



National Transportation Safety Board

Washington, D.C. 20594

Safety Recommendation

Log 1992

Date: April 14, 1989

In reply refer to: A-89-16 and-17

Mr. Robert E. Whittington
Acting Administrator
Federal Aviation Administration
Washington, D.C. 20591

At 2125 on February 19, 1988, an AVAir Inc. (AVAir) Fairchild Metro III, N622AV, operating as AVAir flight 3378, crashed in Cary, North Carolina, shortly after it departed runway 23R at Raleigh-Durham International Airport (RDU), Morrisville, North Carolina, with 2 flightcrew members and 10 passengers on board. The airplane struck water within 100 feet of the shoreline of a reservoir, about 5,100 feet west of the midpoint of runway 23R. The airplane was destroyed and all 12 persons on board were killed. 1/

Among the safety issues examined by the Safety Board during its investigation of the accident was the captain's decision to fly when he may have been sick. Earlier on the day of the accident, the captain called the airline to inquire if a reserve pilot was available, since he was seriously considering taking sick leave; also, he complained to a close friend that "his stomach was queasy." About 3 hours before the flight's scheduled departure time, the captain complained of feeling sick to two fellow pilots. Consequently, the Safety Board believes that the captain's decision to fly may have been due to his belief that AVAir, which was experiencing serious financial problems, would not pay him for the sick days. Several AVAir pilots told Safety Board investigators that they thought the company's sick leave policy had changed after the company filed for bankruptcy in that it no longer compensated pilots for absence due to illness.

One result of the difficult financial period that led to AVAir's filing for bankruptcy was a reduction in the number of available reserve pilots. On the day of the accident, the airline had only one reserve pilot available for all scheduled trips. In addition to the accident captain, another pilot had called on that day and made a similar inquiry to assist him in deciding whether to take sick leave. According to the chief pilot, AVAir's unwritten policy was to place pilots on reserve status for a period equal to their scheduled trip sequence after they returned to duty from sick leave. The captain resided in Roanoke, Virginia; therefore, had he taken sick leave on February 19, his decision would have required him to acquire accommodations at his own expense in the Raleigh-Durham area while he was on reserve duty.

1/ For more detailed information, read Aircraft Accident Report--"AVAir Inc., Flight 3378, Fairchild Metro III, SA227AC, N622AV, Cary, North Carolina, February 19, 1988" (NTSB/AAR-88/10).

Since the accident, Nashville Eagle (the successor company of AVAir) has instituted a new sick leave policy in which pilots are not compensated for the first day of any sick leave period although they are provided normal benefits for the remaining successive days of the sick leave period. Several pilots contacted by the Safety Board indicated that this policy creates a climate in which pilots are more likely to fly when they are sick.

Clearly, sick pilots should not fly. High standards of fitness for duty are especially important for pilots since their judgment and actions are important in normal flight operations and can become critical in the event of an emergency. Under 14 CFR 61.53, a pilot is prohibited from serving as a pilot flightcrew member while suffering "a known medical deficiency, or increase of a known medical deficiency, that would make him unable to meet the requirements for his current medical certificate." While regular medical examinations can identify pilots with chronic illness, traditionally, airline companies have relied almost exclusively on the individual pilot's discretionary use of sick leave for temporary ailments, such as colds and flu.

With increasing competition and cost-cutting in the airline industry, however, several airlines in the past several years have implemented sick leave policies that place incentives on minimizing the use of sick leave. For example, one major airline provides additional pay for pilots who use less sick leave than a projected target amount announced at the beginning of a quarterly period. Another major, all-cargo airline allows regular sick leave use but requires pilots to make up lost time within 60 days by flying trips during their days off without additional pay. A third major airline has adopted a policy in which personnel action is taken according to a published schedule. If pilots use sick leave more than two times within any 18-month period or are absent for 7 scheduled workdays, they are subject to oral warning and counseling. Further use of sick leave results in more serious penalties, with six uses of sick leave within 18 months being grounds for termination.

According to the airlines, the use of such programs prevents abuse of the sick leave privileges. However, reduction of sick leave usage is clearly a cost-cutting measure since there is a large revenue commitment involved in the payment of sick leave benefits, disruptions of scheduled trips, and use of reserve pilots to cover necessary trips. The Safety Board recognizes that some individuals may abuse sick leave privileges. However, the Board believes that such abuse probably is a relatively small portion of total sick leave used and that such abuse can be identified and handled adequately by attentive supervision and counseling. The Board is concerned that the major reason for such sick leave policies may be cost-cutting and that this cost-cutting is achieved by discouraging sick leave use within the general population of pilots.

It is difficult to judge the extent of the problems produced by the new sick leave policies. A review of data from the National Aeronautics and Space Administration's Aviation Safety Reporting System disclosed several cases of flying errors by airline pilots who had flown scheduled passenger trips while they were suffering ailments that could have been grounds for use of sick leave. These illnesses included head colds, flu, and backache. One report cited an account by a pilot who reported to work with an unknown stomach

illness and became nearly incapacitated during the work day because of appendicitis. Many pilots indicated a pressure from airline management to fly rather than take sick leave.

Further, the Safety Board is concerned that the new sick leave policies employed by some major air carriers may foster a trend in the airline industry. These policies may become widely adopted in the regional airline community which generally has more limited financial resources than the major companies. The Board believes strongly that pilot fitness for duty is of vital concern in ensuring aviation safety and that this concern should not be derogated by cost-cutting efforts in the aviation industry. Air carrier sick leave policies should have a supportive, rather than an adverse, effect on pilots' decisions about medical fitness for duty. However, given the difficulties of determining whether a particular sick leave policy may adversely influence a pilot's decision to fly with a medical deficiency, the Board believes that the Federal Aviation Administration (FAA) should convene a government/industry group to examine the issues related to sick leave policies and to make appropriate recommendations on policies that the FAA could incorporate into an advisory circular for air carrier guidance and use.

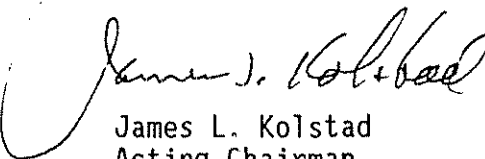
Additionally, the Safety Board believes that air carrier operators should share the responsibility for verifying the medical fitness of their pilots for flying duty. As the matter currently stands, pilots alone bear this responsibility under the provisions of 14 CFR 61.53, which many air carrier operators may not fully appreciate. Therefore, the Board believes that 14 CFR Parts 121 and 135 should be amended to specify an air carrier operator's responsibility concerning the medical fitness of its pilots for duty.

Therefore, the National Transportation Safety Board recommends that the Federal Aviation Administration:

Convene a government/industry group to examine issues related to air carrier operator sick leave policies for pilots and to make appropriate recommendations on such sick leave policies that the Federal Aviation Administration can incorporate into an advisory circular for air carrier operators' guidance and use. (Class II, Priority Action) (A-89-16)

Amend 14 CFR Parts 121 and 135 to preclude air carrier operators from using a pilot as a required pilot flight crewmember while the pilot has a known medical deficiency, or increase in a known medical deficiency, that would make the pilot unable to meet the requirements of his or her medical certificate. (Class II, Priority Action)(A-89-17)

KOLSTAD, Acting Chairman, and BURNETT, LAUBER, NALL, and DICKINSON, Members, concurred in these recommendations:


James L. Kolstad
Acting Chairman