



UNIVERSITY OF MARYLAND

MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES

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July 13, 1978

Mr. Bill Clark  
Public Information Office  
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Sudbrook Lane & Reisterstown Rd.  
Baltimore, Maryland 21208

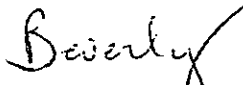
Dear Bill:

Since I've had some trouble contacting you by phone, I decided to write you a note. We had talked several times about whether you would write an article on a Med-Evac observer (basically, following him from the time he receives a call through the time of patient transport until the patient arrives at the trauma center). The article could be three to four pages, double-spaced and include several photos. To meet deadlines for the September issue of the Maryland EMS News, I will need the article by July 27.

Please let me know if you'll be able to write it( 528-3697).

Many thanks.

Sincerely,

  
Beverly Sopp

Newsletter  
Aviation Division  
Marianna 2/22/79

There are four million stories in the Land of Pleasant Living, and the Maryland State Police probably know them all.

If you want to know something about any part of Maryland or its people, ask a trooper. There is no group of people better informed about the ways of this state and its residents.

The Maryland Emergency Medical Services System is fortunate to have its own special connection with the Maryland State Police -- its Aviation Division. This group of highly professional pilots and medical observers comprise a model for the country, not only in the medical evacuation of patients, but in other duties of their profession.

The Aviation Division was created in 1960. Its relationship with EMS began formally in 1969, when then TFC Gary Moore flew the MSP's first official Med-Evac Mission, carrying the victim of an auto *accident* from Interstate 695 at Falls Road to the Shock Trauma Unit. TFC Moore is now Captain Moore, chief <sup>(of)</sup> a division with ~~approximately~~ 53 troopers, ~~and~~ 12 helicopters and four 24-hour bases. Since 1969 the division has flown more than 68,000 ~~Med Evac Missions, and more than~~ Med-Evac and other ~~than~~ police missions.

There is a great deal of "thriller" atmosphere surrounding "The Chopper Squad," as the Aviation Division was recently named by Westinghouse Broadcasting's "Evening Magazine." The men of MSP Aviation Division face very real dangers and great responsibilities

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on a daily basis. The lives of severely injured ~~patients~~ human beings are entrusted to them under the most difficult circumstances.

Duty at the hangar is a ~~curious~~<sup>4</sup> mixture of detail work, light conversation, and monotony. The paperwork is heavy duty. Each helicopter has a log of detailed information on engine use. Use time is broken down into six-minute intervals. Keeping the logs is a frustrated checkbook-balancer's nightmare <sup>1</sup> at the end of each day, the log must total 24 hours, <sup>with</sup> every minute of the shift <sup>being</sup> must be accounted for.

In addition to the shift paperwork, each Aviation Division member is assigned a helicopter. Pilots are responsible for following up on maintenance, and the medical observers must check all medical supplies, and ~~preparedness.~~ <sup>could</sup> The responsible is really ~~awesome, since~~ <sup>one</sup> mistake ~~can~~ cost a life.

Working a Med-Evac is like being an actor -- it looks very romantic to the observer, but it is actually hard, sometimes grueling work.

"You're out of your element," said TFC Bruce Tanner. "Usually you are treating someone in the most unusual circumstances."

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The scene of an accident is like a nightmare -- firefighters, ambulance rescue personnel, police and others all performing their duties in controlled chaos, people running around, yelling and sometimes screaming, blood, pieces of metal and glass, grotesque injuries -- all these make up the environment <sup>(ment)</sup> in which a Med-Evac team may have to ~~work~~ work.

And once the patient is aboard the helicopter the team's work has just begun. There is the small problem of delivering

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a live patient to the hospital. Imagine trying to take a blood pressure, check pulse and respirations, in a swinging, vibrating, deafening helicopter. Consider performing cardiopulmonary resuscitation on a crushed patient for a 40-minute transport. Rescue people understand.

While the medical observer struggles to keep the patient alive, the pilot is worrying about a whole separate set of problems. Ironically, landing the helicopter can be one of the biggest problems. A Bell Jet Ranger only needs a 50-foot square in which to land, but the approaches to landing and taking off require more space for a safety margin. Without that margin, the risk increases tremendously.

Weather is a life or death matter for the division. The pilot checks at least every two hours and always before missions. "Trend" is the word in weather, according to TFC Gary Shields. "What the weather looks like it will do is more important than what it is doing right now," Shields said. "You get a gut feeling when the weather is going to go bad."

Pilots for the division rely heavily on that "gut feeling" -- a sixth sense for danger. For example, TFC Ed Hanna recalled a mission ~~which~~ <sup>on Ritchie Highway</sup> he flew one night to ~~at~~ <sup>at Earleight Heights</sup>. Trooper Hanna was forced to land his aircraft on a small field ringed by wires ~~on two sides~~ and trees ~~on the other~~, making a nearly vertical descent, which is the most dangerous kind. When he prepared to take off he was faced with the decision <sup>whether</sup> to make the vertical ascent, which is dangerous because of ~~the~~ <sup>the</sup> added strain it puts on the engine and the problems in performing an

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emergency landing, or taking off toward the back of the lot, which was an unknown quantity. Hanna decided to make the vertical ascent, because he did not feel comfortable with the alternative.

"The next day," Hanna said, " I was driving down Route 12 with my wife. We passed by the landing site and I pointed it out to her. I looked over the back of the lot, and sure enough, there were wires which would have been impossible to see at night."

While there is never such a thing as a "routine" Med-Evac, certain missions are memorable. Trooper Hanna remembers a mission to an oil barge, where the landing platform was barely large enough to accomodate the helicopter. "When I opened the door," Trooper Bruce Tanner recalled, "The back end of the helicopter was hanging off the barge."

Some stories would test the strength of the best. -- The burn victims, the traumatic amputations, for example. ~~Trooper~~ <sup>TFC</sup> Tom Barker remembers a girl and two boys in an accident at the Conowingo Dam. When the girl was extracted from underneath the engine, she was combative. She died shortly thereafter from a hole in her heart.

Then there was the man at Wayson's Corner whom ~~Trooper~~ <sup>TFC</sup> Shields treated during his days as a medical observer. (Shields is now a pilot). The man was sitting up on a stretcher, one small gunshot hole in his chest. "He said he was ~~OK~~ay," Shields said. "but I said 'let's take you anyway.' Once we got started he began to get cold. By the time we reached BWI he arrested. When they opened him up at the trauma center, they found eight holes -- the bullet had just bounced all around his chest."

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Some of the stories are a little easier to take. Hanna and Tanner remember when the only landing site available was a resident's back yard. When the helicopter landed, the woman resident came out of her house and "gave us the devil."

On one of ~~Shields'~~ Shields' early Med-Evacs, his patient arrested and his pilot was in ~~no~~ communication with the trauma center. As ~~Shields~~ Shields performed CPR, the pilot attempted several times to say the term cardiopulmonary resuscitation. After three tries, the pilot said, "Aw heck, he's beating on the patient's chest." Yankee ingenuity.

Some of the regular police missions are even more interesting. Trooper ~~Barker~~ <sup>(Corporal William)</sup> and ~~McMann~~ were sent out one night to chase down a local inebriated citizen who walked into the nearest fire house and stole a fire engine.

~~McMann~~ <sup>(Corporal)</sup> and ~~Smith~~ <sup>(Sergeant Ralph)</sup> assisted the Conrail police once on a prisoner escape. They were given a ~~no~~ general description of the suspect and told he was heading toward Baltimore City. Flying over the city, they spotted a man matching the suspect's description on a roof. They landed on the roof and quickly apprehended the man, who loudly protested his innocence. That is what they all say, right? Wrong. This unfortun~~ate~~ <sup>(note)</sup> ~~ate~~ sould had heard the helicopter circling overhead and had come up to the roof to watch.

The aviation teams much prefer to be busy. Proud of their training and expertise, both pilot and medical observer like to have the opportunity to put their talents to use. Their love for their work is apparent. The light bantering which goes on during off times in the hangar stops abruptly at the first indication of a mission. The troopers become deadly serious, going about their

pre-flight checks ~~in~~ in a methodical but rapid fashion. Likewise, when a mission is canceled -- due to weather, the delivery of the patient to another facility, or whatever -- the atmosphere ~~changes~~ changes again. The aura of disappointment is nearly tangible.

~~There is~~ The "ideal" Med-Evac? "A healthy mix of rapid transport and medical care -- ~~neither~~ neither a swoop and scoop nor the most impossible medical ~~treatment~~ treatment," said Trooper Tanner. Either type of transport is optimally handled by the Aviation Division, because these men consider professionalism their greatest asset.

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