

UNITED STATES OF AMERICA

NATIONAL TRANSPORTATION SAFETY BOARD

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Investigation of:

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SECURITY AVIATION ACCIDENT

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COOPER LANDING, ALASKA

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Accident No.: ANC20FA007

DECEMBER 6, 2019

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Interview of: KENNETH CORY HUGHES

Operations Manager, Medevac Alaska

Tuesday,

December 31, 2019

APPEARANCES:

NOREEN PRICE, Investigator in Charge  
National Transportation Safety Board

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I N T E R V I E W

(2:05 p.m.)

MS. PRICE: Okay. We're here today conducting an interview for NTSB investigation ANC20FA007.

Thanks, Cory, for being here today. Present during the interview is myself, Noreen Price, aviation accident investigator -- and Cory, go ahead and introduce yourself.

MR. HUGHES: Okay. Cory Hughes.

MS. PRICE: Great. Thank you. So, this investigation is to determine probable cause. It's not to lay blame, or -- we cannot protect you from any liabilities, however. We are recording the interview. It will become part of the public transcript and published when the final report is published, and the public will be able to see that today.

So, Cory, if you could spell your full legal name for me?

MR. HUGHES: K-E-N-N-E-T-H, C-O-R-Y, H-U-G-H-E-S.

MS. PRICE: Great, thanks. If you need to take a break for any reason, just say so, and we'll stop the recording.

## INTERVIEW OF KENNETH CORY HUGHES

BY MS. PRICE:

Q. So, Cory, what is your official title with Alaskan Medevac [sic]?

A. I'm the operations manager of Medevac Alaska.

Q. And how long have you had that position?

A. That's complicated, but about 3 years.

1 Q. Okay. And what are your responsibilities in that position?

2 A. I manage all of the day-to-day activities for Medevac Alaska.

3 Q. And what are some of your credentials, your professional  
4 credentials?

5 A. I'm a paramedic, a mobile intensive care paramedic.

6 Q. So do you also fly as a paramedic on flights with --

7 A. I do.

8 Q. Prior to working for Medevac Alaska, where did you work?

9 A. Falck Alfred, AmStar EMS, American Medical Response.

10 Q. What states were those in?

11 A. Alabama, Mississippi, Louisiana.

12 Q. Okay. How long have you been a paramedic?

13 A. What year is it?

14 Q. Roughly.

15 A. Roughly I've been an EMS in one capacity or another for 15,  
16 maybe 18 years.

17 Q. Okay.

18 A. Something of that variety.

19 Q. Do you have any background in safety or OSHA regulations?

20 A. So at one point, I was the -- I did -- was a safety medic  
21 working offshore internationally.

22 Q. If you could tell us something about Alaska Medevac, the  
23 company, how big it is, how many employees, what the history of it  
24 is, and what type of equipment you guys operate?

25 A. So we've been in business for just about 3 years. We do air

1 and ground ambulance service. At this point we don't have any  
2 aircraft of our own, we've been only using vendors. Security  
3 Aviation has been our primary vendor here in Anchorage.

4 Q. How about ambulances? Do you own ambulances?

5 A. We do.

6 Q. How many?

7 A. Three.

8 Q. Any professional certifications this company have, or --

9 A. We're currently in the accreditation process through NAAMTA.

10 Q. Can you spell out that acronym?

11 A. National Association of Medical Transport -- I can't  
12 actually.

13 Q. That's all right.

14 A. It's something to that effect.

15 Q. N-A-M-T-A [sic]? Is that right?

16 A. Yes.

17 Q. Okay. So you said that Security Aviation is your primary  
18 Anchorage air provider. Who are some of your --

19 A. So we'll use Premier Jets for any long-distance work. Every  
20 once in a while to get to a small place we might use something  
21 more local. You know, we'll use like -- we'll take Security out  
22 to a place that that's as far as they can go, and then we'll take  
23 like a little small plane to get to, you know, the rest of the  
24 way. And whatever is available locally, we might use.

25 Q. Okay. Does the company have any guiding documents for

1 company employees on their procedures and processes for  
2 accomplishing their jobs?

3 A. Yes. There's an SOP book and a safety manual.

4 Q. Can I get a digital copy of that sometime soon; is that  
5 possible?

6 A. Yes.

7 Q. Okay. Are there any quality assurance processes in the  
8 company; audits, internal audits, checking on how you guys do  
9 things?

10 A. Not a formal one. We're still in the process of fleshing  
11 that out. We do daily or nearly daily safety meetings and kind of  
12 after-action things between all the employees. Generally do one  
13 every day, except on Saturdays and Sundays. We pretty much just  
14 take the weekends off.

15 Q. So is it like a morning thing? Everyone gets together --

16 A. Yeah. We do it every morning, that all of the crew members  
17 get together and we go over anything that happened the day before  
18 or anything that we're planning that day, and discuss how we're  
19 going to do it and what we can learn from anything that we did the  
20 day before.

21 Q. How about external evaluations? Does any external entity  
22 come in and evaluate your processes and procedures?

23 A. So that's part of the NAAMTA process that they should have  
24 been doing this month, but we kind of put it off when we were  
25 figuring all of this out.

1 Q. Okay. Has the company been cited for any safety issues or  
2 regulatory issues by the state or federal entity since it started  
3 that you know of?

4 A. We had an employee report us to OSHA for blood-borne pathogen  
5 stuff. We're still kind of going back and forth with OSHA on  
6 that. That employee was actually in charge of that stuff.

7 Q. Okay.

8 A. Wish she would have just finished it. But no, we've not  
9 actually paid any tickets. It's just sort of still kind of going  
10 back and forth.

11 Q. Okay. So if you would describe the type of transportation  
12 you do. Is it emergency transportation, routine transportation?  
13 And if you would describe the difference between those two?

14 A. We do probably 80 percent non-emergency transport and maybe  
15 20 percent emergent transport as far as fixed wing.

16 Q. And could you describe the difference between non-emergent  
17 and emergent from a medical perspective?

18 A. From a -- well, it's a Medicare or medical perspective. So  
19 for us, an emergent is -- would be anything that's going to a  
20 higher level of care that is unscheduled, and a non-emergent is  
21 going to be going to a lower or equal level of care that is  
22 scheduled. And we try to stay in the scheduled area whenever  
23 possible.

24 Q. Okay. So most of your work, 80 percent is non-emergent?

25 A. Yes.

1 Q. So, and then what percentage of your work is done via air  
2 transport vice ground transport?

3 A. So, on average, I would say that we do about -- it depends on  
4 the month, but somewhere less than 30 air transports a month.  
5 Every once in a while we go above that and every once in a while  
6 we'll go below that, but that's about average.

7 Q. And are those all to or from Anchorage, or do you have some  
8 that are from point B, and C, and in between?

9 A. They're not all back and forth to Anchorage, but the majority  
10 of them are either starting or ending in anchorage.

11 Q. How long has Security Aviation been your primary provider  
12 here in Anchorage?

13 A. Two years.

14 Q. And how would you describe their performance?

15 A. We've been really happy. Generally we use them because we  
16 prefer our own people.

17 Q. So -- could you say that again?

18 A. We -- so, not Medevac Alaska, but we have another company  
19 that's Gulf Air, that is another -- our own 135 Carrier. And we  
20 thought that Security had more experience to go to the places that  
21 we were needing to go, so we actually kind of got into the  
22 preference of using them over our own when our own still had an  
23 airplane.

24 Q. So you're saying that Medevac Alaska had -- you did have your  
25 own airplane at one point but you don't anymore? Or --

1 A. So it's two different companies.

2 Q. Okay.

3 A. But we're connected.

4 Q. So it's an operating certificate, but -- that's associated  
5 with Medevac Alaska?

6 A. We have the same ownership.

7 Q. Okay. All right. Is that still operating, that -- what type  
8 of airplane is it?

9 A. It's -- that's the problem. Right now, we don't have --

10 Q. Oh, okay.

11 A. -- a plane.

12 Q. You have a certificate?

13 A. We have a certificate.

14 Q. But no airplane?

15 A. No airplane.

16 Q. Okay.

17 A. So we -- the thought process that we had was, is that we were  
18 getting out of the propeller planes and we were going to jets  
19 because we thought that we could do that safer, and let Security  
20 do more of the propeller planes because, you know, they were going  
21 in and out of these places anyhow. You know, they had more  
22 experience in all of the places we were going.

23 Q. Okay. So do you have company pilots assigned at this time?

24 A. We do still employ pilots. Not Medevac Alaska, but --

25 Q. The certificate that --

1 A. The certificate.

2 Q. Yeah. Okay. So have you had any employees submit safety  
3 concerns regarding the use of air transport or -- and Security  
4 Aviation?

5 A. No. Never. Not verbally, not written.

6 Q. Could you describe the process for dispatch in Medevac  
7 Alaska? How does that process work?

8 A. So Medevac Alaska only handles the medical aspects of the  
9 dispatch. We take the request, we get baseline information for --  
10 okay, so let me -- I guess let me start over.

11 All right. So for the non-emergent ones, the ones that we're  
12 scheduling, or the emergent ones? Which one are we --

13 Q. Let's talk about both.

14 A. Okay. So for the non-emergent ones, we take the full  
15 information. And then we call the vendor and we see what they can  
16 do as far as timing and weather and appropriateness, you know,  
17 whether they can go there, when they can go there. And then it's  
18 kind of a meeting in the middle and see which -- you know, what  
19 timing works.

20 For the emergent ones, we take just a very bare information  
21 of what they're asking for, and where they're wanting to go and  
22 where they're wanting to come back to. And then we call the  
23 vendor, or Security in this case, and, you know, we give them the  
24 only pickup and comeback location.

25 So in this case, going to Seward, coming back to Anchorage,

1 there's going to be two people leaving, three people coming back.  
2 And they're needing it now versus later. What is the wording that  
3 they'll use? I'm not exactly sure what Billy uses as far the  
4 words usually. But it's basically -- it's not, is it emergent?  
5 It's -- oh, I'm sorry -- it's "for right now" is just how he does  
6 it. It just --

7 Q. So do you have a dispatch office here in Anchorage? Who mans  
8 it? Who takes those calls?

9 A. So we used to. We moved it to Mobile, Alabama. And --

10 Q. And when did that happen?

11 A. Two months ago.

12 Q. Okay. So you have an office in Mobile, Alabama?

13 A. Mm-hmm.

14 Q. But it's a local Alaska company, right?

15 A. Yes.

16 Q. But for dispatch, you --

17 A. Well, so we're starting up another company in Alabama. So  
18 dispatch is going to do all of the different places.

19 Q. Okay.

20 A. And they're going to be from there. But basically Billy will  
21 tell them that it's a, it's an -- oh, an immediate request.  
22 That's what it will be.

23 Q. Oh, okay.

24 A. So it's an immediate request from Seward back to Anchorage.  
25 Two going out, three coming back.

1 Q. Okay.

2 A. And then they will say, okay, we'll call you back. And  
3 they'll do whatever it is that their process is --

4 Q. Right.

5 A. -- as far as the weather and plane and --

6 Q. I'm going to go into some of the details of the actual  
7 flight --

8 A. Okay.

9 Q. -- a little bit later on. Right now I'm trying to get a --  
10 some idea of background on how the company generally operates --

11 A. Yes.

12 Q. -- for like dispatching air --

13 A. So we take -- and for an emergent transport, we take very few  
14 details in the beginning. We're just basically looking for point  
15 A to point B. And then we contact Security, and they tell us yes  
16 or no. And if --

17 Q. If -- and so they're -- just again, back to the dispatch  
18 office. Your office in Mobile is manned 24 hours a day by  
19 somebody?

20 A. There's a person that is on duty to answer the phone 24 hours  
21 a day.

22 Q. Is that Billy Kiefer (ph.), correct?

23 A. It's always Billy.

24 Q. Billy?

25 A. Yes. We --

1 Q. Billy is the dispatch person?

2 A. Billy is the dispatcher. We don't do a whole lot at night or  
3 on the weekends. It's -- we try to really stick to scheduled  
4 stuff.

5 Q. Okay. So Billy is available, but the office -- not sitting  
6 at dispatch office?

7 A. He's not sitting in a dispatch, no.

8 Q. Okay. And Billy will get the call whether it's for scheduled  
9 routine ambulance service or for emergent type --

10 A. Yes.

11 Q. -- immediate request?

12 A. Yes.

13 Q. So Billy gets it, and then Billy takes it, and Billy will  
14 call the vendor?

15 A. Security, yes.

16 Q. Okay. And then the vendor will decide whether or not it's a  
17 go or no-go?

18 A. Yes.

19 Q. Does Medevac Alaska have any risk processes in that?

20 A. As part of the accreditation, we're developing them, but no.  
21 We've left the pilot decision as far as the weather and the  
22 appropriateness completely to the air carrier.

23 Q. Okay. Are the medical crews that fly, and are all of the  
24 crews able to go air and ground? Is everybody trained to do both?

25 A. No. Not --

1 Q. Okay. Are the crews that do fly aware of, like, regulatory  
2 limitations for flights such as what is good or bad weather, what  
3 a crew day means, what type of equipment's needed to fly? Do they  
4 understand any of that? Is that part of their training?

5 A. No.

6 Q. Are preflight briefs with the pilot conducted typically?

7 A. They give a short briefing before takeoff.

8 Q. And as part of that brief, is there any discussions regarding  
9 "three to go, one to say no" or any decision making, as in is  
10 everybody comfortable with this? Does the nurse and the paramedic  
11 have the opportunity or the right --

12 A. Yes.

13 Q. -- to say no to the flight?

14 A. So our policy is written as a stop work authority, that at  
15 any point if there's anything they don't like about a flight, job  
16 assignment, ground trip, any part of it, that they get to say no,  
17 stop for whatever reason. And if we can fix whatever that is,  
18 whether that be equipment, staffing, et cetera, that, you know, at  
19 that point they get to continue if they're comfortable. Or if  
20 not, then we just scrub the whole thing.

21 Q. Okay. But they don't have any training or education on the  
22 hazards of in-flight weather or terrain or anything like that?

23 A. So they're all given the Alaska medevac course, the one that  
24 the state mandates.

25 Q. Okay.

1 A. But does it go into like the specifics of, you know -- it  
2 doesn't go into really deep specifics for anyone. As far as a VFR  
3 flight or an IFR flight or what weather is appropriate or not  
4 weather appropriate? No. None. No. So when I took the class,  
5 it doesn't.

6 Q. Okay.

7 A. It doesn't go into that.

8 Q. Yeah.

9 A. No.

10 Q. So given the -- that information that you just gave me, it  
11 sounds like the paramedics and nurses that fly don't have an  
12 understanding or a training as to what hazardous weather would be,  
13 so for them to say no, this flight is not --

14 A. Oh no.

15 Q. -- going to go --

16 A. We very much count on the pilots for weather. There's no  
17 question about that. We've kind of discussed back and forth on  
18 how we could improve that, or whether we can improve that. And  
19 we've not really come up with a good way of everyone understanding  
20 what the weather limitations versus the plane limitations and all  
21 of that are. And I don't know, and I don't know of anyone else  
22 that really does know, I mean, as far as that isn't a pilot.

23 And because we employ pilots, we've kind of discussed on  
24 whether we should get our pilots involved when other pilots are  
25 taking the flight, whether that was a good check. But we've not

1 really come to any firm decisions. And now afterwards, we're  
2 really scratching our head going, okay, well else can we do?

3 But they do absolutely have right to say no. But in all --  
4 honestly, no, I don't know that any of the medics really have a  
5 knowledge of what is and is not safe weather for anybody. I mean,  
6 I certainly don't know. I mean, I document -- if you look through  
7 the notes, I document the weather, but I don't know what it means.  
8 I mean, not really. I mean, I can read it. But --

9 Q. Right.

10 A. -- knowing what it is? No. I don't know what it is.

11 Q. So do you know the different between IFR and VFR flights?

12 A. I do in a way. I've had just a couple of flight lessons. I  
13 mean, I get the concept. But as to the specifics? No. I mean,  
14 I've had like two flight lessons. No, I don't know.

15 Q. So did you know that Seward was not an IFR airport for  
16 nighttime operations when this flight was dispatched? Is that  
17 information that you did have?

18 A. I knew that we have to do VFR flights. I did not really  
19 know why.

20 Q. Okay. That's fine. Yeah.

21 A. I mean that's all I --

22 Q. I was just curious if even that -- yeah.

23 A. Yeah. That's all I knew. I mean, as far as the specifics,  
24 no. All I knew is that Seward was VFR only. And they told me  
25 that they were going to do a VFR flight. Okay. I mean, that's --

1 Q. Right. So did you have any information that 135 -- these  
2 commercial type flights, have different minimum altitudes they  
3 have to operate in that area? Did you -- is that anything that  
4 you knew before?

5 A. I still don't know that.

6 Q. Okay.

7 A. Okay.

8 Q. Yeah. There are different altitude requirements for VFR  
9 operations at night for 135 operators, and they're very different  
10 than daytime operations in mountainous terrain, which that area  
11 is.

12 A. Okay. Yeah. That's kind of the reason we leave --

13 Q. Right.

14 A. -- the pilot stuff to the air carrier, is that we really  
15 don't know.

16 Q. Right. Yeah.

17 A. I mean, we kind of -- what we were told in the very beginning  
18 was, is that we needed to make sure that the medical aspects  
19 didn't get into the aviation aspects so that the pilots didn't  
20 feel like that they needed to fly because of the medical parts of  
21 it; that to leave that part to them and our part to us. So we  
22 don't tell the pilots anything, and --

23 Q. So that was my next question. The medical crew is provided  
24 with the patient's condition, correct?

25 A. They do. So after they accept the flight, then we work on

1 the medical aspects of it.

2 Q. Okay.

3 A. We don't really get too much of the medical aspects in the  
4 beginning because first we're just seeing the pilots, whether they  
5 can fly. And then after that, we get more of the medical aspects.  
6 And then --

7 Q. So who actually, like in an air -- an emergent air ambulance  
8 flight, the call goes to dispatch, dispatch calls the vendor, the  
9 vendor accepts the flight. The crew, the paramedic, and the nurse  
10 are notified. They go over to the airport to get on the airplane.

11 A. Yes.

12 Q. Who actually tells --

13 A. The nurse will --

14 Q. -- them what the patient's condition is?

15 A. The dispatcher will give the basics that they've got to the  
16 crew. And then the crew will call and get a report from the  
17 sending facility.

18 Q. Okay. All right. So while the pilot's doing their thing,  
19 the medical crew --

20 A. The medical crew --

21 Q. -- is doing their thing with the requestor directly or with  
22 dispatch?

23 A. With the -- well, they get it from dispatch, and then --

24 Q. Initially, right.

25 A. -- and then they call the requestor.

1 Q. Okay. And at any time do they share that with the pilot?

2 A. No. Never.

3 Q. And is that in an SOP or a written document?

4 A. It's in the SOP and it's practice. And Rob was very, very  
5 good about not, in any way shape or form.

6 Q. And why is that? Why are medical crews -- I know the answer  
7 to this, but I want --

8 A. Oh, okay. All right. So --

9 Q. -- the people reading this to know the answer. Why don't  
10 the --

11 A. Okay. So --

12 Q. Why doesn't the medical crew share that information with the  
13 pilot?

14 A. The pilot never knows so that the pilot does not feel  
15 pressure to take a flight he would not otherwise take.

16 Q. Okay.

17 A. And Rob, being that he had flown plenty, and Maddox had been  
18 -- that he had flown plenty with us, knew never to share the  
19 information with Glen or any other pilot that was there.

20 Q. Okay. How about once a flight takes off? Does the medical  
21 crew talk to the pilot about --

22 A. Absolutely not.

23 Q. Okay.

24 A. The only thing that they ever share would be anything that  
25 they would need to know about like, hey, you need to wear a mask

1 if you're going to be near this patient or, you know, something to  
2 keep the pilot safe. Other than that, that's only thing that they  
3 would ever say to the pilot about the medical condition of the  
4 patient.

5 Q. Okay. And how long -- Rob was the flight nurse in the  
6 accident, correct?

7 A. Yes.

8 Q. How long had he worked for --

9 A. He had been with us probably 4 or 5 months. I can give you  
10 something exact. That's rough.

11 Q. And did he have any aviation experience as a flight nurse?

12 A. So he had flown before with Norton Sound.

13 Q. Do you know how long he had experience?

14 A. Probably 6 or 7 years. That's --

15 Q. Okay.

16 A. That's a -- I'm pretty certain of that. But that's not a  
17 concrete answer.

18 Q. Okay.

19 A. I'd have to go look at his resume. I don't recall off the --  
20 but --

21 Q. But you feel very confident that he had enough experience to  
22 know that --

23 A. He would never -- yes.

24 Q. -- talking to the pilot about the patient's condition would  
25 be --

1 A. Absolutely.

2 Q. -- a bad thing to do? Okay.

3 A. Yes. He had years of experience. I just don't know whether

4 it's 5 or 6, or whether it's 7 or 8, or --

5 Q. Okay. How about Maddox? What's his --

6 A. Maddox would have been with us for 2 years.

7 Q. And then prior to that, did Maddox have any --

8 A. He was an EMS, but on the ground.

9 Q. Okay. And --

10 A. And Maddox would have basically taken his lead from Rob.

11 Q. I was going to say, is Maddox the type of person to tell the

12 pilot if he thought the condition --

13 A. No. Maddox would not have told the pilot.

14 Q. All right. What if the pilot was a very senior person in the

15 company who really wanted to know in the middle of a flight how

16 important it was to get to the destination, and he had asked those

17 folks in the back. In your opinion, do you think they would have

18 maybe shared that with him so he could make a determination as to

19 whether to continue or not?

20 A. Knowing Maddox -- and, of course, I mean, I'm speculating

21 because --

22 Q. I know that.

23 A. -- obviously I wasn't there.

24 Q. This is your opinion.

25 A. Knowing Maddox, Maddox would have looked at Rob, and Rob

1 would have said, absolutely hell no. And let's go home if it's  
2 questionable.

3 Q. And is that Rob was very safety conscious --

4 A. Rob was --

5 Q. -- or because he was very, like, procedure oriented and he  
6 would not break procedures?

7 A. Rob was very safety conscious. Rob was very procedure  
8 oriented. Rob was one of our shift leads. We had two shift  
9 leads, one on each one. Everyone would have looked to Rob, and  
10 Rob would have said absolutely no.

11 Q. Okay.

12 A. If it was questionable. I mean, we had the discussion before  
13 he left, that hey, is this -- and I was more thinking along the  
14 lines of medically speaking. Because we don't do a lot of  
15 pediatrics. We try not to do pediatrics. But, I mean, we had the  
16 conversation before they went: Look, don't push this; if this is  
17 no good, don't do this. And he's like, I got it, boss. No, don't  
18 worry about me. Okay.

19 And Rob would never push the envelope by any stretch of the  
20 imagination.

21 Q. All right. Some more generic questions about the company.  
22 Employee hiring and retention. Do you have any problems with  
23 hiring enough experienced people or retaining experienced --

24 A. Right this second we do. Generally speaking, no. I feel  
25 like that we're -- I mean, we're a small company, so, you know,

1 getting the best people in the very beginning was always  
2 difficult. And as we gained more experience, it's become easier.

3 And I mean, Rob, I thought, was one of our -- the very best  
4 people that we ever got. I mean -- and I just can't say enough  
5 good things about Rob. He made my life a lot easier.

6 But no, I don't think that prior to this we were having any  
7 difficulty with that.

8 Q. Okay. Prior to the accident. Great. Thank you.

9 Are your employees provided specific aircraft training with  
10 Security Aviation regarding -- because they fly multiple models of  
11 airplanes?

12 A. So they do get an orientation over there with Security. And  
13 when they do the air escort classes, we do -- they do go and they  
14 physically get in the Security aircraft, and they go through the  
15 -- all of the actual operations of those particular aircraft.

16 So, I mean, we -- our people are in basically -- they're not  
17 really in the Navajo that much. We had kind of gotten to where we  
18 weren't using the Navajo. They were in the LearJet or the  
19 Conquest more often than not. So that's where they really spend a  
20 lot of time with the orientation. Maddox and Rob had both been in  
21 the Navajo, but it's not a real common use for us.

22 Q. Why is that?

23 A. It's slow. It's not pressurized. The range is limited.

24 Q. I was told that you specifically requested a Navajo for this  
25 flight.

1 A. I didn't specifically request a Navajo. They told me the  
2 Conquest wasn't available and I asked whether the Navajo was.

3 Q. Okay.

4 A. So, no. I didn't want to take the Navajo. I just was asking  
5 whether a -- whether it was available.

6 Q. Right. So when a provider calls for transport, are -- is  
7 Medevac Alaska usually the first company to call -- that gets  
8 called, the second company, the third company? Do you think  
9 there's any order to how --

10 A. It depends on where it is and who's calling.

11 Q. So do you have a contract with one specific provider, or any  
12 providers to be their first callout or anything like that?

13 A. We have the non-emergency contract for Alaska Native Medical  
14 Center, and we have the contract for the Yakutat Tribal -- no,  
15 maybe that's not the right -- the Yakutat Tribal Consortium.  
16 That's it, I think.

17 And then we have a ground transport -- or ground contract  
18 with Seward. And we try to do Seward by ground. We don't really  
19 like flying to Seward.

20 As far as where we are in the order of when they call, I  
21 think that just depends on what doctor is working that day and  
22 what their preference is.

23 Q. And why is it that you try and go via ground and not air from  
24 Seward?

25 A. The real reason is economics. It's not really a -- it really

1 just comes down to that it's cheaper for us to drive down there,  
2 and we generally get more return out of it as far as financially.  
3 That's unfortunate to say, but that's --

4 Q. Is the company currently earning a profit or are you  
5 operating in the red? Or do you know?

6 A. At the end of the year we make a profit, I guess. Yes. It's  
7 just a matter of when we get paid. Everything in health care is  
8 so slow.

9 Q. Yes, I'm aware. So does the patient's insurance play a part  
10 in accepting or denying a requested flight?

11 A. We don't even ask.

12 Q. Okay. And who pays for the flight? Does the hospital -- the  
13 requesting hospital pay? Does the patient's insurance pay? Does  
14 the patient pay?

15 A. It just depends on the -- it depends on where it is and what  
16 it is.

17 Q. So out of Seward, coming from the medical clinic there?

18 A. Out of Seward it would usually be insurance. If it's by air,  
19 it would almost exclusively be insurance or Medicare or Medicaid.

20 Q. But you don't know if someone even has insurance --

21 A. We don't.

22 Q. -- when you get it.

23 A. We don't ask.

24 Q. So you accept the flight and you don't even know if there's  
25 insurance on the --

1 A. We have no idea. That's kind of why we prefer the non-  
2 emergent ones, because we know.

3 Q. So when Security Aviation gets paid for a flight that they  
4 take for you, does that --

5 A. They get paid the same whether they have insurance, don't  
6 have insurance, or --

7 Q. Okay. And do they get paid by the flight hour? Or would  
8 it --

9 A. They get paid by the flight hour, and then they also get a  
10 certain amount just for being available to us.

11 Q. So a certain amount for being available to you? Does that  
12 mean that they get paid on a monthly basis just because --

13 A. Yeah. They --

14 Q. -- they're available, or do they get --

15 A. They get paid monthly just to provide our medevac service.

16 Q. Okay.

17 A. And then they get paid additionally for, you know, every hour  
18 we use them.

19 Q. Okay. And do they get paid differently based on emergent,  
20 non-emergent?

21 A. No.

22 Q. Okay. How about time of day? Do they get paid a  
23 different --

24 A. I think that they charge us a callout fee of like \$85 or  
25 something to do one at night.

1 Q. Okay.

2 A. It's nominal.

3 Q. Okay. And how often do you do air ambulance flights out of  
4 Seward?

5 A. Not real often.

6 Q. Do you think that's because other companies take them or is  
7 it because there's not a lot of air ambulance flights out of  
8 Seward? Do you know? You may not know.

9 A. Well, there's a helicopter in Soldotna. And, I mean, that's  
10 the closest, easiest thing. You know, for us, we don't -- that's  
11 the other reason we don't really like flying out of Seward, is  
12 that for us it's 40 minutes to launch, 20 minutes to fly, and 20  
13 minutes back to the hospital, 30 minutes to load up, 20 minutes  
14 back over there, 10 minutes to load back up, 20 minutes in flight,  
15 30 minutes across town. We don't really save that much time.

16 It's easier for the helicopter to go land there, take them to  
17 whatever hospital they're going, and just be done with it. We  
18 don't really necessarily advertise ourselves as being the best  
19 choice for them. They're too close. It's easier for us to go by  
20 ground. We save maybe an hour.

21 Q. I was going to say, if you compare the time via ground  
22 transport, because you -- your ambulances depart out of Anchorage,  
23 right?

24 A. Mm-hmm. So --

25 Q. Drive to Seward, pick up the patient in -- and do they travel

1 with the nurse down to Seward and then back, or --

2 A. So we take our own crew. So we'll --

3 Q. Oh, okay.

4 A. -- have our own paramedic, our own nurse.

5 Q. And then back is actually --

6 A. Yeah.

7 Q. Is it faster than air or equal to air?

8 A. It's not faster than air, but it -- the time is not so great  
9 that we really think that it's worth air being a primary choice  
10 for us. If they need to -- if it's that much of a hurry, they  
11 just need to call the helicopter out of Soldotna.

12 Q. And then from your description of different types of service,  
13 that would be emergent probably? Or --

14 A. Yes.

15 Q. So routine transport out of Seward, I would not expect to  
16 be routine.

17 A. They fly nearly -- I don't know. And we kind of went back  
18 and forth on the -- whether we, and whether there was liability  
19 involved in getting there as far what the appropriateness of a lot  
20 of the medevacs are doing in Alaska. I mean, people get flown in  
21 for something slightly above a stubbed toe all the time.

22 But whether it's road accessible or not road accessible;  
23 okay, fine then. And whether it's okay, but is there going to be  
24 an avalanche in the 2 hours? Like Soldotna, for instance, they  
25 don't -- everything comes by helicopter. Everything. It doesn't

1 matter what it is. If they need to come to Anchorage, no matter  
2 what it is, they're going by helicopter or airplane. Well, that  
3 doesn't really seem appropriate, but at the same time, they're  
4 thinking along the lines of the risk factor going up and down the  
5 road. And, you know, it's kind of an argument. And I don't  
6 necessarily want to get into the argument. We do more of the non-  
7 emergent for a reason.

8       So no, we don't think that there's that much time savings by  
9 coming -- you know, if you were going to go fixed-wing. I mean,  
10 the helicopter gets to go and land at the -- or at the hospital  
11 and then come to this other hospital. That saves time. The  
12 airplane just doesn't.

13 Q.   So are you aware of -- and we kind of touched on this before,  
14 but are you aware that there are special airports with instrument  
15 approach limitations in the state? Seward is not a special  
16 airport, but it does have nighttime limitations. Are you as a  
17 company aware that there are certain destinations that require  
18 special procedures to get in and out instrument-wise?

19 A.   We are aware, and we're aware of most of them. So like, I  
20 know, Hoonah, we have to leave by daylight if we're going to go.  
21 I know that for whatever reason, our pilots and the Security  
22 pilots won't ever go to Tyovek [sic]. We just never go there.

23       As to the why and everything else, we -- again, we do leave  
24 that to the pilots because, medically speaking, we just -- we  
25 don't know.

1 Q. Right, right. So does Medevac Alaska decide whether to  
2 transport via ground or air, or is that a hospital requestor --

3 A. We leave that to the hospital.

4 Q. And as far as profit goes, you've already said that ground  
5 generally from Seward is more profitable than air?

6 A. It is.

7 Q. Okay. So -- never mind. How about transporting two patients  
8 at once? Do you ever do that via air?

9 A. We don't have two beds in any of our planes. So if we  
10 transport two patients, they have to be -- it has to be non-  
11 emergent. Like a -- like one of them has to just be escorted kind  
12 of thing; they're just walking on the plane.

13 Q. Okay.

14 A. And even that's kind of rare.

15 Q. So if a hospital requested ground transport from somewhere,  
16 you wouldn't offer air transport instead?

17 A. No. If they offer ground, we always go by ground. Oh, I am  
18 sorry. There is -- I can think of one time that we did say that  
19 we can't come by -- I -- we didn't -- all right. So there was one  
20 time that they asked for ground and we told them that we couldn't  
21 get there by ground until like the next afternoon or something  
22 because they had the road closed, and they asked about air.

23 So no, we've never offered air, but we've been asked when we  
24 said no to ground whether we can come by air before.

25 Q. Okay. So have you ever flown with Mr. Morthorpe before on an

1 air ambulance flight?

2 A. Yes.

3 Q. About how many times?

4 A. Him and Jeff would be kind of primary pilots. I went to try  
5 and see if I could find records of that, and I can't. We don't.  
6 We don't keep track of the pilots.

7 Q. Okay.

8 A. Security probably would, but we don't.

9 Q. Yeah.

10 A. Dozens, if not 100. I mean --

11 Q. Somewhere between a dozen and 100?

12 A. Yeah.

13 Q. Okay.

14 A. I mean, it's more often than not Glen or Jeff, or both, would  
15 fly us.

16 Q. Okay. How many of the medevacs do you do a month? You  
17 personally. You say you have about 30 ambulances a month.  
18 About --

19 A. Depends if --

20 Q. -- how many of those do you do?

21 A. If I'm on there, it's because we either don't have staffing  
22 that month, that we're missing somebody that's qualified and  
23 experienced enough to fly, or we're short that day, we're busy or  
24 something. It depends on the month, I guess. I either do all of  
25 them or five or six of them.

1 Q. Okay. So how would you describe Mr. Morthorpe's performance?

2 A. Glen was always the most professional pilot that I'd ever  
3 been around. He was never in a hurry. He was never -- I -- yeah,  
4 it was -- he was very professional.

5 Q. Did he provide a brief, a preflight brief before departing?

6 A. Yes. He would always give kind of the basics of the weather,  
7 the basics of what we were doing and why we were doing it. And --

8 Q. Would he describe the route as well?

9 A. He would not describe the route. He would describe any fuel  
10 stops, but he wouldn't get into the specifics of like we're going  
11 to go past the Sisters VOR or something like that, no.

12 Q. Did he ever request the condition of a patient?

13 A. Never.

14 Q. Did you ever fly with him at night that you can recall?

15 A. Yes.

16 Q. Any safety concerns or --

17 A. No.

18 Q. Was it an IFR flight or a VFR flight? Do you know?

19 A. We don't really do a whole lot of VFR flights to my  
20 knowledge. I mean, I -- it's hard for me really to know precisely  
21 whether we were doing a VFR or IFR flight, but we don't -- to my  
22 knowledge, 99 percent of them are IFR flights.

23 I don't know -- we're not -- we're usually going point A to  
24 point B very high. I mean, I don't know where they draw the line  
25 of where they're squiggling around down there near the ground at

1 the end. But --

2 Q. So in any of the company training that Medevac Alaska has  
3 done, do air medevac or ambulance accidents discuss, such as the  
4 threat of bad weather and decision making? As you know, there's  
5 been a history of a lot of --

6 A. Well, so we do --

7 Q. -- accidents.

8 A. We do do the air escort class, and they talk a lot about  
9 crashes and about turning back. And, you know, they go into it.  
10 And we don't actually do it ourselves, we have somebody that --  
11 Gene Wiseman from North Slope Bureau, he comes in and he does them  
12 for us usually.

13 But yeah, they discuss the history of medevac crashes in  
14 Alaska, and that the weather is always a factor and that we should  
15 push it. And all of our people discuss that at every safety  
16 meeting that they should say no if they have anything that they  
17 don't like about any part of it.

18 Q. Does the contract or agreement that you have with Security  
19 Aviation include any stipulations from launching within a certain  
20 time frame?

21 A. No.

22 Q. Like you have 1 hour to --

23 A. Absolutely not.

24 Q. Okay. Do you have any policies regarding asking a requestor  
25 if a flight was turned down by another company before accepting

1 it?

2 A. We --

3 Q. This would be before the accident.

4 A. Prior to that?

5 Q. Yeah.

6 A. No. If they gave us that information, our policy -- or our  
7 practice more than our policy, because I don't know that it was  
8 ever actually written anywhere in the official SOP. Our practice  
9 was that we would -- if someone else turned it down, we would tell  
10 the vendor, and that would usually end it. They would say no at  
11 that point. But if for whatever reason, they were to say yes,  
12 then we would tell the crews. And then at that point, some -- if  
13 they said yes, then somebody from the management would need to say  
14 yes, too.

15 Q. How about at other companies that you've worked for that  
16 provided air ambulance transport? Were there any procedures for  
17 that that you can recall?

18 A. I don't recall.

19 Q. Have you ever heard of the website called  
20 weatherturndown.com?

21 A. We had an employee that told us about it, had set up an  
22 account, and then when he left, he left with the account. And no,  
23 we never actually used it. Only he did. And then afterwards,  
24 somebody brought up, hey, did we look in here? And we -- no, we  
25 don't have access to it. We tried to get into it afterwards and

1 we still can't access it.

2 Q. Okay. So you've heard of it, but you're not currently --

3 A. No.

4 Q. -- using it or accessing it? Do you know if the other  
5 companies in Alaska use it?

6 A. I don't know. I never actually looked in it or managed to  
7 look in it.

8 Q. Have --

9 A. When --

10 Q. Okay.

11 A. When he was talking about it, he didn't ever seem to find  
12 anything one way or the other.

13 Q. Okay. Have you ever heard of hospitals helicopter shopping  
14 or shopping around for transport in bad weather to find a provider  
15 who would say yes when others said no?

16 A. Yes. That does happen here.

17 Q. Right.

18 A. We've seen other people take flights that we've turned down.  
19 And apparently today we -- or that day, we took a flight that  
20 somebody else turned down.

21 Q. So can you describe that other incident where you turned  
22 something down but somebody else did not?

23 A. We've seen it happen in Tyovek, we've seen it happen in  
24 Hoonah. We've seen it happen probably a dozen times.

25 Q. Where the hospital has called you up or a clinic has called

1 you up --

2 A. Yeah.

3 Q. -- you've turned it down for weather?

4 A. Yeah.

5 Q. And then you heard somebody else took the flight?

6 A. Yes.

7 Q. What company?

8 A. We've seen all of them take one for one reason or another.

9 Q. Have you heard of any of your employees complaining about

10 certain pilots at Security Aviation, or any of the pilots at all?

11 A. No.

12 Q. Okay. So now some specifics of the accident flight. If you

13 would describe for me -- and if you need to reference your

14 records, that's fine too. The initial call that night from the

15 Seward Medical Clinic, who got called first from the company, and

16 then what happened from there?

17 A. So Billy got the call first. And he was --

18 Q. And Billy is?

19 A. The dispatcher.

20 Q. But in Alaska or --

21 A. He was in Mobile.

22 Q. Mobile, okay.

23 A. But he was not at work and he wasn't in a position to answer

24 it.

25 Q. Okay.

1 A. And I'll be very honest with you, at this point I haven't  
2 really gotten a whole lot of rest in the past month. So I'm going  
3 to really need to --

4 Q. No, that's fine.

5 A. I wrote all of this down afterwards because I knew I was  
6 going to be fuzzy afterwards. So Billy got the call from the  
7 doctor for two patients. And I mean, that's -- I wrote this down.  
8 It's literally as soon as it was -- well, I mean, you see what  
9 time I wrote it down. As soon as it was kind of --

10 Q. Right.

11 A. -- happening.

12 Q. Yep. I see that, yeah. So at 22 -- about 10:00 that night  
13 after the accident, you wrote down some of the -- all of the  
14 details that you could recall --

15 A. Yeah.

16 Q. -- from that night, correct?

17 A. Correct.

18 Q. And that's where we're kind of referring to now. All right.  
19 So the doctor called Billy, and then Billy couldn't answer. Billy  
20 contacted them --

21 A. Yeah. And then he contacted me, because I -- and I was  
22 sitting at my desk. And I contacted Rob to see if we had two  
23 crews for two flights, because that's what they were asking for.  
24 He told me that he had him, Maddox, Rodi (ph.). Rodi is a  
25 paramedic that was relatively new to us at that point. He had

1 lots of critical care experience, but not a lot of flight  
2 experience. And then Gabe, who is an EMT3.

3 So of that, we really didn't have two really full flight  
4 crews. We basically had me, and whoever I could take. I never  
5 got any contemplation of taking Gabe. I did contemplate Rodi.  
6 But then when I spoke to Security, they said, you know -- well,  
7 first, it was that they didn't have any planes. And then I asked  
8 about the Navajo, because we wanted to make sure that when I said  
9 we didn't have any planes, that we really didn't have any planes.

10 He said he'd check with the mechanics and get back with me.  
11 And then he called back and he said it would be a while for the  
12 Navajo. So then I called back the hospital, and I told them that  
13 we would be delayed. And again, I wrote down the specifics. I'm  
14 just sort of --

15 Q. Right. So let's go -- let's just pause for a moment and go  
16 back to the initial call. The notes here say flight request  
17 received. Do you know as a fact that it was a request for a  
18 flight or was it a request for ground transport?

19 A. They specifically requested flight.

20 Q. Okay. And that's what Billy said, because Billy's the one  
21 that took it? Or did you also talk to the hospital?

22 A. I also talked to the hospital, and they specifically  
23 requested flight.

24 Q. They said they wanted both patients to go by air?

25 A. Yes.

1 Q. Do you remember the name of the person that you talked to?

2 A. I do not. Let me rephrase that. They said they wanted them  
3 medevac'd, is what I realized later on. And maybe that -- no, I  
4 mean, I assume that they're still talking about air. I mean,  
5 because then we continued talking about air. But I do find that  
6 our name could cause some confusion, because we could also provide  
7 ground transport and they might still say medevac'd. I've noticed  
8 some dispatchers will do that.

9 Q. So you're not sure what the initial request sounded like?

10 A. I'm 99.9 percent certain that they said air. They talked  
11 about air, but they also used the word medevac'd. They didn't  
12 say, can you do a fixed-wing medevac transport? Does that make  
13 sense?

14 Q. Does the term medevac, to you, is it -- mean either or? Or  
15 does it mean air to you?

16 A. I take it as that it means air. But --

17 Q. Okay.

18 A. -- our name is Medevac Alaska. That could be confusing, I  
19 think.

20 Q. So maybe if we talked to Billy, Billy would have -- do you  
21 think Billy would know what the initial requested sounded like; do  
22 you know? Do you know if Billy had a conversation with the  
23 hospital or did he just get a call and that's it?

24 A. Billy had a very quick we've got two patients that we need to  
25 -- I don't know whether they said fly or medevac'd to Anchorage.

1 Q. Okay. So we don't know exactly what they said initially, but  
2 your --

3 A. Well --

4 Q. -- understanding of your conversations with the hospital were  
5 what?

6 A. Just let me see. Oh, they specifically said they wanted to  
7 know if we could fly.

8 Q. Okay.

9 A. Now, the question now is whether I --

10 Q. And that was --

11 A. -- interpreted that or whether that is --

12 Q. That was to you, the -- these are your notes from your  
13 conversation with them?

14 A. Yes.

15 Q. And your understanding is that they requested a flight?

16 A. Yes.

17 Q. For both patients?

18 A. For both patients.

19 Q. Okay. And do you remember the patients' conditions?

20 A. One of them was in labor, and the other one they said was --  
21 how did they put that? Wait a minute. Very soon afterwards, I  
22 realized that the second one really did not need to fly. But, of  
23 course, that was my interpretation of what they were saying, not  
24 necessarily what they were saying. Unfortunately, all of their  
25 default positions are, hey, will you come fly this patient?

1 Q. Take your time. There's no rush. So look for whatever  
2 information --

3 A. Yeah.

4 Q. -- you need.

5 A. I mean, I remember the second patient's condition. The  
6 second patient was stable. But when I figured out that they were  
7 stable for certain was after the initial "we only have one plane"  
8 point.

9 Q. Okay. And would the first patient then be considered an  
10 emergency transport then, or both of them?

11 A. Both of them by Medicare's definition are emergency  
12 transfers.

13 Q. Okay.

14 A. But there's various levels of emergency.

15 Q. So really, any request from a hospital for a now transport --

16 A. Any transport from a hospital, it is a now transport if it's  
17 going to a higher level of care.

18 Q. Oh, okay. Yeah.

19 A. So sometimes they will call and request for now but it's just  
20 going to a lower level of care. They just want them out of their  
21 bed.

22 Q. I see. Okay.

23 A. But if it's going for a higher level of care, then that would  
24 meet the -- what Medicare says is a emergency.

25 Q. So we can establish that that's the type of --

1 A. Yes.

2 Q. -- request this was?

3 A. Both of them were -- they were asking for an emergency  
4 transport.

5 Q. Okay. Were you aware at that time that Security Aviation has  
6 a policy in their general operating manual that says they cannot  
7 take women in labor?

8 A. No. Still not aware of that.

9 Q. That doesn't sound familiar to you?

10 A. No. That's news to me.

11 Q. And then when --

12 A. And I couldn't have told them that, because I didn't tell  
13 them that. Huh, okay.

14 Q. Right. So you don't have discussions about the medical  
15 condition with anybody at Security Aviation?

16 A. No.

17 Q. Not just the pilot, but anybody?

18 A. No. No one.

19 Q. So at what point was the ambulance dispatched?

20 A. As soon as they said that there was only one plane, we sent  
21 the ambulance.

22 Q. Okay. So you sent one ambulance to go get the second patient  
23 who --

24 A. Yes.

25 Q. -- did not appear to be perhaps needing to get out of there

1 right away; is that correct?

2 A. Yes.

3 Q. And -- all right. So when you called up Security Aviation  
4 first, and told them about the flight, you talked to the flight  
5 follower?

6 A. Well, they had a pilot on answering the phone at that point.

7 Q. Oh, okay. Do you remember who?

8 A. It's Luke.

9 Q. Oh, Luke. Luke --

10 A. I don't know --

11 Q. -- is a pilot --

12 A. Yes.

13 Q. -- and a flight follower both. He was that --

14 A. Oh, okay.

15 Q. -- night. Yeah.

16 A. I didn't know that he was --

17 Q. Yeah.

18 A. Yes.

19 Q. Yeah, he was.

20 A. I spoke to Luke.

21 Q. Yeah. So you spoke to Luke. And what did you tell him?

22 A. Spoke to Luke, told him -- or asked if there was two planes  
23 to do Seward. And that was the first thing that -- I mean, that's  
24 the only thing I gave him that first conversation was, is just  
25 that it was a request for an immediate transport, that we had two

1 patients from Seward back to Anchorage.

2 Q. Okay.

3 A. And that was all Luke was given.

4 Q. And then Luke called you back with availability and  
5 information?

6 A. And then Luke called back with availability.

7 Q. And what did he say, generally?

8 A. Generally that there was -- first it was that the Conquest  
9 would be back in like 2 hours. And that was when I asked about  
10 the Navajo, just to cover the bases, that hey, look, nope, there  
11 was nothing available, this is why we went by ground.

12 Because at that point I really just wanted to go by ground.  
13 I mean, as far as, as a company, it just -- ground for Seward is  
14 just kind of the company's preference.

15 Q. Well, if you wanted to by ground, did you say that to the  
16 hospital requesting, we'd rather go by ground?

17 A. No, I didn't. And maybe we should have. But no, I didn't.  
18 Kind of going back into the reasoning behind it, they're there,  
19 you know, and we're not. As far as medically, I'd -- making the  
20 decision whether ground or air is more appropriate.

21 Q. So again, is it the hospital requesting ground or air, or is  
22 it you determining ground or air? Or is it sometimes --

23 A. The hospital determines ground or air. If we can't do air,  
24 then we'll offer ground. But, you know --

25 Q. And your understanding is that air service was requested that

1 night, so --

2 A. Air service --

3 Q. Yeah.

4 A. -- I'm -- again, I wish I would have written down whether  
5 they said fixed-wing or medevac. But I am almost 100 percent that  
6 they specifically were requesting air for both of the patients.  
7 And I know that the conversation following that was, is we're  
8 prepping an airplane. And they never corrected, said, no, we're  
9 just requesting a transport in general.

10 I never hated our name before, but now I'm kind of  
11 questioning like --

12 Q. So did you have any conversations with the pilot that evening  
13 before in this dispatch process? You talked to Luke, who was the  
14 flight follower.

15 A. I only spoke to Luke.

16 Q. You talked to the hospital, and then you talked to your  
17 employees to get over to the airplane. All right. But not the  
18 pilot?

19 A. No. Never the pilot.

20 Q. Did you know who the pilot was going to be?

21 A. No. Now, I could see him through the binoculars and I could  
22 see -- okay, let me rephrase that. Did I know who it was going to  
23 be? No, I did not. Did I see who it was? Yes. Where I was to  
24 where he was, I could actually see him.

25 Q. Okay.

1 A. But no, I did not know who it was going to be.

2 Q. Okay. So from the time the decision was made to go,  
3 according to the notes here, there would be an hour before we're  
4 able to launch. Was there any pressure put on Security Aviation,  
5 the flight follower or the pilot, in regards to getting there  
6 faster?

7 A. No. We did not speak to them at all. I kind of -- it was  
8 taking so long, I was kind of thinking that they were going to  
9 stop. So like the -- I just -- I felt like that it was --

10 Q. You mean after the airplane started up on the flight line it  
11 was taking long, or --

12 A. Well, like period. Just, the whole thing was just -- they  
13 were really slow over there.

14 Q. Okay.

15 A. Like, I mean, I was wondering like the entire time. Because,  
16 you know, they're saying -- there just wasn't a whole lot of fast  
17 -- well, I'm not going to say fast moving. There wasn't any  
18 movement over there. Like --

19 Q. When you say over there, do you mean in the office spaces of  
20 Security Aviation?

21 A. Like the ramp. It just --

22 Q. Were you ever inside the --

23 A. No.

24 Q. -- company? Were you outside on the ramp?

25

1 A. I was over there on the other side of the ramp. Like, so  
2 we're -- and Ross, they're directly across from us. My window, I  
3 can look out there.

4 Q. Oh, I see.

5 A. So like, I saw Glen get in the plane. I saw the crew get in  
6 the plane. I saw Glen get out of the plane. And then I saw Glen  
7 get back in the plane. And then I saw the jet pull up. And I had  
8 heard Jeff, the chief pilot, talking on the radio. Because I was  
9 wondering, well, maybe they're going to bring a second pilot. I  
10 mean, you know, I didn't know what was going on over there. I was  
11 kind of just -- everything was taking longer than it usually  
12 takes. And I was kind of wondering like, okay, well, maybe  
13 they're just going to scrub.

14 But no, I never spoke to anybody over there. Because again,  
15 I don't want to have any effect on them. Like, I mean, I'm  
16 cognizant of the fact that they don't need to talk to me, that  
17 they're doing whatever they're doing. And I don't want to push  
18 them.

19 Q. Right.

20 A. So no, I never spoke -- from the point that Luke accepted the  
21 flight to the point of we're looking for the flight, I never spoke  
22 to them again.

23 Q. Okay.

24 A. Because I -- whatever they're doing, I want them to do  
25 without me. Not because I'm trying to dodge or -- I just don't

1 want them to feel pressured from us.

2 Q. And did you have any conversations with that hospital in that  
3 time frame regarding the patients' status?

4 A. So they called somewhere in the midpoint, just asking when we  
5 were going to launch. And I just asked if there was any changes.  
6 And they said no. But that was the only one. No, there wasn't  
7 like a --

8 Q. Do you know if they wanted this -- the patient to a hospital  
9 as soon as possible because her health was in distress or was it  
10 the baby; or do you know?

11 A. I went and I read the report. I'm not really sure how much  
12 of that can go in the public record.

13 Q. We can scratch whatever we need to for HIPAA purposes. I can  
14 black it out, redact it.

15 A. Okay. I mean, they're not equipped for delivering babies  
16 down there but you can deliver a baby anywhere, really. It's just  
17 a matter of postnatal care and all of that sort of stuff.

18 Q. Like, was your understanding that the infant had medical  
19 issues or was it the mother that had medical issues --

20 A. I think it was just purely --

21 Q. -- or you didn't understand -- maybe you didn't know either?

22 A. I think it was just purely based on not wanting a baby  
23 delivered down there.

24 Q. Okay.

25 A. I mean, really.

1 Q. In your opinion.

2 A. In my opinion.

3 Q. Right.

4 A. And again, I mean, I read the report, but the report was --  
5 there was a -- the doctor ended up riding up there to -- up here  
6 to Anchorage for the baby. The baby was delivered -- again, I  
7 don't know what's HIPAA allowable or not --

8 Q. No, it's okay.

9 A. -- in this scenario.

10 Q. We'll take it out if it's not.

11 A. But the baby was born between point A and point B. The  
12 person who wrote the report was an EMT3. It was definitely their  
13 first delivery report. It wasn't as detailed as I would like it  
14 to have been, but that was what they observed of the doctor  
15 delivering the baby.

16 Q. Okay. So the baby was delivered on the -- in one of your  
17 ambulances --

18 A. Correct.

19 Q. -- on the way back to Anchorage?

20 A. Yes.

21 Q. Do you know if the health of the baby and the mother was okay  
22 after that? Or was the delivery via ground ambulance, was that a  
23 problem in your --

24 A. We deliver babies by ground ambulances all over the country  
25 on a regular basis. I think really, my conversations in the past

1 with some of the hospitals down there on the Kenai Peninsula is a  
2 concern that something will happen, that they'll get into the pass  
3 and there will be some reason that they can't continue on. And  
4 then they're with limited care, limited medical equipment during  
5 -- you know, in a place that's not really accessible. That's been  
6 their concern to why they would want to fly somebody that  
7 necessarily wouldn't otherwise be flown. I mean, that's my  
8 conversations with Soldotna about why they won't drive anybody.

9 But we've outfitted our ambulance in such a way that normally  
10 we'll have a paramedic and a nurse back there, that it really  
11 doesn't matter. They could turn around and go back to the  
12 hospital, but they have basically everything they could want or  
13 need.

14 In this particular instance, as long as everything was  
15 uncomplicated, every -- you know, everything is fine. But again,  
16 I don't know what Seward knew or didn't know as far as whether  
17 this could potentially be a breach birth or whatever. I mean, I  
18 don't know what they knew or didn't know.

19 Q. Okay.

20 A. I know it all turned out okay. But --

21 Q. Right. Did, at any time, the -- in any of these  
22 conversations you had with the Seward Medical Clinic, they mention  
23 weather concerns of the other companies or weather concerns of  
24 their own?

25 A. No.

1 Q. Did you have any weather concerns? Did you know what the  
2 weather was in Seward?

3 A. I looked at the weather. I looked at the cameras and -- just  
4 to see what it was. But again, I don't really have the experience  
5 to override or not anything to do with the pilot's decision. It  
6 didn't look any different than it always looks in Seward to me.  
7 It looked dark and mountainy.

8 Q. Are you aware of the mountainous terrain en route and around  
9 the Seward airport?

10 A. Yes.

11 Q. Yeah. Have you flown there in the daytime?

12 A. Yes.

13 Q. Have you ever flown up the valley that the accident occurred  
14 on during --

15 A. Absolutely not.

16 Q. -- the daytime? So when you watched the airplane start up  
17 from your office, but could you hear it from where you were?

18 A. I could hear it, but I mean I couldn't hear it enough that I  
19 could say that it sounds right or doesn't sound right.

20 Q. Okay.

21 A. I mean, I could hear it. But --

22 Q. But you didn't observe anything abnormal on --

23 A. No. It was nothing --

24 Q. -- the startup or departure?

25 A. I mean --

1 Q. Other than the fact that it seemed like it was going --  
2 taking a long time, right? After the --

3 A. It seemed like it was taking a long time. I kind of assumed  
4 if by that point that it even cranked, that -- well so, I turned  
5 away and I started working on some other stuff, and I almost  
6 wondered whether Jeff had gotten in the plane. So I had missed  
7 some observation there. But like, because that's when -- after it  
8 was over, I'm like, did Jeff get on that plane? And I hoped that  
9 somebody told them that Jeff was on the plane. And luckily Jeff  
10 was not on the plane, or unfortunately. I don't know whether that  
11 was lucky or unlucky.

12 But there was a very long time that they were spending on the  
13 ramp, seeming to me at least. And then they went over there, and  
14 they taxied to the little runup area. And I mean, the plane  
15 wasn't shaking or -- I mean, it didn't look abnormal in any way,  
16 shape, or form. I mean, now of course in my memory, it's like  
17 looking ominous and everything. But no, it appeared to be running  
18 fine.

19 Q. Okay.

20 A. From everything that I could see, obviously.

21 Q. And did you actually see Maddox and Rob earlier that day at  
22 all?

23 A. Yes. I see them every day.

24 Q. Okay. And how did each one of them seem that day?

25 A. Happy and relaxed and normal.

1 Q. Did either one of them have any personal issues that were of  
2 concern?

3 A. Oh, I'm sorry. I did not actually see Maddox that day.

4 Q. Okay.

5 A. I saw Rob that day.

6 Q. Okay.

7 A. Maddox's family was up. So we were trying to let Maddox  
8 spend as much time with his family as possible. I saw Rob that  
9 day. I guess I would have saw Maddox probably the night before.  
10 Yeah, the night before, I saw Maddox.

11 Q. And did he seem happy?

12 A. Yeah. I mean, his family was there. We were -- we had  
13 actually just finished our busiest month ever, our best month  
14 ever. We were really doing well. Everybody seemed to be really  
15 happy.

16 Rob was bringing his -- Rob was really helping getting  
17 everything organized and situated. And Maddox kind of does all of  
18 the supply stuff, and he was actually happy because he had all of  
19 the supplies he wanted. And, I mean, this all happened on a very  
20 happy day for us. I mean, we were --

21 Q. So neither one of them had any personal issues that may have  
22 affected the --

23 A. No.

24 Q. -- flight performance at all? Did you receive any texts or  
25 phone calls from them during the flight once it departed?

1 A. No.

2 Q. And when did you realize something was wrong with the flight?

3 A. So we started observing them doing that circle.

4 Q. You say we, what do you mean by that? And what were you  
5 looking at to observe that?

6 A. So our CAD, like the Spidertracks feeds into our CAD.

7 Q. And can you describe CAD for the record?

8 A. The computer-aided dispatch.

9 Q. Okay.

10 A. But we saw them do this circle. And I say we, Dave called  
11 me, and Dave is our general manager. And he was like, what are  
12 they doing, you know? And we started discussing like, this isn't  
13 the normal way that they go.

14 And that's -- the circle was when we started to realize  
15 something was wrong, that this was not normal. I don't really  
16 remember the discussion in -- word for word. But it was at that  
17 point, that it was concern. Like, this isn't normal. And Dave  
18 tells me, we need to abort them, something's not right. And --

19 Q. By abort, you mean contact them and have them come back?

20 A. Contact Security.

21 Q. Oh. Security, okay.

22 A. And have them come back. And about that point, I call Luke.  
23 Or right after this conversation, I call Luke. And at that point  
24 they've stopped the Spidertracks. So, I mean, you know, this is  
25 abort to -- okay. Well, so I'm calling Luke, and I'm like -- and

1 instead of -- and at that point I'm trying to figure out why I  
2 can't track them. So I don't actually ever say abort to him, I  
3 realize after the fact. I'm asking him, do you have them? Where  
4 are they? Because they're not on my screen anymore.

5       So I never actually did tell Luke, abort. I don't know how  
6 he would even abort them. I mean, I know that he has some  
7 communication, but I don't even know how that works. But by that  
8 point, apparently it was too late. But the time they started  
9 doing the circle is when I realize there's something not right.  
10 Because I thought that -- I'm thinking during the circle they're  
11 coming back, which I have no problem with. That was why I told  
12 Rodi and Gabe that there was the one in labor down there. Like,  
13 hey, just so you know, there's another one down there; you may  
14 have to take that one if for whatever reason, you know?

15       But yeah, about the time that they had to circle, something  
16 wasn't right. Later on, after the fact, I realized that we don't  
17 really -- I mean, we have altitude in the CAD but it's buried down  
18 two or three layers down. So it's not like that it reads out 1600  
19 feet; what the hell are you all doing down there? I mean --

20 Q. Is there like a warning that came up when it stopped --

21 A. No.

22 Q. -- moving forward?

23 A. Oh. No. Well, so --

24 Q. Like how would Dave know? Is Dave staring at every flight  
25 that goes out?

1 A. We, yeah, really do watch --

2 Q. You do, you watch? Okay.

3 A. -- every flight. We -- someone is always -- Billy is  
4 watching 99 percent of them, and we're watching 90 percent of  
5 them. I mean, someone is always watching them. I mean --

6 Q. Is Dave in Alaska or is he in the --

7 A. Dave's in Alaska.

8 Q. Okay.

9 A. So when it stopped moving, our CAD continues because we have  
10 it -- all right, so we send them with our own Spidertracks. So  
11 even though Security has their Spidertracks, we have our  
12 Spidertracks. We just set it right up next to theirs. Because we  
13 didn't really like that we didn't have the information we needed  
14 when we were on their plane. Like we need to be able to  
15 coordinate the ambulances, and we --

16 Q. Right.

17 A. -- just want to know where our people are. So our ground  
18 ambulance, for instance, has a Spidertracks in it. Everybody's  
19 got -- I mean, you don't leave the station without a Spidertracks.  
20 We know where you are because you're going into places that --

21 Q. And what are the intervals on the --

22 A. We have it set for 1 minute.

23 Q. Okay.

24 A. And Security's was set for 5. And I didn't like that. So we  
25 made them start carrying our Spidertrack up there with theirs.

1        So about the time that they got to circle, I thought they  
2 were turning back. Dave was just concerned in general because it  
3 wasn't the way that we went. And that's -- I probably knew  
4 something was wrong, quite -- about a minute before they hit the  
5 mountain. I mean, that's --

6 Q.    Because of the circle?

7 A.    Because of the circle. Now, I did not know that they were  
8 going to go into that valley. I was waiting on the next ping to  
9 be that they were coming back to Anchorage.

10 Q.    Okay. That's enough about the accident.

11        Has Medevac Alaska made any changes to your procedures since  
12 the accident?

13 A.    Well, so now for anything that's emergent, the dispatcher is  
14 specifically asking about any turndowns. And we've reinforced the  
15 stop work authority with them. I mean, we bring it up every day.  
16 But at this point, for powering purposes, like you need to  
17 understand that you need to say no if there's anything wrong.

18        We're still kind of writing it all out because we just sort  
19 of stopped flying. And for the first 2 weeks or so, we just kind  
20 of dealt with taking care of the families. But we've -- I don't  
21 think there's anything in writing yet, no. We've kind of --

22 Q.    Well, it doesn't have to be in writing.

23 A.    We've kind of looked at our practices as far as that we've  
24 reinforced the -- I mean, everybody else uses this "three to go,  
25 one to say no." We're doing that, but we're doing that -- we

1 don't just do air. We want them to know that it's not just air,  
2 that it's everything that they can say stop. That make sense?

3 That's why we worded it the way that we worded it. Because,  
4 I mean, we're a small company and, I mean, we do things in  
5 different places. They may not have three people. They need to  
6 know that they're responsible for -- or not just responsible, that  
7 they're -- they've got the right to say no, period.

8 Q. But they also have the -- three to go is three people to say  
9 go, which means that three people are saying yes, I accept the  
10 mission.

11 A. Yes.

12 Q. Yeah. So they have that, right, as well, as opposed to just  
13 only the negative. The positive is important too.

14 A. I get what you're saying. And, I mean, the -- I get what  
15 you're saying. It --

16 Q. That's okay. We don't need to have the discussion now.

17 A. Yeah.

18 Q. But as far as changes go, they are asking if it's been, the  
19 flight's been turned down in dispatch --

20 A. They are asking if the plane or the flight's being turned  
21 down specifically. And we haven't -- well, I'm sorry. We've had  
22 one where it had been turned down and we turned down the flight as  
23 well. I don't think that we're really going to be told  
24 necessarily, because no one ever really tells us.

25 But in a general sense, we're not flying to Seward anymore at

1 all just as a company policy in general. Not day, not night, not  
2 anything. I don't know whether that's for safety reasons or  
3 emotional reasons or some combination of all of them, but we're  
4 just not going at this point. It's just we've got -- there's a  
5 road; we're going to take the road.

6 Q. Okay. Is there anything else that you want to share that you  
7 think might be helpful to the investigation?

8 A. Not really. I have no answers. I mean, I don't -- we've  
9 never been that way before. I don't know why we went there that  
10 way that night. I've never seen Glen take any form of risk,  
11 period. And I feel like that when I flew with him, I was pretty  
12 observant. I mean, I've seen pilots make little -- small, little,  
13 you know, oh, I forgot that. You know, I sit up front with them  
14 whenever there's a single pilot just so that I can kind of keep an  
15 eye on things. I like flying.

16 I mean, I've seen them miss little things on their checklist  
17 and go back and grab it. I've never seen Glen do any of it. He's  
18 been always very, very by the books. So how the hell we ended up  
19 down there is something I don't have an answer to.

20 MS. PRICE: Okay. Hey, Rob [sic], thank you very much. I  
21 appreciate it. And this terminates the interview.

22 (Whereupon, the interview was concluded.)  
23  
24  
25

CERTIFICATE

This is to certify that the attached proceeding before the

NATIONAL TRANSPORTATION SAFETY BOARD

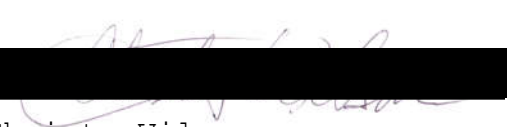
IN THE MATTER OF:            SECURITY AVIATION ACCIDENT  
                                 COOPER LANDING, ALASKA  
                                 DECEMBER 6, 2019  
                                 Interview of Kenneth Cory Hughes

ACCIDENT NO.:                ANC20FA007

PLACE:

DATE:                        December 31, 2019

was held according to the record, and that this is the original,  
complete, true and accurate transcript which has been transcribed  
to the best of my skill and ability.

  
  
Christy Wilson  
Transcriber