Roy Morgan
Helicopter Air Ambulance Pioneer
by Martin J. Pociask
Roy, thank you for agreeing to share your life story and career experiences. When and where were you born?

I was born in the middle of the Great Depression, on September 16, 1935, in Monte Vista, Colorado.

What attracted you to aviation?

A visit to the dentist’s office when I was 10. The dentist was struggling to pull a tooth while I was squirming in the chair. The dentist promised to let me ride in his plane if I’d sit still, and he kept his promise. I used to wash planes during my preteen years for free rides at the Monte Vista airport.

What was your childhood like?

Both of my parents were alcoholics. My mother left the state and abandoned me at the age of two. My father left the state at the end of my freshman year in high school. Without a family, I got a job scrubbing floors in a creamery and slept in the broom closet on an Army cot. I worked my way through the 10th grade at Monte Vista High School and charged food at several groceries and cafes.

Jobs were few and pay was poor in Monte Vista, so at the end of my sophomore year, I moved to Sterling, Colorado, where there was oil exploration work. I worked on a rig all summer and paid off my debts from the prior year in Monte Vista.

In my junior and senior year of high school, I drove a school bus and worked part-time for Dow Chemical in the oil fields.

I graduated from Sterling High School on June 1, 1955, and wasted 10 days before I married Dorothy Ann DuBois. We just celebrated our 60th anniversary.

What was your financial situation?

We had a worn-out car and $50.

We headed north into Nebraska. There were no mountains in Nebraska, so we took a turn and headed west. I found a good-paying job working on an oil rig in the oil fields near Torrington, Wyoming, next to the airport.

Twenty days later, I bought a very tired Piper J-3 Cub airplane from the airport manager for $750. He had a crop-dusting company that was about to go bankrupt.

You could afford that?

It was a no-money-down and take-over-payments arrangement that included flying lessons. I soloed on July 17, 1955.

You moved to Wichita, Kansas.

Shortly after the birth of our daughter, Deborah, we moved to Wichita, Kansas, “where the airplanes are.” Wichita was home to Cessna, Boeing, Beechcraft, and Learjet plants.

I took a job with the Boeing Airplane Company. I was involved in the Boeing B-52G program in experimental development and tooling.

Boeing had an employee flying club, which I joined and later became its operations manager. I also took a part-time job pumping aviation fuel at Yingling Cessna, which paid for more flying lessons. Our son, Roger, was born in Wichita.

After 2½ years, Boeing had a large layoff due to cuts in the B-52 program. I was one of the laid-off employees.

You then went to work for 5½ years at General Dynamics’ Astronautics Division, where you were involved in the Atlas intercontinental missile program and served as quality assurance supervisor.

Yes. I went to work for GD/A, moving from one missile base to another. We averaged a move every six months.

The pay was good. I was able to buy a very tired twin-engine Cessna UC-78. I called it my Bamboo Bomber. It was in such bad shape, I did not dare take my family up in it. Later, I bought a Cessna 180. After the Atlas program was completed, I was laid off again.

And you spent 5½ years at Key Aviation, a fixed-based operator.
There you held a number of titles including director of operations, chief pilot, chief flight instructor, and FAA-designated flight examiner. Your involvement there included helicopters, airplanes, and gliders. What can you tell us about the experience you gained at Key Aviation?

**Morgan:** In 1963, with limited flight qualifications I was unable to find a flying job in Colorado. Next choice was to look west, perhaps California. Along the way, I was offered my first full-time job as a flight instructor in Salt Lake City for Kelsey Ellis Air Service, which later became Key Aviation.

When I started with Key, the company had two trainers and three charter planes. When I left, they had 20 planes, three sail planes, and three helicopters, all of which I learned to fly.

By the time I left Key, I had an airline transport pilot (ATP) multiengine land, airplane commercial instrument, single-engine land and sea, commercial glider, and commercial and instrument helicopter certificates and ratings plus gold seal flight instructor certificates in all of the above. I am a former FAA-designated flight examiner for private, commercial, multiengine and instrument, and a former FAA safety counselor.

**HFI:** You were involved in the development of the first hospital helipad in Salt Lake City, at Holy Cross Hospital.

**Morgan:** Yes, and I brought in the first outside on the skid cross-tubes of a Bell 47, Korean MASH-style.

**HFI:** You left Key in 1969 to work for the Public Service Corporation of Colorado.

**Morgan:** Yes, I started with a Fairchild Hiller FH-1100, then a Bell 47G-2A, and later a Bell 206.

Projects included power-line construction, patrol, and line maintenance work for the next 11 years. I flew as much as 1,000 hours a year.

During that time I took night and weekend classes working toward a college degree.

**HFI:** What aviation schools have you attended and what training have you received?

**Morgan:** I attended Metropolitan State University of Denver and graduated in 1982 with a Bachelor of Science degree in Aviation Management. I have attended training at Bell Helicopter, Fairchild Hiller Corporation, FlightSafety International, Gulfstream Corporation, and Hughes Aircraft Corporation.

**HFI:** You have logged an impressive 19,277 hours of flight time, including 7,125 hours in airplanes, 12,060 hours in helicopters, and 92 hours in gliders and other aircraft. What models of aircraft have you flown?

**Morgan:** Helicopters that I have flown include:
- Bell 47G3, 47G-5, 206B-3, 206L-1, 206L-3, 212 (as co-pilot), 222UT, 407, and 412 (as co-pilot)
- Enstrom F-28
- Fairchild Hiller FH-1100
- Hughes 300 and 500
- Sikorsky S-76 (as co-pilot).

My airplane experience includes a long list from the J-3 Cub through the Gulfstream Commander 1000.

**HFI:** In 1980, you founded Air Methods Corporation — the largest emergency medical services (EMS) operator in the world. You started out as the lone pilot and employee. During your tenure, you managed every aspect of the company, including serving as chairman of the board, president, FAA director of operations, and chief pilot.

Today, Air Methods has more than 4,000 employees and more than 400 medical helicopters, 50 tourism helicopters, and 20 medical airplanes. Can you point to a single event that became the catalyst that put your career on the path to perform helicopter EMS?

**Morgan:** On a cold, snowy winter night in 1967, I was the on-call charter pilot for Key Aviation. I was at home sleeping when I was awakened about 2:00 a.m. by my pager. The call was an urgent flight request to Kanab, Utah, a place I had never heard of before. The weather in the Kanab area was
reported good; however, there was a really bad snowstorm in Salt Lake.

I called Dick Williams, my co-pilot, and we met at the hangar. To our surprise, A&P mechanics had strapped in a portable oxygen tank, taken a couple of seats out, and installed a litter in the Beechcraft Queen Air that had been assigned to the flight. We did not know it was going to be a medical flight until that moment.

In the sixties, it was common to go to small towns and meet the physician, nurse, patient, and family at the clinic or hospital. We arrived at Kanab and waited for a car ride to the clinic.

Finally, a car with flashing red lights appeared. A Utah Highway Patrol officer jumped from the car and opened the back door, revealing a baby in serious condition and an unconscious grandmother. The officer said the baby’s mother and father had been killed in a one-car accident in a very remote area with no medical care, not even an ambulance.

We placed the grandmother on the litter and placed an oxygen mask over her face. Dick rode in the back holding the baby. And off we flew, back into the snowstorm, landing in Salt Lake City.

I swore if I could ever be involved with a first-class medical team in an aircraft with the best medical equipment available, that is what I wanted to do.

**HFI:** Air Methods is still growing. How big should it be?

**Morgan:** I have never considered putting a lid on the company. Our board of directors, our CEO Aaron Todd, and the entire team are totally committed to safety and good service, patient care, and appropriate shareholder earnings. Do those things right, and growth will follow.

**HFI:** What were the personal sacrifices you took to grow the company?

**Morgan:** I do not think of sacrifices, I see opportunities. A person may need to try extra hard to accomplish their goals. Sometimes they are easier to achieve if you do not know they are impossible.

**HFI:** When did the urge to fly medical helicopters become overwhelming?

**Morgan:** The images of the grandmother and baby during the Kanab, Utah, flight have always been with me. Flying a helicopter for the utility company for 11 years was a significant way to help healthy people do difficult tasks. This type of flying was rewarding, yes, but not even close to the potential benefits a medical patient would receive with similar flying.

By 1979, after our daughter was married and our son had joined the Marines, I decided if I was ever going to start a medical helicopter service, the time was right.

**HFI:** Did you consider the uphill task of starting a new service as a lone helicopter pilot with no helicopter, staff, FAA approvals, or for that matter, no track record?

**Morgan:** I had an idea. The plan was simple. I would take out a second mortgage on our house, sell the camper and pickup truck, sell our stock in Western Airlines, empty our bank account, and sell everything we could do without.

The hospital would pay the first and last two months of fixed fees in advance, which, added to my funds, would be applied toward a down payment on a helicopter and would

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*Morgan (right) with legendary test and air show pilot Bob Hoover at the 2015 Living Legends of Aviation awards. Morgan was inducted into the group in 2014.*
provide a little operating money. The plan sounded good to me. However, after presenting it to several hospitals, they all said, “No, and if we wanted to start such a program, it would not be with you — you do not even have a helicopter.”

**HFI:** After several conversations with Lou Goodhart, the manager of emergency services for St. Mary’s Hospital in Grand Junction, Colorado, you proposed a new start-up idea. Lou arranged a meeting with Sister Mary Alloys, the hospital administrator. How did that meeting go?

**Morgan:** I explained my original plan to Sister Alloys and then asked permission to contact businesses in the area for contributions to be paid directly to the hospital to help pay for the program.

She very politely said no, there were other things she wanted before a helicopter. She saw this venture as competing with her attempts to get money from the same sources.

**HFI:** You were persistent. You returned and presented another option, first to Lou Goodhart and later to Sister Mary Alloys.

You mentioned that there were oil and oil shale companies, uranium mines, coal companies, and other operations in the area that were suffering from a bad public image as a result of their building roads that created dust and smoke and from other undesirable consequences related to their activities.

You promised not to seek contributions. You just wanted to talk to their marketing departments. Your plan was to offer to paint a stripe all the way around the helicopter and put the contributors’ names on it. Every week, the hospital would run a full-page newspaper ad saying “St. Mary’s Air Life would like to thank the following sustaining contributors for making this program possible.”

**Morgan:** Sister said she did not think it would work but that I could try. All contributions would go directly to the hospital.

I developed a letter of intent, which each sustaining contributor signed. In addition, I added Austin Clark and Ralph Mulford, two wonderful silent investment partners.

Sister was now on board with the idea but would not sign a contract because I still did not have a helicopter.

**HFI:** You still had some work to do to make it all happen.

**Morgan:** Darrell Maitlen, a Bell Helicopter salesman, was an excellent mentor and helped with business, FAA, financing, and many other issues.

Air Methods, the new company, purchased a brand-new Bell LongRanger II with factory-installed full IFR [instrument flight rules], autopilot, and state-of-the-art avionics. The aircraft was fully equipped and outfitted with the very best dedicated medical interior.

I flew the helicopter from Dallas/Ft. Worth on August 29, 1980, and landed the new helicopter at St. Mary’s Hospital in Grand Junction. It was late at night. The helicopter’s arrival was greeted by a huge crowd that included TV and media coverage. It was a wonderful beginning.

**HFI:** When did you actually begin operations?

**Morgan:** The portable medical equipment and supplies were installed that night. The very next day, August 30, we completed medical flight crew safety training, and that night, we flew our first patient.

In the first month, we flew 30 patients. In the first two months, the helicopter made 55 flights. Forty percent of those transports were night flights. From Day One, Air Methods was the first hospital-based medical helicopter program in the United States to be FAA 135 IFR certified.

**HFI:** Other hospitals came on board.

**Morgan:** The St. Mary’s contract was followed by another Air Life — an Air Methods trade name — program for the North Colorado Medical Center in Greeley, Colorado, in 1982.

Eight more programs were added between 1982 and 1988. Additional sites included Denver; Texarkana, Arkansas; Minneapolis/St. Paul; Bend, Oregon; Salt Lake City; Des Moines, Iowa; Jackson, Mississippi; and an additional helicopter based in Denver.

**HFI:** Since the beginning, how many patients would you say Air Methods has transported?

**Morgan:** Air Methods has flown about 2 million patients.

Our priorities are safety first, quality patient care, and to earn shareholder value so that we can grow to serve others. Another key to our success is that we employ highly qualified, talented, and experienced people and listen to them. All pilots must be IFR rated, even on VFR contracts.

All of our EMS helicopters are well-appointed with night-vision goggles and related equipment. All aircraft must be IFR equipped, even on VFR contracts.

All of our Air Methods associates in their respective positions are dedicated directly or indirectly to the highest level of patient care that will result in a quality of life after what may have been a catastrophic outcome. We are the patient’s “Defenders of Tomorrow.”

**HFI:** Air Methods operates out of three service models: hospital based, community based, and alternative delivery. Can you briefly describe the role of each model?

**Morgan:** In the United States, the original dedicated medical helicopter programs were hospital based — contracted and located at the hospitals which they served. The aircraft pilots, mechanics, and FAA 135 operations were typically provided by the helicopter operator. The medical teams, communications, billing, and collecting were all accomplished by the hospital.

The community-based programs came later. In this model, Air Methods is an independent medical-care provider. The entire program — aircraft, pilots, mechanics, flight nurses, paramedics, communications,
billing, and collecting — are all provided by Air Methods. This allows Air Methods to serve every hospital and HEMS requirement within a community and beyond.

The alternative-delivery model may include various combinations of hospital-based and community-based services and contracts.

**HFI:** Over the years, Air Methods has expanded its presence through a number of acquisitions including ARCH Air Medical, Baptist LifeFlight, Blue Hawaiian, CJ Systems Aviation Group, Mercy Air Services, Omnimflight Helicopters, Rocky Mountain Helicopters, and Sundance Helicopters. Additionally, the company has 300 bases of operations, eight maintenance centers, a national operations control center, a national communications center, and Direct Patient Logistics.

Because coordination is key to Air Method’s safety and service commitment, what do the communication systems provide?

**Morgan:** The operations control center in Denver operates around the clock, every day of the year. It provides support for our pilots before and during a flight and allows maintaining operational control of the fleet at all times.

The Air Methods communications center, AirCom, located in Omaha, Nebraska, is our national communications center that takes calls from communities as remote as Death Valley and as urban as Atlanta. This is the helicopter medical team’s point of contact for medical first responders and transfer requests, and the pilot’s landing zone coordinator with highway patrol, sheriff, fire, rescue, and other first responders.

Direct Patient Logistics is the solution to eliminating the frustrating maze of phone calls sometimes necessary to facilitate a patient transfer. Based in Omaha, our professionally staffed facility is available 24/7 and your “one stop” shop. Our goal is to aid our customers in establishing and maintaining strong relationships with referral markets through efficiency and consistency, while improving internal communication between departments and physicians.

**HFI:** Medical helicopters normally fly only seriously ill or injured patients, many with life-threatening conditions. This can be very stressful.

**Morgan:** Indeed. However, good results outweigh stress. We have some of the best pilots, flight nurses, and paramedics in the world. Caring for a seriously ill newborn, trauma patient, or ill patient within the “golden hour” while bringing the patient to the proper medical facility is very gratifying. Seeing patients going home from the hospital with their families is special.

**HFI:** During your flying career, you have been involved in a number of rescues and lifesaving transports. What are some of the ones that stand out to you?

**Morgan:** Flying a medical helicopter with flight nurses and flight paramedics that are providing lifesaving medical care is the most rewarding experience of my life. The flight nurses and paramedics are the heroes, and it is a privilege to work with them. Every flight is special, especially for the patient and their families and friends.

**HFI:** You made a point of visiting people who you transported to hospitals.

**Morgan:** Patients are usually happy to meet you, perhaps for the first time to truly see and meet you. Whenever possible, it is nice to know how a patient is recovering and learn from them and their families how to improve patient care. Everyone involved wants to know if the patient is doing well, including the first responders, the ambulance crews, firefighters, sheriff deputies, highway patrol, and certainly the helicopter flight crew, mechanics, and every Air Methods associate.

Meeting every patient and provider is not possible; it is just good to share when you can.

**HFI:** You were involved and supported [humanitarian organization] Operation Blessing’s flying hospital on its initial mission to El Salvador.
During a 17-day visit, the flying hospital treated more than 7,000 patients. More than 100 surgeries were performed on the aircraft, and another 250 at a nearby hospital.

Can you speak about your involvement in this airborne outreach effort? Are there other humanitarian operations that you have been involved in?

Morgan: It was an honor and humbling experience for Air Methods to design, engineer, and build the medical interior for Operation Blessing’s Lockheed L-1011. Marilyn Pauley and Mike Slattery, now president of United Rotorcraft, a division of Air Methods, were the two most important Air Methods people involved.

The flying hospital is the largest fully equipped, self-contained airborne hospital ever built, representing an innovative combination of international aviation experience and medical technology, and featuring a three-station surgical suite; a 12-bed postoperative area; a dental/eye, ear, nose, and throat suite; a pharmacy; and a classroom seating section for 67 medical professionals. The aircraft is also equipped with oxygen generation and water purification systems, satellite communications, and an upgraded avionics suite.

HFI: You have written a number of papers and articles for meetings, presentations, and publications. Can you name a few?

Morgan: In 1983, I wrote “IFR Low, All the Way” for HAI. In 1987, I wrote and presented a paper titled “Now More Than Ever: Vertical Flight Training” for American Helicopter Society (AHS) at their meeting in Arlington, Texas.

In 1992, I wrote and delivered another paper on “The Roles of Helicopters in EMS Operations” for the AHS meeting in Montreal, Canada. In August 1997, I wrote “EMS in USA” for Air Ambulance by the Shepherd Press, Burnham, Bucks, United Kingdom.


And in 2009, I served as keynote speaker at the China International Medical Equipment Fair at the New International Convention and Exposition Center in Chengdu, China. My presentation was on “The Need for Medical Helicopters in China.”

HFI: You are now retired but still serve as an Air Methods outside consultant.

Morgan: That is correct. I report directly to Aaron Todd, Air Methods chief executive officer.

HFI: You have received a number of awards and honors. Can you name a few?

Morgan: In 2013, I was inducted into the Vertical Flight Hall of Fame at the Living Legends Awards in Beverly Hills, California. In 2014, I was inducted into the Colorado Aviation Hall of Fame in Denver, and also in 2014, I was honored to receive the Living Legends of Aviation Award at the Beverly Hilton in Beverly Hills.

HFI: You have achieved much. You saw a need and dared to fill it with little more than a dream.

Morgan: I have been blessed. My earliest dreams were to have a family and to fly. I have both. I have flown a variety of helicopters, airplanes, and sailplanes.

Dorothy and I have been married for 60-plus years. We are proud of our two children. Both are married. Deborah and her husband, Cliff, live close by and assist as Alzheimer’s caregivers for Dorothy. Our son, Roger, and wife, Leslie, live in Castle Rock, Colorado.

We have three wonderful grandchildren: Lindsey, 30; Caroline, 29; and John, 28, all of whom live within 30 miles of our home in Douglas County, Colorado.

HFI: You are a member of the Twirly Birds. When, where, and in what helicopter model did you solo?

Morgan: My first helicopter solo was March 17, 1965, in Salt Lake City in a Hughes 300.

HFI: What other memberships do you hold or have you held?

Morgan: HAI [Helicopter Association International], ALEA [Airborne Law Enforcement Association], AOPA [Aircraft Owners and Pilots Association], EAA [Experimental Aircraft Association], NBAA [National Business Aircraft Association], Colorado Pilots Association, Colorado Aviation Historical Society, AAMS [Association of Air Medical Services], and MedEvac Foundation International.

HFI: Any hobbies?

Morgan: Anything having to do with aviation.

HFI: What advice do you have for today’s young men and women who will become tomorrow’s pilots and maintenance professionals, particularly those interested in helicopter EMS service?

Morgan: By the time I was 9 years old, I found out if you are hungry, you had better get a job. Those early days were valuable lessons in life.

I am so lucky to be an American. If I had been born in most other countries, I would still be scrubbing floors.

When I got married, I had $50 and a worn-out car. Impossible isn’t, if you do not know it is impossible.

“Do what you do … do well.” Surround yourself with good people and listen to them. 

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