



# Pilots for HIMS Reform

P4HR

October 27, 2026

The Honorable Donald J. Trump  
President of the United States  
The White House  
1600 Pennsylvania Avenue, N.W.  
Washington, D.C. 20500

Dear Mr. President:

Your older brother Fred was an airline pilot who struggled with alcoholism. If Fred had survived, achieved recovery, and sought to continue flying today, the FAA aeromedical system we are asking you to investigate is the system that would decide whether he could keep his career, how long the federal government could monitor him, what conditions it could impose, and whether years of demonstrated recovery would ever be enough for him to return to ordinary unrestricted medical certification.

That same system governs the airline pilots carrying your family today. I know that personally. I am an airline captain, a co-founder of Pilots for HIMS Reform, and I have had the privilege of serving as captain on flights carrying several members of your family. I mention that not because I seek special treatment, but because this issue is not theoretical. The pilots entrusted to carry your children, grandchildren, members of your Administration, and millions of American families are subjected to an aeromedical bureaucracy that, in our experience, exercises extraordinary power with far too little transparency or accountability.

Mr. President, we believe something is seriously wrong inside the FAA's Office of Aerospace Medicine.

Pilots for HIMS Reform, Inc. (P4HR) is a national, pilot-led organization seeking comprehensive reform of FAA aeromedical certification, including Special Issuance certification, HIMS monitoring, substance-related and psychiatric review, medical evaluations, testing, independent review, due process, and pathways back to unrestricted medical certification.

We are not asking the federal government to weaken aviation safety.

We are asking it to make aviation medicine scientific, transparent, consistent, reviewable, and accountable.

Today, a pilot can successfully undergo treatment, demonstrate years of stability and recovery, comply with extensive testing and evaluation, receive favorable medical evidence, and continue flying safely—yet still remain under extraordinary federal medical restrictions without being given a clear, objective explanation of what must occur for those restrictions to end.

The problem goes far beyond alcohol or substance-use disorders.

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It involves the fundamental way the FAA exercises medical authority over American citizens.

When the government tells a pilot that he or she cannot advance through monitoring, cannot obtain unrestricted certification, must undergo additional testing, must remain under Special Issuance, or must satisfy some additional medical requirement, that pilot should be entitled to know:

What evidence supports that decision?

What standard is being applied?

What specifically has the pilot failed to demonstrate?

What must the pilot do to satisfy the government?

And when will the extraordinary restriction end?

Too often, those answers simply do not exist in any meaningful form.

That is precisely why P4HR attempted to use the FAA's own regulatory process.

On August 19, 2026, we filed a comprehensive Petition for Rulemaking under 14 C.F.R. Part 11. The FAA assigned it Regulatory Docket No. FAA-2026-10399.

Our petition sought objective standards governing Special Issuance and monitoring; meaningful progression and completion criteria; written reasons for consequential decisions; independent review; evaluator independence and choice; processing deadlines; testing integrity; medical-data protections; transparent scientific standards; and a genuine pathway back to unrestricted certification when continuing restrictions are no longer justified by current individualized risk.

We specifically told the FAA that it did not have to accept our entire package.

If comprehensive reform was too much to undertake immediately, we expressly asked the agency to consider narrower reforms separately—including something as basic as requiring meaningful written reasons for adverse aeromedical decisions.

On October 8, 2026, the FAA denied our Petition for Rulemaking.

The agency cited broad considerations involving safety priorities, other agency work, and available resources.

But it did not meaningfully tell us why our reforms were rejected.

It did not identify which consideration controlled.

It did not explain why the narrower reforms were rejected.

It did not explain why pilots should not be entitled to objective step-down standards.

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It did not explain why the federal government should not have to provide meaningful reasons when it refuses to release an American citizen from extraordinary medical restrictions.

It simply said no.

On October 14, 2026, P4HR filed a formal **Petition for Reconsideration under 14 C.F.R. § 11.101**, asking the FAA to withdraw its denial and reconsider the petition in whole or in part. At minimum, we have asked the agency to tell us the actual grounds for its decision.

We are awaiting that response.

P4HR has also developed the proposed **Pilots for HIMS Reform Act of 2026**, a comprehensive legislative framework addressing protections that may require congressional action rather than FAA rulemaking alone.

The legislation and rulemaking petition form one reform package.

The rulemaking petition asks the FAA to reform what it can under its existing authority.

The proposed Act addresses independent oversight, enforceable protections, accountability, procedural due process, medical and scientific integrity, transparency, and durable limitations upon governmental authority that should not depend upon unpublished guidance or the discretion of individual officials.

But our experience has increasingly convinced us that new rules alone may not be enough.

**The leadership and culture of the Office of Aerospace Medicine must also be examined.**

The Office of Aerospace Medicine is led by Federal Air Surgeon Dr. Susan Northrup and Deputy Federal Air Surgeon Dr. Brett Wyrick. I have personally dealt with both.

My own case provides a troubling example of the system we are asking you to investigate.

I have maintained approximately nine years of documented sobriety. My record contains years of negative testing, favorable medical and psychological evidence, sustained-remission findings, monitoring compliance, and continued safe operation as an airline captain under a First-Class Special Issuance medical certificate.

Dr. Wyrick communicated directly with me concerning my progression through the FAA monitoring system. Following discussions involving Dr. Wyrick and Dr. Northrup, I was moved into a reduced monitoring phase. Dr. Wyrick subsequently communicated his intent that after one year in that advanced phase I would progress to unrestricted certification.

That year passed.

The anticipated progression did not occur.

I have repeatedly sought an explanation identifying what changed.

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Was there a relapse? No.

Was there a positive alcohol or drug test? No.

Was there an identified deterioration in my medical condition? None has been explained to me.

Was there some new objective scientific evidence establishing that I had become a greater aviation-safety risk? None has been identified to me.

More recently, decisions involving Dr. Dumsdorf concerning my requested advancement have reinforced my concern that favorable objective evidence and professional recommendations can simply be overridden without a meaningful individualized explanation.

I want to be precise about what I am asking your Administration to investigate.

I cannot prove what is in the minds of these officials.

But the chronology, the absence of an identified adverse medical event, the objective evidence, previous representations concerning my progression, and the persistent absence of an explanation create a legitimate question whether my certification has been affected by institutional resistance, bias, retaliation for advocacy, abuse of discretion, improper personalization of medical decision-making, or some combination of those concerns.

That question cannot credibly be investigated solely by the same leadership whose conduct is at issue.

And my experience is not the only reason for concern.

P4HR repeatedly hears from pilots describing unexplained decisions, inconsistent standards, indefinite monitoring, reversals of favorable recommendations, unclear endpoints, extraordinary costs, and an enormous imbalance between the authority exercised by federal aeromedical officials and the ability of the individual citizen to obtain an explanation or meaningful review.

Leadership is responsible for culture.

Leadership is responsible for policy.

Leadership is responsible for how discretion is exercised.

And leadership must be accountable when an agency develops a culture in which consequential decisions affecting American citizens can be made without meaningful explanation.

Mr. President, **we believe the Office of Aerospace Medicine requires independent scrutiny from outside its own chain of command.**

If an independent review establishes that senior officials have ignored material medical evidence, retaliated against pilots for lawful advocacy, improperly personalized certification decisions,



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abused their discretion, or enabled such conduct under their leadership, then they should be held accountable.

That accountability should include removal from their positions when warranted.

If restoring trust in FAA aeromedical certification requires new leadership, then new leadership should be installed.

No federal official has a right to occupy a position of public authority while exercising that authority in a manner that cannot withstand independent scrutiny.

This is not a request for politicians to replace doctors in making medical decisions.

It is exactly the opposite.

## **Medical decisions should actually be medical decisions.**

They should be based upon current evidence, identifiable standards, individualized risk, legitimate clinical judgment, and established science.

Criticism of a government program should not become a medical symptom.

Advocacy for reform should not become evidence of disease.

Disagreement with an FAA official should not alter an individual's medical certification.

And bureaucratic preference should never substitute for scientific evidence.

Your brother's experience makes this issue especially important.

Fred lived in a very different era. Addiction carried enormous stigma, treatment was different, and our understanding of recovery was far less developed.

If an airline pilot like Fred today recognizes a problem, seeks treatment, achieves recovery, demonstrates years of stability, satisfies legitimate safety requirements, and establishes through objective evidence that he is medically fit, the federal government should recognize that achievement.

## **Recovery should mean something.**

And if the government believes continued restrictions are still necessary, it should have to explain why.

P4HR respectfully asks you to direct the appropriate members of your Administration to:

1. Review FAA Docket No. FAA-2026-10399, including the FAA's October 8 denial and P4HR's October 14 Petition for Reconsideration;
2. Review the proposed Pilots for HIMS Reform Act of 2026;

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3. Direct an independent review of leadership, culture, decision-making, and accountability within the FAA Office of Aerospace Medicine;
4. Examine the conduct and decision-making of senior aeromedical officials, including Federal Air Surgeon Dr. Susan Northrup, Deputy Federal Air Surgeon Dr. Brett Wyrick, and other officials involved in the matters described above, including Dr. Dumsdorf;
5. Determine whether FAA aeromedical decisions are being based upon current objective medical evidence and identifiable standards, and whether pilots receive meaningful explanations when contrary decisions are made;
6. Determine whether pilots who criticize HIMS, Special Issuance requirements, or FAA aeromedical policy have experienced retaliation, disparate treatment, or improper consideration of their advocacy;
7. Require appropriate accountability when misconduct, abuse of discretion, retaliation, disregard of material scientific evidence, or leadership failure is established—including removal from leadership where warranted;
8. Support meaningful independent oversight and statutory reform of FAA aeromedical certification; and
9. Convene a meeting between P4HR and appropriate White House and Department of Transportation officials so that we may present the evidence, proposed reforms, and experiences of affected aviation professionals directly.

We are prepared to provide your Administration with the complete regulatory record, our proposed legislation, medical and scientific materials, documentary evidence, pilot testimony, and specific case histories.

Mr. President, we are not asking you to order the FAA to issue a medical certificate to me or to any other individual pilot.

We are asking you to examine the system.

We are asking you to hold the people who exercise this extraordinary federal authority accountable for how they exercise it.

And we are asking you to ensure that no American citizen can have his or her career controlled by federal officials who will not explain the evidence, standard, or rationale behind their decisions.

Your brother was an airline pilot.

The pilots carrying your family today live under this system.

We believe you are uniquely positioned to understand why getting this right matters.

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Aviation safety demands rigorous medical standards.

American government demands accountability.

**Extraordinary governmental power requires extraordinary accountability.**

We respectfully ask for your help.

Respectfully,

Captain Maurice MacEwen  
Co-Founder  
Pilots for HIMS Reform, Inc.

A handwritten signature in black ink, appearing to read "M. MacEwen".

Captain Mike Danford  
Co-Founder  
Pilots for HIMS Reform, Inc.

A handwritten signature in black ink, appearing to read "Mike Danford".

Additional Co-Founder

Name withheld from public correspondence at the co-founder's request