



Committee on Transportation and Infrastructure

FAA Oversight of Falsifications on Airman Medical Certificate Applications

Prepared for

*The Honorable James L. Oberstar
Chairman*

*By the Committee on Transportation and Infrastructure
Oversight and Investigations Majority Staff*

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**FAA OVERSIGHT OF FALSIFICATIONS ON AIRMAN MEDICAL
CERTIFICATE APPLICATIONS**

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EXECUTIVE SUMMARY

Pilots that 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. 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, Angina, 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 a doctor seeing a patient for the first time.

In July 2005, the Department of Transportation Inspector General found “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, hundreds more could have been pursued if resources had not been constrained.

As a result of this investigation, the Inspector General recommended that FAA coordinate with Social Security and other providers of medical disability to identify individuals whose

documented medical conditions are inconsistent with sworn statements made to the FAA.

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. The research team found toxicology evidence of serious medical conditions in nearly 10 percent of all pilots involved in fatal accidents during a ten-year period. Fewer than 10 percent of these medical conditions (or medications used to treat the conditions) were disclosed to FAA.

Despite these findings, FAA managers argue that the problem of airmen falsifying medical applications is negligible. In discussions with Committee staff, FAA acknowledged that it has no process to check for medically-related falsifications. FAA has not pursued the Inspector General’s recommendations because the Administration believes the project would be labor intensive and the safety risk would not justify the resources it would consume.

Committee staff find FAA’s response—to what is clearly a significant problem—unacceptable. We believe that FAA should pursue each of the Inspector General’s recommendations, including establishing a mechanism to periodically spot-check medical information provided to FAA on applications for Airman Medical Certificates. If nothing else, the knowledge that FAA is looking—and will follow through with swift and meaningful consequences if falsifications are found—should provide an incentive for airmen to be more forthcoming about their existing medical conditions.

BACKGROUND

On November 26, 1999, Itzhak Jacoby, his wife Gail, and their 13-year-old daughter, Atira, were returning to Washington D.C. after spending the Thanksgiving holiday in New York when the Beechcraft aircraft piloted by Mr. Jacoby slammed into a residential neighborhood in Newark, NJ, killing all three passengers and injuring 25 people on the ground—two of them critically. Eighteen buildings were damaged as the force of the impact knocked plaster off of the walls and ceilings in nearby apartment buildings, displacing 50 families.¹ Eleven cars were damaged or destroyed by fire. In all, the City of Newark estimated the property damage to exceed \$1.2 million.²

The autopsy of the pilot indicated the presence of a drug called “Fiorinal,” a treatment for acute migraines.³ The drug contains barbiturates, with common side effects of, “intoxication, hangover, tolerance, dependence, and toxicity.”⁴ Symptoms from Fiorinal intoxication include, “sluggishness, lack of coordination, difficulty thinking, poor memory, slowness of speech, and faulty judgment.”⁵

On Mr. Jacoby’s most recent FAA medical application – just one month before the accident – he stated affirmatively that he was not taking any prescription or nonprescription medication and stated affirmatively that he had never suffered from severe or frequent headaches.⁶

However, Mr. Jacoby’s personal medical records told a different story. Mr. Jacoby had been diagnosed with severe migraine headaches and between 1992 and 1999, Mr. Jacoby was prescribed more than 6,000 tablets of Fiorinal. The NTSB concluded that Mr. Jacoby’s medical condition was a causal factor in the accident.

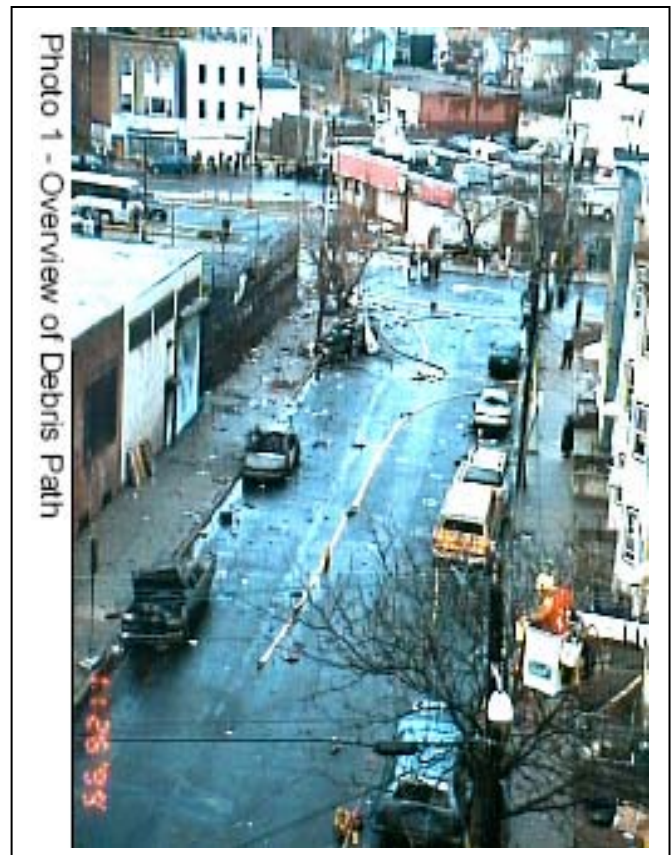


Photo courtesy of the National Transportation Safety Board

¹ Robert Hanley, *Problems Began Instantly in Fatal Newark Plane Crash*, New York Times (Dec. 1, 1999).

² National Transportation Safety Board Brief, NYC00FA039 (Nov. 26, 1999) (p. 1).

³ National Transportation Safety Board Factual Report – Aviation, NYC00FA039 Newark, NJ.

⁴ Dr. Stephen Silberstein and Dr. Douglas McCrory, *Headache: The Journal of Head and Face Pain* (Dec. 2001).

⁵ D.A. Ciraulo and D.J. Greenblatt, *Sedative-, Hypnotic-, or Anxiolytic-related disorders*, Comprehensive Textbook of Psychiatry, 6th ed. (1995) (pp. 872-875).

⁶ The Airman Medical Certificate is the critical prerequisite for obtaining and maintaining an active FAA pilot’s license.

FAA has attempted to prevent incidents such as this by establishing criteria which airmen must meet in order to be deemed medically fit to fly. In general, an airman must be free of any, “disease, defect, or limitation,” and any, “influence of medication or other treatment,” that could affect the ability to safely perform duties permitted by the airman certificate.⁷

FAA has defined the following conditions as “disqualifying,” meaning that an airman with these conditions or under pharmaceutical treatment for them will not be granted a medical certificate. Under limited circumstances, FAA may allow a pilot with these conditions to fly, but only under close supervision and with the assurance that the conditions are sufficiently under control as to ensure public safety.

Disqualifying conditions include:⁸

- Angina pectoris
- Bipolar disorder
- Cardiac valve replacement
- Coronary heart disease requiring treatment
- Diabetes mellitus, requiring insulin or other hypoglycemic medication
- Unexplained lack of consciousness
- Epilepsy
- Heart replacement
- Myocardial infarction
- Neurological disorders; epilepsy, seizures, stroke, paralysis, etc.
- Unexplained loss of nervous system functions
- Substance abuse and dependence
- Personality disorders
- Psychosis

Applicants for the Airman Medical Certificate are required to disclose these and any other medical conditions to FAA on their applications. Airmen must sign a waiver stating that all statements are, “complete and true to the best of [my] knowledge,” and are apprised that intentional falsification may result in, “federal criminal prosecution; suspension or revocation or denial of the application for medical certification.”⁹

⁷ 14 CFR part 67.213.

⁸ Ibid.

⁹ FAA Form 8500-8(3-99), *Instructions for the Completion of the Application for Airman Medical Certificate or Airman Medical and Student Pilot Certificate*.

PURPOSE, SCOPE AND METHODOLOGY

This report was compiled at the request of the Chairman of the Committee on Transportation and Infrastructure, James L. Oberstar. The findings include the results of two federally-funded studies. The first study, conducted jointly by the Department of Transportation-Office of Inspector General and the Social Security Administration-Office of Inspector General compared a sample of Airman Medical Certificates that were current during some part of the period between July 2003 and January 2005 and the records for individuals receiving Social Security medical disability benefits during that period. The second study, conducted by medical researchers at the FAA's Civil Aerospace Medical Institute in Oklahoma City, reviewed post-mortem toxicology reports for aviation accidents that occurred during the 10-year period 1993-2003. The methodology for each study is explained in detail within the source documents referenced in this report.

Committee staff also conducted meetings with and obtained information from the Association of Aviation Medical Examiners, researchers at the Civil Aerospace Medical Institute, staff from the National Transportation Safety Board, investigators from the Department of Transportation Inspector General's office, investigators and attorneys from the Social Security Administration Inspector General's office, and representatives from the U.S. Attorney's Office. This report also reflects data and information contained in a variety of studies, agency documents and reports, Government databases, court filings, media accounts, Federal statutes and regulation, and other source material which is annotated accordingly throughout this report. The Committee staff's work took place between January 15, 2007 and March 15, 2007. Additional copies of this report may be obtained from the Committee's website at <http://transportation.house.gov> or by contacting the Committee's communications office at 202-225-6260. Major contributors to this report include Leila Kahn, Senior Professional Staff, and Laurie Bertenthal, Staff Assistant.

FINDINGS

Inspector General Finds Pervasive Falsifications on FAA Airman Medical Certificate Applications

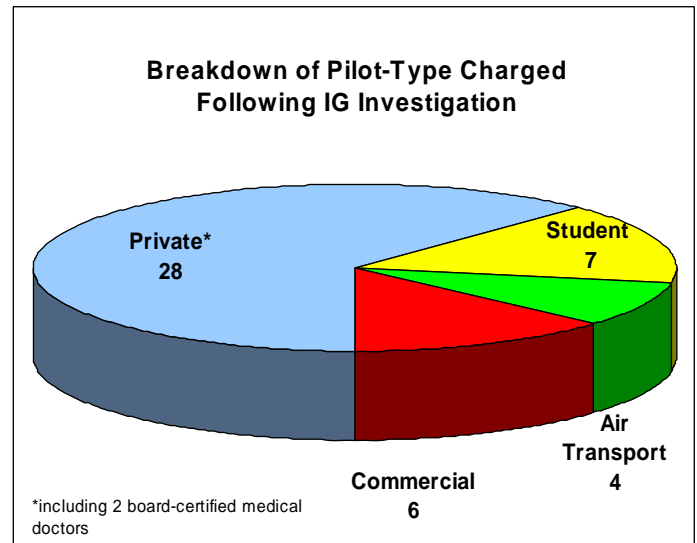
In July 2003, the Department of Transportation Inspector General launched an 18-month investigation into FAA's policing of the Airman Medical Certification process. Teaming up with the Social Security Inspector General on a project called "Operation Safe Pilot," the Inspector General compared the database of approximately 40,000 airmen holding current medical certificates in the northern region of California to the database of individuals receiving medical disability pay from the Social Security Administration.¹⁰

The presumption? If they're too sick to work, they're too sick to fly.

¹⁰ Aircraft Owners and Pilots Association, Regulatory Brief, *Operation Safe Pilot – Government Review of Certain FAA Pilot Medical Records to Investigate Social Security Fraud*.

In July 2005, the IG identified “egregious cases” of pilots falsifying FAA’s Application for Airman Medical Certificates by not disclosing medical conditions for which they were receiving disability benefits.¹¹ These conditions included schizophrenia, bipolar disorder, cognitive disorder, degenerative disk disease, and obsessive-compulsive disorder. In all, the Inspector General found more than 3,200 airmen receiving Social Security benefits, including those for medically disabling conditions.

The investigation resulted in charges against 45 California residents for making false statements to FAA on their Airman Medical Certificate applications; specifically, concealing their disqualifying medical conditions in order to obtain and maintain their pilot certificates.¹² Included in those charged were an air ambulance helicopter pilot, a long-distance cargo pilot, and a corporate pilot flying Lear jets with passengers.



The number of individuals prosecuted as a result of this investigation was limited by both the resources available in the Inspector General’s Office and the U.S. Attorney’s office. With more resources, it is the staff’s opinion that hundreds of cases could potentially have been pursued. In addition, had the scope of the investigation included the universe of disability pay providers—Veteran’s Affairs, the U.S. Department of Labor, as well as state and locally administered pension funds— this number could easily reach into the thousands.

Pilots with Undisclosed Medical Conditions Pose Safety Dangers to Themselves and the Public

FAA’s own research indicates that airmen are concealing serious medical conditions; posing harm to themselves and the public. In November 2006, researchers from FAA’s Civil Aerospace Medical Institute¹³ published a study assessing post-mortem toxicology results for all 4,143 fatal aviation accidents in the 10-year period 1993-2003. The researchers found that 387 or nearly 10 percent of pilots involved in *fatal accidents* demonstrated evidence of either a neurological, mental, or

¹¹ U.S. Department of Transportation Office of Inspector General, *Falsification of FAA Airman Medical Certificate Applications by Disability Recipients* (July 22, 2005).

¹² United States Attorney Kevin V. Ryan, United States Department of Justice for Northern District of California, San Francisco, CA, Press Release: *40 Airplane Pilots Charged Across 5 Major California Cities in Criminal Air Traffic Safety Investigation Jointly Supervised by the United States Attorneys in Eastern and Northern District of California* (July 18, 2005).

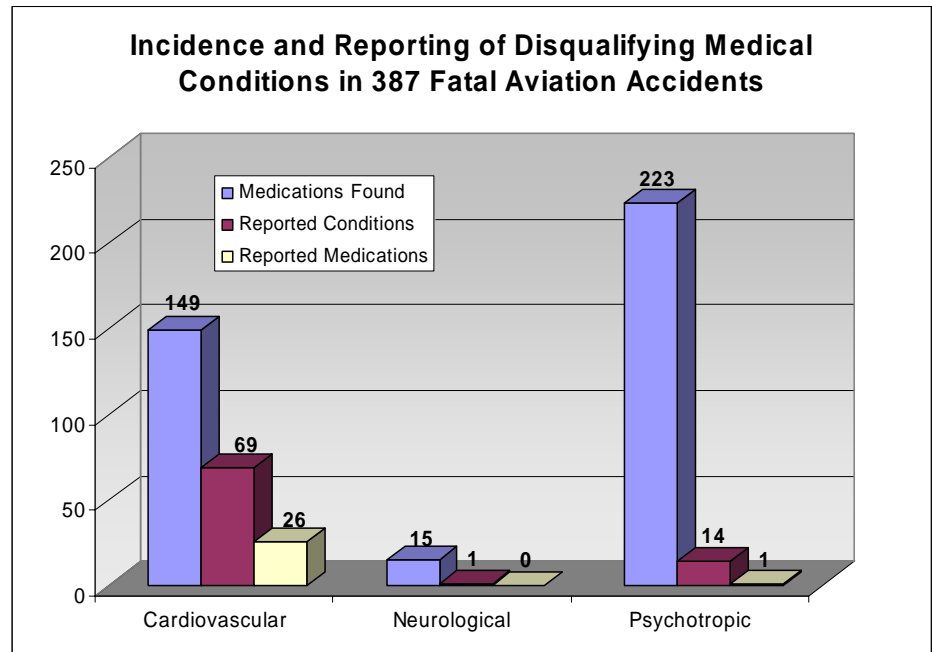
¹³ The Civil Aerospace Medical Institute (CAMI) is a research facility housed within FAA’s Office of Aerospace Medicine.

cardiovascular disorder¹⁴ that was not disclosed on their applications for an Airman Medical Certificate.¹⁵

The adjacent chart illustrates the breakdown by category of drugs tested in the study, and the degree to which either the condition itself or the medication used to treat the condition were disclosed to FAA.

The toxicology study focused on medications commonly used to treat conditions that are generally considered to be disqualifying—mental health, heart-related, and seizure-related

conditions. The researchers did not test for other categories of medications that might also indicate serious and/or disqualifying medical conditions, such as macular degeneration or vertigo.



FAA Has Failed to Develop an Effective Strategy to Identify Fraud

FAA has limited ability to identify false statements on Airman Medical Certificate applications. FAA has 45 examiners (none of whom are doctors) to process the approximately 450,000 applications each year; most applications that disclose no irregular medical conditions are simply filed without review and are approved at the recommendation of the submitting examiner. The exams themselves rely heavily upon self-reporting, and there are many conditions—including severe mental disorders—that may not be apparent to a new doctor during a 20 minute exam.¹⁶ Likewise, applicants must also disclose use of any medications to the examiner during the review.

Based on its findings in its 2005 investigation, the DOT Inspector General proposed a strategy to flag potential false statements on Airman Medical Certificate applications—comparing records from the population of individuals claiming benefits for medically-related disability to those claiming to be medically fit for the purpose of obtaining a pilot's license. The Inspector General made several recommendations to FAA in July 2005. Specifically, the Inspector General recommended that the FAA:

¹⁴ In most cases, FAA considers those disorders to be disqualifying medical conditions.

¹⁵ D.V. Canfield, G.J. Salar, R.J. Lewis, and J.E. Whinnery; *Pilot Medical History and Medications Found in Post Mortem Specimens for Aviation Accidents*; Aviation, Space, and Environmental Medicine (Nov. 2006) (Vol. 77, No. 11).

¹⁶ Summary of Committee Staff Meeting with Dr. Warren Silberman, Civil Aerospace Medical Institute (Feb. 28, 2007).

- Take steps to proactively identify and address falsifications throughout the greater community of certificated pilots. The Inspector General's review was limited to 40,000 Airman Medical Certificate-holders in northern California; a mere fraction of the approximately 650,000 foreign and domestic pilots holding current FAA Airman Medical Certificates.
- Work with Social Security and other disability benefits providers to expedite development and implementation of a strategy to carry out these checks and take appropriate enforcement action where falsifications are found. The Inspector General noted that FAA did not have any mechanism for identifying certificated pilots who were receiving medical disability benefits from any provider (DOL, Veterans Affairs, and Social Security).
- Revise its Application for Airman Medical Certificate to require applicants to explicitly identify whether they are receiving medical disability benefits from any provider.

The Inspector General advised that he would be, “pleased to assist FAA in exploring options for accomplishing this, to include database matching with record systems of the disability benefits providers, or, as an initial step, statistical random sampling.”

In July 2005, when charges were initially brought against the 40 pilots by the U.S. Attorney's Office, FAA's Associate Administrator for Aviation Safety was quoted as saying, “The fraud and falsification allegedly committed by these individuals is extremely serious and adversely affects the public interest in air safety.” Yet, nearly 2 years later, the Committee staff finds that FAA has made no effort to address the Inspector General's recommendations or to improve its oversight of falsifications on applications for Airman Medical Certificates.

At the request of Committee staff in January 2007, the Inspector General inquired about the status of the recommendations. FAA staff in the Office of Safety replied that coordinating with Social Security and other Agencies that provide disability benefits would be a, “very labor intensive process,” and indicated that, “we were not able to make the safety case that this would be the best way to use our resources in the Office of Aerospace Medicine.”¹⁷ In subsequent meetings and correspondence between Committee staff and FAA; the Federal Air Surgeon, the Deputy Associate Administrator for Aviation Safety, and the Assistant Chief Counsel for Enforcement reiterated their beliefs that the magnitude of the problem was not sufficient to warrant implementing the Inspector General's recommendations and that doing so would not be an effective use of FAA's resources.

By its own inexplicable calculations, FAA estimates that these recommendations would prevent just two fatalities a year. This argument makes a mockery of FAA's safety regulations. FAA has the strictest medical fitness requirements in the world because it knows—and has stated publicly—that medically unfit pilots pose a real danger to themselves and the public.

When questioned, FAA admitted that it had not made any overtures to the Social Security Administration or to the DOT Office of Inspector General, as recommended, to assess the feasibility—both logistically and legally—of developing a process to flag potential false statements made by airmen during the certificate application process.

¹⁷ Email correspondence between Peggy Gilligan, FAA Office of Safety, to Rick Beitel, DOT Office of Inspector General; Subject: *Re: FW: Follow-up on OIG Recs; Re: Airman Med. Form Falsification* (Feb. 5, 2007).

CONCLUSION

The Committee staff finds FAA’s response to the danger posed by airmen lying about their medical conditions unacceptable. Contrary to FAA’s opinion that the problem is not widespread and therefore not worthy of the resources it might take to identify and penalize the wrongdoers, the Social Security matching study conducted by the Inspector General as well as the toxicology study performed by FAA scientists suggest that the practice is rampant. In fact, even if the 45 individuals prosecuted from the sample of 40,000 airmen in Northern California were the *only* individuals found to be lying on their Airman Medical Certificate applications—and we know that this *far* understates the extent of the problem—extrapolated to the universe of individuals holding current Airman Medical Certificates, the number would approach 1,000. Extrapolating the nearly 10 percent found by FAA researchers in the post-mortem toxicology study, that number would approach 64,000.

Because FAA does not consider these false disclosures to be a problem, it has not established any mechanism to verify the medical information reported to FAA, even on a “spot-check” basis. In fact, the current medical oversight process actually penalizes those airmen who *do* tell the truth. FAA simply files away a “clean” medical report without any review, whereas medical reports with potentially disqualifying conditions receive extensive scrutiny from the Federal Air Surgeon’s office. The consequences of disclosing medical conditions include potentially being denied a certificate, which in essence grounds that pilot. There are *no* consequences for *not* disclosing this information. FAA cannot punish non-compliance if it does not attempt to look for it.

The Committee staff recommends that FAA pursue the Inspector General’s recommendations, including establishing a strategy to coordinate with providers of disability benefits to periodically sample and verify medical information provided on Airman Medical Certificate applications. If nothing else, the knowledge that FAA is spot-checking disclosures—and that swift and meaningful consequences will follow if falsifications are found—should provide a powerful incentive for applicants to be more forthcoming on their applications for Airman Medical Certificates.

Appendix 1: Most Common Toxicology Results Found in Post-Mortem Testing of Pilots Involved in Fatal Accidents, 1993-2003¹⁸

# Found	Drug	Common Name	Common Uses	Common Side Effects
40	Fluoxetine	Prozac, Sarafem	Selective serotonin reuptake inhibitor (SSRI) used to treat depression, obsessive-compulsive disorder, panic attacks, certain eating disorders (bulimia), and a severe form of premenstrual syndrome.	Nausea, loss of appetite, diarrhea, dry mouth, trouble sleeping, dizziness, drowsiness, yawning, weakness, or sweating may occur.
33	Atenolol	Tenormin	Beta-blocker used to treat chest pain (angina) and high blood pressure. It is also used after an acute heart attack to improve survival.	Dizziness, lightheadedness, drowsiness, tiredness, nausea, diarrhea, unusual dreams, leg pain, or vision problems.
33	Verapamil	Calan, Isoptin	Used with or without other medications to treat high blood pressure (hypertension), chest pain (angina) and certain types of irregular heartbeat.	Dizziness, nausea, headache, fatigue.
29	Diazepam	Valium	Used to treat anxiety, acute alcohol withdrawal, and seizures. It is also used to relieve muscle spasms and to provide sedation before medical procedures.	Drowsiness, dizziness, fatigue, constipation, blurred vision, or headache.
26	Sertraline	Zoloft	Selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic attacks, obsessive compulsive disorders, post-traumatic stress disorder, and social anxiety disorder (social phobia).	Nausea, dizziness, dry mouth, loss of appetite, increased sweating, drowsiness, diarrhea, upset stomach, or trouble sleeping.
24	Metoprolol	Toprol	Beta-blocker used to treat chest pain (angina), heart failure, and high blood pressure.	Dizziness, lightheadedness, drowsiness, tiredness, diarrhea, unusual dreams, trouble sleeping, or vision problems.
23	Diltiazem	Cardizem	Used with or without other medications to treat high blood pressure (hypertension) and chest pain (angina).	Dizziness, drowsiness, fatigue, nausea and headache; unlikely but serious side effects occur: swelling of the ankles/feet, shortness of breath, persistent fatigue, fast/irregular/very slow heartbeat, unusual dreams, mental/mood changes, and fainting.
21	Paroxetine	Paxil	Selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic attacks, and social anxiety disorder (social phobia).	Nausea, vomiting, drowsiness, dizziness, diarrhea, trouble sleeping, yawning, constipation, or dry mouth may occur.

¹⁸ All information from this table is taken from the website WebMD (online at <http://www.webmd.com>).

# Found	Drug	Common Name	Common Uses	Common Side Effects
16	Nordiazepam	Relative of Valium	Used to treat anxiety, acute alcohol withdrawal, and seizures. It is also used to relieve muscle spasms and to provide sedation before medical procedures.	Drowsiness, dizziness, fatigue, constipation, blurred vision, or headache.
14	Bupropion	Wellbutrin	Used to treat depression and to treat attention deficit hyperactivity disorder (ADHD). This drug may also be used with other medications to treat bipolar disorder (depressive phase).	Nausea, vomiting, dry mouth, headache, constipation, increased sweating, joint aches, sore throat, blurred vision, strange taste in the mouth, or dizziness. May also cause chest pain, fainting, fast/pounding/irregular heartbeat, hearing problems, ringing in the ears, severe headache, mental/mood changes (e.g., agitation, anxiety, confusion, hallucinations), and uncontrolled movements (tremor).
13	Citalopram	Celexa	A selective serotonin reuptake inhibitor or SSRI used in the treatment of depression and other mental conditions (obsessive-compulsive disorder, panic disorder).	Nausea, vomiting, lack of appetite, diarrhea, drowsiness, dizziness, trouble sleeping, dry mouth, muscle/joint pain, fatigue, or yawning.
11	Phenytoin	Dilantin	Used to prevent and control seizures (also called an anticonvulsant or antiepileptic drug).	Headache, nausea, vomiting, constipation, dizziness, drowsiness, trouble sleeping, or nervousness.
10	Amitriptyline		Used to treat depression and other mental/mood problems (e.g., anxiety, bipolar disorder), certain types of pain (e.g., peripheral neuropathy, neuropathic pain), eating disorders (e.g., bulimia), and trouble sleeping, or to prevent migraine headache.	Drowsiness, dizziness, dry mouth, blurred vision, constipation, fast heartbeat, nausea, vomiting, loss of appetite, changes in taste, weight gain, tiredness, or trouble urinating. Other less common side effects may include, confusion, mental/mood changes (e.g., agitation, excitement), loss of coordination, shaking, restlessness, uncontrollable movements of the mouth/face/hands, fast/irregular heartbeat, numbness/tingling of the hands/feet, ringing in the ears, nervousness, and shakiness.
10	Imipramine	Tofranil	Used for the treatment of depression, anxiety, panic disorders, and certain types of ongoing pain.	Dry mouth, blurred vision, headache, drowsiness, dizziness, constipation, nausea, vomiting, loss of appetite, diarrhea, stomach cramps, weight gain/loss, and increased sweating.

Appendix 2: Examples of Aviation Accidents and Incidents Involving Pilots With Medical Conditions not Disclosed on FAA Airman Medical Certificate

March 31, 2006
Double Springs, AL
Serious Injury

In March 2006, a 77-year old pilot sustained serious injuries after colliding with trees in Double Springs, Alabama. His flight originated in Clarksdale, Mississippi where employees noticed strange behavior. The pilot exited the plane without turning off the master switch and stated, “You know I’ve been flying for 60 years, and don’t tell anybody, but I’m lost.” After purchasing a map, he took off again, first heading northeast, then turning back towards the northwest, and finally crashing into the trees. When a few locals approached him, he said that he had been in a vehicle accident. He later revealed that he had been diagnosed by his private physician with dementia about 6 to 8 years earlier but never disclosed it to the Aviation Medical Examiner. On his third-class medical certificate, the only restriction listed was, “must wear corrective lenses.”¹⁹

July 13, 2001
Carterville, MO
Total fatalities: 6

On July 31, 2001, the 70-year old pilot of a twin-engine airplane carrying 5 passengers crashed into a house in upper-scale residential area in Carterville, MO, killing the pilot and all five of his passengers. The passengers included the two owners of the aircraft, the pilot’s two stepdaughters, and his son-in-law. The group was going to Joplin, MS to visit another family member.²⁰

The pilot’s autopsy revealed two volatile concentrations of antihypertensive cardiovascular drugs that were not disclosed on his medical exam. Additionally, Theophylline, a drug which treats severe cases of bronchial asthma was detected in the pilot’s blood. The pilot had undergone coronary bypass surgery in 1998, but was medically recertified in 1999. He had a second-class medical certificate from just a month prior to the incident that only stated visual limitations for which he required glasses. None of his medications were disclosed.²¹

¹⁹ National Transportation Safety Board, *Factual Report Aviation ATL06LA058* (Mar. 31, 2006) (online at <http://www.nts.gov/ntsb/GenPDF.asp?id=ATL06LA058&rpt=fa>).

²⁰ Connie Farrow, *Six Killed in Southwest Missouri Plane Crash*, Lawrence Journal-World (July 13, 2001) (online at http://www2.ljworld.com/news/2001/jul/13/six_killed_in/).

²¹ National Transportation Safety Board, *Accident Reports CHI01FA206* (July 13, 2001) (online at <http://www.nts.gov/ntsb/GenPDF.asp?id=CHI01FA206&rpt=fa>).

November 17, 1996
Eagle, CO
Total fatalities: 5

On November 17, 1996 a pilot collided with a wooded ridge in Eagle, CO, where it burned, killing the pilot and four passengers. Although the pilot stated on his most recent Airman Medical Certificate that he did not have any mental disorders, depression, anxiety, substance dependence or substance abuse; psychiatric records indicate the pilot had a history of mood instability, adolescent conduct disorder, drug and alcohol abuse, and two suicide attempts. Shortly after the pilot began flying in 1996, his psychiatrist recommended that he discontinue flying, withdraw from amphetamines, and take Lithium.²² At the time of his death, the pilot was taking several drugs commonly used to treat depression and an addictive opiate commonly prescribed for pain. Both classes of drugs are contraindicated for flying.

August 31, 2003
Kingsport, TN
Total Fatalities: 2

In August 2003, a private flight instructor and his student collided with the ground about three miles from the Tri Cities Regional Airport. Sertaline, a psychotropic drug which treats depressive disorders was detected in the instructor's blood and liver. Metoprolol, a cardiovascular drug prescribed for high blood pressure, was present in the student pilot's system at the time. The flight instructor involved in the crash held a first-class medical certificate issued in March 2003 with no limitations; and the student pilot had a third-class medical issued in April 2003 with only visual limitations listed for which he had to wear glasses.²³

²² National Transportation Safety Board, *Accident Reports FTW97FA042* (Nov. 19, 1996) (online at <http://www.nts.gov/ntsb/GenPDF.asp?id=FTW97FA042&rpt=fa>).

²³ National Transportation Safety Board, *Accident Reports ATL03FA134* (Aug. 31, 2003) (online at <http://www.nts.gov/ntsb/GenPDF.asp?id=ATL03FA134&rpt=fa>).