE ON GOVERNMENT OPERATIONS, SUBCOMMITTEE ON GOVERNMENT ACTIVITIES AND TRANSPORTATION, CONCERNING MEDICAL CERTIFICATION OF PILOTS. DECEMBER 10, 1986.

Madam Chairwoman and Members of the Subcommittee:

I am Anthony Broderick, FAA's Associate Administrator for Aviation Standards. With me today is Dr. Frank Austin, the Federal Air Surgeon, who heads the Office of Aviation Medicine which reports to me along with several other agency offices. As such, he is the senior medical official in the agency with responsibility for making professional medical determinations. We are pleased to be here today to discuss with you the FAA's process for medical certification of pilots.

I would like to make a brief opening statement, after which Dr. Austin and I would be pleased to respond to your questions. Since I am not a physician, Dr. Austin will address any questions you may have concerning specific medical issues.

As I mentioned a moment ago, Dr. Austin oversees the FAA's Office of Aviation Medicine. One of the key functions of that office is developing and applying the medical standards for civil airmen.

The FAA has extensive medical requirements for pilots and other airmen which are applied when an applicant seeks a medical certificate from the FAA. There are three types of medical

certificates: first, second, and third class certificates. A first class certificate is required for pilots in command of air carrier aircraft and is valid for only six months. A second class certificate is required to serve as a commercial pilot and is good for one year. A third class certificate is required for private pilots, and must be renewed every two years.

Since there are about 750,000 pilots in the United States, the FAA must rely upon outside medical personnel in its medical certification process. There are approximately 7,000 private physicians who are designated as Aviation Medical Examiners (AME's) by the FAA. These individuals have the authority to issue medical certificates to applicants who meet all of the FAA's medical requirements. They do not have the authority to issue waivers to the FAA medical requirements.

In cases in which applicants do not meet the FAA's specific medical requirements and, thus, do not qualify for the issuance of a medical certificate by an AME, the airmen may seek the FAA's grant of a "special issuance," which recognizes that there may be mitigating circumstances in individual cases. A special issuance (or waiver) may be issued by the Federal Air Surgeon if he believes that the applicant's medical condition does not pose a risk to aviation safety. In the majority of cases, special follow-up conditions are imposed and other limitations may be specified as well.

To give you some idea of the extent of the medical certification process, I would note that, in 1985, approximately 500,000 pilots were given medical examinations. During 1984 and 1985, 1,322 requests for special issuances were forwarded, through the review process, to the Federal Air Surgeon. Clearly, many of the medical issues involved in these special issuance requests are complex. This helped contribute to an extensive backlog of medical certification cases we were facing when Dr. Austin was appointed Federal Air Surgeon in October 1984.

Virtually all segments of the aviation community were complaining about the time associated with the processing of special issuances by the FAA at the time Dr. Austin was appointed. Thus, Dr. Austin was specifically charged with the task of reducing this backlog. Moreover, both the Administrator and I had heard criticism that the civil aeromedical certification process had not kept pace with advances in medical science, that we were not as reasonable in our approach to pilot certification as we should be. Therefore, Dr. Austin was directed to assure that the certification of pilots was done in a way that recognized advances in technology and science.

Since Dr. Austin's appointment, the backlog of certification cases is less of a problem, which represents a significant benefit to the hundreds of individuals seeking an airing of their case before the agency. Moreover, the agency has become somewhat less rigid in its medical certification process. This, apparently, has led

some to conclude that our process is not as strict as it should be. Clearly, our first priority has to be the safety of the traveling public, and I assure you that is foremost in my mind and Dr. Austin's as well. Therefore, when I received indications that some elements of the aviation community were concerned about the decisions being made in the special issuance process, we welcomed the opportunity to meet with medical representatives of the airlines and ALPA. We also reinstated the practice of convening a panel of medical experts last February so that Dr. Austin may make use of their expertise in reviewing requests for special issuances of first class certificates to individuals with cardiovascular problems.

More recently, with allegations having been made that our special issuance process is not stringent enough, Administrator Engen directed that a special outside panel be constituted to review our program. The Administrator has asked for a medical representative to be selected by the Air Line Pilots Association, the Air Transport Association, the Experimental Aircraft Association, the Aircraft Owners and Pilots Association, and the National Business Aircraft Association. These individuals will thoroughly review the special issuance program from October 1, 1984, to the present, and will report on the results of their examination, including any recommendations for improving the process or reexamining existing issuances. They have been asked to provide a progress briefing within 60 days of the commencement date and to provide a written report in 150 days.

The reviewing physicians are encouraged to contact us immediately at any time during the review process if they develop any information of a time-sensitive nature. Moreover, any of the participating individuals is free to reach his own conclusions and recommendations concerning our special issuance program; the panel does not have to reach a consensus. In fact, with the diversity of the panel, we can probably expect there to be differing views. We want a fair, impartial analysis from each of the individual participants on this panel, and I assure you that Administrator Engen and I intend to give their findings and recommendations our complete attention. We welcome any recommendations offered by the panel to improve our special issuance program.

That completes my prepared statement, Madam Chairwoman. Dr. Austin and I would be pleased to respond to questions you may have at this time.