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SAFETYWIRE

2025 Became a Reckoning Year for Air Safety

(**Source:** Amy Wilder, AIN, December 1, 2025)

NTSB investigators inspect wreckage from the January 2025 midair collision accident.

In early 2025, aviation safety discussions centered on data, staffing, and technology. By the end of the first quarter, the conversation was about gaps—procedural, technological, or simply bureaucratic—that had allowed high-risk mixed traffic to continue in the nation's capital region, and what it would take to close those gaps quickly.

Two fatal events, a little more than 48 hours apart, set the tone. On January 29, a U.S. Army rotorcraft operating without ADS-B Out during a routine check ride collided over the Potomac River with a PSA Airlines CRJ700 regional flight operating as American Airlines Flight 5342 near Ronald Reagan Washington National Airport (KDCA), killing all occupants on both aircraft. On January 31, Med Jets Flight 056, a Learjet 55 operated by Jet Rescue Air Ambulance, crashed in the Castor Gardens neighborhood of Philadelphia, Pennsylvania, shortly after takeoff from Northeast Philadelphia Airport, killing everyone on board and two people on the ground, and injuring many others.

In early February, aviation organizations said the industry was "united in its grief" and pledged "to ensure accidents like these never happen again," while pressing Congress to fully fund the FAA and NTSB to do that work. Stakeholders added that controllers have been "working short-staffed, often six days a week, 10 hours a day for years at a time, with outdated equipment and facilities that are in many cases more than 60 years old and long overdue to be replaced and modernized."

NTSB chair Jennifer Homendy made clear in March that the KDCA midair was not a one-off but the sharpest expression of a known problem. At a March media briefing on the preliminary report, she said the agency was taking the unusual step of issuing urgent safety recommendations while the investigation was still in progress. The numbers she cited were chilling: between October 2021 and December 2024, there were 15,214 reported close-proximity events between helicopters and airplanes near KDCA, and 85 of those involved less than 1,500 feet lateral and 200 feet vertical separation.

The NTSB urgently recommended that the FAA permanently prohibit operations on helicopter Route 4 between Hains Point and the Wilson Bridge whenever Runways 15 and 33 are in use and designate an alternative route. Homendy noted that the FAA had access to voluntary safety reporting data over a three-year period but did not act on it. Lawmakers across party lines picked that up almost immediately. Two weeks before the NTSB's urgent recommendations, the House Transportation and Infrastructure Committee had already told Transportation Secretary Sean Duffy that, in light of the crash near KDCA, he should "immediately prioritize" the 2024 FAA reauthorization's safety programs, especially controller hiring, runway enhancements, and technology refresh.

Duffy acknowledged that the answer in 2025 had to be both immediate risk mitigation and modernization. He said the DOT had adopted the NTSB's recommendations on helicopter restrictions near KDCA "36 hours after the crash" and that those restrictions would stay in place, with special carve-outs for presidential, vice presidential, law enforcement, and life-saving flights.

He also said the FAA was already using AI tools to mine safety data at 12 major airports and would expand that nationwide so that "if there's another DCA-esque situation out there, our AI tools will help us identify those and take corrective actions preemptively, as opposed to retroactively." He argued that the NAS and ATC system had to be modernized "within four years," replacing copper wiring and antiquated systems.

When he and President Trump rolled out the broader ATC modernization plan in May, Duffy tied it again to KDCA, warning that outdated systems can cascade into incidents and pointing to the risk posed by recent Newark ATC outages.

Congress and the industry were remarkably aligned. In February, nearly three dozen aviation organizations told lawmakers they wanted investments in ATC staffing, technology, and facilities, not another fight over privatization. "We are aligned on not pursuing privatization of U.S. air traffic control services and believe it would be a distraction from these needed investments," they wrote.

In March, acting FAA Administrator Chris Rocheleau told the Senate aviation subcommittee that the agency was reviewing 10 mixed-traffic "hot spots" immediately, then would do a nationwide review, and would "take immediate action if needed." In April, he reported the first measurable result: after the FAA required positive control and more traffic advisories for helicopters at Las Vegas' Harry Reid International Airport, "the number of traffic alert and collision avoidance system reports decreased by 30% in just three weeks."

Lawmakers began reacting to ADS-B loopholes that had contributed to the KDCA outcome. In March, Sen. Maria Cantwell (D-Washington) wrote Defense Secretary Pete Hegseth that the Department of Defense's use of a 2019 exemption to operate in the National Capital Region without ADS-B Out had been stretched beyond what the FAA intended. She noted that the Army Aviation Brigade at Fort Belvoir and Marine Helicopter Squadron One told the DOD in 2023 that they operate all missions without ADS-B Out, and she said, "It is not credible to assert that each of the several thousand helicopter flights operated annually in the National Capital Region is sufficiently sensitive to merit a blanket exemption."

In May, Sen. Jerry Moran (R-Kansas) introduced a bill that would require all aircraft operating in Class B airspace to install and use ADS-B. And in June, Senate leaders from both parties asked for concurrent inspector general audits at DOT and in the Army covering FAA oversight of KDCA airspace design, enforcement of ADS-B exemptions, and DOD training and equipage. Seven Senators, the same day, introduced the Safe Operation of Shared Airspace Act of 2025 to end certain DOD exemptions, mandate wider ADS-B use, order safety reviews around busy airports with mixed traffic, and protect FAA controller hiring pipelines.

The FAA, for its part, moved from temporary to permanent fixes around Washington. In March, Rocheleau said the FAA would make the KDCA restrictions permanent and would clear airplane traffic when essential rotorcraft operations were necessary. In June, the agency formally modified helicopter zones and routes near KDCA, reducing the size of Zones 3 and 4, moving them away from the airport, establishing a Broad Creek Transition for southbound helicopters, and requiring military and government operators to broadcast ADS-B Out "with very limited exceptions," noting that earlier vertical clearance on one of the routes had been only 75 feet.

By October, when the FAA published updated D.C.-area helicopter route charts in its 52-day cycle, Route 1 and several other routes were limited to priority aircraft unless specifically authorized, and notes were added "to improve clarity around altitude and operational instructions."

Surface Safety

The U.S. system's surface-safety picture was a parallel 2025 concern. On February 26, a Southwest Airlines 737 executed a go-around at Chicago Midway Airport after a Flexjet Challenger 300 crossed the active runway without clearance, even after ground control had twice told the Challenger to hold short of Runway 31C; the NTSB opened an investigation the same day. In March, the DOT inspector general reported that while the FAA had implemented some recommendations from the 2023 runway-safety wake-up, it still lacked an integrated approach to analyze runway-incursion data across the agency and was relying on individual-airport analyses. In the third quarter, Engineered Materials Arresting Systems were credited with stopping a Gulfstream G150 at Chicago Executive and a Challenger 300 at Boca Raton—both on September 3.

Internationally, 2025 was not a quiet year for safety either. On February 10, EASA published the 2025 European Plan for Aviation Safety with eight new safety issues and six new rulemaking tasks, including RMT.0753 aimed at "effective implementation of regulations addressing the risks posed to aviation safety by cyberattacks," fresh work on ground handling, and a new task to verify the integrity of parts.

By April, EASA was targeting midair risks in general aviation through a conspicuity declaration and an ADS-B “Light” protocol so that small aircraft and drones can be electronically visible to one another; EASA’s executive director, Florian Guillermet, noted that “every year, there are an average of six fatal airborne collisions involving GA.” And in its August 27 Annual Safety Review, EASA reported that, with European traffic higher in 2024, there were three fatal airline accidents with three lives lost, seven fatal helicopter accidents with 14 lives lost, and 27 fatal GA accidents with 44 fatalities, while identifying aircraft upset, airborne collision, and runway collision as key global risk areas.

Two other 2025 developments underscore how the operating environment is changing around the safety system. First, geopolitical risk: after June Israeli airstrikes on Iranian nuclear and military sites and Iran’s ballistic missile and drone response later that day, EASA issued a Conflict Zone Information Bulletin recommending avoiding Iran, Iraq, Israel, Jordan, and Lebanon “at all flight levels,” and the FAA issued parallel guidance, forcing civil traffic into congested northern and southern bypasses. Second, encroachment from below: an FAA-funded nationwide Remote ID study found that of 6,037 drone flights with altitude data, 573 were between 400 and 500 feet, and 781 exceeded 500 feet, with drones flying in crewed-aircraft airspace about 10% of the cumulative time observed, often close to heliports that are “hidden within urban sprawl.”

If there was a consistent through-line across all of these actions—hearings, emergency route closures, ATC modernization plans, EASA rulemaking, cockpit alerting demos—it was the shift from assuming that safety data, once collected, would find its way through the system, to acknowledging it must be pulled, mined, and acted on quickly. When Hop-A-Jet president Barry Ellis spoke in April about the company’s response to its Feb. 9, 2024, Challenger 604 crash in Naples, Florida, he said its core lesson was to “have a plan, train your people, assess your risks honestly and regularly” because “there’s no such thing as too cautious.” In 2025, regulators, lawmakers, and operators on both sides of the Atlantic were working to apply that principle to the system itself.

Navigating Screening Medical Testing for Pilots

(**Source:** Robert Sancetta, AIN Contributor, AINsight, December 12, 2025)

Pilots are often faced with the decision of whether to embark on age-appropriate medical screenings. These tests are sometimes recommended by primary care physicians, or they are fresh in the pilot's mind after a deluge of media advertising.

Let me begin by stating my support for medical screening tests, which have overall provided a good service and have reduced the morbidity and mortality rates of many illnesses, including cancers.

At the same time, I completely understand the trepidation that pilots feel about potentially opening the proverbial "can of worms" with the FAA. They worry that getting a screening test may turn into another "no good deed goes unpunished" situation. They do a recommended test, a goat rope ensues, and a period of grounding may result.

All that said, it's no different than with mechanical systems of an airplane: the sooner a problem is diagnosed, the sooner it can be taken care of. More importantly, the problem can be taken care of before it causes more serious and potentially life-threatening consequences. Pay me now or pay me later.

Common screening tests recommended at various ages include those for a multitude of the more common cancers: prostate, breast, cervix, and colon. We hear about screening for these conditions ad nauseam.

Pilots are sometimes reluctant to get screening for some of these cancers, for the reasons noted above. However, when cancers are found early, before they can metastasize (spread to other locations in the body), they are much easier to deal with.

When non-metastatic colon, breast, or prostate cancers are detected, the treatments are less severe and invasive. For the pilot, the period of grounding may not be excessive when a cancer is detected early.

In fact, many cancers can be followed under the Conditions the AME Can Issue (CACI) program. The AME gathers the appropriate data, issues the medical certificate, and simply keeps the data on file. The data does not have to be submitted to the FAA, which eliminates a waiting period for the FAA to review that data.

Once a cancer metastasizes, everything changes. First of all, the pilot is then literally in a battle—one that their life may very well depend on. Waging that battle is neither fun nor something typically resolved in a short period of time.

If a pilot has survived treatment for a metastatic cancer, FAA medical recertification may be possible. It is a much more complicated process than for a non-metastatic cancer, but if the pilot survives the illness, certification through the special issuance process may be attainable. But the period of grounding is often extensive.

A type of cancer that doesn't get enough attention is oral cancer. This is one of the reasons why I hound pilots to continue with routine ongoing dental exams. During those visits, a thorough oral cancer screening is done.

This type of cancer can be very aggressive and also has the potential to metastasize. Therefore, while going to the dentist is important for your teeth, it serves other medical screening purposes, too.

Screening blood testing is very simple to do, is minimally invasive, and provides a wealth of information. Monitoring red and white blood cell counts may help diagnose or rule out cancer, and lipid testing is an important screen to assess cardiovascular risk, as examples. Thyroid screening, like oral cancer, often does not get enough press, but its importance cannot be overstated.

In my last blog, the screening electrocardiogram (ECG) was discussed. It is required for first-class medical certificates, initially at age 35 and then annually after 40. I discussed how it may help diagnose arrhythmias (irregular heartbeats) and discover various heart conduction anomalies (bundle branch blocks).

This test, while falling out of favor in primary care screening, can be a lifesaver. I had a situation not long ago wherein a pilot had a new bundle branch block on their screening ECG.

The requisite cardiology consultation incidentally discovered a very rare cardiac tumor. Fortunately, this tumor was excised before it could either spread or break loose from its small attachment stalk and cause a potentially fatal stroke. This is an unusual "save," but it does point out that even a screening ECG may be of significant benefit. The pilot was back in the cockpit in a few months.

There are many other routine and readily available medical screening tests, but you get the idea. I am in full support of proven medically-recommended tests.

Buyer beware: there are many solicitations for medical screening tests that are, as of yet, of lesser-proven benefit. These are, to no surprise, typically expensive and not covered by insurance.

They range from esoteric blood testing to full body imaging, for example. The marketing is effective, as people are sometimes doing these tests while avoiding medically-proven screenings, which are usually covered by insurance.

Are these tests something to avoid? Do they cause harm? While they may not yet be evidence-based or tried-and-true technology, as long as the person obtaining such testing is aware of the risks and benefits of doing so, I have no complaints with the zeal to assess health. There are potential false-positive results associated with these and even the more well-established tests.

If a person can stomach the idea of a potentially time-consuming process to rule out a false positive, all while being concerned about the initial testing result, then all I can say is go for it. If that person winds up having a true-positive result that might not have been found with conventional testing modalities, they will feel grateful for the marketing that brought them to the technology that they purchased.

Once again, each person must evaluate their own risk tolerance and the potential risks and benefits of any medical modality that they are undertaking.

One condition that is important but not yet part of routine screening recommendations is obstructive sleep apnea. When clinically indicated, assessing and treating sleep apnea—if formally diagnosed—has vastly improved our understanding of its contributions to arrhythmias such as atrial fibrillation, diabetes, mental health, fatigue, and numerous other conditions that adversely affect health.

Screening medical testing may find the cancer before it spreads. Medical testing may uncover a cardiovascular problem before it causes a heart attack. Medical testing, for the most part, has reduced morbidity and mortality in the overall population.

Pilots sometimes tell me that they'll get testing after they retire, when it will not affect their FAA medical status. That may be too late and is a suboptimal attitude when considering the ramifications to the pilot's family of delaying the assessment and treatment of potentially preventable illnesses or death.

Remember, it is easier to keep flying if you are still alive.

SAFETY MANAGER'S CORNER

SMS Training Courses

Who Should Attend?

This training course is targeted for personnel at all levels involved in the day to day development, implementation, execution, management, oversight and evaluation of a Safety Management System operation.

Below are the courses coming in 2026. Courses include a Welcome Reception the evening before the course begins:

1. February 26 – 27: Opa Locka FL. This is following the NBAA Opa Locka Regional Forum.
2. April 22 – 23: Scottsdale AZ.
3. May 21 – 22: White Plains NY. This is following NBAA White Plains Regional Forum.

Course Objectives

- Describe the 4 Components and the 12 Elements of the ICAO Framework which closely align with CFR Part 5.
- Become familiar with characteristics of an effective and "just" safety culture.
- Use and apply the Safety Risk Management process.
- Describe what Change Management is concerned with according to SMS.
- Become familiar with Safety Performance Indicators (SPI)
- Describe how to implement an Internal Evaluation Program (IEP) and where to find appropriate checklists
- Become familiar with Root Cause analysis.

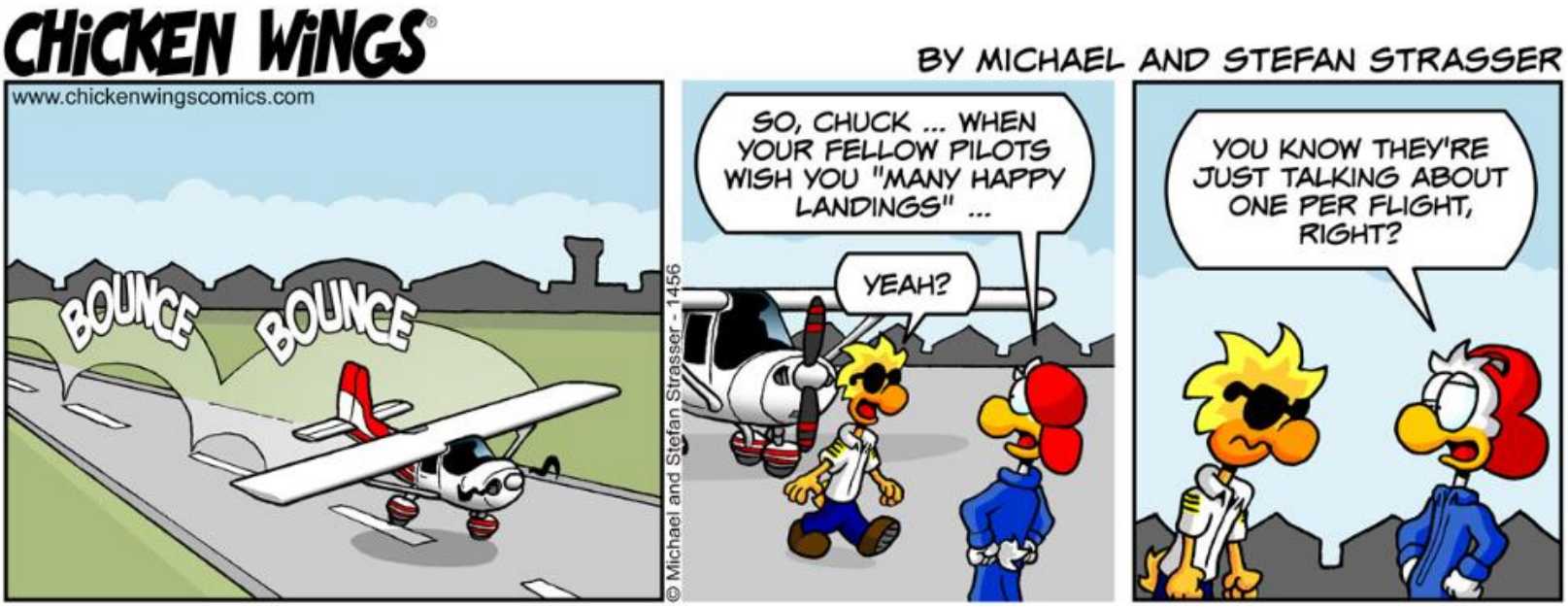
Quote of the Month

My great concern is not whether you have failed, but whether you are content with your failure”

BY: Abraham Lincoln

Failure is an important part of life. It can provide feedback that success may not. If we are content with our failures, they can develop mental toughness. Failure can serve as a time to pause and consider the challenges we have faced and consider better ways to proceed.

Chicken Wings



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UPCOMING COURSES

Jan 12-14, 2026—PROS Course
Airline Safety Management System (SMS)
Virtual

Jan 26-28, 2026—PROS Course
Virtual ICAT Training
Virtual

Jan 29-30, 2026—PROS Course
Risk-Based IOSA Training
Virtual

Feb 26-27, 2026 -PRISM
SMS Training Course
Opa Locka, FL

Mar 16-18, 2026—PROS Course
Virtual ICAT Training
Virtual

Apr 22-23, 2026 -PRISM
SMS Training Course
Scottsdale, AZ

Go to Upcoming Training Classes to register.

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