



CELEBRATING 25 YEARS OF LIFE-SAVING FLIGHTS



*This book is dedicated to the
founders, directors, flight crews,
operational support staff, and
member hospitals whose devotion,
compassion, and courage are the
hallmark of CALSTAR.*



25 YEARS OF LIFE-SAVING FLIGHTS



A history of California Shock Trauma Air Rescue on the occasion of its Silver Anniversary, celebrating 25 years of service to communities throughout California and Nevada

“ There is a golden hour between life and death. If you are critically injured you have less than 60 minutes to survive. You might not die right then; it may be three days or two weeks later—but something has happened in your body that is irreparable. ”

– R. Adams Cowley, M.D.
University of Maryland Hospital Shock-Trauma Center
(Considered the Father of Trauma Medicine)





September 2009

We are celebrating the 25th anniversary of CALSTAR's first patient transport. What began essentially as an experiment has now grown into a mature, vital EMS program serving most of California and parts of Nevada.

The first medical helicopter transports occurred during World War II. Indeed, the first patient transport may have been conducted by the German military in one of the first missions given to a helicopter crew. The use of helicopters to move patients took a significant leap during the Korean War. Helicopters specifically designed for patient transports were utilized for the first time in the Vietnam War, with the earliest stateside use of these systems starting in the early 1970s.

While many helicopter EMS programs were in existence by the early 1980s, the concept of a nonprofit, community-based regional service that put patients' needs ahead of hospital politics was unique. Despite many early struggles, CALSTAR's founders and Board of Directors held firm to their belief that a stand-alone air ambulance program could not only survive, but actually thrive—a vision borne out by their resolve and steadfast commitment.

CALSTAR began operations in September 1984, conducting nine transports during its first month. Our first flight nurses, pilots and mechanics received extensive training, and practices were established by these first flight crews that remain an integral part of CALSTAR today.

A total of 235 patients were transported in the first year; since then we have treated and transported more than 40,000 patients. What started out as 17 employees and one aircraft has grown to over 225 employees, 16 helicopters and 4 airplanes equally dedicated to the highest standards of safety and patient care.

Needless to say, CALSTAR would not have reached this important company milestone without the unwavering support of the McKesson Corporation and other early financial supporters, our EMS partner agencies, member and affiliate hospitals and countless individual supporters throughout our service region. Our successes—past, present and future—will always be collectively shared and celebrated.

The adventure that is CALSTAR has never suffered for a lack of challenges, the greatest of which may be facing us today. However, CALSTAR will meet these challenges head-on as we continue on this extraordinary journey, one life-saving flight at a time.

Joseph F. Cook
President & CEO

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chapter one

The Beginning



Donald Trunkey, M.D.
Former Director of Trauma Services at
San Francisco General Hospital

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CALSTAR...the fulfillment of one man's dream, the culmination of a vision for better medical care for victims of trauma

The story of CALSTAR, the premier air ambulance service in California, begins with the convergence of three men—three determined men, who were responsible for turning a dream into reality: Dr. Donald Trunkey, Tom Drohan and Marvin Krasnansky. Little did any of them dream that their vision would lead to daily life-saving flights throughout California.

SAN FRANCISCO 1983

Dr. R. Adams Cowley, a trauma surgeon at University of Maryland Medical Center and considered the Father of Trauma Medicine, said in his 1966 report to the National Academy of Science, "Trauma, from accidents and violence, is the leading cause of death for Americans from the ages of 1 to 44." Many years earlier, Dr. Cowley had coined the term "golden hour," referring to the crucial span of 60 minutes following serious injury when lifesaving measures have the greatest potential for successfully reversing the trauma imposed on the body.

It was this concept of the golden hour that sparked the emergence of air ambulance programs throughout the country. Air transport offered the victim of traumatic injury or illness the opportunity to receive specialized medical care within that critical first hour following a trauma incident. Air ambulance services were generally established and provided by hospitals.

But Dr. Donald Trunkey, Director of Trauma Services at San Francisco General Hospital in the early 1980s, wanted to take the air ambulance concept one step further. He envisioned a regional air ambulance service that was patient-centered and community-based, rather than hospital affiliated.





He shared his vision with Tom Drohan, then President and CEO of McKesson Corporation. Mr. Drohan embraced the vision and helped fund a feasibility study to examine the concept more thoroughly. Despite mixed results, Trunkey and Drohan persevered.

Sadly, before the organization came to fruition, Tom Drohan lost his battle with cancer. His successor, Neil Harlan, set out to complete the project to honor his memory. Harlan designated Marvin Krasnansky, McKesson's Vice President of Corporate Relations, to work with Bay Area hospitals to overcome the competitive nature in the air medical transport environment. Krasnansky played an important role in uniting competing hospitals around a shared vision.

Unlike the hospital-based systems whose mission was solely to return patients to their own facility, the service Trunkey and Drohan envisioned would serve all San Francisco area hospitals in a non-biased fashion, transporting patients to the facility that would render the most appropriate care. There was one dilemma that needed to be overcome—how could this air ambulance program serve the Bay Area in an apolitical way, offering non-competing service that would be cost effective to the patient? “We wanted to design a helicopter rescue system for the patient, not for the hospitals or physicians,” said

Dr. Trunkey. Establishing the air ambulance program as an independent, nonprofit public benefit corporation offered the solution; furthermore, it ensured that services would remain patient-focused and would allow the organization to seek philanthropic funding.

McKesson took the lead in fundraising, making significant contributions of its own and asking other corporations and foundations to follow its example. This was the largest philanthropic venture for the McKesson Foundation, which provided the majority of the start-up funding. Other major contributors during the start-up phase were Chevron, Wells Fargo, Bank of America, Del Monte Corporation, Irvine Foundation and numerous other entities. When the funds were secured and the operating model finalized, CALSTAR (California Shock Trauma Air Rescue) was born as the first consortium program of its type in the United States.

Eventually, 20 San Francisco Bay Area hospitals participated in the planning process. Among them were teaching hospitals, trauma centers and medical pioneers, including: San Francisco General Hospital, Ralph K. Davies Medical Center, University of California, San Francisco Medical Center, John Muir Medical Center, Stanford University Medical Center, Santa Clara Valley Medical Center and San Jose Medical Center.



San Francisco General Hospital,
one of the original participating hospitals

In its first year of operation, CALSTAR completed 235 flights.

CALSTAR started with a single BK117 helicopter under contract from Helicopter Air Transports in June of 1984.



FLIGHT OPERATIONS BEGIN

CALSTAR began operations in 1984 with a leased helicopter, using space at Peninsula Hospital in San Mateo. Trying to find the best location for its regional helicopter air ambulance, CALSTAR operated from a number of locations during the first few years of its existence.

By 1985, CALSTAR would start its own Federal Aviation Regulations (FAR) Part 135 operation and add a second base in Watsonville the following year. Expanding so rapidly without doing proper market development nearly destroyed the organization. The high cost of service resulted in mounting debt. As operating losses continued, the company found itself on the brink of failure. Limited internal management capability and operating systems added to the challenge.

The CALSTAR Board of Directors faced some difficult decisions. They reorganized the company and returned to a single-aircraft operation to reduce operating costs. During the process of restructuring, nearly half of the employees opted to leave; those who stayed agreed to accept lower salaries to keep the organization afloat. Board chairman Michael Heil, an executive with San Jose Medical Center, managed operations while recruiting a new executive officer.

In 1987, the Board hired Joe Cook as CEO. Cook was a former Army pilot with field experience as well as management expertise who had turned around other organizations in financial turmoil. He mapped out a business plan to return CALSTAR to a financially viable position. Within a year, CALSTAR was out of crisis and on the road to solid financial ground.



When CALSTAR's rapid expansion caused a financial crisis in 1987, Joe Cook was brought in as CEO to turn around the organization, a challenge that he accomplished within a year.



chapter two

The Expansion Years



CALSTAR brings critical care a step closer to those who need it.

CALSTAR is essentially an airborne critical care unit staffed with highly skilled trauma nurses. These nurses can handle everything from tractor roll-overs to shark attacks, from car crashes to logging accidents, from baby deliveries to heart attacks, from drownings to snake bites and so much more. Not only do they provide skilled medical care, they often have to hike into remote areas to do so. As important, they provide a sense to relief to families, friends and first responders who know how important it is for trauma victims to receive medical care as quickly as possible.



INNOVATION BREEDS EXPANSION

From its inception, CALSTAR was often called upon for unique situations. During the California floods of 1986, CALSTAR helicopters flew needed equipment to areas inaccessible by road. In 1989 following the Loma Prieta earthquake, CALSTAR was the one of the first on-scene at the collapsed Cypress Viaduct (a raised freeway in Oakland) and transported one of the few survivors. As CALSTAR's innovative responses continued to influence the region, expansion came naturally. Having learned a harsh lesson about the nature of expansion in its early years, CALSTAR chose new service areas and bases more carefully. Today, CALSTAR serves its expansive coverage area with a fleet of Eurocopter B0 105s, Bell 222s, MD 900/902 Explorers, Cessna 421s and an Agusta 109.

In 1992, CS-1 found a permanent home in Concord. More CALSTAR bases (commonly identified by CS and a numeral) followed in steady succession. Gilroy's CS-2 also opened in 1992, and CS-3 was added three years later in Auburn. With these two bases CALSTAR became the largest regional air ambulance provider in Northern California.

CS-4 in Ukiah began operations in 1998. The next year CALSTAR acquired a fixed wing aircraft and established CS-70 to manage long distance inter-facility transports. In 2001, CS-6 (South Lake Tahoe) was added, followed by CS-5 (Salinas) and CS-7 (Santa Maria) in 2002.

In 2006, a need was identified for air rescue services in Solano County and along the heavily-traveled Interstate Highway 80 corridor between Sacramento and San Francisco. CALSTAR responded with its eighth helicopter base (CS-8) in Vacaville.

In 2005, CALSTAR moved its operational headquarters to McClellan Park in Sacramento. Two years later, the CALSTAR Emergency Patient Transport Center (CALCOM) was established at McClellan to coordinate CALSTAR's inter-facility transports.

CS-10 opened in Jackson in 2009, after a brief tenure in Placerville, to serve Amador County.

Since CALSTAR began flight operations in 1984, more than 40,000 critically injured or ill patients have been transported

on an emergency basis to hospitals throughout California. Today, approximately 75 percent of these flights support Northern California's "911" emergency services network. About half of all CALSTAR flights have been transports of children.

Expansion will continue as new markets are identified. Guided by sound business practices, future growth will be determined by a number of factors, but community need for CALSTAR's life-saving services will remain a critical element in the decision-making process.





chapter three

Operations Today

Each CALSTAR base operates with aircraft that meets its individual needs and geographic criteria.



Today, CALSTAR operates out of headquarters located at the McClellan Business Park in Sacramento. It is governed by a Board of Directors composed of representatives from hospitals and corporate members who have provided financial support for the company. With bases scattered around the state, the organization offers services from Ukiah to Santa Barbara and from the San Francisco Bay area to the western edges of Nevada. It covers vast areas of wilderness with the same skill and commitment as the population-dense urban-suburban sprawl.

THE CALSTAR DIFFERENCE

CALSTAR distinguishes itself from its competitors with its unique business model as a nonprofit community-based air ambulance company with complete control over all of its resources—all aircraft are owned by CALSTAR, and all crew members are employees.

As CALSTAR employees, the crews are personally invested in the organization's mission and values. They understand that patient and crew safety is always the highest priority. CALSTAR crew members are never paid based on the number of flights completed, so safety is never compromised for financial gain.

CALSTAR's continued use of two registered trauma nurses remains unmatched by its for-profit competitors. The difference is significant. California emergency medical response systems are managed on a county-by-county basis. Paramedics traveling out of their county of origin have decreased authority for medical procedures. By using two trauma nurses, CALSTAR doubles the expanded role capability of the flight crew.

Most helicopter ambulance programs contract for flight operations with an outside vendor. CALSTAR, however, operates under its own FAA

Part 135 Air Carrier Certificate and is directly responsible for all aspects of flight operations and aircraft maintenance. By operating under its own certificate, CALSTAR can maintain tighter control over crew training and aircraft maintenance. This results in improved crew teamwork, reduced aircraft downtime, improved management and better communication—all of which contribute to safer flight operations.





CALSTAR has never compromised its commitment to patient and crew safety and helped pioneer use of Crew Resource Management (CRM) in air ambulance transport. CRM empowers all flight crew members to play an active role in accepting a call. CALSTAR has always used a “three to say go, one to say no” philosophy. This means that any member of a flight crew can decline a flight for safety reasons. As the air ambulance industry comes under scrutiny, CALSTAR employees remain empowered to keep safety the number one priority.

To date, CALSTAR has flown more than 50,000 accident/incident-free hours in the performance of its mission.

CALSTAR BASES

Each base operates with aircraft that meets its individual needs and geographic criteria—taking into consideration such factors as altitude, temperature variations, and landing zone restrictions of local medical facilities. CALSTAR currently operates BO105, Bell 222, Agusta 109, and MD 902 Explorer helicopter air ambulances as well as Cessna 421 airplanes for long-range inter-facility transports. All aircraft are modified with special medical interiors, high skid gear, high intensity searchlights and more than 20,000 radio frequencies for communication with any agency. Every aircraft is outfitted with the same equipment found in a hospital emergency room—such as oxygen, monitoring equipment and drug delivery systems.





CS 1 - CONCORD

Amid the hubbub of San Francisco's East Bay, CALSTAR 1 makes its home at Buchanan Field Airport in Concord. As the original CALSTAR base, CS-1 completed 235 patient transports in its first year, 1984. Ten years later, the base was carrying more than twice that number and continues to be widely used throughout the region.

Operating in a densely populated, urban environment, CS-1 utilizes a compact, nimble helicopter specifically designed and engineered for close maneuvering, minimal sound and rotor downwash and perfectly suited for the safe conduct of the CS-1 mission. Because the majority of calls at CS-1

take crews directly to the scene of the emergency—a street intersection, parking lot, or a clearing in the regional parkland—aircraft design is critical.

While most calls come from Contra Costa County, CS-1 also responds to Solano, Napa, Sonoma, and Marin counties, as well as San Francisco, San Mateo, and Alameda counties. Although John Muir Medical Center trauma unit in Walnut Creek is the primary destination, CS-1 also delivers patients to the trauma center at Eden Medical Center in Castro Valley, the burn center at Doctor's Hospital in San Pablo, and the pediatric trauma center at Children's Hospital Oakland.



CS 2 - GILROY

In the middle of the aromatic “Garlic Capital of the World,” CALSTAR 2 makes its home at the Saint Louise Regional Hospital in Gilroy. This rural community, with an economy based on agricultural products and processing, is centrally located between all the major communities along the central coast, making CS-2 the busiest of the ten CALSTAR helicopter bases.

CS-2 serves a very diverse population with a 150 nautical mile range from San Francisco Bay south to San Luis Obispo, providing emergency medical services to six counties: Santa Clara, Merced, San Benito, Monterey, Santa Cruz and San Luis Obispo. Regional Medical Center of San Jose is the primary receiving facility for CS-2.





CS 3 - AUBURN

Tucked into the foothills of the Sierra Nevada mountain range, CALSTAR 3 sits atop a hill overlooking Auburn. Serving as a regional air support, CS-3 has a 10-county service area and has responded to calls as far away as the Pine Nut Mountains in Nevada. Sutter Roseville Medical Center was instrumental in establishing the base in 1995, and serves as its primary receiving hospital.

The CS-3 service terrain is very complex and diverse, requiring an aircraft that can navigate flights from the high sierras at 10,000 feet to the valley floor at sea level. The CS-3 helicopter is small and capable; it can transport two patients at a time and needs only a small foot print to land. This is especially important when operating in the mountains.

CS-3 flight crews utilize Night Vision Goggles (NVG) to enhance their ability to operate safely at night in areas where light is limited or unavailable.

CS-3 is unique in that it is also the training center for new employees, partnering with CAL FIRE to maintain a joint-use conference room. New employees receive classroom instruction as well as aircraft orientation and procedure briefings from on-duty flight crews.





CS 4 - UKIAH

Surrounded by vineyards, pear orchards, and the forested coastal mountains of Mendocino County, CALSTAR 4 is located in the dynamic and progressive community of Ukiah. CS-4 serves an extensive and diverse area within a 150 mile radius from small rural community hospitals to rural homes and towns. It is not unusual for CS-4 to transport patients from Mendocino, Lake, and Humboldt Counties to medical centers at the University of California, San Francisco or Davis, and Stanford. Home to a region rich with agriculture, logging, and recreation, CS-4 flight crews see a varied assortment of trauma and medical calls—everything from tractor rollovers and horse kicks to snake bites and shark attacks. They are as likely to be called to treat a logger trapped by a felled tree as to deliver a baby.

CS-4 is the most rural of the CALSTAR bases—an hour away by ground ambulance from the closest Level II Trauma Center in Santa Rosa. Air ambulance service is essential to this region, and, therefore, CS-4 is also one of the busiest bases in the company. CS-4 has the largest concentration of CALSTAR members, most likely due to the nature of the communities served (rural, underinsured or uninsured).

CS-4 crews currently fly the fastest air ambulance in the CALSTAR fleet, the Agusta 109. Although it is a small helicopter able to carry only one patient at a time, it is able to land at all the hospitals in the CS-4 service area. To maneuver in darkness and in a variety of weather conditions in this rural, mountainous region, the CS-4 aircraft also has night vision equipment.





CS 5 - SALINAS

Nestled at the base of the El Gabilan Mountains is Salinas, home to CALSTAR 5. Known as the “Salad Bowl of the World,” Salinas Valley produces 80 percent of the nation’s lettuce, 50 percent of its cauliflower and mushrooms, 25 percent of its celery, 60 percent of its broccoli and 90 percent of its artichokes. A mere 12 miles from the Pacific Ocean and Monterey Bay, Salinas is the county seat of Monterey County where agriculture is a \$2.2 billion industry.

CS-5 serves the rural and agricultural communities of Monterey County, San Benito County, Santa Cruz County, and northern San Luis Obispo County.

In 2009, CALSTAR established state-of-the-art Global Positioning System (GPS) procedures at Mee Memorial Hospital in King City, CA. This satellite navigation technology will enable CS-5 crews to fly using Instrument Flight Rules (IFR), allowing them to take off and land safely at the facility during inclement weather. The IFR capability will allow CALSTAR to accept calls that would otherwise be declined, significantly increasing the number of critical patient transports in Monterey County.

CS 6 - SOUTH LAKE TAHOE

Situated in the heart of the Sierra Mountains within the Lake Tahoe Basin, CALSTAR 6 provides EMS air medical services to both Northern California and Northern Nevada within a 150 mile service area. The CS-6 crew faces many challenges, because it is located within a resort community and recreational area with seasonal activities, population swings and remote settings for many activities.

During the summer the crews respond to injured hikers in the Desolation Wilderness area, motor vehicle accidents or other injuries from boating, horseback riding and cycling. During

the winter month they transition to providing medical support to local area ski patrols. CS-6 regularly trains with local fire departments, EMS units, law enforcement agencies and local hospitals to provide the safest and fastest medical care to the community and its visitors.

Given the nature of this delicate environmental region, CS-6 utilizes a spacious twin engine helicopter with a special no-tail rotor system that provides quieter operation along with greater stability and increased safety around the aircraft.





CS 7 - SANTA MARIA

Positioned along California's beautiful Central Coast, CALSTAR 7 serves Santa Barbara, San Luis Obispo, Ventura, southern Monterey, and western Kern Counties from its base at Santa Maria Airport. As destination spots, these coastal communities attract tourists and visitors who nearly double their populations in the summer, presenting a challenge for the medical services in the area. CS-7 supports ground EMS services to treat and transport those who sustain trauma or serious injury from hiking, horse back riding, cycling, ATV riding, boating, bird watching and other recreational pursuits.

Santa Barbara Cottage Hospital is the only Level II Trauma Center in the area and is the destination hospital for many trauma patients. With changing coastal climate conditions and limited trauma services, the CS-7 aircraft must be capable of flying long distances as quickly and safely as possible. The CS-7 helicopter has a spacious cabin which enables them to carry two critically ill patients.

Hospitals within the CS-7 service area partner with CALSTAR to assist with clinical training for Flight Nurses for advanced practice procedures for newborns, pediatrics, obstetrics, and adult critical and emergency care.



CS 8 - VACAVILLE

Strategically placed along the east-west corridor between Sacramento and San Francisco in Vacaville, CALSTAR 8 sees more than its share of catastrophic accident scenes. Indeed, in its first three years of operation, CS-8 transported more than 500 critically injured accident victims and seriously ill patients—quickly, safely and skillfully.

In fact, due to its high level of service, responsiveness, patient care and safety record, CS-8 was designated the exclusive provider for first-call air ambulance services by the Solano County Emergency Medical Services Agency.

As part of the CALSTAR network, CS-8 also is able to respond on a regional basis in adjoining counties such as Contra Costa, Napa, Yolo and Sacramento for requests through the 911 system as well as transports between hospitals.





CS 10 - JACKSON

Providing a synergistic companion to CS-3 in Auburn, CALSTAR 10 in Jackson supports ongoing operations in the Sierra Foothills. The expansion into Amador County was prompted by a request from local first responders, who felt the area was underserved.

Before the opening of CS-10 at Westover Field, the nearest air ambulance service was dispatched from Columbia in Tuolumne County. First responders believed that the resulting lag time did not support swift, coordinated medical care for seriously injured or ill patients.

Equipped with a newly upgraded BO 105 helicopter, the Jackson base is projected to serve more than 200 victims of shock and trauma in Amador County each year.





CS 70 - MCCLELLAN PARK - FIXED WING

When CALSTAR launched the airplane program in 1998, few expected the high level of demand that followed. The program was originally designed to support specialty patient transfers to tertiary care centers with the transport teams being supplied by the sending or receiving facility.

As CALSTAR's reputation for reliable service grew, CALSTAR flight crews were requested more frequently for inter-facility transports of more critically ill patients. With a limited corps of on-call nurses, an increased volume of flight requests and a

single plane available for use, the fixed wing aircraft program was overwhelmed.

Guided by their commitment to mission, the Directors and Management Team decided to enact a number of changes.

First, a back-up airplane was added to the fleet. Then, nursing and pilot staff dedicated to the fixed-wing program were hired and trained. A separate management team was established to implement the changes and oversee the program.



Secondly, recognizing that arranging patient transfers by airplane requires a great deal of planning and coordination, CALSTAR established a new communications center, separate from the 911 system employed for helicopter dispatch. The new CALSTAR Communications Center, known as CALCOM, employs experienced specialists who can handle all the arrangements with just one call—providing immediate trip quotes and arrival estimates, conducting dispatch services, and coordinating with partner agencies and services involved in transporting patients within the Western U.S. service area.

In 2009, CALSTAR 11 was established as a complementary program to perform inter-facility transports using rotor wing aircraft.





chapter four

Vision for the Future



We feel as strongly about the mission today as we did 25 years ago. We will continue to set the standards for our industry in the future...

CALSTAR's success has been the result of careful, strategic management and expansion along with the absolute commitment to quality service delivered by highly skilled flight crews.

FORGING NEW PATHS TO SUCCESS

What does tomorrow hold in store for CALSTAR? With the continued stewardship and guidance of its Directors and Management Team, CALSTAR will undoubtedly overcome new barriers and expand into new territory—both geographically and philosophically.

CALSTAR President and CEO Joseph Cook is actively involved in channeling the future of the air ambulance industry, testifying before state and national legislative panels on a variety of issues. Aircraft safety is always a top priority, and CALSTAR is proud of its safety record—no injury accidents in its history.

Expansion will be dependent on a variety of factors—new industry regulations, changing reimbursement policies, and new opportunities. CALSTAR has essentially covered all the possible areas within California and may have to look beyond state borders for future growth.



Cook sums it up this way: “CALSTAR started as a great experiment. Today, it serves as the operational model for the future of our industry. For tomorrow, CALSTAR will continue its life-saving mission, following the vision of our founders, striving every day to provide the highest quality medical care in the most cost effective and safest way possible. We will follow the path with the greatest opportunities to serve those in need.



chapter five

Legacy of Community



CALSTAR was the result of a community effort and has expanded in response to community needs.

Integral to the CALSTAR success story is community support—from member hospitals, business leaders, first responders, health care providers, community advisors—and community involvement.

MAKING A DIFFERENCE IN EACH COMMUNITY

Commitment to making a difference goes beyond the safe completion of life-saving missions. Active community involvement is the hallmark of all CALSTAR bases—crews participate in health and safety fairs, community festivals, disaster drills, fun runs and other community activities. Many CALSTAR base crews also work closely and train with fire departments, ambulance companies, search and rescue teams, and law enforcement agencies. They are active partners with California Highway Patrol in presenting the “Every 15 Minutes” youth drinking and driving intervention program.

MEMBERSHIP PROGRAM

CALSTAR has expanded its base of support throughout Northern and Central California through the growth of the CALSTAR Membership Program. Launched in 2000, the Membership Program offers affordable coverage for CALSTAR’s air ambulance services for a modest annual fee. If flown by CALSTAR or one of its reciprocal partner programs, the member is not billed for any portion of the transport cost. CALSTAR currently has 16,000 individual, family and group memberships covering 38,000 people.



Kenneth L. Meehan
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Michael Heil
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Board of
Directors

THE ROLE OF COMMUNITY PHILANTHROPY

Clearly, CALSTAR would not have gotten off the ground, much less achieved its 25-year milestone, without the generous support of individuals, foundations and corporations that shared its vision and values. In addition to the McKesson Corporation, contributors such as BankAmerica (now Bank of America), Chevron, Del Monte, the James Irvine Foundation, Wells Fargo, and the William Randolph Hearst Foundation provided key start-up funding to help CALSTAR launch its operations after it incorporated as a nonprofit organization in 1983. CALSTAR has maintained a strong relationship with many of its original funding partners and has garnered support from many other foundation and corporate contributors over the years.

CALSTAR is also grateful for the operational support, leadership and guidance provided by its member hospitals—John Muir Medical Center, Regional Medical Center of San Jose, and Sutter Roseville Medical Center.

Looking to the future, a key priority is to establish permanent sources of funding for CALSTAR base operations and projects to increase its operational capacity. For example, CALSTAR is pleased to be the beneficiary of the Howard and Lynn Classen Endowment. Established in 2008 and administered by the Community Foundation for Monterey County, this fund will provide a permanent source of support for operational and

special project needs at the bases in Gilroy and Salinas, which serve the Central Coast region.

Howard Classen contributed the initial funding to honor his wife, Lynn, who passed away in December 2006. As a former CEO of Natividad Medical Center in Salinas, Mr. Classen



Howard and Lynn Classen established an endowment fund to support the operations of CALSTAR bases serving California's Central Coast.

worked closely with CALSTAR to build a helipad so that victims of trauma and illness could be flown to and from the facility for specialized care. As a physician assistant trained in trauma care, Mrs. Classen recognized the need for rapid air medical services to maximize a patient's chances of survival and recovery.

Both Mr. and Mrs. Classen had benefited from CALSTAR life-saving transports. In 2002, Mr. Classen was transported following a home accident in which he sustained severe head and leg injuries. Mrs. Classen was transported from the Mt. Shasta area in a CALSTAR fixed wing aircraft after experiencing life-threatening complications while undergoing intensive cancer treatment.

The Classens were founding members of the CALSTAR Advisory Council and assisted with the 2005 expansion of CS-5 into a full-time, round-the-clock base, allowing CALSTAR to increase its coverage and availability in the Central Coast region. Mr. Classen remains a tireless advocate, encouraging others to learn about CALSTAR and how they can support its lifesaving efforts.

In making this generous gift, Howard Classen said, "It is important that we help CALSTAR to continue to fulfill its vital community mission, because it is the premier nonprofit air ambulance service in California."

CALSTAR is indebted to those who have made contributions in the past and will continue to seek philanthropic support from individuals, corporations and foundations in the future. Philanthropy is an essential part of CALSTAR's financial strength. Each gift to CALSTAR helps the organization fulfill its mission.

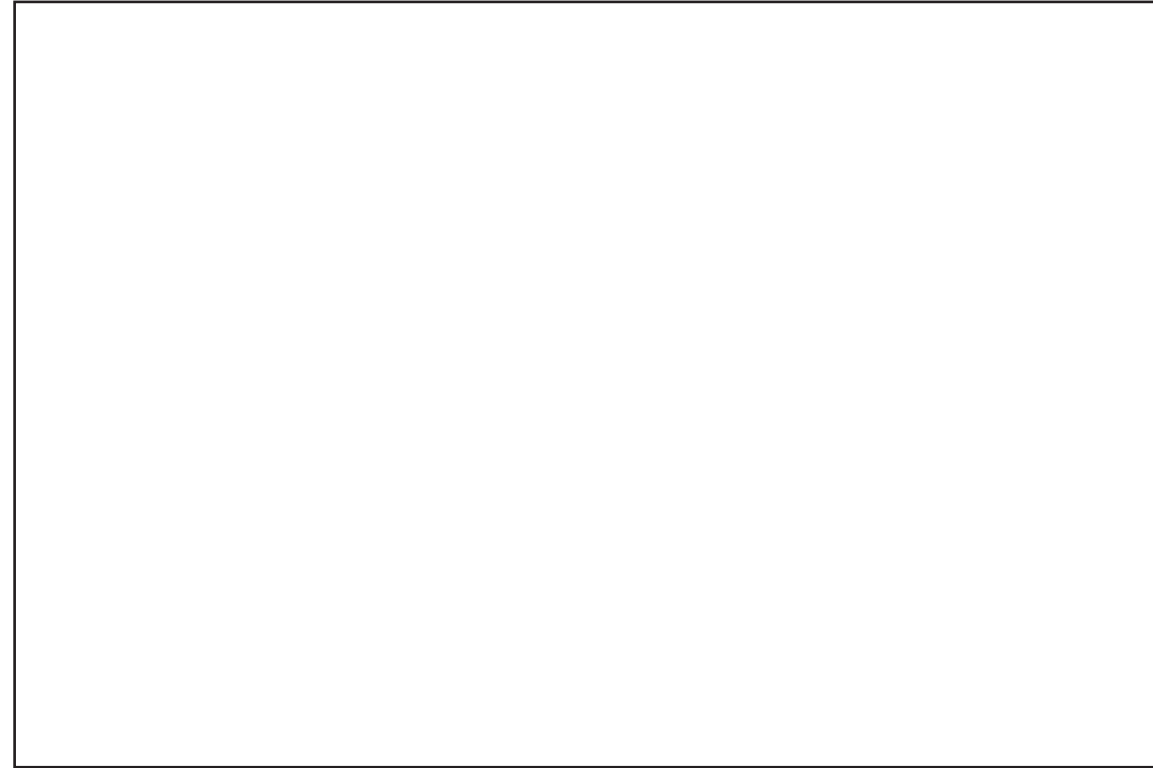
THE CALSTAR MISSION

With every take-off and landing, a patient's life is in the capable hands of the CALSTAR crew. They are compassionate, competent and caring individuals who have made a commitment to the CALSTAR mission—to save lives, reduce disability and speed recovery for victims of trauma and illness through rapid transport, quality medical care and education.

The CALSTAR mission is as important today as it was with the very first flight. With every flight, the legacy of saving lives is honored.

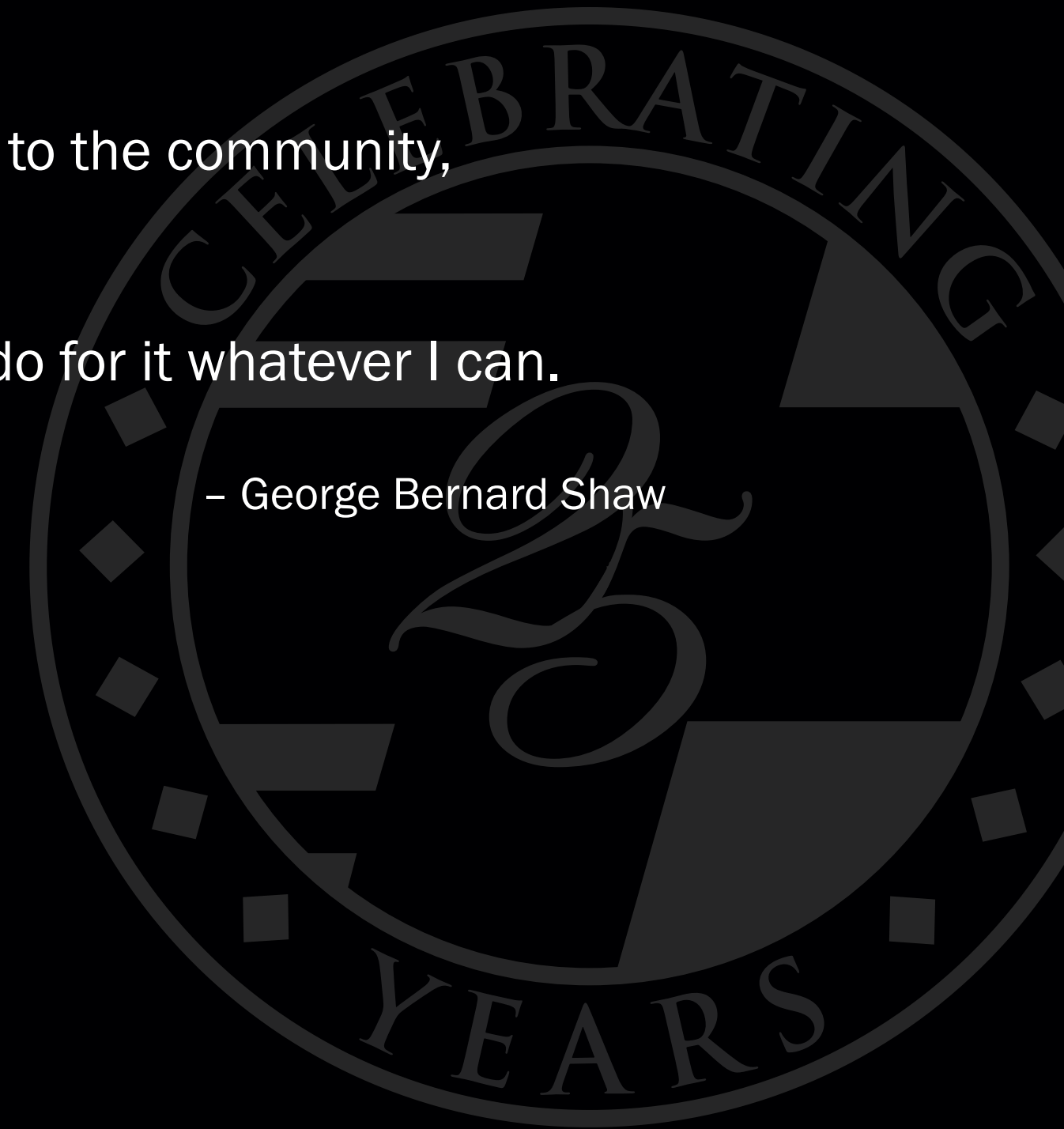


The Legacy of CALSTAR Continues with You...



I am of the opinion
that my life belongs to the community,
and as long as I live
it is my privilege to do for it whatever I can.

– George Bernard Shaw





acknowledgments

We want to thank those who gave their time, patience and professional skill so that we could commemorate CALSTAR's 25th Anniversary in a special way. This book would not have been possible without them.

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President & CEO

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Mike Nichols
Director of Development & Outreach

Jesica Pitts
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