Aerospace Medical Association



President CDR Andrew Bellenkes, Ph.D. HQ USAFA/DFBL 2354 Fairchild Drive USAF Academy, CO 80840-4159

320 South Henry Street Alexandria, VA 22314-3579 Phone: 703-739-2240 Fax: 703-739-9652 www.asma.org

Executive Director Russell B. Rayman, M.D., M.P.H. Association Home Office

February 17, 2009

Ms. Lorenda Ward Hearing Officer National Transportation Safety Board 490 L'Enfant Plaza East, SW Washington, DC 20594

Dear Ms. Ward:

I am writing to you as Executive Director of the Aerospace Medical Association (AsMA), an organization representing approximately 3,000 aerospace medicine physicians, flight nurses, and scientists engaged in related research.

The AsMA shares the National Transportation Safety Board's (NTSB) concern at the frequency of medevac helicopter mishaps. The NTSB special investigation report of January 2006 identified inadequate flight preparation and adverse/deteriorating flight conditions as commonly cited factors in accidents. Although there is legitimate focus on the operational issues, we suggest that attention should also be given to medical considerations. It is the needs of the patient that differentiate emergency medical service operations from other helicopter operations and it seems likely that operators may sometimes allow the perceived urgency of the medical situation to override flight safety considerations.

The AsMA, therefore, recommends that the Board consider the potential benefits of additional research to evaluate the contribution of the medical (patient) factors to operational decision-making. We are also aware of published medical guidelines for air evacuation (Thomson DP, Thomas SH. Guidelines for air medical dispatch. Prehospital Emergency Care; 2003:265-71). AsMA further recommends that such guidelines be standardized and be distributed as widely as possible to units conducting helicopter medevac operations.

We believe these endeavors would help physicians in assessing the potential benefit to the patient of air versus ground transportation, the suitability for transport by air, and the urgency of air evacuation. This could, in turn, assist the operators in developing flight safety management systems to more appropriately balance the needs of the patient and flight safety.

We hope you find merit in these recommendations. AsMA stands ready to assist you in such an endeavor.

Sincerely,

Russell B. Rayman, M.D.

Executive Director

AEROSPACE MEDICAL ASSOCIATION THE INTERNATIONAL LEADER FOR EXCELLENCE IN AEROSPACE MEDICINE 80th ANNUALSCIENTIFIC MEETING, WESTIN BONAVENTURE, LOS ANGELES, CA, MAY 3 - 7, 2009

3