

Talking Points.

During the 1970's, the US government issued 5 progressive grants to establish EMS systems among fire departments and other agencies that were interested in establishing an EMT training program. Subsequently, as those members developed experience and expertise, the first Paramedic programs were begun with additional federal funding.

There were 6 fire departments that were chosen in the early 1970's as the first departments to collect these federal grants to establish a fire based Paramedic system as models for other cities to follow. Those cities were Miami-Dade, and Jacksonville, Florida; Los Angeles, California; Seattle, Washington; Phoenix, Arizona, and Columbus, Ohio. Columbus had been responding to medical resuscitation calls since 1934, when the department placed oxygen resuscitation equipment in Fire Chief's cars.

In the 1970's, Seattle's fire department required that firefighters have five years in the department and acquire senior firefighter status before even being considered for training as EMT's within its MEDIC 1 program. In 1975, it was almost impossible to be hired within the states of Washington or Oregon unless the candidate was a state certified Paramedic.

The DC Fire Department ignored these grants until late in the seventies. The department elected to use the late grant money it finally collected to purchase the first of its rescue squads, which were not properly manned, as required by the grants, but were only manned by Eng 6 and Eng 4's

crews on a part time basis. No real effort was made to establish a real EMT or Paramedic type program until late 1978 and early 1979.

For Lauri Moore of the IAFF and the DCFEMS Department to present Miami, Fla., and Columbus, Ohio as examples of well-disciplined, dual role/cross trained departments ignores the fact that these departments have actually been fire departments providing EMS which were transposed over 30 years ago into EMS services that extinguish fires.

This means that Fire officers who were primarily fire service oriented in those departments were replaced by EMS oriented officers in the upper echelon, who, over time, had acquired EMS advanced life support skills, a sense of EMS mission, and EMS oriented management skills early on in the evolution of those departments to deliver that service to the general public.

Departments like DCFD, which ignored the early evolution of EMS, historically take about 15 years to make this same transition. The county fire departments around DC, in Maryland and Virginia are good examples of this 15 year evolution from traditional fire services that now pride themselves in EMS delivery. Memphis, Tennessee has been presented as a department which began its transition in 1995. Today, it is in its 12th year of the same kind of transition. Have all their problems been solved? We have been told, "No, of course not."

When did DCFD begin its transition? Have we seen day one? The real question is whether this city can afford to wait 15 years for the present day

D.C. Firefighter/ Paramedics, new and inexperienced, to become the upper echelon fire officers of a whole new evolved department in that time span?

Can the city continue to ignore the capabilities of its experienced EMS professionals, its Paramedics, who have demonstrated a service delivery plan, which is completely ignored by DCFD, and the capability of these remaining individuals to mentor the newest members of the existing system? Can the city continue to ignore the pay and retirement issues and discrepancies tolerated by these EMS professionals all these years?

The US Dept. of Transportation "White Paper Report of 1961" suggested that EMS services could be placed in fire departments, partly because fire departments already had compensation contracts and retirement benefits which could be offered to the new EMS personnel entering the department. Before the mid nineteen seventies, there was only the suggestion of a Paramedic type service. There was no recommendation that these EMTs and Paramedics would be required to acquire Firefighter skills, as well as Paramedical skills, in order to be considered valuable and credible members of those fire departments they were associated with.

In DCFD, the earliest of the EMS personnel were paid under the CETA program funded under the US welfare program that paid half the minority employee's salary, so that these employees were shown to be minorities, no matter what their sex or racial background. As a CETA employee, the city paid half the employee's salary, and half of the salary was paid by the US Welfare Dept. This meant that the employee had to wait in line at the

Welfare Department with people who were also their clients and patients. Some employees were not even informed that they were CETA employees, so that many attempted to survive on the half-pay given to them by the fire department. Once they found out they were on the CETA roles, they could only pick up the federal half of their pay for the past three months. Any pay due them prior to those three months was forfeited.

Any new personnel who might be drawn to the city to work in EMS need to have a more attractive compensation and retirement package. There is a need for EMS providers without the stipulation of also taking on Fire oriented training. Rescue, Hazardous Material and physical training need not be reserved to only firefighter personnel. There is no reason that EMS providers cannot coordinate the needs of their patients with firefighter personnel, as long as the firefighters are not in a position to belittle those needs when they are presented by EMS personnel.

Respectfully submitted by;

Chinua Walker
Emergency Medical Technician
Resident of the District of Columbia