

Statement of Richard J. Carlson, IDOT Hearing on the Proposed Heliport, Children's Memorial Hospital, July 24, 2009

My name is Richard Carlson and I live with my wife Cristina at 260 E. Chestnut. We live on the southwest corner of the 33rd floor and have a panoramic view of Children's hospital as it is being constructed. We would like to welcome Children's Memorial Hospital to the neighborhood and to the medical campus. We both feel very grateful to live within a few minutes walking distance of such an abundance of medical resources.

My topic today is safety and risk management. Since 1981 I have been in the environmental risk management business, first, serving as Director of the Illinois Environmental Protection Agency from 1981 to 1988 and since then as President of an engineering and consulting firm, Carlson Environmental, that specializes in the cleanup of contaminated property, or so-called "Brownfields."

In my business there is a very deliberate and conservative approach taken to setting standards for protecting human health and the environment, which I thought would provide a useful conceptual framework for considering the operation of the proposed heliport. In simple terms, this approach involves two steps. First, the existing knowledge base is examined to determine a threshold level below which no adverse health effects have been found. This typically converts into a number which is considered "safe" when living organisms are exposed to at that level.

But the laws governing the air we breathe and the water we drink, require a second, extra, level of effort. This stems from the fact that there is often some uncertainty in the science that goes into laboratory or epidemiological studies. So when the public health is concerned—as it is in this proceeding-- we go beyond what we know and stretch the numbers to provide, as the Clean Air Act requires, "*an adequate margin of safety.*" So, for example, air quality standards are set somewhat lower—and safer-- than the available science would suggest is necessary.

I thought that this concept would be particularly appropriate for the proposed location of the heliport, since it would be in the midst of the most densely populated part of the city where a new 500 foot high residential building seems to pop up every month. I think this urban terrain requires special consideration. After listening to the presentations on Wednesday and Thursday evenings, it is clear that Children's has totally missed the point with regard to the question of safety.

First of all, It was very disturbing to learn that Children's had not asked their consultants to address the safety of the helicopter operation. This was a shocking admission.

operations inherently dangerous, and the hazards associated with EMS operations are resulting in an increasing number of accidents. . .²

2. Who's in Charge?

Regulatory authority is widely dispersed with multiple centers of power and authority. .The hearing summary states:

- The authority of the states to oversee certain aspects of HEMS operations has been preempted by the Airline Deregulation Act of 1978. States cannot control where HEMS programs are located, when they fly, or where they deliver patients. The witnesses contended that state oversight of medical care is probably adequate.
- No single federal agency is responsible for all aspects of HEMS oversight or coordination of oversight standards.
- The HEMS provider, not the HEMS requester, is responsible for deciding if it is safe to fly.³

Who's in charge?

3. Patient Transport Request Processes

NTSB witnesses suggested that a metric be used to assess the appropriateness of decisions to use HEMS:

- One metric that has been used . . . is how quickly the patient is subsequently released from the hospital, with the number of patients released within 24 hours from admittance considered an indication of over-triage or unnecessary use of air transport. (Although the Mayo Clinic testified that this may not be an accurate metric).

When the Children's response team conducts post-flight triage and utilization reviews and what standards do they use?

4. Flight Dispatch Procedures

- Witnesses testified that *Operational Control Centers* can provide pilots with information on flight paths, airspace activity and updated weather conditions to aid them in deciding to accept or complete a HEMS

^{2 2} *Special Investigation Report on Emergency Medical Services Operations*, National Transportation Safety Board, Adopted January 25, 2006

³NTSB, , *Public Hearing, Helicopter Emergency Medical Services, February 3-6, 2009.*, Panel 3, *State Oversight and Competition*

6. Conclusion

Let me conclude by quoting the 2002 study I mentioned before. It happens that the principal authors of this report included the principals of the University of Chicago Aeromedical Network (UCAN), headed by Dr. Ira J. Blumen; The study was an eye opening review of HEMS industry safety record by the people who operate it. Let me end with what they concluded:

“There is no logical reason for the increase in the number of accidents over the past several years. We have regulations, we have safety committees, we have standards, we have safety summits . . . We have better aircraft, we have newer technology and we have accreditation. And we have 30 years of experience. What we **still** have are unnecessary pressures, unnecessary risks, unnecessary distractions, poor communications, complacency—and the same old human errors. What we do **not** have is an excuse!”⁸

Thank you for the for the opportunity to testify in this proceeding.

⁸ Air Medical Physician Association, *A Safety Review and Risk Assessment in Air Medical Transport*, November 2002, p. vi

**Statement of
Lawrence L. McCracken
IDOT Hearing Regarding the Heliport Application of
Children's Memorial Hospital
July 24, 2009**

My name is Lawrence L. McCracken. I live at the Olympia Centre, 161 East Chicago Ave., a 62-story condo that is the second building and some 75 paces due west of the new Children's Memorial Hospital. After a 21-year career in the U.S. Air Force, I spent 19 years in the aerospace industry, retiring from Boeing in 2005. I am not a pilot. I have been a Streeterville resident since 2001.

Prior to the presentations by the Streeterville Organization of Active Resident (SOAR) on July 23, I had refused to take a public position for or against the proposed CMH rooftop heliport, despite pleas by my fellow condo neighbors and members of SOAR to do so.

After listening to the presentations by SOAR^{and} its qualified experts, I have reached the conclusion that IDOT should reject CMH's heliport application.

The most devastating omission from CHS's application is the lack of an adequate safety plan. I was stunned that they had not identified and evaluated possible emergency landing spots along the projected flight paths. Searching for a safe place to land during an in-flight emergency is not the time to initially address such situations. Granted, in some circumstances there might not be time to choose where to set down. However, in a dense environment of high-rise buildings, someone should scope out emergency landing areas before hand and make them known to servicing Helicopter EMS providers.

In addition, CMH continues to resist contemplating the subject of an alternative approved heliport. What are their contingency plans when the helicopter approaches the CMH heliport and it is unable to land due to shifting winds, turbulence, etc.? In those instances I assume they would land at the Police pad over by Navy Pier; because, if time is of the essence for the patient transfer, I wouldn't imagine that they would return to the distant departure hospital.

If the Police heliport is adequate in such instances, why couldn't it be used as the primary location? The expert testimony given during SOAR's presentations demonstrated that the safety risks were much less for operations at this alternative ground site in a more open environment than at the proposed rooftop site. In addition, SOAR's HEMS expert provided believable testimony that the medical needs for a direct transfer via a rooftop rather than from a ground landing/ ambulance transfer were dubious at best.

SAFETY CONSIDERATIONS

1. Compare proposed heliport location in terms of building density and environment with current CMH heliport.

2. **24** Pilots – Test of Skill.

Each pilot is a link in the chain. A chain is as strong as its weakest link. The number of tall buildings and related lakefront weather conditions that surround the proposed heliport presents a new level of challenge to even the most experienced pilot.

3. 2006 Heliport Activity.

The 102 patients transported to CMH required a total of 150 helicopter landings plus 150 takeoffs for a total of 300 events. Each event is a potential risk.

4. Conclusion

The CMH Heliport Planning Reports conclusion is that there is virtually (almost) no danger to the neighborhood surrounding the hospital. Citizens of Streeterville living in the proximity of the proposed heliport will go from years of being totally free from danger to being virtually (almost) free from danger if the heliport is approved: not an improvement in quality of life and unacceptable. The challenge to IDOT becomes whether to approve this heliport, which is only virtually safe, or withhold approval and have CMH make a renewed effort to find alternatives. Intransigence is not an acceptable solution where safety is the issue. This is the end of the line and the history books will record IDOT's vote on this matter. If approved, all subsequent events will become IDOT's legacy. First, do no harm.