

Air Support

If there is such a thing as a good place to have cancer, a city such as Seattle certainly ranks near the top of the list. Its world-class medical centers and research institutions offer a spark of hope for those who live within a couple of hours' drive of the Puget Sound area. ■ But what if you live among the archipelago of small towns that dot the West's vast empty spaces—towns

without airline service—and need to make weekly trips to a big city for treatment? Perhaps you have a child who needs specialized care and cannot travel alone. On top of that, you cannot afford charter flights from small airports or your health insurance does not cover long-distance travel for medical treatments.

That's the situation that Linda Grissom of McKinleyville, California, has faced for several years. She and her son, Tyler, need regular, high-tech medical care: Linda for thyroid cancer, basal cell carcinoma and spinal fusion surgery; Tyler for orthopedic problems.

McKinleyville, on California's rural coast north of Eureka, is six hours from the Bay Area via Highway 101's meandering course, making road trips an almost unbearable ordeal. But the local airport is just five minutes from Grissom's home, and with the help of AirLifeLine, a national organization of private airplane owners and pilots, Grissom and her son are just 90 minutes from the specialized care they need.

"It's still pretty thrilling," Grissom says about the flights. "I feel privileged to have a private plane pick us up." Grissom had limited experience with small aircraft before she started using the AirLifeLine service. Today, she's an advocate for the role general aviation

can play, while the flights themselves retain their wonder.

"It's really beautiful to see where you live from the air. With the redwoods



AIRLIFELINE'S VOLUNTEER PILOTS TRANSPORT ABOUT 8,500 PATIENTS EVERY YEAR.

coming right down to the coast, I remember being awestruck by the beauty," she notes. Having logged more than 10 AirLifeLine flights over the last few years, Grissom is now a veteran who enjoys the flights even when she can't see beyond the instrument panel and the airport emerges only in the last minutes of a descent beneath northern California's layers of stratus clouds.

Equally important is the effect the experience has had on 15-year-old Tyler. "When we first started, he was afraid. He never liked roller coasters and carnival rides, and he didn't like the feeling in his stomach when we hit the bumps. But when one of the AirLifeLine pilots heard Tyler had been flying *Microsoft Flight Simulator* for several years, the pilot took the time to explain all the controls and instruments to Tyler. He said Tyler has a gift, and now my son hopes to take flying lessons."

The AirLifeLine service began nearly 25 years ago, when Sacramento businessman and pilot Tom Goodwin heard of situations such as that facing Grissom. He knew many pilots who loved flying. But like most private aviators, they flew mainly for pleasure—to fly-in breakfasts and "\$100 hamburger" lunches, or on sightseeing excursions, much as people with RVs and boats use their vehicles.

Goodwin saw the empty passenger seats on those airplanes as a valuable resource, and he started AirLifeLine (www.AirLifeLine.org), a nonprofit organization that matches volunteer pilots with patients who otherwise would not have access to sophisticated medical care.

The concept behind AirLifeLine, like that underlying so many great ideas, is simple: Private pilots who own or rent aircraft volunteer their time and aircraft to transport needy patients, caregivers and family members from their homes to medical centers. AirLifeLine acts as the

by Bruce Williams

coordinator, matching patients with pilots, getting the word about its services out to hospitals, clinics and social service agencies, and helping the process run smoothly once a mission is under way.

What started with about 20 pilots in 1978 has become the largest volunteer-pilot organization in the United States. More than 1,400 pilots donate their time and the cost of operating their aircraft (now estimated at about \$4 million annually), serving communities throughout the United States. In 2001, AirLifeLine pilots flew nearly 4,000 missions, transporting about 8,500 patients. Nearly 40 percent of those flights carried children and their families. To date, AirLifeLine pilots have flown more than 30,000 missions, covering some 14 million miles—all at no cost to patients or referring agencies. The funds AirLifeLine needs to operate its national headquarters and mission coordination offices come entirely from donations made by individuals, corporations, organizations and volunteer pilots.

The variety of missions AirLifeLine pilots fly ranges from carrying patients in need of care to transporting transplant organs or other medical cargo, supporting disaster-relief agencies and providing humanitarian flights, such as carrying a passenger to visit a terminally ill loved one. AirLifeLine pilots also fly children recovering from serious illnesses or injuries to special summer camps. Two days after 9-11, when most aircraft were still grounded, AirLifeLine pilots transported emergency personnel, blood and medical supplies into New York City and Washington, D.C.

Although there is no typical AirLifeLine pilot, John Ward of White Plains, New York, tells a story many volunteers would find familiar. He has flown AirLifeLine missions for about four years. He learned to fly gliders at age 16 while he was in a cadet program in the United Kingdom, dropped out of flying when he left the military and then picked it up again about five years ago—with a passion. Ward has logged more than 1,500 hours as a pilot in that short time, including many AirLifeLine trips

with the same patient, a retired attorney who had a liver transplant in 1988. The patient still requires regular treatment at the University of Pittsburgh Medical Center. The drive from New York along the winding roads in western Pennsylvania would take nearly eight hours; a flight in Ward's single-engine Commander 114TC typically lasts close to two hours.

"I quite often make the round trip and wait for him. I've watched him get better and better over the two years that I've flown him," says Ward, who, like most AirLifeLine pilots, is modest about the service he provides.

The patients who utilize the service typically use one word to describe the experience: "wonderful." Wendy Ingaran of Indianapolis, Indiana, regularly flies with AirLifeLine pilots to Louisville, Kentucky, for cancer treatments and checkups with a specialist. Driving—not an option because Ingaran's condition prevents her from sitting for long periods—would take 2½ to three hours; the flights typically last just 40 minutes.

"Every pilot I've had has been wonderful," says Ingaran, who has flown with AirLifeLine for about two years. "AirLifeLine has been a godsend," she says. "The word 'AirLifeLine' says it all. They've made my life much simpler."

Ingaran learned about AirLifeLine while she was researching her condition on the Internet. A friend brought her a "Dear Abby" column that explained how parents had used the service to get their child to a hospital when they couldn't afford a commercial airline flight. Ingaran contacted the organization and soon began flying between Indianapolis and Pittsburgh, where her specialist was then practicing. When he moved to Louisville, AirLifeLine arranged new missions to take her there.

Although Ingaran had little experience with small planes before she started flying with AirLifeLine, she has no concerns about flying with the volunteer pilots. "I'm very comfortable. If the pilot feels it's not OK to fly, they let me know and I call AirLifeLine to reschedule." Today, she's an active participant in the

flights. "I look for other planes for them. They teach me a lot about the panel," Ingaran says.

Qualifying for an AirLifeLine mission is simple: Patients must be ambulatory and able to get on and off the aircraft with little or no assistance. They must be medically stable and be able to sit in a seat and fly in an unpressurized aircraft.

Patients must demonstrate financial need, unless the mission is time-critical or the patient has an impaired immune system or other condition that precludes travel with large groups of people.

Pilots who fly AirLifeLine missions must hold at least a private pilot certificate and a current medical certificate, and they must meet the other currency requirements established by Federal Aviation Administration regulations.

Although most missions involve flights of a couple of hours or less in one airplane, volunteer pilots sometimes join in chains that link several shorter flights. One pilot flies the first few hundred miles, meets a second pilot at an airport along the route and transfers the patient to the next aviator, who completes the mission or connects with yet another aircraft. This process also matches volunteer pilots who fly smaller, less sophisticated aircraft with those who have airplanes better capable of flying in adverse weather or over mountains.

To address the high demand for service in Alaska and the Pacific Northwest, AirLifeLine formed an alliance with Alaska Airlines and Horizon Air. Alaska and Horizon supply a specific number of free tickets each year to AirLifeLine to help patients and their caregivers reach their destinations when volunteer pilots are not available or when the distance is too great for general aviation (e.g., Fairbanks to Seattle).

In the end, however, the organization isn't about flight plans and airplanes. Volunteer pilot John Ward sums up the spirit of AirLifeLine nicely: "Can there be a better way to spend one's time? If there is, I haven't found it yet." ▲

Bruce Williams is an active AirLifeLine volunteer pilot living in Seattle.