The Aerospace Medical Association (AsMA) appreciates the opportunity to submit this statement to the U.S. Senate Committee on Commerce, Science, and Transportation on the important issue of the Age-60 Rule for air transport pilots. I am Dr. Russell B. Rayman, Executive Director of the Aerospace Medical Association, representing approximately 3,100 physicians, scientists, and flight nurses engaged in the practice of aerospace medicine or related research.

THE AGE-60 RULE

The Age-60 Rule, implemented by the Federal Aviation Administration (FAA) in 1959, does not allow persons engaged in operations conducted under Part 121 of the Federal Regulations to serve as a pilot or copilot on reaching their 60th birthday. The Rule was implemented under the premise that the risk of incapacitation due to medical causes after 60 years of age was unacceptably high.

Is there evidence that this is true for air transport pilots and is there evidence that aging causes a significant performance decrement in the cockpit? Unfortunately, there is no clear answer to either of these questions the reason being that there are no studies of air transport pilots who are beyond 60 years of age simply because none have ever been certified by the FAA.

To answer these questions with reasonable certitude, it would be necessary to study a cohort of air transport pilots who are over age 60 and to compare them with a cohort of air transport pilots below age 60. Since this cannot be done today, the only alternative is to study cohorts of general aviation and commercial pilots, both categories having no age limits. And indeed, a number of such studies have been accomplished and published in the literature. However, the conclusions of these studies are vexing in their inconsistencies and contradictions. Hence, they do not provide convincing evidence to support or refute the Age-60 Rule. In any event, the validity of these studies comes into question if we attempt to extrapolate the findings derived from general aviation and commercial pilots to air transport pilots because of significant differences in aircraft and operations – this represents a significant flaw.
We believe that some pilots beyond age 60 could continue to fly without an added risk to flying safety. The challenge is to determine which ones could be safely certified and which ones should be retired. To resolve this dichotomy, studies would have to be designed to determine if and what medical tests might be added to the current FAA flight medical examination as a means of monitoring the health of the older pilot. Additional studies would also be needed to determine how older pilots might be tested for significant performance decrement in the cockpit. Such a study would be daunting in terms of scientific design and costs and most likely would take years to accomplish.

In the meanwhile, we would suggest that selected pilots be certified to an arbitrary age beyond age 60 and closely monitored. Although medical sudden incapacitation is always a possibility (at any age), we believe it is a vanishingly small risk. Even if there were such an occurrence, there is always a second pilot in the cockpit. It might also be added that there has never been a US air carrier accident due to medical causes. And finally, there are about 30 countries that permit air transport pilots to continue flying beyond age 60. And to our knowledge, there has been no adverse effect upon flying safety.

**CONCLUSION**

On review of the existing evidence, the Aerospace Medical Association concludes there is insufficient medical evidence to support restriction of pilot certification based on age alone. Although studies could be designed to determine which pilots could be certified to safely fly beyond age 60, they would be difficult to design and would be costly. In the meanwhile, we would recommend that selected pilots be certified to fly beyond age 60 and closely monitored.