

CLASS III MEDICAL CERTIFICATES

by PAUL F. BIKLE
SSA President

The most controversial and time-consuming item on the agenda at the Directors' meeting in Phoenix, Arizona, on 27-28 January was the question concerning the FAA proposal to require Class III Medical Certificates for all glider pilots. The Directors, by a vote of 14 to 2, with 2 abstentions, voted to support a modified version of the FAA proposal. If adopted by the FAA, this modified proposal would have the least possible impact on soaring that the Directors felt could be supported at this time. The following letter has been sent to the FAA, summarizing the response of the members to the proposal, the analysis of the accident statistics which might support such a proposal, and the recommendation adopted by the Directors. I know that many of the members will not be satisfied with this course of action. However, I know of no course of action which would satisfy all members. I can assure each member that this whole question has been given the most careful consideration by your elected representatives. Let us hope that the FAA will accept the SSA recommendation and at least keep the newcomers to soaring free from the inconvenience and expense involved with obtaining a Class III Medical Certificate.

Office of the President
44926 North Raysack
Lancaster, California
February 7, 1962

Federal Aviation Agency
Washington 25, D. C.

Attention: James L. Goddard, M.D.,
Civil Air Surgeon
Subject: Proposed Requirement for Class
III Medical Certificates for glider pilots
References: (All dates 1961)

- (a) FAA letter to SSA dated Nov. 1.
- (b) SSA letter to FAA dated Nov. 10.
- (c) FAA letter to SSA dated Dec. 13.

The Soaring Society of America has completed its study of the proposed requirement for Class III Medical Certificates for glider pilots as stated in ref. (a) and amplified in ref. (c). The 90-day period which you have permitted for this rather detailed look at the problem is greatly appreciated.

The SSA files on glider accidents, based primarily on FAA reports, are much more extensive than the summary listed in reference (c). Our analysis of these accidents indicates that there has not been

even one accident in this country in a glider which was definitely caused by a physical deficiency detectable by an FAA Class III physical examination.

It does appear that there have been glider accidents definitely caused by temporary physical conditions such as sunstroke, heat exhaustion, fatigue and even carbon monoxide. These accidents apparently were not influenced by the possession or lack of an FAA medical certificate as approximately 80% of the accidents involved pilots possessing a valid Class I, Class II or Class III Medical Certificate.

Also, we know of one fatal crash in England on 30 September 1960 wherein the instructor had a record of epilepsy not known to others in his group until after the accident. Obviously this type of thing could happen here under the present regulation if the pilot chose to falsely certify that he had no known physical impairment which would prevent his safe operation of an aircraft.

Logically it would appear that the public, who might unknowingly ride with such a pilot, should be protected by some such provision as the proposed requirement for a Class III Medical Certificate. On the other hand, the chance of this happening, based on the record, is extremely remote. It is also a very small factor when considering in the light of the many accidents resulting from a multitude of other causes.

You may be interested in the response from the members of the Society. The majority felt that there was no need for a medical certificate and that the proposal was only one more example of regulation solely for the sake of regulation. A large number felt the same way but also felt that something of this nature was inevitable. A few felt that the proposal was a good thing and long overdue.

As pointed out in reference (a), a large number of glider pilots also hold power ratings and presumably already have valid FAA medical certificates. This is certainly true and applies to at least fifty percent of the active glider pilots. However, a surprising number of replies from glider pilots with power ratings indicated that these pilots did not possess a valid FAA medical certificate and had stopped flying power aircraft because of the inconvenience involved in obtaining a medical certificate from a designated FAA examiner. It would appear that much of the opposition to this proposal is not a matter of being opposed to the requirement for medical certificates as it is to the inconvenience and expense of having to go to an FAA designated medical examiner.

All of these factors should be considered in the light of the fact that gliding is a sport: it does not involve flying at busy airports or over heavily populated areas. Except for training operations, most gliding activities do not involve carrying passengers. By the very nature of the sport, much of the gliding activity is carried on in remote or isolated parts of the country. There is no question that adoption of the proposed requirement will result in some

reduction in glider flying since some active pilots would cease to fly because of the additional inconvenience. However, this effect will be relatively small compared to the impact on student pilots making their solo flights. It is anticipated that adoption of the proposal, across the board, would have a serious effect on the continued growth of gliding or soaring in the United States.

The whole question was reviewed at the meeting of the Board of Directors of the Soaring Society which was held in Phoenix, Arizona, on 27 and 28 of January, 1962. This review was certainly the most controversial and time-consuming item on the rather lengthy agenda at that meeting. It was most objective in nature and was made by 18 mature and responsible individuals from all parts of the country, individuals who are gravely concerned with the future growth of soaring in this country. As a result of the discussions and actions at this meeting, the Soaring Society of America recommends that the appropriate portions of the Civil Air Regulations pertaining to glider pilots be amended to require a third class medical certificate only for glider pilots with a private, commercial or flight instructor rating for gliders; provisions for student glider pilots should be left unchanged.

If the FAA proposal should be modified in this manner, the Soaring Society of America will support its adoption in its monthly magazine *Soaring*, and will do everything possible to convince the 3500 members of the Society that this action is, in the long run, in the best interests of the continued sound growth of soaring as a sport in this country. Although no formal recommendation is being made at this time concerning the requirement that Class III Medical Certificates be obtained from FAA designated examiners, it should be obvious that the Society would fully support any proposal to return to the system where qualified family doctors were permitted to issue the required certificates.

Sincerely,
PAUL F. BIKLE
President

FAA PUBLISHES GLIDER CRITERIA HANDBOOK

The Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C., has recently announced the availability of a new "Glider Criteria Handbook," for 75c per copy. It may be ordered from the above address by specifying GPO Catalog No. FAA 5.8/2:G 49.

The Handbook was prepared by the Federal Aviation Agency to present design recommendations, based on the present knowledge and development of glider design, which may be used as the minimum standards for establishing the classifications and related airworthiness of both conventional-type gliders and those equipped with auxiliary power plants. In its 139 pages are illustrations, information on loads, proof of structure, design-construction and fabrication, equipment and flight characteristics.