SANTA CLARA VALLEY MEDICAL CENTER

Dedicated to the Health of the Whole Community

Hospital Administration
751 South Bascom Avenue
San Jose, California 95128
Tel. (408) 885-4010
Fax. (408) 793-1817

January 3, 2003

Gene Marie O'Connell
Executive Administrator,
Robert C. Mackersie, MD
Trauma Director
San Francisco General Hospital – Ofc #2A5
1001 Potrero Avenue
San Francisco, CA 94110

Dear Ms. O'Connell and Dr. Mackersie:

This letter is written in support of the need for air medical access to San Francisco General Hospital (SFGH). I am the Hospital Director for Santa Clara Valley Medical Center, the public hospital for Santa Clara County. This letter expresses the opinion of SCVMC's administration and its trauma surgeons and staff. Santa Clara Valley Medical Center is a designated Level 1 Trauma Center, a Regional Burn Center, and Regional Spinal Cord Injury Center. We rely on air medical access to provide timely services to injured patients in the community and region, and well recognize the importance and necessity of air access for any hospital serving injured patients.

Nearly all major medical centers serving injured patients, with the notable exception of SFGH, have a helipad to provide air access. Without a helipad, rapid access to trauma care cannot be provided from locations remote to the center. For example, the SFGH provides care to trauma patients from northern San Mateo County, but ground ambulance travel times for these patients can be excessive. To fully participate as a regional trauma center, a helipad is required.

In the event of a major disaster in Santa Clara County, the capacity of our hospital and the other two trauma centers to provide care would likely be overwhelmed and patients would need to be sent by air ambulance to other regional facilities. To participate in this regional response, SFGH would have to have air access. Conversely, a disaster in San Francisco could overwhelm SFGH and patients would need to be transferred by air from the hospital to centers in Santa Clara County.

Thus, our facility, the people of Santa Clara, San Mateo, and San Francisco Counties would directly benefit from air medical access to SFGH. A helipad at SFGH would not only allow SFGH to participate fully as a regional trauma center in normal times, but, more critically, in the event of a major disaster.

Sincerely,

Susan G. Murphy
Director, Santa Clara Valley Medical Center

C: Linda Mowry, Director, Professional & Support Services
Lisa Yonaka, RN, Trauma Program Manager
John Sherck, MD, Trauma Program Director
Robert Sillen, Executive Director

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JAN 06 2003
ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

Marin General Hospital
A Sutter Health Affiliate
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SAN FRANCISCO GENERAL HOSPITAL

250 Bon Air Road,
Greenbrae
Box 8010
San Rafael, CA 94912-8010
(415) 925-7000

February , 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital – Ofc#2A5
1001 Portrero Ave.
San Francisco, CA 94110

Dear Ms. O'Connell:

I am writing this letter in support of the need for air medical access at San Francisco General Hospital. I am currently the Chief Executive Officer at Marin General Hospital in Greenbrae California, approximately 30 minutes driving time when traffic is flowing well, from San Francisco General Hospital.

Marin General Hospital has, in the recent past, been designated as a Level III Trauma Center. While we are a full service hospital, on occasion we have found it necessary to transfer complex trauma cases to a higher level of care. Often times these patients are very critically injured and need to be transferred expeditiously to a tertiary care center. A challenge we face in the Bay Area, and particularly in Marin County, are extremely congested roadways. There have been times when it has taken a great deal of planning to transfer a patient from our Level III Trauma Center to San Francisco General Hospital to avoid heavy traffic patterns. We believe that the option to transfer patients who are critically ill by air ambulance is essential to Marin General Hospital and the patients in our community. This choice of transport allows us the ability to more expeditiously care for our patients.

It should also be noted that north of San Francisco and Marin County there is only one Level II Trauma Center available to the patients in that region. The Trauma Center in the Santa Rosa area is extremely busy and has been known to divert ambulance traffic, both air and ground, due to heavy volumes of patients and lack of critical care beds. This further supports the need for access to a Level I Trauma Center via air ambulance to ensure that patients in the entire region have the access that they need to trauma center care.

In conclusion, Marin General Hospital fully supports the need for Trauma Centers of all levels to have air ambulance access. Most importantly however, a tertiary center such as San Francisco General Hospital must have the ability to accept patients without delay requiring that level of expertise.

If you have any questions do not hesitate to contact me at Marin General Hospital at 415-925-7103.

Sincerely,

Margaret Sabin
CEO

Saint Francis Memorial Hospital
CHW

900 Hyde Street
San Francisco, CA 94109
(415) 353-6000 Telephone

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JAN 16 2003
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SAN FRANCISCO GENERAL HOSPITAL

January 7, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital – Office #2A5
1001 Potrero Avenue
San Francisco, CA 94110

Re: Aeromedical Access Needs Assessment and Feasibility Study

Dear Ms. O'Connell

As the President/CEO of Saint Francis Memorial Hospital, I wholeheartedly support the need for air medical access into San Francisco General Hospital. The Trauma Center provides critical emergency services in partnership with Saint Francis and the other City hospitals to the residents of and visitors to San Francisco. I understand that San Francisco is the only major metropolitan city in the United States that does not have medical air access into its trauma center – this must be corrected.

As traffic congestion and population density increase in San Francisco, ground ambulance access to the trauma center grows more difficult. This is of particular concern to the City's healthcare system as we plan for potential disasters – natural and manmade. And it is of particular concern to Saint Francis Memorial Hospital, given our "downtown" location in the most densely populated area of the City. Air medical access is also very important to Saint Francis because of the improved transportation opportunities for acute burn victims transferred to our Bothin Burn Center, the only accredited tertiary burn center in San Francisco.

I realize that SFGH cares for both traumatic and medical emergencies for all members of our community regardless of their ability to pay and know that any support to the hospital is essential in keeping this safety net institution viable and servicing our community for many years to come.

Again, I support the need for emergency medical air access to San Francisco's Level 1 Trauma Center. Please do not hesitate to contact me if I can be of any further assistance to the development of this important community asset.

Sincerely,

Cheryl A. Fama
President/CEO

A Member of Catholic Healthcare West

UCSF Medical Center

Jane E. Hirsch, RN, MS
Director of Nursing and Patient Care Services

500 Parnassus Avenue, MUE 503
San Francisco, CA 94143-0296
tel: 415-353-2717 fax: 415-353-2765

email: jane.hirsch@ucsfmedctr.org

February 13, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital
1001 Potrero Avenue—Suite #2A5
San Francisco, CA 94110

Dear Gene,

I am writing this letter in support of the need for air medical access to SFGH. I was an early participant in the Medical Air Access Project, and fully support the rationale for a helicopter landing site at SFGH. The needs of trauma patients, and the ability to significantly decrease injury-related death and complication rates, provide a clear reason to support this endeavor.

I am actually responding on behalf of Mark Laret, CEO here at UCSF Medical Center, as Mark is out of town this week. I am the Chief Nursing Officer here at UCSF, and fully appreciate the need for rapid access, given our own patient population (ie critically ill adult, pediatric and neonatal patients.) In fact, it is our understanding that as a tertiary/quaternary facility, we will be able to use the helipad as well to improve access to UCSF for our own transported patient population.

I want to express my concern, along with many others, that San Francisco remains the only major city in the United States that does not have direct air access to any of its hospitals. This is a longstanding problem that needs to be rectified as quickly as possible.

Thanks for the opportunity to respond in support of the need for emergency medical air access.

Sincerely,

Jane E. Hirsch, RN, MS
Chief Nursing Officer
UCSF Medical Center (for Mark Laret, CEO, UCSF Medical Center)

Seton Medical Center
1900 SULLIVAN AVE • DALY CITY • CA 94015-2229 • (415) 992-4000

To Whom It May Concern:

I wish to support the effort to get usable heliport access for San Francisco General Hospital. Air transport of critically ill patients has become vital in congested areas such as the San Francisco Bay. It has become necessary to transport patients to and from trauma centers by air when time is of the essence and patient survival is dependent on rapid movement. San Francisco General is probably the only Trauma Center in America without reasonable air access. It is absolutely vital for the people of San Francisco and the Bay area to establish a heliport at San Francisco General.

Sincerely,

David Goldschmid, MD, FACEP
Medical Director, Emergency Department
Seton Medical Center

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FEB 12 2003

CHINESE HOSPITAL
845 JACKSON STREET
SAN FRANCISCO, CALIFORNIA 94133
TEL (415) 982-2400
FAX (415) 677-2488

February 4, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital
1001 Potrero Avenue, Suite #2A5
San Francisco, CA 94110

Re: Support for Air Medical Access

Dear Ms. O'Connell:

On behalf of Chinese Hospital and the community it serves, we are in full support for Air Medical Access to San Francisco General Hospital (SFGH). With increasing traffic congestion, population density and the mounting potential for delayed transport especially during a life-threatening situation, every minute is critical. SFGH, being the leader in trauma care for San Franciscans; it is definitely necessary to able to provide air medical access within walking distance of your Trauma Center.

Chinese Hospital again supports the need for SFGH in providing time-critical access for all residents and visitors in San Francisco.

Sincerely,

Brenda Yee, RN, MSN
Chief Executive Officer

AIR MED TEAM
DOCTORS MEDICAL CENTER

January 3, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital-Ofc #245
1001 Potreto Avenue
San Francisco, CA 94110

Dear Ms. O'Connell:

I am sending you this letter in support of much needed air access to San Francisco General Hospital (SFGH). My name is Graham Pierce, and I am the Director of Emergency Services, at Doctors Medical Center, in Modesto. Although I am the director for many departments, one of the main departments under my direction is the Air Med Team Air Ambulance.

As the director of an air ambulance, I know the need for the most expedient way to get a trauma patient from the scene to a receiving facility that can give them the best possible care. As I am sure you are aware, the patient is our "job one". The "Golden Hour" does not just apply to ground transportation, anytime that you need to add any type of transfer time for a patient, you are wasting valuable life saving time. The convenience of having a helipad at SFGH, could mean the difference between life or death for a patient. As the status quo is now, we must land at Hunter's Point, acquire ground ambulance transport, and proceed through city traffic on the way to the hospital. This is not time "well spent". I am sure that you realize, the sooner that the patient at the receiving hospital with the receiving physician that is already prepared and waiting for the patient, the possibility for a better outcome is increased for the patient.

Politics should never be a consideration, when it comes to life or death. We must always keep in mind the reason for our business, help those in medical need to get the assistance that they need as soon as we can possibly get it, without throwing roadblocks in the way.

Please give serious consideration to the helipad at SFGH, even if it only gave us an extra ten minutes, it is ten more minutes than that patient had previously.

Sincerely,

GRAHAM PIERCE
Director, Emergency Services

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DMC TEAM FOR LIFE

1441 Florida Avenue • Modesto, CA 95350 • 209-576-3939 • [fax] 209-576-3920

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Stanford University Medical Center

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SAN FRANCISCO GENERAL HOSPITAL

January 01, 2003

Gene Maria O'Connell
Executive Administrator
San Francisco General Hospital-ofc#2A5

Dear Ms. O'Connell,

I am writing this letter in full support of the need for air medical access to San Francisco General Hospital. As the Assistant Program Director of Stanford Life Flight and Medical Transport Program, we feel it is necessary to provide the residents of San Francisco and Bay Area with rapid air medical transport to your hospital. Research has demonstrated that having rapid air medical transport to a level 1 trauma centers can have a positive impact on patient outcomes.

Since San Francisco General Hospital is the only level 1 trauma in the city and is without a helipad, care and transport of the critically ill and injured can be greatly compromised, resulting in an increase in mortality and morbidity. Furthermore, this situation can only heighten our concerns about litigious families seeking "retribution" when they discover that transport times were delayed and may have produced unfavorable outcomes.

Without air medical access, San Francisco falls below the national standard for urban medical care and public safety. In light of San Francisco's increased potential for earthquakes, multiple-casualty incidents and the imminent threat of terrorism, it is in everyone's best interest to provide access for medical helicopters and for military helicopters that will respond if a terrorist attack were to occur.

In summary, if a helipad where to be placed at San Francisco General, many patient populations would benefit including neonatal, burn, amputations, and cardiac patients in need of urgent cardiac intervention or surgery. Air medical transport provides a mobile critical care unit to transport patients where time and expertise of the crew are the key factors in survival. This decision is paramount and Stanford Life Flight is in full support the urgency and timeliness of this issue.

Respectfully,

Eleanor Anne Fallon RN, MSN, CCRN, CFRN
Assistant Program Director
Stanford Life Flight/Transfer Center/Medical Transport Program
300 Pasteur Drive, Room H1249, M/C 5246
Stanford, CA 94305
(650) 724-3816 Office

300 P Di nford, A 94
f. 65

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February 4, 2003

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Fax: (510) 887-3185

Marketing/Membership
12840 Earhart Avenue
Suite 125
Auburn, CA 95602
Office (530) 887-0775
Fax (530) 887-0626
Membership
(888) 207-LIFE

CALSTAR I
177 John Glenn Drive
Concord, CA 94520
Phone: (925) 798-7670
Fax: (925) 798-7798

CALSTAR II
590 Cohansey Avenue
Gilroy, CA 95020
Phone: (408) 848-2075
Fax: (408) 848-2085

CALSTAR III
13750 Lincoln Way
Auburn, CA 95603
Phone: (530) 887-0569
Fax: (530) 887-0161

CALSTAR IV
1407 S. State Street
Ukiah, CA 95482
Phone: (707) 462-5972
Fax: (707) 462-5974

CALSTAR V
37 Mortensen Avenue
Salinas, CA 93905
Phone: (408) 848-2075
Fax: (408) 848-2085

CALSTAR VI
1901 Airport Blvd
So. Lake Tahoe, CA 96150
Phone: (530) 544-2339
Fax: (530) 544-2393

CALSTAR 70
20876B Corsair Blvd.
Hayward, CA 94545
Phone: (510) 887-3063
Fax: (510) 887-3185

camts
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Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital – Ofc #2A5
1001 Potrero Ave.
San Francisco, CA 94110

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FEB 11 2003
ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

Dear Ms. O'Connell:

As the Program Manager for CALSTAR, the Bay Region's oldest air medical provider, I am writing this letter in support of the need for medical air access to San Francisco General Hospital.

CALSTAR and other air medical programs rarely, if ever, respond to "911" calls in San Francisco and Northern San Mateo Counties, because the trauma center at SFGH has no direct air access. In addition the benefits of airborne inter-facility transfers--speed, less out-of-hospital time, and greater comfort--are virtually eliminated under the current system, which entails a remote landing, transfer to a ground ambulance, and surface transport to SFGH.

Medical air access to San Francisco, and SFGH in particular, has been a glaring void in the regional trauma system for years. In addition, the inability to land patients at an appropriate San Francisco facility for advanced and specialty care has restricted referrals from outlying hospitals. Furthermore, when SFGH becomes overloaded with trauma patients, especially pediatrics, its ability to transfer them safely and rapidly to other facilities is restricted.

On any given day, transport by ground can involve critical delays. Not having the air medical alternative is unacceptable by any measure of patient care quality, but we would be especially concerned with regard to multi-casualty incidents and disaster situations, in which the emergency response system is over-taxed, and surface streets and bridges might be compromised or at least grid-locked. Basically, your hospital would be in the position of not being able to do its job if patients could not get there by ground ambulance. When that day comes, it will be too late for The City to ask why the air medical transport component had not been accommodated.

Sincerely,

Ross J. Fay
Program Manager

RJF/abm

5010 Flightline Drive
Santa Rosa, California 95403
tel: 707 575 6886
tel: 877 644 4045
fax: 707 575 8049
dispatch: 800 338 4045
www.reachairambulance.com

January 6, 2003

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JAN 6 2003
ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital – Ofc. #2A5
1001 Potrero Avenue
San Francisco, CA 94110

Dear San Francisco General Hospital:

I am writing you as the Medical Director of REACH Air Medical Services, which is a large air medical provider in the Northern California area, with bases in Santa Rosa, Concord and Sacramento, regarding the necessity of a helipad at San Francisco General Hospital. I am writing this letter in support of placement of a helipad at the San Francisco General Hospital campus. I feel this would be a great benefit to the San Francisco community, both to San Francisco City and San Francisco County, and surrounding communities.

As Medical Director of REACH AMS, I am responsible for training, oversight, and review of all clinical aspects of the program, and am very familiar with the type of patients that we routinely transport on the helicopter and by fixed-wing transport. In light of that knowledge, I feel that I am in a good position to comment on the necessity for a helipad at San Francisco General Hospital.

Ways in which a helipad would be beneficial to the community of San Francisco are that this would allow increased access to the trauma center, and timely access to the trauma center for patients who are injured at the outskirts of the San Francisco area, for patients who are involved in multi-casualty incidents, or incidents in which traffic becomes a major burden in transporting the patient by ground to the trauma center. In addition, I believe it would benefit San Francisco General Hospital in the ability to both receive transfers from out-of-county to the trauma center, and also to transfer any patients out who could not be successfully cared for at San Francisco General Hospital (although I believe this is a relatively rare occurrence for San Francisco General Hospital).

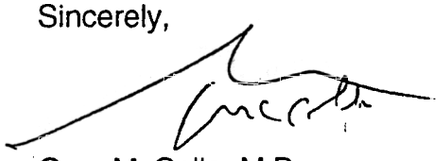
The other benefit, I believe, would be to the Southern Marin County area. As you probably know, Marin County does not have a trauma center and they, at times, have difficulty with destination for their trauma patients. A helipad at San Francisco General Hospital would greatly facilitate the transport and/or transfer of patients from Marin County to SFGH for appropriate trauma care.

As Medical Director of REACH, I am also familiar with trauma centers in other parts of California and, across the board, these trauma centers all have helipads. Therefore, I think it would bring San Francisco General Hospital up to the par of other trauma centers to have helipad accessibility.

In summary, I believe a helipad for access of emergency medical aircraft at San Francisco General Hospital would be of great benefit, both to the community of San Francisco and surrounding communities, and to San Francisco General Hospital itself.

Thank you for the consideration of my letter. Please feel free to contact me should you have any questions.

Sincerely,



Gary McCalla, M.D.
Medical Director, REACH Air Ambulance

Aeromedical Transportation

SKYLIFE

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January 29, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital – Ofc#2A5
1001 Potrero Avenue
San Francisco, CA 94110

Dear Gene Marie O'Connell.

I am writing in support of the need for helicopter air medical access in the San Francisco area, particularly at San Francisco General Hospital. As an air ambulance provider covering the Fresno area, we transfer patients up to San Francisco hospitals for higher levels of care and services. Your hospital offers capabilities that are just not available in smaller communities on a regular basis.

Time is of the essence when hospitals choose to transfer patients by helicopter and when ground ambulances utilize air transport. We currently encounter delays involving extended ground ambulance response, transport, and traffic congestion while trying to obtain rapid care for our patients. Surgeons and other professional medical staff are often awaiting the patient's arrival. A helipad at the trauma center, available to other medical facilities in the San Francisco area would save time, life, and limb for the critically injured patient.

A city with the population of San Francisco should have the capability for emergency evacuation by air. A helipad at the local trauma center would be an ideal location for this, while serving multiple uses.

I fully support increasing the helicopter air access within San Francisco and at San Francisco General. Please contact me if I can offer any additional information or support.

Sincerely,

Lisa Epps

Lisa Epps
Program Director
SkyLife, Fresno, CA
(559) 346-1025
lepps@americanambulance.com

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SAN FRANCISCO GENERAL HOSPITAL

University of California
San Francisco

UCSF

Department of Surgery

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JAN 16 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

OFFICE OF THE CHAIR
513 Parnassus Avenue
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San Francisco, CA 94143-0104
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fax: 415/476-1734

January 2, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco Health Commission
San Francisco General Hospital- Ofc #2A5
1001 Potrero Avenue
San Francisco CA 94110

Re: Aeromedical Access for San Francisco General Hospital

I am writing this letter in support of Aeromedical Access for San Francisco General Hospital. I am the Chair of Surgery at UCSF and our Department has a major role at San Francisco General Hospital.

Our surgeons at San Francisco General Hospital are central to the functioning of the Trauma Center. Dr. Robert Mackersie, a Professor within the Department of Surgery, is the Trauma Director. Our residents spend approximately 1/3 of their training at San Francisco General Hospital and the training is mainly focused on trauma care.

To adequately serve the patient population of Northern California our trauma surgeons need sufficient access to patients- this would come in the form of aeromedical access to San Francisco General Hospital. In addition, because of our close relationship with San Francisco General Hospital we would anticipate that patients needing further care or specialized care of some kind could be transferred via air to San Francisco General Hospital and subsequently transferred to UCSF for additional care.

The City of San Francisco does not currently have any hospitals with aeromedical access. It is very important for our population to have this access; in the case of heavy commute it is absolutely essential. I hope you look favorably on their request.

Sincerely,

Nancy L. Ascher, MD, PhD
Professor and Chair
Department of Surgery

University of California
San Francisco

UCSF

Dean's Office
San Francisco General Hospital

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JAN 2 2003

ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

Dean's Office, Room 2A21
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110
tel: 415/206-8505
fax: 415/285-2037

January 16, 2003

Gene O'Connell
Executive Administrator, 2A5
San Francisco General Hospital
1001 Potrero Ave
San Francisco, CA 94110

Dear Gene,

I write this letter in support of a helipad at San Francisco General Hospital Medical Center. In my role as the Associate Dean for the UCSF School of Medicine at SFGHMC, I am responsible for facilitating the relationship between UCSF and the City and County of San Francisco, oversight for the UCSF clinical departments at SFGH, responsibility for the training of residents and medical students doing rotations at SFGH.

The SFGHMC Trauma Program, directed by UCSF faculty at SFGH, is a center of excellence and provides residents, medical students and faculty a rich academic teaching and research environment. Almost all of the School of Medicine Department's trauma educational experience occurs at SFGH. All major Level 1 trauma centers have aeromedical access, with the exception of SFGHMC. The construction of a helipad here would expand the number of trauma patients and greatly enrich the UCSF training programs. We are training physicians who will practice emergency medicine, and it is critical that they be prepared for the situations that they will experience upon completion of the training program. UCSF supports acquisition of the helipad for training purposes.

Speaking as a physician with a specialty in critical care, I am well aware of how patient outcome in terms of mortality and morbidity would be greatly enhanced with air access to the only trauma center in San Francisco. I will not repeat the statistics that so many others will do, but it is clear that those residents of San Francisco injured near the city will have greater opportunity for a successful outcome if they can

be transported quickly to a Level 1 Trauma Center. In many instances, quick access is only possible by air.

While the University would not be directly involved with the construction of a helipad, I believe that an asset that so clearly enhances the needs of the community be secured for the citizens of San Francisco.

Sincerely,

Philip Hopewell, M.D.
Associate Dean
San Francisco General Hospital
1001 Potrero Ave, 2A21
San Francisco, Ca 94110

CC: Robert MacKersie MD

University of California
San Francisco

UCSF

Department of
Neurological Surgery

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Chairman
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ANU BANERJEE, MD
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ERIC C. BURTON, MD
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ANDREW T. PARSA, MD, PhD
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415/353-2356
WARWICK J. PEACOCK, MD
Pediatric Neurological Surgery
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VICTOR PERRY, MD
Pediatric Neurological Surgery
415/353-2383
LAWRENCE H. PITTS, MD
Acoustic Neuromas (Skull Base)
& Neurospinal Disorders
415/502-5823
MICHAEL D. PRADOS, MD
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Stereotactic & Functional Neurosurgery
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PHILIP R. WEINSTEIN, MD
Neurospinal Disorders
415/502-5823
CHARLES B. WILSON, MD
Pituitary/Brain Tumors
415/353-2173

RESEARCH LABORATORIES

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KRYS BANKIEWICZ, MD, PhD
Drug Delivery & Gene Transfer
SCOTT C. BARABAN, PhD.
Epilepsy
GABRIELE BERGERS, PhD
Angiogenesis & Tumor Invasion
WILLIAM J. BODELL, PhD
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Genomics
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ROBERT TURNER, PhD
Movement Disorders

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JAN 16 2003
ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

January 13, 2003

Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital
1001 Potrero Avenue - Ofc #2A5
San Francisco, CA 94110

Dear Gene:

I am writing at this time to endorse as strongly as possible the acquisition of emergency air medical access at San Francisco General Hospital. SFGH is one of the very few Level 1 trauma centers in this country that does not have helicopter access, and I believe it is imperative in order to provide the state-of-the-art care in dealing with all kinds of trauma for patients treated at the General.

I am currently a member of the Neurosurgical Trauma Team at SFGH, and also serve as the Chairman of the Department of Neurological Surgery. I attend and make rounds every Tuesday morning, and am in the regular call schedule on weekends for neurosurgical trauma. We have a very, very active program in Head and Spinal Cord Injury, and in conjunction with Marty Holland and Geoff Manley, provide state-of-the-art care for our patients who come to SFGH with complex injuries involving the Nervous System.

One of the most important aspects of delivering the best care to patients with Nervous System injury is rapid intervention. Rapid intervention has become so critical that, in order to improve our access to patients in a timely fashion, we must have the ability to helicopter our patients into the facility, so we can treat them in an urgent fashion. Once again, the timing of treatment for head and spinal cord injury has become very clear in the past 5 years or so, and thus, trying to provide state-of-the-art care without air medical access to SFGH is difficult indeed. Most importantly, I want to emphasize that having helicopter access would provide the absolute very best care for our patients throughout the city and county of San Francisco, and those who happen to be in our area when they experience such trauma. I cannot emphasize enough the need to attend to these problems in a very rapid fashion, and with injuries to the Nervous System, 15-30 minutes can make all the difference in the world with regard to a good versus bad outcome. Thus, in order to be up to date and provide the best care for

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our patients who have Nervous System injury, we must have a helicopter access to deliver these patients to the hospital for their care in a timely manner.

If I can provide any additional information to you, please don't hesitate to let me know. Again, I want to let you know how strongly we in the Department of Neurosurgery support this effort.

Sincerely,

Mitchel S. Berger, M.D.
Professor and Chairman

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February 7, 2003

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ADMINISTRATION
SAN FRANCISCO GENERAL HOSPITAL

Gene O'Connell, RN, MS
Executive Administrator
San Francisco General Hospital
1001 Potrero Ave., Rm. 2A5
San Francisco, CA 94110

Dear Ms. O'Connell

I am writing this letter in strong support for air medical access to the San Francisco General Hospital. At present, it is difficult to conceive that SFGH, an internationally recognized, world-class facility, is the only Level 1 Trauma Center in the country without a helipad. Clearly, this is critical in the care of San Francisco's citizens as well as the retention of the SFGH Division of Orthopaedic Surgery.

At this time, the Division of Orthopaedics is facing several difficult issues. For reasons, which include low faculty salaries, outdated equipment, and lack of subspecialty fracture practices, we have lost 4 of our 6 full-time attendings, including the Chief of Service. As a result, we are faced with the daunting task of replacing these talented surgeons in a time where there is a nationwide shortage of Traumatologists. Without a helipad, the problem is compounded therefore making it a greater challenge to our department in continuing to both retain and recruit faculty.

Thank you for your consideration in this very important matter. It is my hope that we can obtain air medical access to deliver the highest level of care for the citizens of San Francisco and to maintain the level of excellence of the Orthopaedic Surgery Service at SFGH.

Sincerely yours,

David S. Bradford
Chair/ Orthopaedic Surgery Dept.

cc Ted Miclau

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Gene Marie O'Connell
Executive Administrator
San Francisco General Hospital – Ofc # 2A5
1001 Potrero Avenue
San Francisco, CA 94110

Dear Ms. O'Connell,

I am writing this letter to emphatically support the position that SFGH needs air medical access.

As Chief of SFGH's Transfusion Service, I am responsible for ensuring the availability of blood and blood components at the hospital, and meeting the sometimes massive needs of the Trauma Center for these products is one of my top priorities and concerns.

When it comes to the efficacy of life-saving transfusions for trauma victims my surgical colleagues always remind me of the prime importance of a speedy initial response. Any delay in transfusion and surgical intervention, treatments which can only be rendered in the hospital, diminishes the chances of the injured for survival and full recovery. With this in mind, I find it absolutely essential that SFGH gains aero medical access.

Transport by air is often the fastest and most gentle mode of bringing critically injured patients to SFGH, and those in need of specialty trauma care from our hospital to the nearest center that offers the required services, for example children with life-threatening injuries who may need to be transported to the nearest Pediatric Trauma Center. Moreover, given San Francisco's geographical location at the tip of a peninsula with it's dependency on open bridges for ground transport to the north and east, and it's in part rugged coastal areas, air lifting is often the only way to ensure rapid transport of trauma victims.

Beyond the direct need of trauma victims, aero medical access is also vital to ensure the long-term stability of the Trauma Center at SFGH. I understand that without this feature, trauma services at SFGH will fall below national standards for urban trauma centers and stand to loose the critically important Level I trauma center designation so vital for keeping and attracting highly skilled care givers, maintaining top-level proficiency and ensuring financial viability of the trauma program at SFGH, which in turn is essential for the financial health of the hospital overall.

For the stated reasons I believe establishment of a helicopter landing site at SFGH is not only a desirable upgrade of the hospital's infrastructure, but is a necessity that SFGH and San Francisco cannot do without in the long run.

Thank you for giving me the opportunity to be heard on this vital project for SFGH and San Francisco.

Sincerely,

Eberhard Fiebig, MD