

Hospital Heliports--Why Not?

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An oil rig 25 miles out in the Gulf of Mexico exploded — one of the most spectacular fires in the history of the oil business. Nineteen of the rig's crew were picked up by helicopters from the raging inferno and flown to the Ochsner Foundation Hospital Heliport in New Orleans — within minutes they were given emergency treatment by the staff specially trained for disasters — all of those burned and injured men were saved.

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A bulldozer operator, critically injured while working in the mountains of California, was rescued by helicopter and flown to the Methodist Hospital Heliport in Arcadia.

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Thirty miles south of Anchorage, Alaska, a barge workman was badly crushed. Forty-five minutes after the accident, he was in the emergency room at Anchorage's Providence Hospital.

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As a rescue vehicle — on the battlefield and on the home front in emergencies and disasters — the helicopter has no equal.

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These are rather dramatic examples — of rescues that could only have been made by helicopters. If any of these victims had been transported to the hospital, by boat, or pack horse and then finally by ambulance, it is doubtful if they would be alive today. But when accidents occur in our cities and suburbs ambulances lose life-saving minutes as they buck the traffic-clogged highways, freeways and city streets — not to mention the apprehension of the victim as the ambulance careens around corners with siren screaming! So, why not Hospital Heliports? By providing a minimum size rooftop landing pad or a ground level site — lives can be saved!

I'm not suggesting there can be a heliport at every hospital, though I would hope that no new one is built without a heliport in the plans. Fortunately, most hospitals have an unobstructed lawn, an adequate parking lot or an open rooftop area that could serve as a heliport. For the city-center

hospital, the rooftop may be the only available area. Existing buildings with roofs designed for normal live loads often can be adapted to receive helicopters by merely installing a simple load distributing pad to spread the concentrated loads over the existing structure. Incidentally, building roofs in the northern part of our country are already stressed to withstand snow loads and probably would not require additional stress for use by the lighter helicopters. The Santa Monica Hospital Heliport is a typical example of a minimum size (25 feet by 25 feet) rooftop landing pad, adequate for use by the smaller helicopters such as the Bell, Brantly, Hiller and Hughes.

For the suburban hospital an adequate open ground level area is usually available. As an example, the Baptist Hospital in Miami, Florida, and the Sierra Nevada Memorial Hospital, Grass Valley, California.

All that is needed to designate a heliport is a wind sock and to be helpful to the transient rescue pilot — a Hospital Heliport Marker — so that he would land in the approved, safe area, closest to the Emergency Clinic. A Hospital Heliport Marker is recommended by the FAA. While retro-reflective paint is suggested for the Marker, it is expensive and regular paint would do. Marking the heliport could be a Sunday project for the air-minded members of the hospital staff or for local Service Clubs.

As airplane pilots, you've experienced the frustration of not having an airport close to your destination. To the helicopter pilot this frustration is compounded. He doesn't need runways, just a few feet with a clear unobstructed approach, and he is able to land.

When next you visit your hospital, look at it with a heliport in mind. Isn't there a clear area close to the emergency clinic that could serve as a heliport? Or is there an exit from the roof that would permit transfer of a patient from the helicopter to an elevator ramp? If you think your hospital could and should provide this modern facility, I suggest you contact your local helicopter operator for his experienced advice and your FAA Field representative for a flight check of the proposed site.

There were 29 hospital heliports in the country and three proposed as of January, 1964.

THE FLYING PHYSICIAN

Here are some of the comments from these hospital administrators:

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"We are confident that many lives have been saved because of the existence of our heliport." **Walter B. Hoefflen, Methodist Hospital, Arcadia, Calif.**

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"We consider our heliport as a valuable adjunct to our disaster plans and operations, as it provides for rapid and direct aerial transportation for casualties." **Herman Hoff, Jackson Memorial Hospital, Miami, Florida.**

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"We are delighted to know there is a growing interest in establishing heliports at hospitals. When Oschner Foundation Hospital was completed in 1954, a heliport was set up practically before the grass had a chance to grow over the newly graded ground. The value of this small allotment of ground has been brought home to us time and time again; scarcely a week passes that we do not have patients brought to the hospital by helicopter. The speed and comfort of air transport to the hospital has undoubtedly saved lives and definitely has prevented unnecessary suffering."—**Josephine M. O'Meara, Oschner Foundation Hospital, New Orleans, La.**

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"Providence's heliport, first considered by some skeptics as a non-essential in this most air-minded of all states, is now accepted as a necessity and its use increases each month."—**Sister Barbara Ellen, Providence Hospital, Anchorage, Alaska.**

"We receive an average of one accident victim per week. Many lives have been saved as a result of the small amount of time involved in transporting these patients from offshore structures. The heliport has definitely proven an invaluable asset to this area." **Paul J. Terborne, Lady of the Sea General Hospital, Galliano, La.**

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"In the event of a disaster we find it extremely difficult for our ambulances to get to and from the scene due to highway congestion caused by the curious. Helicopters could expedite the transportation of casualties." **William A. Kozu, Peninsula General Hospital, Edgemere, N. Y.**

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On a highway lay the victim of a motor accident. A young doctor was hailed. The victim's back was broken and the doctor, with Korean War experience, asked the police to call a helicopter, the best way to move such a fractured case, to the hospital. The helicopter operator could not help—no heliport at the hospital.

Hospital Heliports—Yes!

The following publications are available by writing to the Vertical Lift Aircraft Council, Aerospace Industries Association, Suite 700, 1725 DeSales Street, N.W., Washington, D. C. 20036: *Helipad Design Guide*; *1963 Directory of Helipads/Helicopters in the U.S., Canada and Puerto Rico*; *1964 Directory of Helicopter Operators—Commercial, Executive, Government and Helicopter Flight Schools in the U.S. and Canada*; *Legal Aspects of Planning for Urban Heliports*; *Vertical Lift Aircraft Designation Chart*. —Ed.



The minimum size (25' x 25') rooftop landing at California's Santa Monica Hospital is adequate for the smaller size helicopters.