

NATIONAL TRANSPORTATION SAFETY BOARD

Interviewers: Mitchell A. Garber, MD, MPH, MSME
Medical Officer
Malcolm Brenner, Ph.D.
Human Performance Investigator

RECORD OF CONVERSATION

DATE/TIME: November 16, 2010 / 1000 (Alaska Standard Time)
PERSON INTERVIEWED: Willis M. Simmons, Jr. M.D., M.P.H.
Alaska Regional Flight Surgeon
ACCIDENT: ANC10MA068

Dr. Simmons was asked if he was on any medications that might impair his judgment, and noted that he had not taken any medications on the day of the interview associated with such impairment.

Dr. Simmons noted that his clinical background was in pediatrics, and that he had no formal training in adult medicine or neurology. He had been working primarily in Aerospace Medicine since 1985, with the exception of 3 years of private practice in pediatrics after leaving the military. He had never personally treated a case of spontaneous intracerebral hemorrhage in an adult.

He indicated that airman certification approvals may go through the FAA Aerospace Medical Certification Division or through a Regional Flight Surgeon at the discretion of the Aviation Medical Examiner performing the examination of the pilot. He noted that he had handled “thousands” of such certifications since he had been the Regional Flight Surgeon, primarily on cardiovascular, substance abuse, and other common conditions for which such additional certification review was necessary. He had reviewed a number of stroke cases: 2-3 lacunar strokes, a few thromboembolic strokes, but no cases of spontaneous intracerebral hemorrhage

other than the case of the accident pilot. He could not estimate how many cases he had reviewed were ultimately granted or denied certification.

Dr. Simmons said that when certification cases come to him for approval, he will typically review the Application for Airman Medical Certificate, review any reports, studies, or treatment records that may have been provided or requested, and review a current status report if required (particularly for re-certification cases). He uses the Aviation Medical Examiner Guide (a publicly available guide provided to assist Aviation Medical Examiners in appropriate evaluation and disposition for Applications for Airman Medical Certificate), electronic or hard copy versions of the Aeromedical Certification Reference Manual (a non-comprehensive internal document providing general internal FAA medical guidance for many conditions). He also may call colleagues at the FAA Aerospace Medical Certification Division or other Regional Flight Surgeons for additional guidance when he is not comfortable with a case or when the case is not straightforward. He would normally not directly request formal input from FAA specialist consultants directly, as such consultants would then be paid out of limited Regional Flight Surgeon funds. If he felt such consultation might be required, he would more likely refer the case to the Aerospace Medical Certification Division, who might then request such consultation.

He indicated that Alaskan pilots will frequently visit the Regional Flight Surgeon's office when they have certification cases under his office's review. It was his impression that he would have pilots dropping by every week, particularly in the spring and summer. Such visits would only be documented if the visit was to discuss substantive issues (e.g. not just dropping off materials or asking a simple question regarding certification requirements). He did not specifically recall the accident pilot ever visiting the office.

In the case of the accident pilot, Dr. Simmons indicated that he primarily used the Aeromedical Certification Reference Manual to guide his evaluation. He stated that he was comfortable with the results he got from the evaluations that the pilot had undergone, and that a status report from a reputable neurologist, with whom he was familiar, did not indicate any neurological deficits, and that neither that neurologist nor the pilot's treating neurologists indicated any additional necessary testing. He would have deferred to those specialists regarding the need for such testing. He stated that it was his impression that the neurologist's status report indicated that no close relatives (particularly first-degree relatives, such as parents or siblings) had evidence of substantial stroke history, and that he would have discussed the case with the Aerospace Medical Certification Division and/or a consultant neurologist if he had been aware of any such history. He did not make any attempt to get additional details of family history. Dr. Simmons felt that it was important to have imaging reports that documented resolution of the initial event in cases of spontaneous intracerebral hemorrhage, and that it was important to

follow the Aeromedical Certification Reference Manual guidance suggesting a 2 year period following such an event before certification to ensure that any risk for seizure disorders could be identified. He felt, based on reference texts available to him, that the recurrence rate for either additional bleeding or ischemic events was “relatively low” in a person who had experienced a spontaneous intracerebral hemorrhage without additional risk factors, such as an arteriovenous malformation or hypertension. He did not review any original articles or consult with a neurologist in forming this opinion.



Dr. Simmons indicated that he felt that an in-office mental status examination, such as the Mini Mental Status Exam, performed by a neurologist was a “pretty good” way to identify subtle neurologic impairment.

He indicated that he would be very reluctant to suggest a number that might be regarded as an acceptable annual incapacitation rate for known medical conditions in pilots.

Dr. Simmons noted that his or other Regional Flight Surgeon’s certification determinations are not subject to any additional FAA review.

E-MAIL FROM FAA REGIONAL COUNSEL

REGARDING NOVEMBER 16, 2010 RECORD OF CONVERSATION FOR WILLIS M. SIMMONS

From:  
Sent: Friday, December 03, 2010 6:28 PM
To: Johnson Clinton
Cc: Brenner Malcolm; Garber Mitchell; LaBelle James
Subject: Re: Interview synopsis-"Stevens Crash"

Thank you for the opportunity to review the interview summary. Dr. Simmons believes it accurately captures what he said during the interview. However, through the undersigned he would like to correct his testimony to ensure accurate information is made available to the Board during its inquiry.

He indicated he did not have information regarding family history of strokes during the certification process, in particular stroke related problems of any close family members. A review of the medical file in Dr. Simmons' office indicates this statement was in error. His current representation is that a medical record did reference a stroke history of two close family members, but he did not ascertain that from the records during his certification review. He is aware of it now.

If this raises additional questions, please let me know

Howard Martin
Regional Counsel
Alaskan Region
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