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## New Paramedic Program Paid Off for Wounded Marion Barry

By Robert Pear

Washington Star Staff Writer

The paramedic and the ambulance driver who evacuated Marion Barry from the District Building last week after a hail of Hanafi Muslim gunfire rescued the wounded city councilman.

He just crouched down and lay there for a few minutes on the floor," said A. Hooper, the D.C. Fire Department paramedic, recalled yesterday.

Barry was in the council chamber

on the fifth floor. To get to him, Hooper and his partner, William Clemons Jr., had to wait for a lull in the shooting.

"I could hear the shots cracking back and forth and didn't know where they were coming from," Hooper said. As soon as Hooper and Clemons got to Barry, put him on a cot and scampered back across the hall to a staircase, the shooting resumed.

Barry was rushed by ambulance to the Washington Hospital Center,

where doctors removed a bullet from over his breast bone, one inch away from his heart. He left the hospital Friday and was expecting to return to his office today.

**THE CARE HE RECEIVED** en route to the hospital was one clear dividend of the city's new paramedic program.

"I'm positive that because of the paramedic training course, I was able to do just that much of a better job," said the 28-year-old Hooper,

who graduated in the District's first class of paramedics last year.

The ambulance attendants were "beautiful, just great," Barry said.

They sealed off the councilman's wound, kept his windpipe open, fed him oxygen, monitored his blood pressure and pulse, alerted the hospital and tried to stabilize Barry's condition.

But they could have done much more for Barry if they had had the advanced life-saving equipment now used in many other cities, and if the

paramedic had been legally authorized to use all the skills he had.

"We were hampered just a little," Hooper said. "We couldn't give any intravenous fluids. We're not legal to do that yet."

The District's paramedic program is still snarled in red tape, more than a year after U.S. District Court Judge John J. Sirica suffered a massive heart attack and was rushed to George Washington University Hospital in a city ambulance equip-

ped with what was then described as "woefully inadequate" machinery.

District officials say that it will take months before modern, sophisticated ambulances — mobile intensive care units — operate regularly on the streets of the nation's capital.

**BARRY SURVIVED** without sophisticated ambulance care. District officials have estimated that 200 to 250 additional lives — mainly heart attack, shooting and traffic accident victims — could be saved each year.

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# MEDIC

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the District had ambulances like those in Montgomery and Arlington counties.

Federal officials said also that mobile intensive care units, like those on the television show "Emergency," are already in use in Chicago, Los Angeles, San Francisco, Seattle, Denver, Milwaukee, Dallas, Miami and Jacksonville, Fla.

Hooper and the District's other paramedics were trained to use such equipment last year in a course sponsored, with much fanfare, by the city government.

"These paramedics are trained to provide a higher level of care than they are delivering," said Dr. Howard R. Champion, director of the shock-trauma program at the Hospital Center, who operated on Barry.

"The reason they aren't delivering the care is that they are not legally covered," he said. In other words, they are not licensed or recognized under D.C. law.

The crucial piece of legislation — a bill to license paramedics and limit the legal liability of emergency care specialists — is trapped in limbo.

The language of the bill needs to be approved by Corporation Counsel John R. Risher Jr. before it can be submitted to the City Council.

"We have done everything we can," said Judith W. Rogers, special assistant to the mayor for legislation. "I have to wait for Mr. Risher to give his approval of the proposal."

**BUT RISHER DECLARED: "It's**

not in my office yet as far as I'm concerned. It hasn't cleared whatever department is responsible for doing the initial work. We're still waiting for the information we need."

Why the delay? Here are three views:

• **Battalion Fire Chief Joseph R. Shelton**, chief of the ambulance service, said: "The paper work has been at the Corporation Counsel for two months. . . . They've been sitting on it. I feel the Corporation Counsel has had enough time to take whatever action they need to take to present it to the City Council. The Department of Human Resources and the Fire Department have furnished all the information they need to write the bill."

• **At DHR, Santo J. Fleres**, coordinator of the emergency medical project, said: "Risher requested background information, which he now has. Enough time has elapsed. I don't understand what the problem is. I'd like them to move quicker."

• **Dr. Sander H. Mendelson**, a cardiologist who is chairman of DHR's advisory committee on emergency medical services, said: "It would seem that after months and months, our legal friends could have produced a reasonable law, but they have not succeeded. This has been in Risher's office since the beginning of January. I'm frustrated at the delay. I'd like to see a little dynamic action."

Risher said: "This is a very complicated piece of legislation. No one, as far as I know, has given any serious thought to the legal implications. No one has devised standards pursuant to which we would determine the professional capability of the individ-

uals we are proposing to designate as paramedics.

"THE NOTION of saving people's lives is a good notion. I just want to be sure that what we're doing is really going to save the lives of people, as opposed to representing a Hollywood approach."

Risher also said he was concerned that negligent care by paramedics could give rise to lawsuits against the city government.

Proponents of the paramedic program "haven't decided what entity of the D.C. government would be responsible for supervising the conduct of these people," Risher said.

Asked when he would clear a bill for submission to the City Council, Risher said: "I haven't the foggiest idea. There are 10,000 things we have to do here."

The bill, as now drafted, says that a doctor who, in good faith, gives instructions to a paramedic at the scene of an emergency shall not be liable for any act or omission unless he is guilty of "gross negligence."

"Why is the standard so high?" Risher asked. "How do you prove negligence: when a paramedic is frantically trying to get information to the doctor? . . . Will the D.C. government be held liable in instances of simple negligence?"

An assistant Corporation Counsel prepared a draft bill six months ago. In a memorandum dated Sept. 23, 1976, Mendelson and another doctor on the advisory committee told DHR, "We must move on this legislation without delay."

Still another problem is getting the communications equipment needed to link paramedics in the field with doctors in the emergency room.

When sealed bids were opened last October, there was only one manu-

facturer offering to supply the equipment specified by the District government — at a cost of \$2.25 million, or eleven times the amount budgeted.

**THE HUMAN RESOURCES** Department this week sent out a new set of specifications for a network that would enable ambulances to communicate with 15 District hospitals. DHR officials said they were hoping for bids in the range of \$400,000 to \$480,000.

Fleres conceded that "it took two months longer than we expected to prepare the new specifications."

The chief elements of a mobile intensive care unit are a device known as a defibrillator, which delivers an electric shock to the heart to restore its normal rhythm and pumping action; an electrocardiogram machine to diagnose abnormal heart rhythms, and radiotelemetry equipment to transmit the EKG from the ambulance to a hospital emergency room.

At present, paramedics in the field cannot communicate directly with hospitals except from Mobile 25, a specially equipped ambulance that serves as a training vehicle.

Mendelson said that Mobile 25 carries neither drugs nor defibrillator. Doctors don't give radio instructions because the paramedics are not authorized to execute them, he said.

Hooper, the paramedic who evacuated Barry, said: "If I had had all my equipment, my telemetry in that particular unit, which I did not have — I just had a regular ambulance — we could have sent an EKG on Barry."

In such a case, Champion said, an electrocardiogram "would have been of tremendous value."