Where Has the Time Gone?
30 Years and Over 34,000 Lives Touched

by Jim Singer, RN
FLIGHT FOR LIFE Transport System Director

In 1983 Jim Ryan, Dr. Joe Darin and Barb Hess had an idea to bring state of the art air medical care to the communities in Wisconsin and Illinois. With the support and partnership of the members of the Milwaukee Regional Medical Center, Flight For Life (FFL) began as the state’s first air medical program in January of 1984. In 1987, with the additional support of Centegra Health System, a second base was opened at Centegra – McHenry hospital. This base has been able to serve the needs of those in the northern Illinois area. Finally, in 2008, with continued support, our third base in Fond du Lac was opened. This base has expanded our services to those communities we serve in the southern Fox Valley and upper southeastern Wisconsin area.

Flight For Life’s philosophy of creating partnerships with law enforcement, pre-hospital, and health care agencies helped us develop an air medical program that provides excellence in safety, patient care and strong customer service. We are grateful for the past leadership that has led to the strong support we continue to receive. This support has continued to enable us to remain focused on our commitment to meeting the needs of our patients and the health care providers in the region.

Since that first flight in 1984, Flight For Life has provided the best air medical care in the nation. We have completed just over 34,000 safe transports and continue to evolve and grow by serving our communities as the best air medical transport system linking those with illness and injuries to the resources which provide the optimum in medical care and outcomes.

Over the past few years, several of our crew members have been recognized by our industry for the excellence they provide to our patients and customers we serve. Our organization was awarded the Vision Zero Award in 2011 in recognition of the high level of commitment to safety FFL has worked to achieve. Today we continue to strive with each and every transport to provide that high level of safety, excellent patient care and customer service to those we are entrusted to serve.

To mark our 30th anniversary, a series of three celebrations were held from September 26 to September 28 near each of FFL’s three bases. The celebration kicked off with Jessica, the pink fire truck from the Northern Illinois Chapter of Pink Heals, picking up Randolph Mantooth, who played Johnny Gage in the 70’s hit show Emergency!, from the airport. Mr. Mantooth spoke at all three events, delivering a very inspiring speech titled “Why you do what you do.” Johnny Gage also greeted fans and signed autographs for those in attendance. All three events concluded with former patients and their families speaking about the injury or illness that lead to them being transported by Flight For Life, as well as their story of triumph on their road to recovery. It was intensely inspiring to say the least.

All of us at Flight For Life want to express our most heartfelt thanks to the patients and families whose lives we were able to touch, and to all of our partners in emergency care – all the hospital staff, EMTs, firefighters, law enforcement officers, dispatchers – who have helped make the past 30 years so special.

See more 30th Anniversary photos on page 18
“Just a Minute”

by Jon Hagen, RN, BSN, CFRN, EMT-P
Flight Nurse
Fond du Lac Base

Many of us think that a minute or two wasted here or there really doesn’t matter much. They are like pennies… losing a few is often really no big deal in the grand scheme of things. But sometimes, when you save those pennies, you can buy something nice for yourself. And those few minutes, saved here and there, can be a matter of life or death. Ask Eric LeClair. On April 17, 2014, several people collected up a few saved minutes and Eric hit the jackpot.

Eric left work (wireless internet provider tech support) during his lunch break to pick up his fiancée, Jacqui, from Moraine Park Technical College and give her a ride home. A co-worker brought in barbecue for lunch and offered Eric a sandwich. Eric said he’d have one when he got back. He only planned to be gone for a few minutes. Eric punched out at 1:16 pm.

At 1:33 pm, the Washington County 911 Center received a cell phone call from a motorist on Jay Road in the Town of Farmington. The caller was very calm, telling the dispatcher that while driving, he came across a “car in the ditch with its horn blowing. The car is on its top and all the windows are submerged. If they are strapped in their seatbelt, they are pinned underwater!” He was unable to see if anyone was in the vehicle. Sheriff’s officers were dispatched immediately. The Fillmore Fire Department was dispatched a couple of minutes later. Over the next few minutes, subsequent dispatches rang out for Newburg Rescue, the Washington County Dive Team, West Bend paramedics for an intercept and the West Bend Fire and Dive team. Flight For Life was put on standby. As is our policy, we lifted on standby.

The initial phone notification may have been calm, but subsequent radio traffic quickly intensified the urgency of the situation… "person in vehicle…get rescue here right away… person now out of the vehicle… CPR in progress… put Flight For Life on standby… we need divers to search the area, it is not confirmed that he was alone… school bag here with a female’s clothes in it… this will be a load and go… en route to St. Joe’s Hospital… county divers are in the water…” Dale Sapthe of the Fillmore Fire Department did a great job as incident commander.

Mark Van Natta and his sons, Josh and Luke, had just finished a controlled burn drill as members of the Fillmore Fire Department. They were less than two miles from the scene when the call was dispatched and arrived within two minutes after being paged. They found the car upside down in the water-filled ditch; only the wheels were visible. The ditch was actually the north branch of the Milwaukee River. Josh and Luke entered the cold, murky water but neither was able to get a door open. The water temperature was estimated to be 45°F, although an actual reading was not taken. As luck would have it, the “grass rig” they had responded with was equipped with a cable winch. The men attached the rear axle of the car to the winch and flipped it over. Josh and Luke, one a paramedic and one an EMT, removed Eric’s seatbelt and pulled him out of the vehicle. He was pulseless and not breathing. The time was estimated to be 1:50 pm. Mark, who is also a first responder, said that the rig that usually responds to traffic accidents is not equipped with a winch.

The Van Natta’s started CPR. Basic life support, nothing fancy, just a Combitube and chest compressions. The AED advised that “no shock” was indicated. Other members of the Fillmore FD assisted with CPR and assisted Newburg Rescue. Staffing the rig that day was Jessie Backhaus, an Advanced EMT, and Mat Moser, certified as a Basic EMT. Also responding were Bob Stanzky and Jeff Lochen. As they would learn later, Eric lived right around the corner from Jessie and Mat. Neighbors helping neighbors for a few minutes on a Thursday afternoon.

After approximately 12 minutes of CPR, a carotid pulse was present. A paramedic unit from the West Bend Fire Department arrived, and “load and go” transport was continued to St. Joseph’s Hospital in West Bend. Flight For Life was diverted from a scene response to the hospital. Eric now had a blood pressure and was taking agonal respirations. An IV was started and Versed was administered. Wet clothing was removed.

Flight For Life arrived at the helipad at St. Joe’s at 2:15 pm. The crew made the decision to wait in the ambulance garage. This would allow us to set up our equipment. Several ER staff came out and offered to help. Warm IV fluids were readied. Everyone was making good use of their minutes. The ambulance arrived at 2:25 p.m. EMS gave a verbal report. Blood pressure 180/110, Pulse of 80. Sinus rhythm on the monitor. Bagging at a rate of 20 via the Combitube, occasional agonal respirations noted. Lung sounds were very coarse. ETC02 of 29. Pupils 4mm bilaterally, not reactive to light. No spontaneous movement of extremities. No response to pain. Glasgow Coma Score 3. How many minutes had Eric been underwater? Too many?

Quickly, with everyone working together, whatever wet clothes remained where removed. Warm blankets were applied. A cervical collar was applied and full spinal immobilization was done. A second IV was started and warm fluids were administered. A core temperature reading showed 88.7° F (31.5° C). A blood glucose reading was 288. We placed Eric on our LTV1200 ventilator with the following settings: Assist/Control, rate 12, tidal volume 500cc, PEEP 5, 100% FiO2. Vecuronium was administered as occasionally Eric would bite on the Combitube. Above everything else, we needed to maintain his airway.

Our flight to the Level I Trauma Center at Froedtert Hospital was 13 minutes. We administered an additional 2 mg of Versed for sedation. Eric’s vital signs remained stable. His temperature dropped to 86.9° F (30.5° C). We did a hot off-load and had him in the trauma bay at 3:02 pm. He was not breathing on his own. His pupils remained non-reactive.

Later that day, we learned that he remained intubated and on the ventilator in the neuro intensive care unit (NICU). His CT scan was completely negative for any injuries. Cerebral anoxia was the working diagnosis. The prognosis was grim. Had too many precious minutes passed? Perhaps organ donation would have to be the “optimum outcome” instead of a successful resuscitation.

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Over the next few days, we checked on Eric’s condition via our trauma contact at Froedtert. The reports were not overly optimistic… “anoxic brain injury, still on hypothermia protocol, having movement when sedation held, pupils reactive… movement somewhat purposeful, arms better than legs… wait and see game… family meeting yesterday – anoxic brain injury explained, due to severe agitation when attempting to reduce sedation, unable to wean, trach today… could be a long road….”

On April 28, we flew a patient to the NICU at Froedtert. After we had dropped off our patient, I asked one of the nurses about Eric, expecting the worst. She smiled and said, “I think he’s awake, do you want to talk to him?” Awake? Talking?

I went in his room, and there he was, watching TV. As the nurse introduced me, Eric struggled to sit up higher in bed. He opened his arms wide and mouthed some words. Due to his trach, I missed what he said. Jacqui, sitting at Eric’s side, said, “He said ‘thank you for saving my life.’ He wants to give you a hug.”

Over the next few minutes, I told Eric that I would accept the hug on behalf of everyone that had worked so hard during those precious minutes to save his life. I told them that so many people were involved in taking care of him, performing various duties on that day.

He was moved out of NICU on April 28, and discharged home on May 2. He said he was “feeling pretty good” and was having some mobility problems with his right leg. He is getting therapy and hopes to regain full use soon. Regardless, he is SO grateful to everyone for their efforts on the day when every one of his minutes counted the most.

A lot of quick thinking was done under pressure, with the clock ticking. It started with an alert motorist. The initial 911 call. Subsequent dispatching decisions. Courageous men who went into the water. Quality CPR. A Combitube. Warm, dry blankets. Warm fluids. A little sedation. Teamwork by everyone, regardless of which uniform was being worn. Continued care at the hospital.

Time well spent, don’t you think? Eric went back to work on June 9.

Eric wanted all his caregivers to know the following: “This story really catches the sense of urgency everybody had and the miracle you all created. In the often-times messed up world that we live in, everyone involved is a beacon of shining glory – a small outlet of what good is left today. You all gave me the opportunity to once again kiss my fiancée, hug my parents, and goof around with my best friend – my brother. Thank you all so much for everything. I’m forever indebted.”

A bunch of people who saved up a few minutes and turned it into forever!

Customer News

Advocate Lutheran General Hospital (LGH) Emergency/EMS Departments lost an icon on July 31, 2014. EMS Educator and ED Nurse Bernie Hossfeld retired after 40 years at LGH. Bernie started in the ED fresh out of nursing school in 1974 and has spent her entire nursing career at LGH. Bernie’s signature item has been her nursing cap which she has worn while working in the ED for the entire 40 years. She has been a strong supporter of FFL during that time and is also a valued member of the Northern Illinois CISM team. The team from Lutheran’s ED, family, friends and EMS providers gathered in July to honor Bernie and her commitment to nursing and EMS. We wish Bernie all the best in the next chapter of her life!

Congratulations to Highland Park Fire Department Fire Chief Patrick Tanner on his retirement and to new Chief Dan Pease.

City of Waukesha Fire Battalion Chief Joe Vitale (above) retired in July 2014 after 30 years of service to the community. Joe is well known and respected for his commitment and dedication to EMS in Waukesha County. He also was a member of the FFL Customer Service Advisory Board until last year. Many thanks to Joe for his friendship to FFL and his contributions to EMS.

The end of 2014 marked the end of more than 50 years as a firefighter for Plymouth Fire Department’s Ron Nicolaus. Chief Nicolaus had been the chief of Plymouth Fire for the past 34 years. Congratulations to newly appointed chief Dennis Fellows.

Lake Country Fire & Rescue Chief Jack Edwards recently retired. Kevin Keith has been named Interim Chief. Congratulations Kevin!

Hartland Fire Department Chief Allen (Augie) Wilde recently retired. Congratulations to Dave Dean, Interim Chief.

Happy trails to former Stone Bank Chief Mark Klokow, and congratulations to new Chief Scott Peterson.

Lt. Michael Barnes retired from Pleasant Prairie Fire & Rescue after nearly twenty years of service to the community.
Risk Management
by Matt Reinhart, EMT-P, FP-C
Flight Paramedic/Safety Officer
Fond du Lac Base

When crossing the street, do you wait for a break in traffic to cross or do you walk down to the closest traffic signal? Do you trust the gas light on your vehicle or do you try and get one more trip?

Risk Management has been around in one form or another for as far back as history can take us. The design of a castle is a good example of this. High, thick walls, controlled access with a draw bridge and a moat, lookout towers to warn of possible attacks, and tiny holes to engage an enemy while maintaining limited exposure. All elements show some sort of risk management by virtue of the design.

Risk Management is something that we all encounter each and every day. It has to be looked at and handled with great importance in our industry. I have often heard someone who has been working in this industry say, “the safest that we can be is to place all the aircraft in the hangar and let them sit.” Now this would obviously not benefit our mission of providing safe, efficient patient transports for sick and injured patients, but accepting missions comes with some risk.

Risk Management is one of the four pillars of the Safety Management System (SMS). The other are: Safety Policy, Safety Assurance, and Safety Promotion. The way that Risk Management is used at Flight For Life is by training our members to identify, avoid, control, and eliminate hazards. For example, at the beginning of every shift, our pilots will fill out a risk assessment matrix. This is developed by Air Methods, our aviation vendor. The following factors are some of the things that can vary the risk assessment score: day or night flying, the experience of the crew working, and if we are working in our primary versus a backup aircraft just to name a few. All of these factors can vary that risk assessment score. On all legs of the mission, the pilot will add to that initial risk assessment if there is something that might add risk to the mission (i.e. if we are landing at a scene versus landing at a hospital). Pilots complete this risk assessment matrix, but this is just a tool to help manage risk. If the score of the assessment is too high, we will try to mitigate some of the risk.

One of the other ways that Flight For Life helps manage risk is by providing safety inservices to agencies we work with. Developing and presenting safety inservices has allowed Flight For Life to educate the personnel who will be setting up and securing landing zones. Safety inservices are provided to EMS, fire, law enforcement, and hospital staff.

Risk management is a constantly evolving process. One example of this is Flight For Life’s original “three to go and one to say no” policy. The three being the pilot and two medical crew members staffing the aircraft. What this meant was that if anyone expresses concerns about accepting a flight, then the flight would be turned down or aborted. This practice evolved into “four to say go, one to say no” policy. The difference is that the flight communicator is added in the decision-making process of accepting a flight. Recently, Flight For Life amended the practice again to “all to say go, one to say no” policy. It now incorporates all personnel that are involved in the flight. An example of how we have used this recently was when a receiving hospital called our Communication Center and advised us that weather was not looking very good at their facility. Their input was included into our decision of accepting or continuing on with the flight. We just want to include all individuals with safety and risk management decisions and that is the reason we changed to the “all to say go” policy.

Another focus of risk management training is the hope that crew members take that education into their everyday, “away from work” lives. When staff incurs injuries outside of the work environment, it directly affects the team at work.

Our society has a tendency to reward or label people “hero” if they face risk and overcome it. There is a big difference between those who manage risk and those who “gamble.” The difference is the gambler is guessing at the outcome, while the risk manager is stacking the odds in his/her favor. Risk Management enhances the probability of achieving a predictable outcome.

At Flight For Life, we continuously attempt to improve the methods we use in assessing and managing risk. This is a strategic effort applied to all aspects of our missions. The ultimate goal is to provide SAFE, professionally managed air medical transports just like we have for the last 31 years.

And the 2014 SCYA* Winners Are...
(*Scene Call of the Year Award)

WAUKESHA BASE:
► Paratech Ambulance Service (Full Time)
► Village of Palmyra Fire & Rescue, Whitewater Rescue Squad, Whitewater Fire Department Tech Rescue (Combination)

MCHENRY BASE:
► Naval Station Great Lakes Fire Department (Full Time)
► Algonquin-Lake in the Hills Fire Protection District (Combination)

FOND DU LAC BASE:
► Random Lake Fire Department, Batavia First Responders, Beechwood Fire Department (Combination)

Congratulations to all these agencies and thanks to all who sent in applications. It’s not too early to send in your applications for 2015. You can fill out the online form (or print the PDF form and complete it) anytime you have a call you would like to submit.

IMPORTANT NOTE:
The application directions were amended this year to ask the applicant to list all agencies who worked together on the call as co-applicants for the award. They will share the educational grant between them.
The End of an Era

by Tammy Chatman, CMTE
Professional Relations/PIO
McHenry and Waukesha Bases

May 19, 2014, brought an end to an era at Flight For Life (FFL). The last remaining original team member of the program, Claire Rayford, decided to retire after more than thirty years of service to the FFL customers, patients and program.

Claire began her nursing career as a new nursing grad working in the Emergency Department at the Milwaukee County Medical Complex (now Froedtert Hospital) in 1971. She was known for her calm demeanor and methodical approach to patient care. Claire always had a Plan B, C, D and E if the patient took a turn for the worse. She continued to work in the Emergency Department until mid-1983 when an opportunity came up that she could not let pass by. An air medical helicopter program was going to be started at the hospital so Claire applied and was hired.

It was late December when a small group of nurses, that included Claire, finished their training and zipped up their last soft pack of medical supplies. They were finally ready to load everything into the Flight For Life Bell 206 Long Ranger helicopter, prepared to accept their first flight as air medical transport nurses for the very first air medical program in the state of Wisconsin.

Stepping into the relatively new world of civilian air medical transport, she was mentored in her new role by the three people who laid the foundation of the program. Dr. Joseph Darin, then Chairman of the Department of Emergency Medicine, Medical College of Wisconsin, Barbara Hess, the first Program Director of Flight For Life, and Jim Ryan, Executive Director of the Milwaukee Regional Medical Center. They worked tirelessly as a team to develop a program that would provide superb patient care and excellence in customer service.

Soon she became the chief flight nurse for the program. Early on, Claire became the face of Flight For Life, along with Barb, giving interviews and sharing her thoughts about being a flight nurse in this new program. She was a natural on camera and in interviews due to her sincerity, attention to detail and preparation skills. Patients and their families loved Claire as she took the time and effort to explain the complex medical information in a manner that they could understand. To this day, there are many patients and their families who keep in touch with Claire and hold her close to their hearts as part of their extended family.

As Claire’s career progressed, she decided in 1991 to move out of the role of the chief flight nurse and become the Professional Relations Manager and Public Information Officer for what is now the FFL-Waukesha base. In this new position, she was known for her meticulous follow thru with not only customers but with the media. Claire faced many challenges throughout her career in dealing with the difficult situations. Whether it was a service issue or a difficult media interview, she handled them both with the same composure and fortitude that served her well as an Emergency Department nurse. No matter what the situation, her follow up was well thought out and researched for every possible scenario. Even if she became rattled, it never showed. She was Flight For Life’s own “Cool Hand Luke.”

As with all things in life, there must come an end. Claire decided it was time to replace the cold and snow for some warmth and sun. No, there is no replacing Claire. The FFL customers and patients she cared for and served will tell you that. There was and will always be, only one Claire from Flight For Life. And yes, we miss her! If you are in the Naples area, make sure you look her up! She will be out by the pool catching some rays.

FFL Website Redesigned

by Kathy Mitchell
Marketing Coordinator

Have you noticed that Flight For Life’s website has been recently redesigned? We have added some forms for our customers to use to request a PR or a training event (and text explaining the difference). Customers can even request a COPS or CCOE shift via an online form. We still have an online Scene Call of the Year Award application too.

The site has a pull down menu called “Useful” (see below) that houses many of the items that were formerly under “Quick Links” on the old site. And, the site is searchable, in case you don’t readily find what you are looking for. Check it out. Our address remains the same: www.flightforlife.org
Communicators’ Corner: 
Flight Comm... Then Till Now

by Chris Forncrook, Lead Communication Specialist

On December 10, 2007, eight individuals gathered to start a new chapter in the 23 year history of Flight For Life. The Flight For Life Communication Center (Flight Comm) opened and began providing service 24 hours a day, seven days a week. Ericka, Laura, Chris, Kurt, Dan, Tim and Allison, under the leadership of Wes, undertook the huge task of building a communication center from the ground up while establishing the trust and respect of both crew members and customers. From very humble beginnings in our small office, located in the hangar on top of Froedtert hospital, to August of 2008, when we moved into our state-of-the-art facility at the new Waukesha County Airport hangar, Flight Comm’s focus has always been on the safety of crews and impeccable customer service.

From the start, Flight For Life required all of our Communication Specialists to be NAACS (National Association of Air Medical Communication Specialist) Certified Flight Communicators. This nationally accredited course, along with the many in-house educational offerings – including annual weather training from the National Weather Service – has helped establish Flight Comm as a leader in the industry. With the latest technology available, our Communication Specialists are able to:

- Monitor FFL aircraft in flight with satellite tracking
- Watch weather changes and update the flight crews
- Locate scenes with GPS software
- Communicate with crews via radios, satellite phones or Sprint Direct Connect phones
- Use Computer Aided Dispatch software
- Update requesting agencies as needed

While the technology has grown, so have the number of redundancies built to ensure the most accurate information is always available to our flight crews. This includes a back-up communication center located within Waukesha County Communications (WCC). Our Communication Specialists have the ability to evacuate our facility, drive to WCC and have the exact same capabilities within minutes as if they were sitting in our hangar.

Today our Communication Specialists, Chris, Cory, Steph, Deb, Andy, and Jason, continue to evolve the role of Flight Comm in Flight For Life and the community. Besides their air medical duties, they actively participate in the numerous committees at Flight For Life, provide safety inservices for customers and deliver holiday bags to dispatch centers to name a few. Participation in these types of events is unprecedented in the industry and is evidence of the support and trust that Flight For Life has in our Communication Specialists.

As the only remaining Communication Specialist from the first eight, I reflect on the past seven years and the amount of things we’ve accomplished. From a brand new center to being recognized as one of the best in the country is an honor and a testament to all who have served Flight For Life as Communication Specialists. I am extremely excited for what the future holds for Flight Comm and the ever evolving role of Air Medical Communication Specialists.

Need FFL? We’ve Got a Web-Based App for That!

by Chris Forncrook, Lead Communication Specialist

Two years ago, Flight For Life introduced “FFL Central,” the smartphone App, putting the ability to request an aircraft in the palm of your hand, decreasing notification time and saving valuable minutes for your critically ill or injured patients. The launch of the FFL Central App has been extremely successful and we have received a lot of feedback and suggestions for improvement. One of the more common suggestions received was to take the functionality of the smartphone App and put it on a web-based platform for referring agencies that aren’t allowed to use personal devices while on the job. The concept of a web-based platform had always been part of the long-term plan for FFL Central but was moved up the priority list due to the feedback received.

Over the past several months, Flight For Life worked with our developer to create the FFL Central web-based App, and we have begun beta-testing. The web-based App works on all internet platforms (Internet Explorer, Safari, Firefox, Chrome, etc.) and provides a secure, encrypted interactive experience for requesting the aircraft. Much like the smartphone version of the App, the web-based version was designed for ease of use and decreasing notification times. Once a user registers for the web-based App, they will receive a verification code that can be used to register multiple devices for that agency. Whether that is Wi-Fi devices (Toughbooks, iPads, etc.) mounted in vehicles, bookmarked on dispatch consoles or on laptops in your hospital units, the web-based App can be used anywhere with an internet connection. Users of the web-based App will find an intuitive process that may allow for dispatching of the aircraft without ever having to pick up a phone. Current beta-testers include customers from all disciplines including: fire/EMS, dispatch, and hospital. If your fire department, EMS, law enforcement, dispatch agency, or hospital is interested in utilizing the web-based version of the App, we encourage you to contact us for additional information or to schedule a set-up time:

Tammy Chatman at tchapman@mrmcflfl.org or 414-791-6655 OR
Jayce Commo at jcommo@mrmcflfl.org or 920-251-9387.

Web-based App features:

- One “click” activation of aircraft
- Displays all PDLZ’s, Fire Stations, Hospitals & FFL Bases on map
- Interactive chat with Flight Comm
- Provides real-time status updates on request
- Document library
Who Would Have Thought... Or Unlikely Connections

Jeff Morris’ Story

After graduating from high school and spending a couple of uninspiring semesters at a local community college with no readily definable goals in life, I determined that it was time to make a dramatic change. After making the rounds to the local recruiters, I decided to enlist in the US Army. Since I held a student deferment at the time, a lot of people, including my father, thought that I was nuts for volunteering. My mother, however, was more understanding of my patriotic motives, not to mention the economic benefit of letting the GI Bill pay for college once I got out. In June of 1968, the war in Vietnam was raging following the post TET offensive by the communist forces. American combat deaths were running 500 to 600 per week, so concern about my sanity by those questioning my actions was probably justified.

I raised my right hand on June 28, 1968, along with about 150 strangers and took the oath of office at the armed forces processing center in Milwaukee. About half of those strangers were drafted into the Army, while the rest, myself included, enlisted. The draftees had a two-year commitment and no control over their destiny while in the service, while we volunteers had a three-year hitch in exchange for being given a contract for the school we selected. Many enlistees selected schools that might provide skills transferrable to civilian life. My selection was airborne school, where we were trained in the art of jumping out of a perfectly good airplane. In retrospect, this probably wasn’t the smartest use of an opportunity at free military schooling, but, at the time, I needed something that produced an adrenaline high.

Before I could report to jump school, I would have to complete training in an MOS (military operation specialty). The Army, in their infinite wisdom, chose combat medical training for yours truly, something that I was not very happy about at the time, since I never considered myself a particularly compassionate person, nor was I enamored with blood... neither my own or other people’s. This was my first lesson in military life; the needs of the service always come first. After a brief leave, I was off to Ft. Sam Houston, Texas, to get training as a 91B.

Medical training lasted until December of 1968 when I was sent off to Walter Reed Army Hospital in Washington, D.C. for Advanced Individual Training (AIT) in the medical area. This was more of the same but was more hands-on in nature.

After AIT at Walter Reed Hospital, I finally received orders to report to Ft. Benning, Georgia, for jump school. Other than finding how out of shape I had become during my medical training, I really loved airborne school. It was good to be around people who were as gung ho as I was. It was back to rigorous physical training, learning how to exit a C 119 aircraft, what to do if your chute malfunctions, and how to land without breaking your legs. I was a pretty proud trooper when I completed the training successfully and had my jump wings pinned on.

After jump school I was assigned to the 82nd Airborne Division at Fort Bragg, North Carolina. The 82nd was then, and is now, part of a rapid deployment force that was always training for deployment to the next war or crisis in the world. I volunteered for Vietnam within weeks of my arrival at Ft. Bragg. In July of 1969, the Army granted my wish.

After spending a few days in the replacement depot in Long Bien just outside of Saigon, I was shipped north to Landing Zone English near Bong Son where I was assigned to the 173rd Airborne Brigade.

Little did I know... I would have a daughter whose life would be saved...

While with the 173rd Airborne, I also had interaction with flight crews of the 498th Dust Off who covered our area of operation. The Dust Off crews flew the Bell UH1H (Huey) helicopter, an aircraft that so many people find synonymous with the war in Vietnam. I learned that they had one of the most dangerous jobs in Vietnam, flying in all types of weather conditions, both day and night. They also flew into hot combat situations to pick up severely wounded patients where the landing areas were challenging and in some cases, non-existent. After becoming friends with several of the Dust Off medics and pilots, I was given authorization to tag along on a couple of their pickups during my off hours. After experiencing firsthand what they did, I was hooked. The Army would let me transfer into the 498th if I were willing to extend my tour in Vietnam, something that I was more than happy to do.

The headquarters for the 498th was located at Lane Army Heliport in An Son, Vietnam. They also had field sights in Pleiku, An Khe, Landing Zones English and Uplift. We usually spent two to three weeks at the field sights before rotating back to Lane where the aircraft would undergo inspections and maintenance. Being a medic, I didn’t have

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WHERE ARE THEY NOW?
A PATIENT UPDATE: Tom Burleson

by Tom Burleson

At 6:34 am, I was gently awakened by a sweet, small voice tentatively asking, “Daddy, are you awake yet?” as she gently opened my left eye with one of her fingers. Through no choice of my own, my day begins. I see my youngest daughter standing next to my bed, giddy with excitement, unable to wait any longer for the day to start. My family, wife Eva 34, Daniel 13, Tiffany 11, and Dallis 7, were going to Six Flags Great America.

August 21, 1999, I have very few memories of that day. I remember Dallis waking me up. I remember cooking chocolate chip, peanut butter pancakes with the kids. I remember Daniel teasing me because I do not go on rides that spin around in circles. I remember Tiffany giggling softly when she offered to share her cotton candy with me. A piece of the cotton candy stuck to her nose. I bent over, and gently kissed it off her nose. I hear Tiffany’s giggle as I share this memory. I remember holding Eva’s hand two separate times that day.

My last memory of our time at Six Flags was riding the American Eagle roller coaster with the kids. Dallis was ecstatic that she could, FINALLY, ride a big kid roller coaster. Dallis sprinted to me to ask if we would ride the American Eagle. I wanted to say no. It was very late. Eva and I had just decided to tell the kids we were going home. I could not squash Dallis’ dream of riding a “big kid” roller coaster. I watched her wiggle with excitement, like a puppy needing to go outside, waiting for my reply. I wanted to say no. I was exhausted. I was tired of the crowds. I wanted to go home. I said yes.

Dallis was so excited she could not stand still while waiting in line. She asked me repeatedly if she would scream and if she would throw-up like I do on “spinny” rides. I chuckled and said, “No.” As soon as we sat down in the car, Dallis thrust her hands above her head with gusto and started screaming at the top of her lungs... I thought. Unfortunately, the ride had not yet started. I looked at Dallis when the ride started going in circles. Dallis was no longer screaming but laughing hysterically with her arms still thrust above her head.

When I think of Dallis, I relive this memory. I believe it was Dallis’ favorite moment of her life.

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Accident Leads to Career in Public Safety

by Tiffany Cole

July 10, 2000. I was 19 years old and working two jobs at the time. I had worked 3rd shift and went for breakfast with a friend of mine. I had been awake for over 24 hours when on the way home, I fell asleep at the wheel, crossing the center line into oncoming traffic. The refrigerated F600 box truck that I struck won the battle against my little Chevy S10.

I have no recollection of the accident or most of the first week. One of the paramedics on the scene was a family friend. Apparently I screamed his name once I knew he was there. After a prolonged extrication, I was transported by ambulance to Watertown Memorial Hospital where I was immediately transported by Flight For Life (FFL) and taken to Froedtert where I remained for 8 days. My recovery process took almost a full year. There was a time when I was uncertain if I would even walk again due to my injuries. I would frequently ask myself “Why did this have to happen to me?” Eventually I did recover, and thought that if the medical personnel were not there for me, I would not be alive. So as a thank you to give back for what they did, in 2002 I joined Lake Mills EMS and became an EMT. In 2003 I joined Lake Mills Fire Department and went to fire school. Being with those agencies, I had the opportunity to work on scenes with FFL on various occasions.

In late 2004, I was hired as a dispatcher with Oconomowoc Police Department. I still get to assist the community, but from a different angle. In 2009 I met the person I was going to marry, Donald Bishop. We met via radio as he worked at another dispatch center. He too was a firefighter, EMT, dispatcher, and in 2011 became a police officer. He owned his own radio services business, and was constantly doing things for various public safety entities, only for the betterment of the community. He always said “Be part of the solution, not part of the problem.”

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The American Eagle roller coaster was the last ride we rode. At approximately 11:05 pm, we were hit head-on by a drunk driver who was travelling on the wrong side of the road. Eva, Daniel, Tiffany and Dallis were killed. I broke my nose, two ribs, my left collarbone and my neck in four places (C1 in two places and C7 in two places).

I do not remember the actual accident. I remember a bright white, intense light that caused pain behind my eyes. I reached out, squeezed Eva’s hand telling her in our private way that I love her. I thought, “OOO God, I’ve killed my family.” I remember the crushing force of metal impacting metal as my family was slaughtered. I did not know they were killed.

At the hospital, I begged the medical staff to tell me about my family. They knew my family was dead but waited to tell me until friends arrived at the hospital. I asked the doctor how my family was doing. The doctor bent over so I could see his face. He reached out, held my hand and said, “Thomas, I’m sorry but your family is gone.” I have never felt such desolation and loneliness. The woman I slept next to for 13 plus years was gone. The children I watched as they were born… gone.

Instantly, I felt hate, not for the drunk driver, but for myself. I lived and that was wrong. My life was vile and I was shamed. I realized if I had told Dallis “NO” when she asked to ride the roller coaster my family would be alive. If I had crushed Dallis’ dream my life would be different… it would be whole.

I made the decision to be treated at Froedtert Hospital in Milwaukee. I met one of the flight nurses, Sharon Purdom, while I was having an MRI. I am slightly claustrophobic and was scared while inside the MRI. Sharon gave me medicine to calm my nerves. I asked Sharon what she did and she told me, “I gave you morphine,” “I told Sharon, “Thank You” and “I love you.” It was good to hear her laugh.

During the flight to Froedtert Hospital, the death of my family and my survival weighed down my soul. There was a blackness that had settled inside me. No, that is wrong. It was an absence of light inside me. I prayed silently for someone to hold my hand. Instantly, Sharon Purdom reached out and held my hand. (Later, Sharon told me this is the one and only time she has ever held a patient’s hand.)

If she had not held my hand, if that prayer would have gone unanswered, I would have died. Yes, I knew that I was stable. Yes, I knew that I was able to move my arms and legs. Yes, I knew that the doctors thought I would make a full recovery.

But I also knew that my family had been killed…. But I also knew that I was unable to save my family, that I was impotent when my family needed me most. But, I also knew I was a failure as a husband and a father. The weight of these truths was too heavy for me to carry by myself. These truths were crushing me and would have crushed me that night. I would have simply stopped breathing and died except for one thing. Touch… human touch. Sharon holding my hand. The weight was lifted for the moment (yes, it came back but I was stronger). It was NOT the MRI machine, the cervical collar, the other expensive medical equipment used to treat me. These things were important but they did not save me, they “treated me.”

People saved my life that night. The ER doctor that held my hand as he told me the dreadful truth. Sharon Purdom doing something she had NEVER done before; she held a patient’s hand. It was your humanity that saved me that night.

I have remarried. My wife’s name is Mollie. We have three children, Elijah Thomas – 11 and Gideon Luke – 8, Mollie and I had a daughter, Abigael Eden. She was diagnosed with Trisomy 18 and lived 38 hours and 24 minutes.

I have and had a good life. August 21, 1999, was an incredible day, the best day. The ending was horrible. I do struggle with that truth still, but I remember Tiffany’s soft giggle, Daniel teasing me, Dallis’ hysterical laugh, and the touch of Eva’s hand. Today, my days are filled with watching our sons play soccer for the Chicago Magic.

Eva and I had a tradition of buying a Christmas ornament each year. I bought the ornament after the accident. Mollie and I continued this tradition.
April 3, 2013, I was having a rough day at work. When I got home from work, I was almost in tears. Don met me at the door, telling me to change my clothes, and we would go for a drink. That night we had the greatest conversation any two people could have. We were preparing for the closing of our dream home, and we thanked each other for being each other’s best friend. Everything we were planning for our life together was falling into place, and we started talking about my accident.

He said “The reason why you survived that accident was to be here with me.” At that moment, it all made sense.

Tragedy strikes again

April 13, 2013, was the day that changed my life forever. Don and I had just picked out new flooring, new countertops, and paint colors for our new home.

Don had left for work at 10:20 pm like normal. I was designing our new closet layouts on grid paper. After a few hours, I decided to get some ice cream. As I was scooping my ice cream, I heard a knock on the door. I thought “Oh, Don’s home. He’s here to get his turtleneck that he forgot.” I opened the door and saw a group of men in uniform. I scanned the group and fixated on one face and said “Chief?” as I backed away from the door. At that moment I knew. I kept saying “This is not happening.” It was the Town of Brookfield Police Department command staff and chaplain at my door, there to notify me that Don was gone. He had passed from a cardiac incident while responding to a burglary in progress call at the age of 32. We were less than two weeks from closing on our house where a week and a half earlier Don told me the reason I was still alive was to be here with him. And now he was gone.

It has now been almost two years since Don has passed. This by far has been a more difficult recovery than that caused by my accident. I am still employed with the Oconomowoc Police Department, and in June 2014, I started dispatching part-time for Jefferson County. I was recently asked to be on the executive board of a new organization being formed in the state which will provide assistance to officers injured in the line of duty in Wisconsin. I was honored to have been asked and gladly accepted. I look back and realize that I would not have been asked to be on this board had Don not passed away, would not have met Don had I not been hired at Oconomowoc PD, would not have been hired at the PD had I not been a FF/EMT, and would not have even entered into a career in public safety had I not survived my accident.

What would Don do?

I feel there is a reason why my life was not taken that day back in July. I frequently ask myself “What would Don do?” and he would say “Be part of the solution, not part of the problem.”

The 14-plus year path that has led me to where I am today all started on July 10, 2000. My less than ideal experiences have ultimately turned into opportunities to help others. I believe that part of my purpose is to help others any way that I can, and that is what I will continue to do.

Patient Sharing Blog Created
by Kathy Mitchell
Marketing Coordinator

One way we celebrated Flight For Life’s 30th anniversary was to create a Patient Sharing Blog – a site where we would honor our former patients and they could share their stories. We had collected several stories from patients that we shared in 30th Anniversary edition of Flight Rounds. Those, along with many others including three stories in video format, are currently on the site and available for anyone to view.

We offer patients the opportunity to write and submit their own stories and photos, or we can assist them with writing. The stories come to the Marketing Department for approval and any needed editing before they are uploaded to the site. Sometimes patients want to visit the hangar to see the helicopter and if possible, meet their crew, which can help to provide closure to their traumatic story. This has been an exciting and fulfilling project as our crew members have been reunited with patients they cared for and now can get updated on how that patient has done since the call that brought them together.

If you know a former Flight For Life patient, please let them know about this site and invite them to check it out and if they’d like, share their story with us.

The website is a link from the main FFL website.
1. Go to www.flightforlife.org
2. Click on Useful (in the black bar at the top of the screen)
3. Then on Patient Stories Blog (under External Links)
OR, to go directly to the site: Go to www.flightforlifestories.org
There you will see the most recently posted story. If you click on Menu and then Archive, you can see all the stories, arranged by the date of the call.
HIGHLIGHTING AN ILLINOIS DISPATCH CENTER: Waukegan Telecommunications Division

by Tysly Butler, Telecommunicator, Waukegan Dispatch Center

“I NEED HELP!” At some point in all of our lives we will find ourselves in a situation that requires assistance from police, fire, or rescue personnel. The first step to that help is your 9-1-1 telecommunicator. For many people, making that call to 9-1-1 may involve a life or death situation, and Waukegan Telecommunicators are trained to manage any situation that may arise.

The city of Waukegan has a population of 90,000 people, is the ninth largest city in Illinois by population and is the fifth largest city on the western shore of Lake Michigan trailing behind Chicago, Milwaukee, Green Bay and Kenosha. In 2013, Waukegan Telecommunicators dispatched approximately 91,000 calls for service (police, fire and EMS) and answered 480,000 phone calls. We recorded nine requests to Flight For Life for service in 2014. Our average time for rescue calls from the time the call is received to on-scene time is about five minutes.

Waukegan is a progressive city that operates with 150 police personnel, five fire stations, a regional airport, two hospitals, and the Waukegan Harbor that provides services for recreational boaters and industrial shipping. Waukegan Telecommunications is a 24-hour, 365-days-a-year division that runs with 16 full-time telecommunicators (six are fluent Spanish speakers), three supervisors and a 9-1-1 manager. The center is a proponent for continuous education and support. Telecommunicators participate in ride-alongs with fire and police personnel, training classes, debriefings and maintain certifications for CPR and EMD (Emergency Medical Dispatching). The continued education allows the telecommunicators to learn new tactics and have an understanding of what other emergency services personnel experience. Most of the division employees have more than 10 years of service with Waukegan. This long-term service has fostered a comradeship within our division and with police, fire and EMS personnel and even some callers that often times feels more like family.

(Tysly Butler has been a Telecommunicator for the City of Waukegan for 12 years)

CORRECTION

In “Tapping Into My Own Life Experiences to Help Those At Risk” in our Spring/Summer 2014 issue, the author requested that we correct a statement about the “Shattered Lives” program. The article read “I developed and implemented Shattered Lives...”

She did not develop the program, but rather “presented it.” This was an error made in the editing process and we regret any misunderstanding that it may have caused.
Unlikely Connections

much to do when we rotated back to Lane, so I asked operations to assign me as much as possible to the field sights even though it was with different crews rather than the one to which I was assigned.

In retrospect, transferring to the 498th was the best thing that I ever did while on active duty in the Army. While it exposed me to far more combat and flight hazards than my previous assignment, I also found it incredibly rewarding. I was enamored with the concept of being part of an air ambulance team that could take a severely wounded or injured trooper from the field and transport him to an aid station or hospital, usually within a ten to twenty minute period. It was very gratifying to know that I was making a difference. I spent about 10 months with the 498th before fulfilling my tour and rotating back to the United States for discharge from active duty.

Little did I know when I was with the 498th that this air ambulance model would be widely adopted for civilian use, and that I would have a daughter whose life would be saved by that model. Fast forwarding a bit to August 2002, my daughter Katie Morris was hit by a car while riding her bike in the Town of Delafield where we reside. The driver of the car had fallen asleep on his way home from work and veered off of the road and into the bike lane that Katie was traveling in. The collision severely injured the left side of her face and left her unconscious. She also suffered a broken back and ankle and had lost a large quantity of blood. She was in very critical condition. Luckily for her, there were two positive developments which helped to save her life. The first was that a paramedic with a local fire department was in a car immediately behind the vehicle that crashed into my daughter. She stopped and began administering first aid, and with the help of others stopped the traffic. The second development was the paramedics call for Flight For Life who, as it turned out, just happened to be flying near the accident scene while en route to a hospital where they were to make a patient transfer. When the call came in about Katie’s accident, that helicopter was diverted to pick up my daughter. As it turns out, there was both a nurse by the name of Blake on board and a doctor whose name we never learned, who were able to attend to my daughter’s needs within critical minutes from the time that the call came in.

After being notified by the sheriff’s department about the accident, my wife and I made the interminable drive to Froedtert with our son Marty to see our daughter. We were aware of the fact that Flight For Life had transported her and were gratified that she would arrive at the hospital well in advance of us. It was the darkest day in our lives because, at the time, we really didn’t know if she would make it or not, and if she did survive, would there be permanent brain injuries, vision loss or some other impairment. Thankfully, Katie did survive the ordeal, and after several follow-up surgeries was sent home to recuperate.

I am eternally grateful to all of those who helped save Katie’s life that day. The rapid response of Flight For Life in getting to the accident scene and administering life saving treatment was critical to her survival. The accident had occurred around the 4:30 pm rush hour. Had the only option that day been ground transportation for the 25 mile ride to the trauma center, the outcome might have been completely different.

Our family eventually all got to meet Blake, the flight nurse on Katie’s flight, when he was participating in one of Flight For Life’s public relations events in Delafield. We, of course, expressed our undying gratitude for his role in saving Katie. He was very humble about it and implied that it was all in a day’s work.

After a six-month period of recuperation, Katie was able to return to college and graduate. She eventually married and had two wonderful children. When she was married in August 2010, Blake accepted Katie’s invitation to her wedding and was gracious enough to share some thoughts about the accident with the rest of the people in attendance. He emphasized that it’s happy outcomes like Katie’s that make his job rewarding. Not all of them are. I understood his feeling. After getting to know more about Blake during the course of the evening, I found out that he too was a Vietnam veteran, and at one time during his tour had been picked up by a Dust Off helicopter. I’m not sure if it was mine, but in any case, the irony was not lost on me. I couldn’t help but think that this was a case of good karma at work, with a “what goes around, comes around,” theme, in this case a very favorable one.

The theme evolved even further when my son Marty was hired by Flight For Life as a paramedic in 2012. One of his strongest motivations in applying for employment was Flight For Life’s role in saving Katie. I know that he has a real sense of mission in extending this life saving service to others in need of immediate medical treatment. Needless to say, I am extremely proud of him. I take great pride in knowing that he is continuing a legacy that started with me in Vietnam.

Blake Reichgeld’s Story

May 1970. I was a 19-year-old Tank Commander in the 3rd Platoon, L Troop, 3rd Squadron, 11th Armored Cavalry Regiment. We were in the former Republic of South Vietnam, operating along the Cambodian border. The area was made up of a triple canopy jungle and rubber plantations, and it was very hot and humid.

I was responsible for the lives of my two 18- and 19-year-old crew members. The extent of my US Army first aid training was how to apply the one issued gauze dressing and make a tourniquet with a stick using that dressing. After that we were to call for a “medic.” We had been performing recon missions and probes into Cambodia where the North Vietnam army stronghold was. We were pulled back

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into a supposedly “safe” area to rest and resupply. (Note: There really are no “safe” areas in ‘Nam.) Then my troop got ambushed, and I got the “million dollar wound.”

Because of the very high risk of wound infection in that climate, those with open wounds/fractures were automatically treated to a flight to the “land of the big PX.” I qualified. I had sustained an open fracture to my left wrist and a closed fracture to my left elbow. Both would require surgical repair and rehab. They would fix me up by putting a pin and rod in my wrist and wiring my elbow together. I had lasted 10 months of my 12-month tour and was scheduled to go on “R & R” the next week.

My first ride in a Medevac helicopter was open air (they only closed the doors if it was pouring rain) and did not include any IVs, oxygen, or monitors. We landed at a forward base, 30 miles north of Saigon. There a medic established an IV and redressed the wound. My “loader” had used a dirty, oily towel as the initial wound dressing – so much for sterile gauze. The towel covered my entire wrist and hand and until the medic redressed it, I thought my left hand was gone! After x-rays and a shot of morphine, I was allowed to get up and use the latrine. It was when I looked in the mirror that I realized my elbow was broken – it was swollen to the size of a volleyball. Two hours later, with my arm in a sling and the x-rays tucked under my bad arm, I was pointed toward the helipad and told to get on the Medevac for a flight to the US Army Hospital MASH Unit in Saigon.

Upon arrival at the MASH Unit, I was ordered to “Strip, get out of those filthy clothes and give me your weapon and helmet.” I had been in those jungle fatigues for a week and had no shower or shave during that time. I was processed, my arm casted and put in one of the quanset hut wards where I got a lower bunk and my arm was tied to the mattress springs above me. After three days, I was flown, by plane this time, to a US Army Hospital in Japan where doctors pinned my left hand, and I stayed for 13 days. With no one there able to fix my elbow, I was sent to Great Lakes Naval Hospital in Illinois so it could be repaired. Military policy during that era was to send US wounded to the military hospital closest to their home.

Fast forward… Year 2002.

Katie Morris is out for a bike ride in Waukesha County and is hit by a car. She sustained multiple traumas. I was her flight nurse that day. Peripheral IV access was established. Pain medication and sedation were given. I determined she needed an advanced airway to deliver 100% oxygen. With the blood loss that was recognized, we began replacing lost blood with our IV fluids on a pressure bag. Suspected fractures were splinted and full cervical spine precautions were taken. During the flight, IV solutions continued to be infused on our pressure bag, additional sedation and pain medications were given while the flight physician continued to ventilate the patient, ensuring Katie was getting 100% oxygen. Radio contact was made with Froedtert Hospital, the Level I trauma center. Patient report was provided. Upon landing at our rooftop helipad, Katie was hot off-loaded, and the flight crew took her directly to the trauma room. Because of her injuries, the trauma team had been activated so Emergency Department Trauma Center and Trauma Emergency Surgery staff were already assembled waiting for Katie.

Katie had a long road to recovery (been there), and she did well. Our paths did cross a few times and then I received a wedding invitation in the mail from her. I was deeply honored and humbled to attend the ceremony and see her doing so well. My wife and I attended the reception. As sometime occurs at these most joyous events, libations were ingested. I met Katie’s father, and we found that being Vietnam Vets was something we had in common. He had been a US Army Medevac crewman. We’d both served at about the same time and in the same parts of South Vietnam.

Wow! Oh my God! Could he have been the US Army Medic on that UH-1 Huey, during my Medevac “adventure?” He took care of me then. Twenty-five years later I returned the favor and took very good care of his daughter.

From Vietnam combat soldier to flight nurse… who would have thought?
critical. The crash occurred on one of the busiest streets in Waukegan during lunchtime, with debris strewn over a large area with substantial property damage. These factors combined created additional challenges for fire and police at the scene.

It takes years of training and preparation to effectively deal with complex patients and accident scenes. The teamwork and expertise of the Waukegan Fire Department enabled their personnel to easily deal with this complicated situation.

Fond du Lac Base

Orange Cross Ambulance and the Town of Wilson First Responders and Fire Department were the winners of the Fond du Lac Base Combination Department award. The celebration occurred at the Town of Wilson Fire Department on Tuesday, May 20. The seven-year-old former patient, who is doing very well, was able to attend and meet her flight paramedic, Jody, at the event. Along with Orange Cross, members of the Town of Wilson First Responders and Fire Department were present, as well as Sheboygan County Sheriff, Todd Priebe. This was the second time in two years that Orange Cross has won the award.

Flight For Life-Fond du Lac presented Mayville EMS, Iron Ridge Fire and First Responders, and Horicon EMS with the Scene Call...
of the Year award on Tuesday, June 24. The event was well attended by the public, as well as EMS and Fire Departments. This award honored all of the departments involved for their work going above and beyond the call of duty at a very difficult, multi-patient scene.

Waukesha Base

On Thursday, March 19, 2015, Flight For Life-Waukesha Base presented Lake Country Fire & Rescue with its 20th Annual Scene Call of the Year Award (combination department) for 2013. The event was held at their fire station.

The award winning call took place on September 8, 2013. Lake Country Fire and Rescue was dispatched to a multi-vehicle crash that involved several fatalities and one pulseless, non-breathing child. Lake Country paramedics worked quickly on the child, performing CPR and other advanced life support care. The child regained her pulse a short time later and was flown by Flight For Life to Children’s Hospital in Wauwatosa. Thanks to the quick response of Lake Country paramedics, the child has made an extraordinary recovery and was able to attend the ceremony.

Remembrances

Firefighter Leslie “Les” Fryman
Our condolences to the Rosendale Fire Department on the loss of 25 year veteran Les Fryman who passed away in January.

Fire Chief Howard Dunsmoor
Howard Dunsmoor, 85, passed away on February 10. Chief Dunsmoor was a member of the Fairwater and Brandon-Fairwater fire departments for 46 years, including 25 years as chief.

EMS Director Amy J. Ludford
Amy Ludford, 61, died unexpectedly on June 4, 2014. Amy was a graduate of Antioch Community High School, and later achieved her RN degree from the College of Lake County and BSN from Olivet. She spent her entire nursing career at Vista Health where she was the EMS Coordinator of North Lake County EMS System, Paramedic/EMT instructor and most recently, the EMS Director. Amy was known throughout the state and region as not only a colleague but a mentor, friend, educator, and fierce advocate for patients and EMS. She was a friend and staunch supporter of Flight For Life for many years. There are no words to express how much she is missed by all who loved her. Thanks Amy for teaching us that all things great and small matter. Here’s to Heaven filled with Diet Coke, bags of mini chocolate donuts and a little wine for good measure.

Firefighter Scott B. Schumacher
Scott B. “Shoe” Schumacher, 41, of Trevor, lost his long and fiercely fought battle with line-of-duty related melanoma on Wednesday, February 25, 2015. Scott was a fireman, first in Harvard, Illinois, for seven years and the last sixteen years with the Kenosha Fire Department. He was a Fire Lieutenant with the department, answering over 10,000 calls for service and receiving multiple life-saving merit citations. Scott was involved with the Kenosha Fire Fighters C.A.R.E. program, and was also very involved with the Lakeland Little League program where he served as president and assisted over 3,500 children pursue their passion for the sport. He leaves behind his wife, Kris and their three children, Ryan and twins, Sean and Sara, as well as his parents, a sister, along with many other friends and family including his brothers and sisters at Kenosha Fire.

EMT/Firefighter Bruce A Schaal
Bruce A. “Ticker” Schaal, age 63 of Powers Lake, Wisconsin, died suddenly Monday morning April 21, 2014, at the Aurora St. Luke’s Medical Center in Milwaukee. In the late 1970’s, he joined the Twin Lakes Volunteer Fire Department and Rescue Squad and became an EMT and an EMTI. He was awarded a lifetime membership to the department. In 1984, Bruce was one of the organizers of the Town of Randall Fire Department where he has served as president and assisted over 3,500 children pursue their passion for the sport. He leaves behind his wife, Kris and their three children, Ryan and twins, Sean and Sara, as well as his parents, a sister, along with many other friends and family including his brothers and sisters at Kenosha Fire.

Firefighter/Paramedic Steven P. Bebow
Steven Beblow age 39, of Fond du Lac, Wisconsin, died Friday, December 5, 2014. Steven received his associate degree in Fire Science from Fox Valley Technical College in 1996 and later his bachelor’s degree in Public Administration and Services from Silver Lake College. Steven continued on page 16
volunteered with the Lamartine Volunteer Fire Department while attending college. He also worked for the North Fond du Lac EMS and was a supervisor at Admanco in Ripon. Steven began his career with the Fond du Lac Fire Department in April of 2001 as a firefighter/paramedic. In January of 2014, he was promoted to Fire Engineer. He was the fire department’s clothing steward and was involved in numerous charitable activities with Fond du Lac Firefighters Local 400. He was a member of Berlin United Methodist Church. Steven enjoyed volunteering in his children’s classrooms at Pier School and his son’s Boy Scout Troop. He enjoyed biking, boating, fishing, cooking, grilling, planning and taking family vacations, walking his dogs, Champ and Willie, helping others, and most of all loved spending time with his wife, children and family. Those of us who knew him would have a hard time coming up with a nicer, more family centered man than Steve. Our thoughts go out to the Fond du Lac Fire Department and to Steve’s family and friends.

EMT David J. Connell

On June 16, 2014, Dave Connell, longtime employee of Meda-Care Ambulance, died following a motor vehicle crash. Dave was the former Dousman Fire Department EMS Chief and a friend and colleague to many of us at FFL. Our hearts were filled with sadness over his loss. There are no words to say how much your loved ones, friends, the Meda-Care and Dousman Fire families miss you. Godspeed Dave.

Firefighter Jed T. Ellenson

Jed Thomas Ellenson died unexpectedly July 22, 2014, at the age of 31. Jed graduated from Mukwonago High School in 2002 and joined the United States Marine Corp, serving two tours in Iraq. He continued his service to the community as a firefighter/EMT with the Eagle Fire Department. He loved the outdoors and was an avid hunter and fisherman. He is missed by his family, friends and firefighter family.

Northbrook Fire Receptionist Priscilla Nolan

For nearly 20 years, Priscilla Nolan was the upbeat public face of the Northbrook Fire Department, working as records clerk and receptionist and greeting all who entered department headquarters with a smile and good cheer. Priscilla died unexpectedly on April 5, 2014, after a long battle with MS. She was 58. Priscilla was loved by all who knew her for an undeniably quirky sense of humor and positive attitude. She is sadly missed by her family, friends and fire service family.

State Trooper Trevor Casper

Trevor Casper, just 21 years old, and three months out of the Wisconsin State Patrol’s training academy, was killed on duty on March 24 in a shootout following a bank robbery in Fond du Lac. It was his first day out solo.

Black Friday Blood Drive 2014

The second annual FFL-McHenry/ McHenry Fire Black Friday Blood Drive was held at Station 1 in McHenry. We collected 57 units and had 3 deferrals, short of our goal of 100 but still 57 units more than we started with. We also had Amy, a bone marrow transplant recipient, on hand to register and test folks to be bone marrow donors. We had 10 folks register!

Bill Kornfeind, whom we dedicated the blood drive to, and his family came by and stayed most of the day with us. Billy is a quadriplegic due to a 20 ft. fall last year off of a ladder. His brother Jim is a FF/EMT with McHenry Fire.

We had hamburgers and hot dogs, helicopter cookies and five raffle prizes for our donors. Each of our donors filled out a little “turkey” to tell us why they donate blood. We do this at every drive and then make a poster to give to those that we honor.
What You Need to Know About Drones

by Tammy Chatman, CMTE
Professional Relations/PIO
McHenry and Waukesha Bases

Because of rapidly advancing technology, small unmanned aircraft systems (sUAS) commonly referred to as drones, with video capability, can now be purchased for less than $300. They are being used for a variety of purposes from capturing vacation memories to surveying crops and livestock. Due to the drop in price and widespread availability, the use of drones has skyrocketed in the past two years. Because of this, many drone operators fly their drones right out of the box without any training or education on safe operations. Just because you can buy a drone doesn’t mean there aren’t rules and guidelines in which to adhere to. According to the FAA, the U.S. has the busiest and most complicated airspace in the world with more than 68,000 flights per day. They are responsible for the safe management of the airspace while at the same time they must develop a plan to integrate the massive number of drones taking to the skies operated by a varied user base.

There are three types of drone users: recreational/hobbyist, commercial/business, and public entities. Recreational/hobbyist users are those who use drones for their own personal use and enjoyment. They must operate in accordance with several requirements, including a community-based set of safety guidelines and within the programming of a nationwide community-based organization such as the Academy of Model Aeronautics (AMA). It is important to remember that the drone pilot is responsible for any damages or injury to others or property caused by their drone.

Commercial/business users are those who wish to use the drones for business purposes where compensation is involved. A few examples of business use would be wedding photography, mapping services or security. Currently, the commercial entity must submit to the FAA for a Certificate of Authorization and receive approval prior to engaging in commercial drone operation until the proposed rules for their use are approved and implemented. Public users are government entities such as law enforcement, fire, emergency management agencies, department of homeland security, public colleges and universities etc. Drone operations must be conducted for governmental functions after applying for and receiving a Certificate of Authorization. Examples of public entity use would be disaster assessment, search and rescue, firefighting etc.

Drone operation can create potential safety hazards for first responders, aircraft and crew members, as well as for patients and passengers. According to the National Air Traffic Controllers Association, drones flying close to aircraft have become a daily occurrence. Drone pilots should always operate their drone in a safe and responsible manner as it is critical for those on the ground and in the air. In the interest of safety, Flight For Life requests the following as it relates to drone presence and an incoming helicopter:

Drone use by public service agencies or their designee at a scene/drill/SAR:

1. Notify incoming aircraft via their dispatch and radio directly to the flight crew of drone presence
2. Land the drone until the aircraft has departed the immediate area

Third party drone presence on scene/helipad:
1. Notify incoming aircraft via their dispatch and radio directly to the flight crew of drone presence
2. Locate the operator of the drone
3. Remove/land the drone
4. Aircraft will not land until the drone has been removed and/or has landed
   - Alternate landing zone may have to be procured if drone operator is not located
5. Drone must be grounded until the aircraft departs the immediate area

The FAA has partnered with the Association for Unmanned Vehicle Systems International (AUVSI), the Academy of Model Aeronautics (AMA), and the Small UAV Coalition to educate prospective users about the safe and responsible operation of unmanned aircraft systems (UAS). Please visit the website www.knowbeforeyoufly.org to learn how to safely and legally operate a drone for recreational, commercial or civil use.

2014 Blood Drive Totals

Thank you to all who donated blood and helped out at our many drives last year. Here are our totals for 2014:

<table>
<thead>
<tr>
<th>Month</th>
<th>Who</th>
<th># of Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>FFL-McHenry &amp; Fox River Grove FPD</td>
<td>37</td>
</tr>
<tr>
<td>May</td>
<td>FFL-Waukesha &amp; Lisbon FD</td>
<td>45</td>
</tr>
<tr>
<td>June</td>
<td>FFL-McHenry &amp; McHenry Township FPD</td>
<td>53</td>
</tr>
<tr>
<td>July</td>
<td>FFL-Fond du Lac (2 days)</td>
<td>84</td>
</tr>
<tr>
<td>October</td>
<td>FFL-McHenry &amp; Fox River Grove FPD</td>
<td>34</td>
</tr>
<tr>
<td>November</td>
<td>FFL-McHenry &amp; McHenry Township FPD</td>
<td>57</td>
</tr>
<tr>
<td>TOTAL for 2014</td>
<td></td>
<td>310</td>
</tr>
</tbody>
</table>
FLIGHT FOR LIFE’S 30th Anniversary Celebrations!
The CART mission includes:
- Decreasing the volume of involuntary emergency detentions in Milwaukee County by utilization of voluntary options, stabilization on scene, or referral to other mental health resources
- Mental health assessment prior to CJF admission for prisoners in custody who are displaying signs and symptoms of a mental health crisis, preventing an unnecessary transport to Psychiatric Crisis Services (PCS) thereby decreasing flight risk
- Head protection for subjects in custody or on emergency detention (protective helmet pilot program)
- Medical and Mental Health facilities liaison to foster community partnerships
- Respond as a resource squad to high priority crisis calls involving persons with mental illness or who are suicidal (i.e. barricaded subjects, person threatening to jump off a bridge, etc.)
- Provide dignified and culturally competent service to all persons in crisis
- Decrease the possibility of use of force and injuries to officers, consumers, and the community
- Attempt to decrease the number of repeated interactions between individuals diagnosed with serious and persistent mental illness and law enforcement
- Advocate for the citizens we serve and link them to mental health services to help reduce homelessness, reduce victimization, reduce substance abuse and minimize contact with law enforcement and utilization of emergency services

The CART office is located on the second floor of the Avenue’s West Substation; 2100 W. Wells Street. CART utilizes an unmarked squad and a plain clothes officer for dignified low profile response.

Requesting Milwaukee Police Department Crisis Intervention Services:
- CIT - CIT Officers work in every district and every shift. Callers may request the services of a CIT officer when calling for police services.
- HOT - Homeless outreach team members may also be requested through MPD dispatch.
- CART - Crisis Assessment Response Team works Monday - Friday, 11am - 7pm. CART may be requested for consultation through MPD dispatch by officers on a scene, or by referral of the Milwaukee County Behavioral Health Division Crisis Line. If CART is not available, we encourage you to request a CIT officer, or the Milwaukee County Mobile Crisis Team at (414) 257-7222 for assistance, or email CART@milwaukee.gov for non-urgent requests for service.

Milwaukee Police Department Crisis Intervention Services: Information for Citizens and Crisis Services Partners

The Crisis Intervention Team (CIT) is made up of law enforcement officers, mental health professionals and community advocates that include the National Alliance for Mental Illness (NAMI). The Milwaukee Police Department has almost 400 department members including officers, detectives, supervisors, dispatchers and telecommunicators who have received CIT training. They have received 40 hours of specialized training on topics indentifying mental illness, substance abuse, crisis de-escalation, active listening, psychiatric medications, emergency detentions, voluntary options and resources for consumers and their families. The Milwaukee Police Department partners with local mental health professionals and agencies to provide the training. CIT members are frequently called upon to assist in calls involving persons in crisis and are given priority to any assignments regarding persons with mental illness. You may request a CIT officer through the dispatch center. CIT officers may also be requested by persons and professionals in the community when they are requesting a police response. The policy of the Milwaukee Police Department is to treat homeless persons in a manner that respects individual rights, human dignity and community values while enforcing laws that protect life and property, and that sustain civic life. Homeless Outreach Team (HOT) officers work to identify and engage in outreach, which is the most critical step in connecting or reconnecting a homeless individual with needed health, mental health and recovery, social and housing services, assessing needs, defining service goals or agreeing on a plan for delivering those services.

Crisis Assessment Response Team (CART)
The Crisis Assessment Response Team is a collaborative effort between the Milwaukee Police Department (MPD) and Milwaukee County Behavioral Health Division (BHD). The team consists of Officer Chad Stiles, who is a trained CIT and HOT officer, registered nurse and paramedic, and Jeff Scott. MS, LPC, CFC, CSW who is a BHD Crisis Mobile Team Clinician. This team will respond as a resource squad to assist officers in the field to help determine an appropriate disposition for mental health related calls for service. They will also take referrals from the BHD Crisis Mobile Team. They can only respond to calls for service involving persons 18 years old or older. If you need assistance on a call involving a juvenile, you may contact the Milwaukee County Mobile Urgent Treatment Team (MUTT) at (414) 257-7621.

If officers have placed the person on Chapter 51 Emergency Detention, CART cannot respond to a hospital facility. The request for CART or mobile team evaluation must come from the ER staff through PCS (414) 257-7260. If the officers have not placed the person on emergency detention, CART may respond to the ER to evaluate the patient for emergency detention. CART cannot provide psychiatric clearance for someone who is in need of medical clearance (i.e. intentional overdose).
Mark Your Calendar!

- Flight For Life Blood Drives in 2015...
  - Waukesha Base:
    Tuesday, May 19, 2:30 - 7:30 pm at Lisbon FD
  - McHenry Base:
    Saturday, June 27, 9 am - 3 pm at McHenry Township FPD
    Saturday, October 24, 9 am - 3 pm at Fox River Grove FPD (7 Angels)
    Friday, November 27, 9 am - 3 pm at McHenry Township FPD (Black Friday)
  - Fond du Lac Base:
    July dates to be determined at Fond du Lac County Fair Grounds

- Flight For Life’s 31st Annual Emergency Services Conference, Trends and Issues 2015 will be held on Saturday, October 3, at the Kenosha County Center.

  Go to our newly revised website: www.flightforlife.org for the latest news and information on events.

  And check out our Facebook page: www.facebook.com/flightforlifetransportsystem

Congratulations to... the following people who were randomly selected from those who completed FLIGHT FOR LIFE Online Customer Satisfaction Surveys.

2014
April ........................... Lyndsay Dankert, AMC - Oshkosh
May ............................. JoEllen Fox, AMC - Kenosha
June ............................ Kevin Bonnell, North Shore FD
July ............................ Kim Kraus, Town of Calumet Volunteer FD
August ......................... Matthew Hartlaub, Town of Delavan FD
September .................... Nicholas Fahrenkrug, City of Fond du Lac F&R
October ....................... Dawn Learned, Dodge County Sheriff’s Dept.
November ..................... Susan Karrer, Aurora Memorial Hosp of Burlington
December ..................... Jodin Froeber, Somers F&R

2015
January ....................... Mary Eschel, Advocate Good Shepherd Hospital
February ...................... Steve Salvo, South Shore FD
March .......................... David Becker, Orange Cross Ambulance

Remember to add your name and phone number or e-mail address to each Satisfaction Survey you complete so that you are eligible to win one of our monthly prizes. You can’t win if we don’t know who you are or how to contact you!

2014 Emergency Service Conference

Have a Safe Summer!