

Security for American Aviation

Editorial, by Jon L. Jordan, MD, JD

Almost a year has now gone by since terrorist acts in New York, Washington, and Pennsylvania shook the foundations of our society. While these acts of terrorism had a pronounced emotional effect on almost all U.S. citizens, for those of us who directly serve the aviation community, carrying out our duties and responsibilities has been impacted as well.

As the element of the Federal Aviation Administration with the responsibilities for medical oversight of the Federal Air Marshal (FAM) program, the Office of Aerospace Medicine was called upon to assist in bringing onboard thousands of new FAMs. This entailed providing physical and psychological assessments of applicants and issuing medical clearances for those found qualified. Like many other offices within FAA, staff from our office lent a helping hand to our security folks in carrying out a number of tasks that were an outgrowth of the September 11 events. Part of this related to interacting with law enforcement organizations in respect to information in our files regarding the terrorists. In the midst of all of this, we here in the Washington area were hit with the anthrax mail contamination problem. As might be expected, the Office of Aerospace Medicine was called on to deal with issues related to possible contamination of incoming mail to buildings occupied by agency employees - but that's another story.

With the creation of the Transportation Security Administration, a number of FAA security responsibilities have been assumed by the new Administration. While this may be the case, FAA continues to play an active role in the security issues related to aviation. It is now clear that terrorists are more than willing to sacrifice their own lives in promotion of their cause and to use aircraft as a means of destruction. Therefore, since gaining medical certification and flight proficiency are significant elements of the equation, we must look at what we might do to contribute to the nation's security.

After September 11, a number of aviation medical examiners recalled having examined applicants who behaved suspiciously during the course of an examination. Sometimes names of the applicants could be remembered and sometimes they could not. AMEs were encouraged to contact law enforcement organizations with useful information, and FAA medical certification staffs did as well. Since September 11, AMEs have asked, and we in the agency have asked ourselves, "What more can be done?"

Suspicious behavior alone, unless it is unique, may not be a basis to withhold issuance of a medical certificate. It is, however, something that deserves notice and possible investigation. Therefore, AMEs are encouraged to make known to our regional flight surgeons or to our

certification personnel in Oklahoma City, any applicant who displays behavior that raises suspicion that pursuit of medical certification may be for illegitimate purposes. It is best to convey this information verbally, but it also should be noted in Item 60 of the application form.

AMEs should be aware that on occasion, individuals have attempted to be examined in the name of another person. As referenced on page 17 of the Guide for Aviation Medical Examiners, if the applicant is new to the examiner, the examiner should request some evidence of positive identification. If the airman objects to providing identification, the examiner should not withhold certification, but should report the incident to the FAA. In view of the September 11 events, the need for positive identification of applicants for medical certification takes on a new dimension. We are, therefore, in the process of drafting new guidance on requirements for verifying the identity of applicants. We anticipate publishing the guidance in the next issue of the Bulletin and, in the near future, to amend the Guide.

Please stay tuned.

JLJ