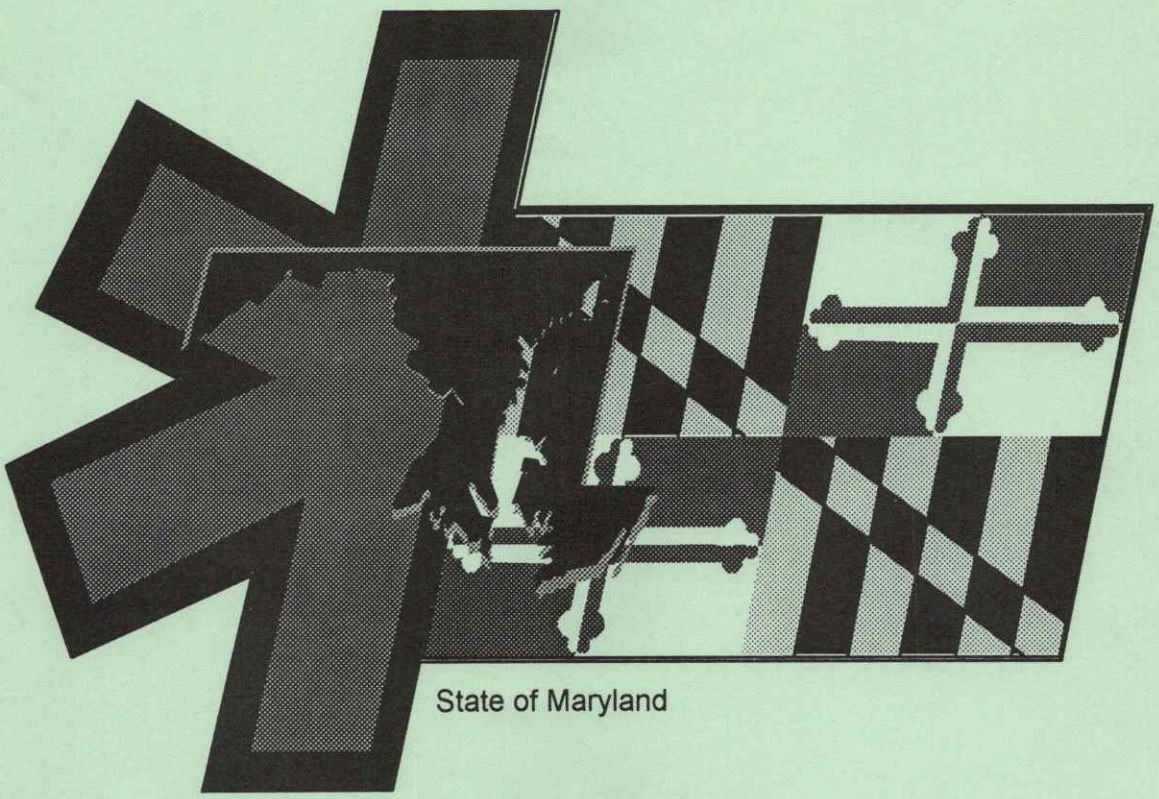
MIEMSS

Press Report



State of Maryland

April, 1997

EMS Articles

Times
Catonsville, Md.
MAR 05 1992

40 West Lions help [illegible] paramedic bicycle [illegible]

BY [illegible]

The visit two years ago of Pope John Paul II [illegible] brought more than [illegible] crowds to the Baltimore area. It also created a challenge, and a new solution, for paramedics needing to service large crowd situations.

"We needed a way to get medical services into a crowd, and get to the patient's side within a matter of minutes," explained Lt. Sam Snyder, unit leader for the new Baltimore County Paramedic Bicycle Patrol.

With organizational help from the Maryland Trust for Emergency Medical Services, Baltimore County, along with paramedic units from Montgomery, Howard and other counties throughout the state, organized and converged on Baltimore during the papal visit.

Since then the county's unit has prospered, and continues to function as both a life link and a visible symbol of paramedic services. "It's good PR," added Snyder. "It gets us out there talking to people."

Last month the 40 West Lions Club aided that effort, making a donation of $360 in equipment for use by the new Baltimore County [illegible] medical service where ambulances may not be able to go.

In addition to the Pope's visit, the unit has also had a presence at Oregon Ridge [illegible] Senior Olympics and at other [illegible]

[illegible] 40 West Lions Club member [illegible] Manley learned of the [illegible] who was among the organizers of the Senior Olympics, invited members to speak at a Lions Club meeting last year. After that visit, members were so impressed that they voted to donate money to the patrol to buy four saddle bags, valued at $360.

The bags are a compact way to carry part of the patrol's store of medical equipment and supplies. The bike unit, usually a team of two paramedics, can perform virtually all of the same functions as an ambulance, including rapid defibrilation for heart patients.

[illegible] possible without the members themselves and the help of citizens groups.

"Because of that help," he said, [illegible]

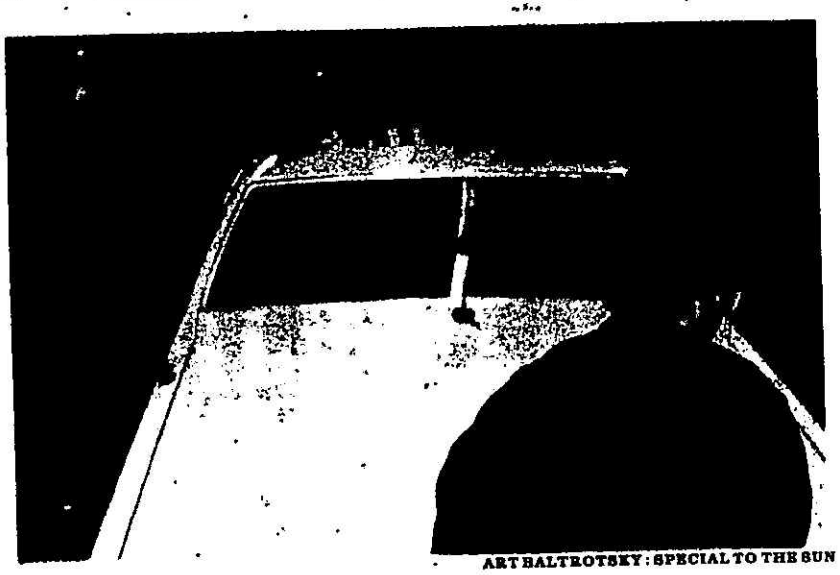
In addition to Snyder and Cohen, the meeting was attended by Capt. William Kraft and Baltimore County Fire Chief [illegible] Reincke. Reincke gave the Lions a briefing on recent [illegible] in the department, and detailed how the system is changing to respond to more and more paramedic calls and fewer fire calls.

"We have one of the finest Emergency Medical Services in the country," boasted Reincke. "If we have a chance to save a life, it's going to be saved."

A tradition 'in danger of dying out'

■ **Volunteers:** *With their ranks in decline, volunteer fire companies are finding it tougher and tougher to attract and retain enough members.*

By PETER JENSEN
SUN STAFF



ART HALTROTSKY : SPECIAL TO THE SUN

Stalwart: *Clinton F. Stoops, 87, has been a volunteer with Ridgely's all-volunteer fire station since October 1940. Historically, fire halls have been a small town's focal point.*

RIDGELY — As fire chief in a one-stoplight town on the Eastern Shore, Lou Hayes' top priority is keeping his company alive.

Fighting fires is only half of it. The most pressing danger is whether he'll find enough people to help out. Without new recruits, Ridgely's 95-year-old all-volunteer force could go the way of bucket brigades and horse-drawn wagons.

"When I joined the fire service, it was the only thing to do and the station was the social center of town," said Hayes, 50, a plumbing supply salesman. "Now, you're a young person, you stay home and play with your computer. There are a lot of other distractions."

From small towns such as Ridgely to the Baltimore suburbs and in communities across the nation, it's getting tougher and tougher for volunteer fire companies to attract and retain enough members.

It is a potentially serious issue. Although volunteer firefighters outnumber paid staff by a 3-1 ratio nationwide, their ranks have been in decline, falling from 884,600 in 1983 to 795,400 in 1993.

The reasons behind the trend are numerous; the consequences expensive — or worse. With fewer volunteers to man

[See Volunteers, 6A]

THE SUN MARCH 25, 1997

Volunteer stations at risk of dying out

[*Volunteers, from Page 1A*]

ambulances or firetrucks, lives are put at risk. A growing number of communities have elected to pay for full-time staff rather than face long waits for help in critical emergencies.

"Longer waits mean somebody may die or suffer injury to a greater extent," said Donald D. Flinn, a volunteer fire chief in Silver Spring. "Think about it: The fire call blows, and nobody responds."

Three years ago, the issue became a hot one for Ridgely and many of its neighboring towns in rural Caroline County. Ridgely "scratched" — failed to answer an ambulance call — about once a week, and the call had to be referred to other stations miles away.

The solution was to hire emergency medical technicians to respond to daytime calls countywide, an arrangement financed by billing health insurers. For the first time, the volunteers had to admit they couldn't do the job without paid help.

"It was a career solution to a volunteer problem, and it chips away at the volunteer system," said Bryan C. Ebling, Ridgely's president. "But we couldn't let our pride stand in the way of our responsibilities."

It is not hard to gather similar stories from the estimated 35,000 volunteers who work in Maryland's 362 volunteer fire companies. Even departments with excellent response times and zero scratches are hearing complaints from overworked volunteers.

"All people know is that if they pick up the phone and dial 911, somebody will be there," said Bernard J. Smith, president of the Lansdowne Volunteer Fire Department.

"They don't know what it takes to make it happen," Smith said.

Family tradition

Historically, fire halls have been a small town's focal point, the spot where families gathered for annual chicken dinners, held wedding receptions and conducted Cub Scout meetings. Even small-town departments rarely went begging for help: The sons of volunteers could always be counted on to uphold a family tradition.

But in a mobile society with single-parent families, longer commutes, shallow-rooted bedroom communities and fewer blue-collar, shift-work jobs, volunteer fire companies must actively seek new members.

And those who do show up at the fire stations are confronted with far greater demand for training and more pressure to raise money for the organization.

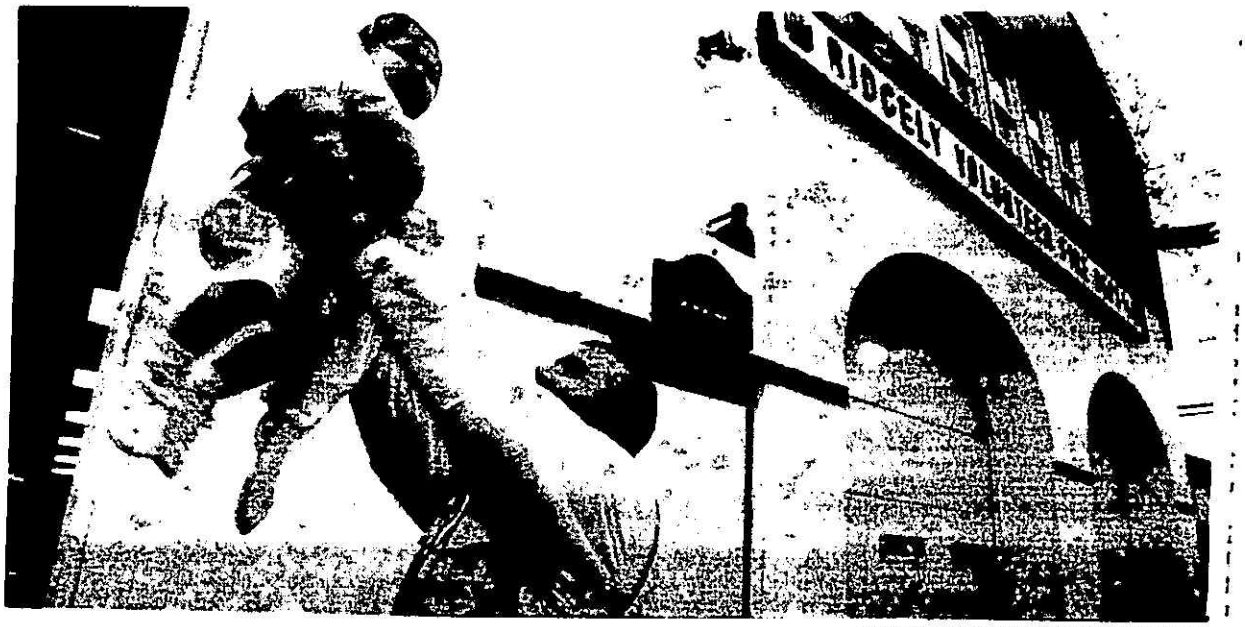
"It's easier to find someone who wants to rescue people than run bingo," said Robert E. Knippenburg, a volunteer in Midland, a small town in Allegany County.

It doesn't help that many of the predominantly white and male organizations have in the past barred minorities and women from joining. Even those who claim to have stopped that practice often do little to actively improve diversity.

"Most firefighters and rescue workers still look like each other and not like the communities they serve," said Eileen Cackowski, deputy director of the governor's office on volunteerism.

Mistaken assumption

As suburbs expand, the people who move beyond the cities often assume fire stations are government institutions and would never



ART BALTROTSKY : SPECIAL TO THE SUN

Outside responsibilities: *Ronald M. Dixon, a deputy sheriff and a Ridgely volunteer lieutenant, plays with his daughter, Rachel, outside the fire station. "It's family first," says Dixon, 26. "I've had to cut back."*

think to get involved.

Yet in 18 of Maryland's 23 counties, most ambulance and fire calls are handled by volunteers who are funded primarily by private donations.

In Ridgely, a department with 40 active members must be able to handle more than 150 fire and 500 ambulance calls across 25 square miles each year. Thanks to the paid emergency medical technicians and some new members who are professional firefighters by night and Ridgely volunteers by day, scratch calls are no longer an issue.

But keeping those new members is not so easy.

Younger volunteers such as Ronald M. Dixon, a deputy sheriff and a Ridgely volunteer lieutenant, are often caught up with outside responsibilities — for example, raising a 2-year-old daughter.

"My wife and I have had to have discussions about what's important to us," said Dixon, 26, who attended 165 hours of fire service training last year for Ridgely. "It's family first, I know. I've had to cut back."

'Barometer on quality of life'

Last year, a federal task force found that the volunteer fire service is a tradition "in danger of weakening and possibly even dying out." The U.S. Fire Administration report cited the decline in active volunteers as a nationwide affliction.

"We are finding that when the volunteer fire department begins to fall apart, it's a real barometer on the quality of life in a community," said R. Wayne Powell, head of fire prevention for the National Fire Academy in Emmitsburg. "The fire department is the last resort for assistance in most towns no matter what the emergency."

Federal officials estimate that it would cost taxpayers $20 billion if they had to pay for the work volunteers perform. Just as important, towns stand to lose a spirit of community. How else could neighbors from all walks of life be found pitching in together for the greater good?

But there are signs that many volunteer fire departments are gradually adapting to the new environment. Some are taking recruitment more seriously, forming cadet squads for teens and lecturing in schools.

'Diversity is essential'

Representatives of the Maryland State Firemens Association and the governor's volunteerism office regularly instruct departments on techniques for attracting new members, including women and minorities.

"Most recognize that diversity is essential," said Silver Spring's Chief Flinn, the association's recruitment chairman. "How can you seek support from the community when your membership doesn't reflect that community?"

Departments are reconsidering dated bylaws that require members to be community residents, pass difficult physical agility tests or undergo extensive training. Such requirements are seen as overly burdensome, particularly when a volunteer's primary duties may involve fund raising, public relations, maintaining equipment or bookkeeping.

"Change is hard," said Cackowski of the governor's volunteerism office. "But departments are trying. They're really asking for help."

Some employers have pitched in by allowing workers to leave the job when the emergency sirens wail. In La Plata, seat of rural Charles County, a similar policy has helped keep down the cost of fire insurance for the town.

In Oxford, an affluent village about 20 miles southwest of Ridgely, officials subsidized housing for some young volunteers to get them to stay in the town.

A crop of recruits arrived in Parsonsburg, about six miles east of Salisbury, when a basketball hoop was erected and local teens invited to play — if they joined the department.

"Making a station more inviting can mean installing a weightlifting room or an automotive repair bay that the public can use," said Cackowski.

Little attention to plight

Despite recent talk in Washington about a new era of volunteerism, the plight of volunteer firefighters has gotten little attention. A leading advocate for their cause in Congress expects that may soon change as politicians realize that government must help volunteers or lose a vital institution.

"We, as a society, have taken them for granted beyond belief," said Rep. Curt Weldon, a suburban Philadelphia Republican and former fire chief.

"You let these departments die, and aspects of the community die with them," he said.

Many firefighters believe the most effective solution may simply be to better educate their communities. If more people understood the demands put on the average volunteer fire department, perhaps they'd be more inclined to step forward and pitch in.

"When a crisis presents itself to a community, we always rise to the occasion," said Stephen D. Cox, president of the Maryland State Firemens Association. "Sometimes, we just fail to announce early enough that we need assistance."

Mt. Airy Gazette
Mt. Airy, Md.
Cir: 10,100
MAR 20 1997

ALS volunteer providers should get what they earned

Paul Gordon

Commentary

No wonder the pool for fire, rescue and emergency medical personnel volunteers has grown smaller over the years. Not only must those who risk life and limb to help others undergo continual training and fight the elements, but they are also subjected to firehouse politics.

In Maryland, these men and women save taxpayers a minimum of $500 million each year. Were counties forced to go to an all paid system, tax bills would skyrocket, and the glue that holds many communities together would disappear. Yet politicians, in an effort to please part of the emergency system, take actions that weaken other parts of the system.

A bill floating around Annapolis would force those who supervise career emergency service personnel to meet certain standards before they could supervise paid personnel. The struggle between professionals and volunteers has existed almost since the first paid personnel were hired. Since, in many stations, the paid personnel serve in firehouses where the officers are volunteers, this bill would only open old wounds, cause confusion at a fire or accident scene and discourage volunteers.

Volunteers are required to undergo stringent training. For instance, to be a paramedic, one must meet the requirements of the Maryland Institute for Emergency Medical Services Systems. To operate fire equipment and respond to fires, volunteers must receive extensive training. But it is just not the rigors of training that burden those who give so unselfishly of their time and resources. Political infighting creates a caste system.

In 1985, the county commissioners instituted a Length of Service Award Program (LOSAP) which was to be administered by the Frederick County Volunteer Fire and Rescue Association. The purpose was to reward volunteers in emergency service organizations and to encourage others to join. LOSAP offers $15,000 in life insurance after five years and an $8,000 award after 25 years. In 1995, the state added a $3,000 exemption from income taxes.

You can receive points for responding to fires, rendering emergency medical service, working at bingo games or firemen's carnivals, or just helping around the station, providing you are a member of a Frederick County Fire or Rescue Company. Therein lies the problem.

Advanced Life Support personnel, the paramedics who revive a stopped heart, who keep badly injured people alive while transporting them to the hospital, report to a Frederick County governmental agency. They are not controlled by the fire and rescue association. Prior to 1996, ALS service did not qualify for LOSAP. Even now, ALS service only counts when a member of a fire or rescue company.

Forget the rigorous training required of our paramedics, forget personal sacrifices, forget the thousands of hours of life-saving service given to the community each year. The ALS providers in Frederick County have not received the same recognition from government as have other providers of emergency service. Firehouse politics is in control.

The overriding criteria for receiving LOSAP points is active membership in a Frederick County fire or rescue company. That means one must perform certain firehouse duties. Paramedics must not only give 432 hours per year to ALS, but they must perform minimum hours of duty at the firehouse also. They have a greater burden than many who receive LOSAP.

Let's face it. Though important, working bingo games and carnivals is not in the same class as breathing life into a stopped heart or stemming the flow of blood from open wounds. It's time to remove firehouse politics from the system and to give ALS providers what they've earned.

Daily Record/
Warfields
Cir: 11,000
APR 12 '97

EMS Teams Kept Busiest on Saturdays

In '96, More Than 600,000 Emergency Medical Calls Made in Maryland

There's a kind of hush hanging over the state of Maryland at about 4 a.m. on Wednesdays, based on the most recent FY 1996 data from the **Maryland Institute for Emergency Medical Services System** (MIEMSS).

According to the most recent MIEMSS statistics, the fewest emergency calls are placed between 4 and 5 a.m. on any given day.

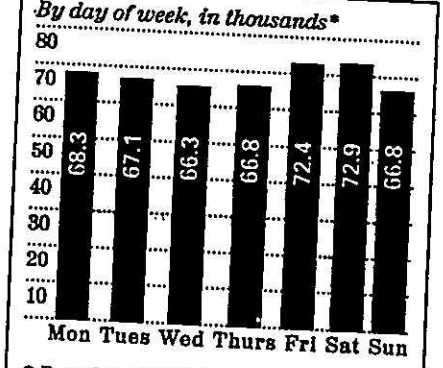
During any given week, the fewest emergency calls are on Wednesday.

But on Saturday, all hell usually breaks loose. And most emergency calls come in at around 5 p.m.

In 1996, more than 600,000 emergency medical calls were made in Maryland, resulting in 317,069 transports to hospitals, 4,067 of which were by helicopter.

EMS DEMAND IN MARYLAND

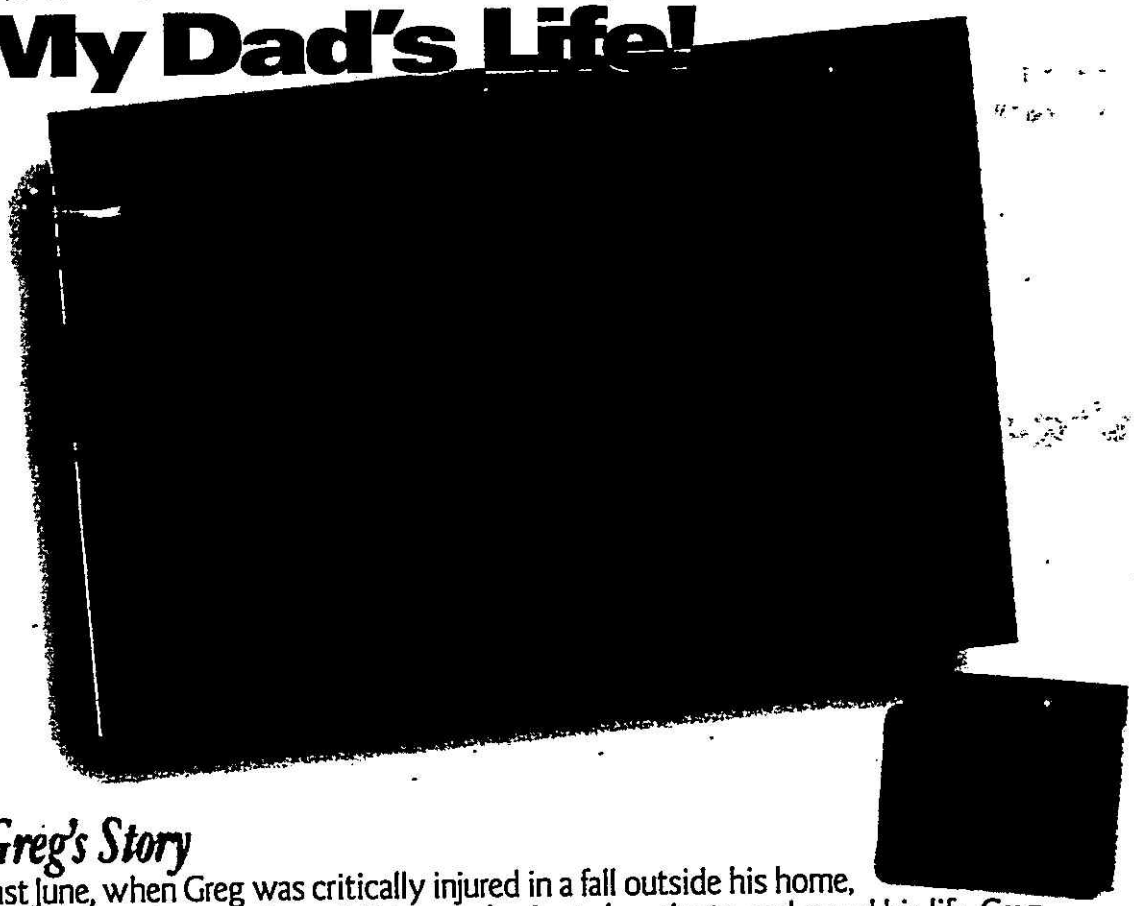
*By day of week, in thousands**



** Based on FY '96 data, doesn't include Montgomery and Howard counties for Jan.-June '96.*

Shock Trauma Articles

Shock Trauma Saved My Dad's Life!



Sun (Baltimore)
Baltimore, MD
Cir: 343,844-D
488,394-S
MAR 1 1997

Greg's Story

Last June, when Greg was critically injured in a fall outside his home, Shock Trauma's team of specialists raced, minute by minute, and saved his life. Greg was just one of over 5,000 Marylanders served by the Shock Trauma Center last year.

Did You Know?

The University of Maryland Shock Trauma Center was the first shock trauma center in the world, and has an extraordinary success rate for treatment of serious injury.

With Any Gardiners Purchase – You'll Help Shock Trauma

During Gardiners 55th Anniversary Sale – a portion of proceeds from every purchase will go directly to the University of Maryland Shock Trauma Center.

To Send In A Donation

Complete the donation coupon below:

The Gardiners Furniture / Shock Trauma Program is Sponsored By

11 WBAL-TV

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Yes, I'd Like To Help Shock Trauma.
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MAKE CHECKS PAYABLE TO:
UNIVERSITY OF MARYLAND SHOCK TRAUMA CENTER
DEVELOPMENT OFFICE
P. O. BOX 17526, BALTIMORE, MD 21203

☐ $10 ☐ $25 ☐ $50 ☐ $100 ☐ Other $ _____
☐ Check ☐ VISA Authorization ☐ MasterCard Authorization

R ADAMS COWLEY SHOCK TRAUMA CENTER
University of Maryland Medicine

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Credit Card# _____ Expiration: __/__ Signature _____

Carroll Co. Times
Westminster, MD
Cir: 21,903-D
22,509-S
APR 4 1997 3

Sticker campaign seeks to save lives of infants

By MICHAEL BLANKENHEIM
Times Staff Writer

When a serious automobile accident occurs, an adult is typically flown by helicopter to the University of Maryland Shock Trauma Center in Baltimore. An injured infant, however, is taken to the Johns Hopkins Hospital Pediatric Emergency Room.

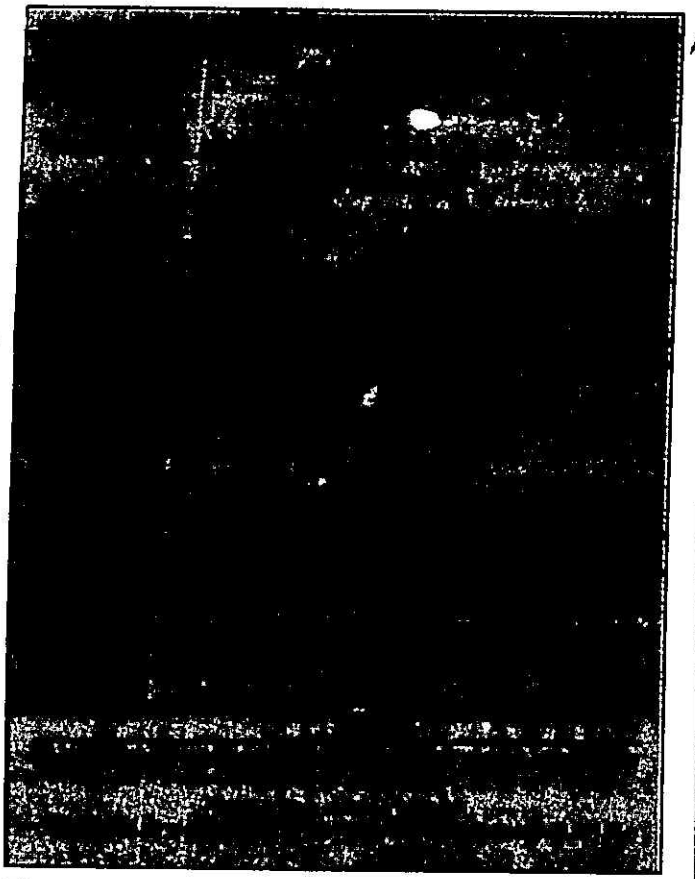
To avoid the possibility of a child going unidentified in the confusion of an accident's aftermath, the Westminster Kiwanis Club has printed up for free distribution 50,000 ID stickers for the back of children's car seats.

"It's such a simple idea, but we think it's a great one to avoid a potential tragedy," said Bonnie Cooper of the club.

That happened last fall when 3-year-old Jonathan Terpak couldn't be identified after he was critically injured in a Beltway car accident. The driver, his grandmother, was unconscious. As a result, the baby died at Hopkins four hours before his parents could be notified.

The incident inspired Baltimore County's Loch Raven Kiwanis Club to design and print the stickers. So far, that club has distributed 100,000 stickers in Baltimore County.

Please see STICKERS, A4



These stickers, which are being distributed by the Kiwanis Club, are to be attached to the back of a child's safety seat.

Stickers

From A1

The free stickers in Carroll County printed by the Westminster Kiwanis Club are now available at the Carroll County Health Department, the Maryland State Police, local police and fire departments in Carroll County and the children's desks in public libraries.

The stickers have places for a child's name, address and telephone number; similar information about a relative not living with the infant, in the event parents are injured in the accident; and information about the child's doctor and any special medical needs.

The Kiwanis Club recommends placing a sticker on the back of a child seat out of sight of casual passers-by and that the sticker be removed once the seat is disposed of.

Carroll Co. Times
Westminster, MD
Cir: 21,903-D
22,509-S
APR 20 1997

Blood experiment raises questions

Associated Press

BALTIMORE — An experiment scheduled to begin next month at the University of Maryland Shock Trauma Center is raising ethical questions about patient consent.

Supporters say a new blood product can be given to patients regardless of their blood type, saving time and hopefully the lives of the critically injured. However, some are questioning whether unconscious patients should be given an experimental product without their consent.

Before administering the new product, HemAssist, the hospital is required try to gain consent from the patients family or guardian.

Dr. Arthur L. Caplan, a medical ethicist at the University of Pennsylvania, said the regulations are "too broadly written and too vague... This is not adequate regulation for this sensitive and troubling kind of work."

Hemassist is a blood substitute made from human blood which delivers oxygen and restores normal blood pressure faster than salt solutions or blood transfusions, researchers say.

In addition, the substitute can be given immediately without waiting for the results of blood type testing. The testing is being limited to a small number of patients who otherwise would most likely die of their injuries.

Caplan said the government should have issued cards to be carried by people who wish to be treated with the experimental blood substitute in the event of catastrophic illness or injury.

Some have asked whether a new blood product designed to save time and lives should be tried out on unconscious patients at Shock Trauma.

However, Dr. Paul Fishman, chairman of the university board that oversees medical research, said such practices have not worked well in the past because very few people have signed up to participate.

An official with the federal Food and Drug Administration also defended the trial, which the FDA approved.

"The rules are put together in an ethically sound way," said Donald C. McLearn, an FDA spokesman.

Shock Trauma is one of five hospitals nationwide preparing to test the blood substitute, which is produced by Baxter International. The testing is the final phase before FDA approval. If testing goes well, Hemassist is expected to be available next yea .

So far, Hemassist has been tested on 700 people. The blood substitute is made mainly of hemoglobin, the protein which gives blood its color and carries oxygen. The blood substitute, however, does have several side effects, which include stomach cramps; yellowing of the skin, and a red discoloration of urine caused when the hemoglobin breaks down.

David Gens, an assistant professor and neurosurgeon at Shock Trauma, met with residents of the community surrounding the hospital to announce the test. The hospital also used a newspaper advertisement to announce the upcoming test.

"We really believe we can save more lives using this new therapy," Gens said.

Daily Times
Salisbury, MD
Cir: 29,000-D
32,300-S

APR 20 1997

Type-less blood product trial raises ethical questions

BALTIMORE (AP) — An experiment scheduled to begin next month at the University of Maryland Shock Trauma Center is raising ethical questions about patient consent.

Supporters say a new blood product can be given to patients regardless of their blood type, saving time and hopefully the lives of the critically injured. However, some are questioning whether unconscious patients should be given an experimental product without their consent.

Before administering the new product, HemAssist, the hospital is required try to gain consent from the patient's family or guardian.

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State News
Dover, DE
Cir: 23,539-D
31,927-S

APR 2 9 1997

Blood-product trial raises questions

ssociated Press

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Shock Trauma is one of five hospitals nationwide preparing to test the blood substitute, which is produced by Baxter International. The testing is the final phase before FDA approval. If testing goes well, HemAssist is expected to be available next year.

The News Journal
Wilmington, DE
Cir: 128,791-D
164,220-S

APR 2 0 1997

Experiment raises ethical questions

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Cecil Whig
Elkton, MD.
Cir: 15,987

APR 2 1 1997

Trial raises ethical questions about type-less blood product

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Miscellaneous Articles

re: Jim Brown

Rescue

Continued from A1

Community Rescue Service Deputy Chief Sam Sandeen said that when the first medics on the scene realized the extent of Beard's injuries, a second crew was called.

Sandeen praised Rulle for keeping Beard immobile. "In this situation, she was the best help that guy could have had," he said. "It was a very unusual call because so many things came together so quickly."

Donnie Lehman was one of the paramedics who responded to the scene near the Tristate Electrical Supply Co.

"As far as a trauma call, it was about as perfect as it gets," Lehman said. "Our ultimate goal is 10 minutes between the time we arrive and leave for the hospital. That's exactly what it took in this case."

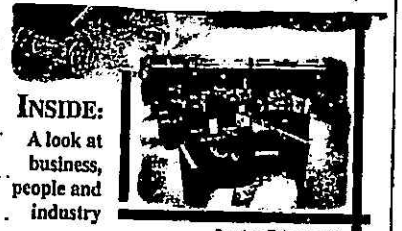
Lehman noticed several deep gashes in Beard's helmet. "That helmet probably saved his life," he said.

Talk of angels? "My full-time job is a flight paramedic on a state police helicopter," Lehman said. "I've seen a lot, and I'm totally convinced that we all have a little angel sitting on our shoulder."

Woolston said she believes Beard is destined to do something wonderful in his life.

"He's already accomplished something most people don't ever have the opportunity to do, and that's draw in a group of perfect strangers and get them to work in perfect harmony for the good of someone else."

Beard was listed in critical but stable condition Friday night at University of Maryland Shock Trauma Center, where he was flown after being taken to Washington County Hospital.



Sunday, February 23

INSIDE: A look at business, people and industry

THE HERALD MAIL

Hagerstown, Md. Saturday, February 22, 1997 www.herald-mail.com 50¢

Rescuers earned their wings at crash

■ Motorcyclist was in good hands moments after the accident.

By TERRY TALBERT
Staff Writer

Patricia "Trish" Woolston of Westminster thinks angels came to call this week when a 37-year-old was thrown from his motorcyle and onto the Dual Highway.

Thursday afternoon at about 2 p.m., Woolston was pulling out of a restaurant when she saw a motorcycle and a van collide.

Within moments, she and a handful of others had stopped to do what they could for the injured Greencastle, Pa., man.

Besides Woolston, the others who rushed to help included a medical technician and a former critical-care nurse.

"What are the odds?" asked Woolston.

Woolston said she held James L. Beard's hand until rescue crews arrived.

"The rescue workers knew exactly what they were doing," Woolston said. "They deserve some kind of award."

"You can't imagine how everything came together," she said. "It was like an orchestrated ballet ... so graceful. I think there was literally an angel on his shoulder."

By Richard T. Meagher/Staff Photographer

Samuel Sandeen, deputy chief of Community Rescue Service, said "so many things came together so quickly" at the crash scene.

Mary Rulle, a former Washington County Hospital critical-care nurse and now a real estate agent, was walking out of her office on the Dual Highway when she heard a loud noise.

"I saw a van and thought I saw two bags of garbage on the street. Then one of the bags of garbage moved..."

Rulle said she went to Beard and held his head to make sure his body stayed aligned. "I kept talking to him," she said. "Everyone was talking to him."

At one point, Beard stopped breathing. Rulle said the strangers reacted as one: "I said 'Sir!' And I heard about five other voices go 'SIR!'"

Rulle said she thumped Beard once in the chest. When he took a deep breath, those around him let out a sigh of relief.

"He really did touch me," Rulle said. Like Woolston, Rulle said she felt someone was watching over Beard as he lay hurt in the 1700 block of the Dual Highway. "Yes, I think he has angels," she said.

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Fire department changes name

By P.J. SHUEY
Staff Writer

In a reflection of the character change in emergency services over recent years, the county fire department Friday announced it will no longer be the fire department.

Instead, with almost two-thirds of calls coming for ambulance service, the agency renamed itself Anne Arundel County EMS/Fire/Rescue.

In announcing the change, Chief Stephen D. Halford noted that last year, fires accounted for only 22 percent of the agency's entire call load.

"We used to be a fire department which occasionally handled emergency medical services calls," he said.

"Our system now has evolved to the point where we are really an EMS department, which occasionally handles fire calls."

Chief Halford said the name change may help alter the "group think," or organizational culture within the agency, which until recently has been fire-oriented.

In recent years, the agency has taken a number of substantive measures toward emphasizing emergency medical services.

In addition to paramedics and emergency medical technicians assigned to ambulances, all firefighters in the department are trained at least to the level of EMTs, with a number of firefighters certified at higher levels.

Last year, a "first responder" policy was adopted to have the closest department personnel run immediately to all medical calls, regardless whether they are aboard an ambulance or a fire engine.

Consequently, when a medical call is sent out, the first help to arrive occasionally is aboard a fire truck, although paramedics or EMTs coming from a longer distance may also bring an ambulance.

"EMS 2000," a study group appointed by Chief Halford to project the department's future, has also indicated it would recommend a name change.

The study group is expected to release a report by April 1.

In comparison, both Prince George's and Baltimore maintain names referring only to fire departments, while services in Howard County are officially referred to as "Fire and Rescue."

In the county, the order of names actually reflects the percentage of calls, with two-thirds going to medical services, about one-fifth involving fires, and the remainder including rescues from vehicle accidents, elevators and construction cave-ins.

GENE JOHNSON

Gene Johnson, top volunteer dies

By SUSAN C. NICOL
News Post Staff

ADAMSTOWN – His was the familiar voice on the scanner: "149 to Frederick. I'm on the air."

Gene Johnson, 70, known to the fire and rescue community as "Doc" died Tuesday at Frederick Memorial Hospital.

Volunteering and the Carroll Manor Volunteer Fire Company were Mr. Johnson's life. On Saturday he helped at a butchering, a fire company fund-raiser. The following day he was rushed to the hospital.

Mr. Johnson once said the tragic death of his own son, who was hit by a car, was the driving force behind his decision to take emergency medical technician training and volunteer.

Steve Shook said many people looked to Mr. Johnson as a father figure. "He saw us as children at the firehouse with our parents, and then took us in and

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Gene

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guided us," Mr. Shook said.

Allen Keyser, who also grew up in the fire service family with Mr. Johnson's son, Eddie, said: "He made us toe the line. If it was wrong, he told us and he expected it to be corrected. But, he was fair."

As an insurance agent, Mr. Johnson worked out of his home as often as possible so he would be in town to respond to calls during the day, when volunteers were scarce.

"I had a lot of respect for Gene. You always knew where you stood with him," said Donald Trilmer, former director of Central Alarm. "He'd give you a straight answer. He didn't pull any punches."

"He gave his life to Carroll Manor, that's for sure," said Merhl Remsberg, president of Jefferson Volunteer Fire Company. "He fought for what he believed in. The first service has lost a good man."

He took special interest in the patients he cared for, often checking up on them to see how they were doing. Mack Carson was one of them.

Mack was about 4 when he was hit by a motorcycle as he ran into the road to get a sandal. Mr. Johnson was on the ambulance that responded to the call along with a medic unit from Frederick County Advanced Life Support. The boy was flown to a trauma center and treated. After his release, Mr. Johnson invited the boy to the firehouse for a tour.

"He and Mack developed a special bond. He often stopped by to check on him," said Bill Carson, Mack's father. "But the interest didn't stop there. They've been swapping Christmas gifts ever since. It's a tradition."

Mr. Carson said Tuesday night that he believes his son, now 11, is alive because everything clicked that day. "He was something else. He'll be missed," he said.

Mr. Johnson was skeptical of the ALS program when it was first established, said Rick Himes, ALS coordinator. "But, Gene always showed concern for his patients, and once he realized the benefit, he was all for it," Mr. Himes said. "He wanted them to get the best care."

Mr. Johnson also kept the volunteers in the emergency room at Frederick Memorial Hospital in line. "I didn't have to worry about eating breakfast on Sunday because Gene would always bring the donuts," said Dr. Jeffrey Fillmore. "He was Mr. Volunteer. He was the heart and soul of the ER volunteers."

Mr. Johnson, of 5678 Barberry Court, was the husband of Mary Elizabeth "Lib" Roberson Johnson.

Born May 5, 1926, at Barnesville, he was the son of the late Jacob M. and Beulay V. McDonough Johnson.

Mr. Johnson served in Europe with the U.S. Army during World War II. He was employed for many years with People's Security Insurance Agency until his retirement in 1996. He moved to Frederick County in 1955, and shortly thereafter, joined the Carroll Fire Company. He had served as president for over 37 years and was the ambulance rescue chief for over 40 years, retiring from that position in 1996.

Mr. Johnson enrolled in the first EMT class taught in Frederick County by the late Dr. James E. Marrone and continued to hold his certification and was a intravenoustherapy technician through the Frederick County Program.

You could also see "Gene" working at all of the fire companies and fund-raising activities, carnivals, butcherings, food tent at the Great Frederick Fair, and door-to-door solicitation. During his career, he responded on over 85 percent of all calls, and was the backbone of the EMS and fire responses during the daytime.

Mr. Johnson was the recipient of many awards, namely receiving the Certificate of Outstanding Contribution from the Maryland Institute for Emergency Medical Service Systems by Dr. Crowley in 1986, the Dr. James Marrone Award from the FCVFRA in 1994, and one his most prized possessions, the small statue given to him by a five-year -old child Mack. He also received the Lifetime Service Award from Governor Paris Glendening, and the Good Samaritan of the Year Award, the highest recognition conveyed upon an individual by Frederick Memorial Hospital, in 1994. He had also received the Community Citizens Award from the Carroll Manor Grange, and a Good Neighbor Award from the Fraternal Order of Eagles.

As a member of the Frederick Memorial Hospital Auxiliary, he had volunteered in the emergency department of the hospital for the past 11 years, and last year, summed up his experience as "rewarding. If you want to help your fellow man, the door is wide open. There are so many opportunities." He was also a member of Francis Scott Key Post No. 11, American Legion.

Surviving besides his wife are one son, L. Edward Johnson and wife Pat of Williamsport; two sisters, Nettie Lou Poole and husband Raymond of Germantown, and Beulan Lacetti of Germantown; five grandchildren, Lora O'Hara and husband Brian, Paula Dougherty and husband Andrew, Lauren Johnson, Ashley Johnson and Steve Johnson; a number of nieces and nephews; and a brother-in-law, Carroll Fisk of Dickerson.

The family will receive friends 7 to 9 p.m. Thursday, March 20, and Friday, March 21, at the Keeney and Basford Funeral Home, 106 E. Church St., Frederick. Memorial services will be held 8 p.m. Friday, at the funeral home, by members of the fire department. Funeral services will be held 10 a.m. Saturday, March 22, at Carroll Manor Fire Company, Adamstown. The Rev. C. Bruce Wierks will officiate. Interment will be in Monocacy Cemetery, Beallsville.

In lieu of flowers the family suggests memorials to the Building Fund of Carroll Manor Fire Company, Adamstown, Md. 21710.

Cardiologists Say Portable Defibrillators Can Save Time and Lives

By JANE FRITSCH

When Tony Cox's heart stopped beating, he was working out on a treadmill at the Reebok Club on the Upper West Side.

Theoretically, his odds of survival were as high as 60 percent or 70 percent. A doctor was exercising nearby and a club employee was a trainee paramedic; they began working on him immediately. Others called 911. And the club was only 10 blocks from St. Luke's-Roosevelt Hospital, whose ambulances respond to 911 calls.

But Winston Hill (Tony) Cox, a 55-year-old father of four and the former chairman of Showtime, died that Saturday afternoon last September.

He might have had a chance, doctors said, if emergency medical workers had arrived sooner with a defibrillator, a machine that delivers an electric shock to restart the heart. But it took 16 excruciating minutes for the ambulance to arrive that day, far more than the 5- or 6-minute window of hope.

RACING THE AMBULANCE

A special report.

In New York City, in fact, the likelihood of being revived after cardiac arrest is only about one percent. The congealed traffic in New York — and in most American cities — and the vast distances ambulances must travel in rural areas mean that emergency workers simply cannot reach most cardiac arrest victims in time.

Cardiologists estimate that a half or more of the 350,000 people who die of cardiac arrest in the United States each year could have been saved.

Cardiologists now argue that it is time to give up on emergency medical squads as the chief means of reviving heart patients. In the last year, the American Heart Association has begun to push for much wider availability of defibrillators. The devices should be placed just about everywhere, the association contends — in factories, health clubs, apartment buildings, and even in private homes, and available for use by a variety of nonmedical people, like security guards and doormen. Within a decade, the association hopes, the devices should become as common as fire extinguishers.

While the heart association's proposal may seem simple, state laws and Federal regulations are in the way.

The Food and Drug Administration, which regulates the machines, has not considered whether they are safe and effective for use by the general public.

State emergency medical directors have joined together to oppose the widespread use of defibrillators, saying that the matter needs more study.

Still, the heart specialists plan to

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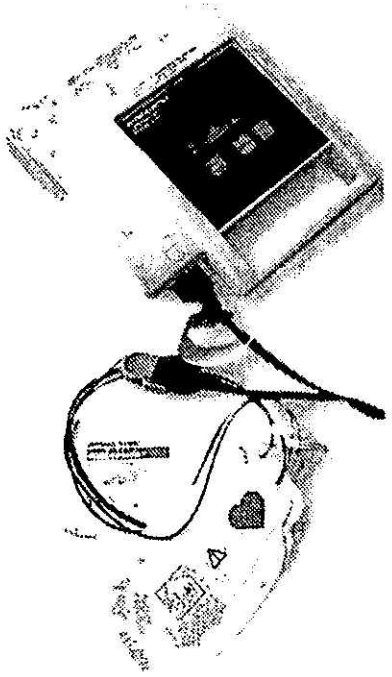

Librado Romero/The New York Times

The Lifepak 500 is made by Physio-Control, one of four companies vying in the defibrillator market.

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Some Cardiologists Say the Latest Portable Defibrillator Can Save Both Time and Lives

Continued From Page A1

fight aggressively for their plan, kicking it off at a meeting this week near Washington.

Not too long ago, defibrillators were so complicated that the operators had to be specially trained to read the screens and interpret the heart waves. But the heart association says a new generation of automatic, easy-to-use machines has been developed that can be operated by almost anyone. The new lightweight machines analyze heart rhythms, decide whether a shock is needed, and give simple voice instructions. The machines will not shock a person who does not need it, the manufacturers say.

What has made the machines practical, the association says, are five-year lithium batteries that eliminate the need for regular maintenance. The Food and Drug Administration approved several of the new, lightweight models last fall, but only for prescription use.

The average cost is about $3,000, but the price is expected to drop significantly if the market is opened to all who want to buy them.

The collection of data on deaths from cardiac arrest is haphazard, making the rates difficult to compare. But experts generally agree that dismal survival rates apply to all but a few American cities and most suburban and rural areas.

"This is an area that has been hidebound by rules and laws and regulations," said Dr. Myron L. Weisfeldt, the chairman of the Department of Medicine at Columbia-Presbyterian Medical Center and the head of the heart association's task force on defibrillators.

"If the defibrillators aren't there, and the survival rate is less than 5 percent, then you'd better find a way to get them there," Dr. Weisfeldt said.

The Condition

The Heart And Its Problems

Like Mr. Cox, about half of all those who die of heart disease die suddenly and unexpectedly, without ever having shown any symptoms the heart association says. Many are unaware that they have clogged arteries or other types of heart disease.

In Mr. Cox's case, an autopsy showed that three coronary arteries were blocked, but there was no sign of the muscle damage that would have been present if he had had a heart attack.

If Mr. Cox's heart had been restarted, he might have been a candidate for cardiac bypass surgery, Dr. Nicholas J. Fortuin, a professor of medicine at Johns Hopkins, said. That procedure restores blood flow to the heart and can add decades to a life. But Mr. Cox might have died even with early defibrillation, Dr. Fortuin said.

Cardiac arrest does not necessarily mean a heart attack occurred. Arterial blockages alone can cause the heart's electrical impulses to become disorganized and incapable of coordinating the contractions that keep the heart beating normally.

The disorganized electrical activity, called ventricular fibrillation, can last for about five minutes. During that time, a shock from a defibrillator can reorganize the electrical impulses so that the heart resumes normal beating.

But with each passing minute, the likelihood of successful defibrillation drops significantly. Expertly done cardiopulmonary resuscitation can buy the victim a little more time, but it is useless unless a defibrillator arrives quickly, before all electrical activity in the heart has ceased.

It is a common notion suggested by television shows and movies that defibrillation is not done until a flat line appears on a heart monitor, but that is not so. A flat line indicates that there is no electrical activity in the heart at all, and therefore no electrical impulses to be reorganized by a shock from a defibrillator.

Dr. John La Pook, a Manhattan internist and friend of Mr. Cox, was so disturbed by his friend's unexpected death that he has since purchased a defibrillator and keeps it at his apartment on Central Park West.

Sometimes, he even takes his defibrillator to his regular basketball game in Brooklyn, where he plays with an friends with ages ranging from the 30's into the 50's. At first they laughed at him, Dr. La Pook said, but they seem to have come to appreciate having the thing around.

The Device

The Newest Models Come on the Market

Use of defibrillators by the public is generally not covered by state "good samaritan" laws, which protect amateur rescuers from liability. But cardiologists are afraid that at some point, health clubs, office buildings and other public buildings as well as airlines could be found negligent if they did not have defibrillators.

American Airlines recently became the first airline in this country to order defibrillators for its planes, and other domestic airlines are considering it because it is all but impossible to land a plane and get a defibrillator to a victim in time. Metro North has ordered defibrillators to be placed on its cart of emergency medical supplies in Grand Central Station, and a few casinos in Las Vegas have also bought defibrillators.

Dr. La Pook can legally have his own defibrillator because he is a physician. Under current Federal regulations and the law in most states, including New York, only doctors or people authorized by doctors may buy and operate defibrillators, even the simplest models.

Last fall, the National Association of State Emergency Services Directors became so concerned with the push for public access to defibrillators that it passed a resolution calling on the heart association to postpone its defibrillator campaign until data show that use by the public is effective and safe.

"They are potentially wonderful devices," said Dr. Robert R. Bass, the executive director of the Maryland Institute for Emergency Medical Services. "But we don't see any evidence that the devices are going to be effective in the hands of the public. Before we call for a national movement to place these devices everywhere, we need to know how safe they are and what's the cost benefit."

Manufacturers of the devices say they are completely safe, and the heart association says they are all but foolproof. And, they add, if the choice is between defibrillation by an amateur and no defibrillation at all, the answer is clear.

But Food and Drug Administration officials say some safety and ethical considerations have yet to be addressed.

"There's a question of whether you can do as much harm as you can do good," said Thomas J. Callahan, the Food and Drug Administration official who oversees the evaluation of such devices. "In the hands of a lay person, are there going to be more disasters than there are benefits?"

He said he was not certain that in all cases the new machines could distinguish heart rhythms that should be shocked from those that should not. To evaluate fine distinctions, he said, trained technicians are necessary.

Late-stage resuscitation by amateurs, he said, might restore a heartbeat and do little more, leaving the victim with little brain function and permanently dependent on life support systems.

Advocates of greater distribution of defibrillators say such results are rare and no more likely to happen when rescuers are amateur than when they are highly trained.

Tony Cox died after his heart stopped as he exercised. A defibrillator might have helped his odds.

"The reality is that none of us are that good at it," said Dr. Alexander Kuehl, the chairman of the New York City medical advisory committee for emergency services and the former head of the city's emergency services agency.

"There's always a danger that you're going to shock a heart back into a living rhythm, but that the brain is going to be dead," he said. "But if we can get the heart back, very few of us play God in terms of who lives and who dies. We bring back the one thing that we can bring back, which is the heart, and hope that the brain is intact."

And those who are brain dead need not linger on life supports, he said, adding, "Two days later you unplug the respirator."

Present Practice

A Few New Models But Most Are Old

For the near future, at least, New Yorkers must depend on the Fire Department's emergency services for help with cardiac arrests. The department has worked aggressively for the last three years to improve response time, and there are indications that the efforts are working. But no statistics have been compiled to show whether the survival rate has improved. The study that showed a one percent survival rate in New York City was published in the Journal of the American Medical Association and was based on 1991 data.

Since then, the department has gradually equipped all fire engines in Brooklyn, Queens, the Bronx and Staten Island with defibrillators, on the theory that firetrucks are more likely to reach victims in time than are ambulances. Similar plans are under way in Manhattan.

The latest statistics show that the average response time for fire engines on cardiac arrest calls is only five minutes, according to Deputy Commissioner Edward M. Dolan. It takes another five minutes for an ambulance to arrive, he said.

The firefighters are using virtually the same models that the heart association is advocating for public use.

The Suffolk County Police Department has ordered the models for its police cars because the county is almost entirely served by volunteer ambulance squads, which have great difficulty reaching victims in time.

Four companies are now manufacturing the machines, and are in fierce competition for what they hope will be an exploding market over the next decade. They are Heartstream, of Seattle; Laerdal Medical Corporation, a Norweigian company with American headquarters in Wappingers Falls, N.Y.; Physio-Control Corporation of Redmond, Wash., and Survivalink Corporation, of Minneapolis.

Their machines, all similar, weigh about five pounds and were designed in consultation with the heart association to be as simple as possible for amateurs to use. The recent advance that makes them practical, according to cardiologists, is the inclusion of a lithium battery with a five-year life. The batteries eliminate the need for constant maintenance or recharging, and computer chips perform complete tests of the operating systems each day.

When the machine is turned on, it gives a series of simple voice instructions, so that panicky users do not need to stop to read complex directions. The rescuer is told to attach two plastic leads to the victim's chest and then stand back.

The machine analyzes the heart rhythm and determines whether the victim's heart is in fibrillation. If so, it charges up, instructs the rescuer to stand clear, and then to push a red button that delivers a shock. The machine may call for a second or third shock if necessary, then a period of cardio-pulmonary resuscitation, followed by another cycle of shocks.