

II. COMMITTEE COMMENDS FAA FOR SUBSEQUENT DECISION TO TERMINATE ITS STUDY BUT FINDS EVIDENCE OF POOR MANAGEMENT PRIOR TO DECISION

During the course of the subcommittee's own investigation, it discovered that on April 21, 1966, the FAA had arrived at a decision to terminate its long-term study of pilot aging on the ground that the results and costs of the study did not justify continuance. While the committee commends the FAA for its decision, it is concerned that 6 years and an expenditure of \$1,200,000 should have been required before the decision was in fact made. The history of the study as well as inadequacies only now confronted indicate to the committee that funds were wasted through poor management.

In 1960, the FAA, responsible for promoting flight safety of civil aircraft, established a mandatory retirement age of 60 years for aviation pilots. Recognizing, however, that physiological age and performance capacity do not necessarily accord with chronological age, the agency saw the need for medical techniques which could determine the physiological ages of pilots without reference to their chronological ages.

Accordingly, on May 1, 1960, the FAA awarded a contract in the amount of \$26,785 to the Lovelace Foundation for Medical Education and Research, in Albuquerque, N. Mex., to make a planning study on the basis of which a long-term study could be conducted. The foundation was asked to select biological factors which could be used or combined in the development of a "physiological age rating" for pilots and other aviation personnel.

However, 7 months before the completion of the planning study by the contractor, the FAA started its long-term study of aging at its Georgetown Clinical Research Institute, located in Washington, D.C. Medical examinations of some 550 persons, mainly pilots and air traffic controllers, were begun in January 1961. Thus, the \$26,785 spent for planning a long-term study did not constitute useful expenditure by the FAA. Moreover, at the time FAA initiated its study it was aware of the interest of the Lovelace Foundation in conducting a long-term study and the intention of the foundation to apply to NIH for a grant for this purpose.

On July 31, 1961, the foundation delivered its final report on the planning study and notified FAA that it had received a 3-year NIH grant, effective on October 1, 1961, to start a long-term aging study. Neither the knowledge of the foundation's determination to seek support for its own plans to do a long-term study of pilot aging nor the foundation's actual initiation of a study caused the FAA to reconsider its program. In October 1964, the foundation was awarded a 5-year grant by NIH to continue the NIH study. This also had no effect on FAA's program.

In its January 13, 1966, comments on the GAO draft report, the FAA still vigorously defended its separate study. And on March 22, 1966, it justified and requested \$262,000 to finance work in fiscal 1967.³

Yet, less than a month later on April 21, 1966, the FAA discontinued the study as too costly for the results to be anticipated from continuing the study.

According to Dr. P. V. Siegel, FAA's Federal Air Surgeon, the decision to terminate the study was based on findings of an ad hoc advisory committee. The committee, given the job of evaluating the study's costs and benefits, found a 5-year accumulation of data from an array of tests—cardiovascular, pulmonary, neurological, pharmacological, biochemical, behavioral, visual, and auditory—but no statistical design for analysis of the data and no analysis. Dr. Siegel reported that each of the six laboratories of the Georgetown Clinical Research Institute making the tests "was found to be going its own way and acquiring bits and pieces of information without integrating it to accomplish the objectives of the study." Moreover, data for an analysis of tests on the same individuals over the entire period of the study, even if one were now undertaken, were relatively meager. Out of 1,600 subjects examined since 1961, only about 100 had received consecutive annual examinations. On the basis of these facts, the FAA concluded that the cost of continuing its study could not be justified. Instead, Dr. Siegel said the FAA would now take advantage of the results of the NIH-sponsored aging study.⁴

Since the NIH-sponsored study had been available as a potential source of aging data on pilots from October 1961, onward, and the FAA had ample opportunity to discover the statistical weaknesses of its project at any time during the intervening period, the committee can only conclude that FAA's failure to take earlier action evidences poor management and an inadequate sense of responsibility for public funds.

³ Hearings before a subcommittee of the Committee on Appropriations, U.S. House of Representatives, 89th Cong., 2d sess., "Independent Offices Appropriations for 1967," pt. 1, p. 148.

⁴ Statement by Dr. Siegel to subcommittee investigator on Aug. 9, 1966.