

*Maryland Institute for
Emergency Medical Services Systems*



Press Report

December, 2004

OCEAN PINES INDEPENDENT

OCEAN CITY, MD
WEEKLY

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Mayor's Open House to focus on fire dept.

The Ocean City Mayor and City Council's Open House has become a New Year's Day tradition in the resort. This year's Open House marks the ninth annual event at City Hall, located at Third Street and Baltimore Avenue.

The Open House runs from 1 to 4 p.m. on Saturday, Jan. 1. Every year offers a theme and this year's event will focus on the Ocean City Volunteer Fire Department, which is celebrating its 100th anniversary in 2005. Visitors to this year's event can view the fire department's collection of photographs, films, memorabilia, and indoor and outdoor displays including current and antique fire equipment, and the Ocean City Volunteer Fire Department's aerial fire truck and ambulance.

The Russ Perkins Trio and

Stephen Decatur High School Choir will present musical entertainment. Storytelling sessions will be held during the afternoon with longtime Ocean City Fire Department members regaling listeners with tales of the fire department's adventures. Ocean City Fire Marshal Sam Villani will have a special display along with the bomb squad, the fire department cadets and the department's Ladies Auxiliary.

The Emergency Medical Services, Ocean City Police Department and the Ocean City Development Corporation will present displays. Mayor Jim Mathias and council members will be on hand to greet visitors to the open house, where City Hall is beautifully decorated for the holiday season.

Light refreshments will be served.

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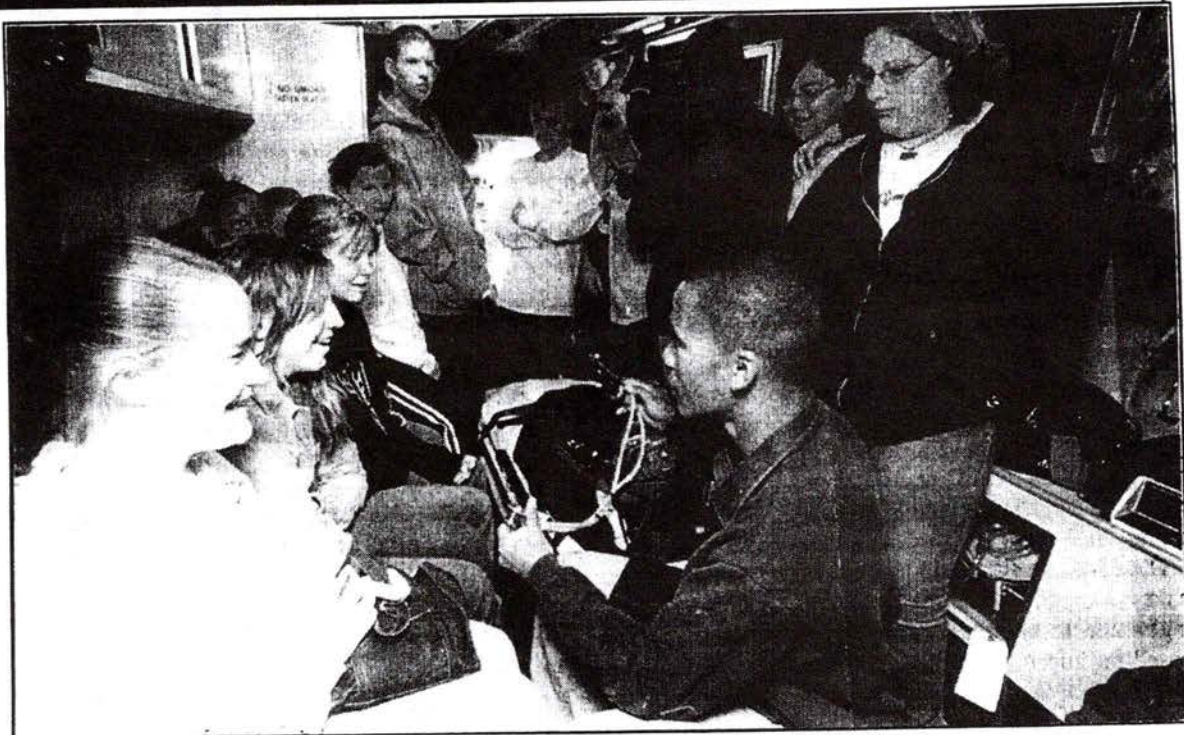


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AROUND CALVERT COUNTY



Carroll Spriggs of the Huntingtown Volunteer Fire Department and Rescue Squad recently gave a demonstration of emergency life saving skills to a group of students from Calvert Middle School.



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Two hoaxes cause havoc in city

By S.A. KALINICH
Staff Writer

Twice in the past two weeks someone has broadcast distress messages about an auto accident and later a plane crash near Route 301 via citizen band radio.

Both turned out to be hoaxes. If caught, the hoaxer could face local criminal charges and/or federal fines.

The broadcasts apparently went out on CB channel 19, a distress frequency monitored by truckers and others.

"We received (911) calls from good-intentioned citizens and a

trucker or two who monitor the (CB) transmissions," said Prince George's County Fire and Emergency Medical Services Department spokesman Capt. Mark Brady.

Brady added that the people who reported the distress calls were acting in good faith. It is the CB broadcaster(s) who may not realize that their "joke" could cause someone in a real emergency situation to pay the price.

"We want to make a plea to the person doing it — whether they are young or someone who is just fooling around with a CB

radio — to try to educate them about what they're doing," Brady said.

As an area CB radio aficionado put it, such hoaxes could have the effect of possibly causing loss of life or property."

In the case of the car crash report, which happened a few days before the Nov. 23 report of an small plane crash, Brady said the CBER "made it sound horrendous, so we dispatched a tremendous amount of apparatus there."

Because Route 301 is a state road, Maryland State Police

also responded to both incidents. It didn't take long to determine that the auto accident hadn't happened, said Sgt. Rob Moroney, a state police spokesman. But the plane allegedly crashed into a wooded area not accessible by motor vehicle.

Brady said the people who called 911 at 4:30 p.m. Nov. 23 said they overheard CB transmissions between the plane's pilot and a passenger. By 6:30 p.m., a foot search of the area was called off.

Brady said about 50 public

(See HOAX, Page A2)

HOAX

(Continued from Page A1)
safety responders, firefighters, paramedics and law enforcers were on the scene of the reported plane crash.

"We were deployed for two hours," he said.

'Fines up to \$10,000'

"Making a false police report and communications interference are both against Maryland law," said Sgt. Rob Moroney of the state police.

The communications interference charge could result in six months in jail and/or a fine up to \$1,000, Moroney said. The penalty for conviction of making a false police report is up to six months in jail and/or a \$500 fine. Double that if the same person was the culprit in both area cases.

While the Federal Communications Commission cannot put people in jail, it can levy stiff fines, an FCC spokeswoman said.

"The regulations (about CB radio broadcasts) prohibit any communication in connection with an illegal activity, a false distress signal, or a false or deceptive communication," said Lauren Patrich, a spokeswoman for the FCC's Wireless Bureau.

Violators could face fines up to \$10,000 for each infraction, up to a total of \$75,000, she said, "and they might not be able to use a CB radio again."

While the culprit's identity is not known, by all accounts FCC monitors could locate them using triangulation if they broadcast such distress calls again.

Norman Kaplan is treasurer for the Radio Emergency Associated Communications Teams, Suitland-based organization of amateur radio operators who coordinate emergency communications as backup to official channels. The group has been instrumental in filling communications gaps during hurricanes, tornadoes and other emergencies.

Kaplan has been dealing with CB radios since the early 1970s and has belonged to REACT since 1979. He has one word for someone who may be thinking about broadcasting a false CB distress call: "Don't!"

"You're pulling emergency responders away from their area of coverage and in doing so might easily cause someone to go from minor injuries to loss of life," Kaplan said.

He noted that there is a "golden hour" for trauma patients' transport to medical facilities. If a patient gets to medical treatment within that hour, their chances of survival are much greater. If that trauma patient is in the area where resources are diverted to a false alarm, the responders will have to travel farther, resulting in what could be a catastrophic delay.

As Moroney put it, "this is a very dangerous and hazardous game that somebody's playing with public safety."

skalinich@bladenews.com



12/03/2004

Emergency vehicles: what's the law?

By: SARAH ENSOR, Staff Writer

EASTON - Loud car stereos or air conditioning on full blast can drown out the sirens of ambulances and fire trucks, creating a potentially hazardous situation for emergency vehicles and regular traffic.

Carol Prettyman, administrator for Easton Volunteer Fire Department, said she did not see an emergency vehicle driving behind her when she drove down Washington Street a few days ago.

The driver of the vehicle, not wanting to startle Prettyman, did not turn on the flashing lights and siren, but passed her car on his way to an emergency.

According to a report from the U.S. Fire Administration, part of the Federal Emergency Management Agency, 111 firefighters died in the line of duty in 2003, 24 of them in vehicle accidents while responding to or returning from an emergency.

Prettyman said drivers who fail to yield to emergency vehicles pose the greatest traffic danger to Easton emergency responders.

By law, vehicles on both sides of the road should move as far to the right as possible and stop when an emergency vehicle, siren and lights activated, approaches, said Lt. Greg Wright, of the Easton Police Department.

At flashing red lights near fire departments, as with any red flashing traffic light, stop. Look for approaching emergency vehicles, and proceed with caution when the road is clear of emergency vehicles.

Never assume there is only one emergency vehicle, Wright said. Another one may be right behind it.

Complete story appears in the print version.

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City company revives itself with emergency medicine tech

ROBERT J. TERRY | STAFF
rterry@bajournals.com

A small Baltimore technology company is helping government regulators track and deploy emergency medical services across the state.

Database software and Internet-based applications developed by Vision Multimedia Technologies are enabling hospital personnel, rescue crews and first-responder teams to phase out paper forms and glean fresh insights on how to best handle mass casualty situations.

Ambulance runs are being catalogued in a database system, serving as the official record for emergency incidents. Rescue crews will be able to look at the data and de-

termine, for example, what kind of equipment they need to best handle the types of calls they're getting. And, in the event of serious accidents or other

events, an Internet-based application is being used to guide how emergency resources are managed. Which hospital has the most available beds? How many doctors are on call? Is there enough

medicine? The tools are being used by the Maryland Institute for Emergency Medical Services Systems (MIEMSS), which coordinates the delivery of emergency medical care

across the state.

"Given the state of affairs today, it's very fulfilling to know you've done something that can make an impact," said Brian Razzaque, president of Vision Multimedia Technologies, or VMT, which has partnered with Network Business Solutions, a consulting firm specializing in hardware and network integration, to develop the tools.

VMT is another local example of a company launched in the late 1990s to capitalize on the Web design craze before getting hit by the technology downturn. Today the company, formed by Razzaque when he was a sophomore at Johns Hopkins University, focuses more on programming and application development. New homeland security initiatives at the national, state and lo-

cal levels have triggered an influx of information technology spending in the region.

More than 700,000 ambulance "run sheets" are filled out by commercial, government-subsidized and volunteer EMS providers each year and processed by the emergency services institute. In fiscal 2004, 5,428 patients were transported by Maryland State Police helicopters to hospital shock trauma centers, according to institute statistics.

Institute officials first began looking at ways to use technology to streamline operations and improve data in the wake of the September 11, 2001, terrorist attacks. Baltimore-based Network Business Solutions and VMT developed the Facility Resource and Emergency Database, known as FRED.



Razzaque



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HEALTH CARE

Montgomery doc named trauma center medical chief

By Nell Adler
Staff Reporter

Dany Westerband, a doctor at Suburban Hospital since 1995, has taken on some added responsibility at the Bethesda facility.

Westerband, of Silver Spring, was named medical director of Suburban Hospital's trauma center, the only state-designated trauma center in Montgomery County.

He completed a trauma/critical-care fellowship at Baltimore Shock Trauma, another name for the Maryland Institute for Emergency Medical Services Systems.

Westerband also has been an attending doctor in trauma surgery at D.C. General Hospital, which closed in 2001.



Westerband

"Our community is very fortunate to have Dr. Dany Westerband in the role of medical director of Suburban Hospital's trauma program," says Brian Gragnolati, the hospital's president and CEO. "He is a very talented, very experienced trauma surgeon who is highly regarded by his professional colleagues, and I know he will be very successful in the leadership role he has assumed."

Suburban's trauma facility, which treats more than 1,000 trauma patients annually, is equipped to handle all kinds of medical emergencies as well as minor, non-urgent injuries. The high-tech operation is staffed by specially trained trauma doctors and nurses.

Suburban Hospital (www.suburbanhospital.org) "provides an exceptional and vital service for the community and the surrounding metro area," Westerband says.

Soaring demand for emergency care has led to higher costs for providers and is squeezing trauma centers, which "face substantial challenges in the current health care environment," he says.

12/4/04

Chamber of Commerce honors west county heroes

The West Anne Arundel County Chamber of Commerce honored several business members last month at the Four Points Sheraton/BWL. Pictured are: Norm Myers of Revere Printing; Margaret Griffin of BB&T Bank; Mike Livingston of the Bank of Glen Burnie; and Francis A. Korwek of Korwek, Posey and Associates.

The West Anne Arundel County Chamber of Commerce honored nine people who serve the area during its annual community gala recently.

The chamber presented the following awards:

- Firefighter of the year: Elizabeth Smith.
- Police officer of the year: Officer Gregory Simmons.
- Sheriff's deputy of the year: Deputy Michele Goodman.
- Military service appreciation: Col. John Ives, commander at Fort George G. Meade.

Outstanding educators honored included:

- Marcus D'Arcangelo, Odenton Elementary School.
- Nina Gaitner, Southgate Elementary School.
- Jacqueline Nedab, MacArthur Middle School.
- Peter Akerboom, Center of Applied Technology North.

Also honored was:

- Business leader of the year: Francis A. Korwek, a certified public accountant with Korwek, Posey & Associates, LLC.

More than 300 people a record for the event attended the gala, including numerous local elected officials.

"This is the chamber's way of recognizing some of our community's unsung heroes," said Marcie Wallis, executive director of the chamber.

Elizabeth Smith

Mrs. Smith joined the Odenton Volunteer Fire Company in March 2001. She already was certified as an emergency medical technician and quickly worked to become an aid on ambulance No. 289. With that goal accomplished she then decided to become a driver. She then decided to complete training to become a firefighter.

These days she normally is on duty Saturday night and she either rides



Photo by Joshua McKeown — Maryland Gazette
The West Anne Arundel County Chamber of Commerce honored several educators and community members recently at the Four Points Sheraton/BWL. Pictured from left are: Anne Arundel Police Officer of the Year Gregory Simmons; Firefighter of the Year Elizabeth Smith; and High School Teacher of the Year Peter Akerboom, of the Center of Applied Technology North.

never hostiles to fill in for other members on other nights of the week and can be found at the station just about every day.

Mrs. Smith was one of the top ambulance responders last year and is a member of the company's Emergency Medical Services Committee, which oversees the ambulances. She mentions new EMTs and also helps establish monthly training to help the EMTs at the station enhance their skill levels.

Last year she organized the first Operation Santa Claus at the fire company and took on the responsibility of raising funds and donations for a needy family in Odenton. With Santa, food items and gifts for the children piled on a firetruck, Ms. Smith delivered a Christmas surprise to a very needy and thankful family.

She has decided to take on two families this year with the support of the company. Firefighters and ladies auxiliary.

She also attends college two nights a week and is a member of the Army reserve.

Officer Gregory Simmons

Officer Simmons, a member of the Western District's midnight platoon, has been with the police department since April 2002.

Officer Simmons aggressively enforces both traffic and criminal laws. This year, he arrested 24 people for

critical ecological impact on the bay and the bay's ecosystem.

Mr. D'Arcangelo was an instructor and later the director of a summer space camp for several years. During the last three years, he initiated a rocky summer camp and continued the course during the school year as an after-school club.

Mr. D'Arcangelo has been involved with an environmental studies project for the past several years with the Department of Natural Resources, the Chesapeake Bay Trust and Arlington Echo Outdoor Education Center.

He attended the Schoolyard Habitat Provider's Summit last year in preparation for a restoration project on school grounds. Last June, more than 60 trees and shrubs were planted at the school and more than 50 white cedar tree seedlings and cranberry plants that had been planted by the fifth-grade students in a greenhouse the previous year also were used in the restoration project.

As a result of Mr. D'Arcangelo's efforts, Odenton Elementary received the Maryland Plant Community Awards Program last year.

Nina Gaitner

Mrs. Gaitner, a special education resource teacher at Southgate Elementary School, serves on many committees and programs that identify children in need of intervention.

She also has tutored children in the community, taught vacation Bible school and co-chairs the Good Brothers mentoring program for African American males in the fourth and fifth grades. She organized a program with Old Mill High School to help students achieve their full academic potential.

Deputy Michele Goodman

Deputy Goodman is assigned to the County Sheriff's Office. She is responsible for monitoring people entering the courthouse, maintaining order in the courtroom, making arrests, monitoring inmates and assisting the transfer of inmates to and from court.

She has been selected to represent the security bureau on the Sheriff's Office Safety Committee and also was selected to the Sheriff's Honor Guard.

Deputy Goodman also has been active in the Special Olympics Law Enforcement Torch Run.

A fifth-grade teacher at Odenton Elementary, Mr. D'Arcangelo began teaching in 1986 after a career in the military.

He is chairman of the school's science fair, a member of the school improvement team and is the immediate representative on the educational management team. He has mentored a number of teachers.

Mr. D'Arcangelo wrote a grant to the Chesapeake Bay Trust that allowed all fifth grade students to participate

she developed a club which mirrored that engineering experience.

Mrs. Nedab has been active in many teaching organizations and is involved with a service learning project, "Yellow Perch Raise and Release," with McCArthur, thanks to Mrs. Nedab, is one of 14 schools participating in the project.

NASA named Mrs. Nedab as an Educator Astronaut Nominee in April 2003 to become one of NASA's first Educator Astronauts.

Peter Akerboom

Mr. Akerboom is the baking pastry instructor at the Center of Applied Technology North.

The Baking and Pastry Program was voted top technical program in Maryland. He has been a peer adviser in the Drug Awareness Program, served as a member of the faculty council and social human relations committee.

He also wrote all the curriculum for the Baking and Pastry Program, the only program of its kind in the county. As part of the program, he developed a retail outlets for CATN student products and hosted a regional and state commercial baking and cake decorating competition for SkillsUSA.

His program received many honors, including NCCTE Award for Promising Program, one of the top five in the nation.

Mr. Akerboom has taught summer camp for 10 years and was active in securing American Culinary Federation Accreditation for the Culinary/Baking Students of CATN, one of only two in Maryland.

Fran Korwek

Mr. Korwek has been a prominent business and community leader for more than a decade in west county.

Korwek Posey Associates has consistently received the highest rating possible from the American Institute of Certified Public Accountants.

The firm recently completed a major renovation of their building, which enabled several new businesses to open. Mr. Korwek hopes the facility will provide a gateway to Odenton and result in continued economic growth.

He was one of the founders and presidents of the Rotary Club of West County and through the business has raised funds and been a sponsor for Relay for Life, baseball and football teams, youth organizations, the

Jacqueline Nedab

An eighth grade science teacher and chairwoman of the science department at MacArthur Middle School, Ms. Nedab has been an educator for 37 years not only in Maryland but also in Haiti, West Indies and Liberia, West Africa.

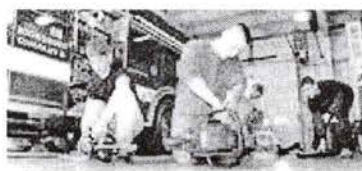
This year one of her students was selected as a semifinalist for the 2004 Discovery Channel Young Scientist Challenge.

As a team leader she coordinates field trips to Arlington Echo, NASA/Goddard Space Center, National Institute of Standards and Technology.

Mrs. Nedab recently attended a course at Maryland University, "Science Engineering and Math," on the devel-

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Tuesday December 7, 2004

Grant helps struggling fire company

by MARLO BARNHART

marlob@herald-mail.com

Washington County Technical High School students and First Hose Co. of Boonsboro Inc. members inspect power tools as part of a regular equipment check at Rohrsersville Station No. 8. From left are Logan McGrane, 17, Kenton Sumpter, 17, Jay Brandenburg, deputy chief, and Justin Ellsworth, 17. (Photo credit: Richard T. Meagher / Staff Photographer)

BOONSBORO - News of a recent federal grant of \$112,500 for a new piece of equipment will help the struggling First Hose Co. of Boonsboro Inc., according to Jay Brandenburg, deputy chief of First Hose Co. of Boonsboro Inc.

"We're in such a staffing nightmare right now," Brandenburg said. "And we also have water problems and access problems."

While the new compressed air foam mini-pumper the company is planning to buy won't ease the staffing woes, it will help greatly with water and access, Brandenburg said.

He explained that the benefit of compressed air foam - which is cutting-edge technology - is that hose lines are lighter, the reach is farther and the potential to stop fire is much greater.

Boonsboro's coverage territory is experiencing huge growth while the fire company's numbers aren't, Brandenburg said. The fire company remains volunteer.

Station 8 was established along Md. 67 in Rohrsersville more than five years ago in hopes that equipment could get to some of the more-remote areas quicker starting from there, Brandenburg said. But getting enough people to operate that equipment is always an unknown.

The grant was announced by the offices of U.S. Rep. Roscoe Bartlett, R-Md., U.S. Sen. Barbara Mikulski, D-Md., and U.S. Sen. Paul Sarbanes, D-Md., in early November. It is coming from the Assistance for Firefighters Grant Program of the United States Department of Homeland Security.

"This \$112,500 federal grant to First Hose Co. of Boonsboro Inc. in Washington County is part of the federal government's effort to equip our nation's fire responders," Bartlett said in a news release.

The fire company will be responsible for providing at least \$12,500 of matching funds toward the project, according to the release.

After Sept. 11, 2001, firefighters know they may be called upon to respond to terrorist attacks, Bartlett said. The proximity of the nation's capital places additional burdens upon the emergency response capabilities of volunteer fire companies in Maryland.

"This grant will improve the capability of Boonsboro's firefighters to ensure their own health and safety as well as improve their ability to respond to emergencies and protect the lives and property of everyone in the community," Bartlett said.

Brandenburg said the grant program is vital to firefighters in the trenches with about 90 to 95 percent of the funding actually getting to the streets.

"We're a good six months away from getting it," Brandenburg said of the money. He added that efforts are under way to streamline that process because the need is so great.

The new mini-pumper will be used at the Rohrersville station because there are no fire hydrants in that area, Brandenburg said.

"This allows us to get water into areas that may otherwise be challenging," he said.

Another benefit of the smaller unit is that some volunteers who might not be certified to use the larger engines will be able to use it.

Without the federal funding, it would take 15 years to complete a project like this with regular efforts to raise funds, Brandenburg said. He called the grant "a godsend."

The Assistance for Firefighters Grant Program is administered by the Department of Homeland Security's Office for Domestic Preparedness in cooperation with the United States Fire Administration and assists rural, urban and suburban fire departments throughout the United States.

These funds are used by the nation's firefighters to increase the effectiveness of firefighting operations, firefighter health and safety programs, new fire apparatus, emergency medical service programs and fire prevention and safety programs.

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Singerly Fire Co. gets \$184,000 federal grant

By Deanna Tortorello

dtortorello@cecilwhig.com

Singerly firefighters received the largest grant in their history late last week - a \$184,000 federal gift.

The fire company in Elkton must contribute 10 percent toward the grant, bringing its total to \$204,429, said department member Robert Muller. The other 90 percent comes from the fed-

eral government, he said.

Those funds will be divided to buy new turnout gear, a thermal imager, physicals for the station's respiratory protection program and to purchase training equipment, he said.

More than \$140,000 of the Singerly grant is dedicated to the purchase of personal protective equipment, according to figures listed on the Assistance to Firefighters Grant Program Web site.

Each new set consists of a coat, pants, a helmet, gloves, boots, a hood and a flashing light worn inside buildings during a fire.

"We have a committee that's reviewing all available options, putting together a (list of options) for the gear," Muller said.

Altogether, the sets run more than \$1500 per person, said Singerly Chief Frank Lewis.

"This will put us four to five years ahead," he said.

The department plans to use a portion of the grant to purchase fire-training software "that will improve the education ability of officers who coordinate fire-ground

A See GRANT, A4 ►

Singerly receives \$184,000

► GRANT, from page A1

operations," Muller said.

"Other equipment will be used for rapid intervention training and firefighter safety and survival training," he said.

This particular grant program opened up after the Sept. 11 terrorist attacks, Muller said.

"The state has the EMS grant that we applied for chiefly for EMS equipment," he said. "But

since 9/11, there's been more that have been opened up to us as far as fire and rescue capabilities."

Three other Cecil County stations received grants through the program this year, he said.

Several thousand fire companies around the nation received a chunk of \$745 million made available through the U.S. Department of Homeland Security.



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Community Forum

Red tape keeps criminals running for the border

More than two months ago, County Executive Jack B. Johnson and District Mayor Anthony A. Williams sat at a table under a tent and signed a partnership agreement addressing crime, health care and neighborhood aesthetics.

The crime initiative was particularly appealing to area residents. It called for 16 specially trained police officers to be deputized and allowed to make arrests on both sides of the border.

"[Criminals] cannot cross that bridge they call the escape bridge anymore," Johnson said as officials from Capitol Heights and Forest Heights—two of the communities suffering from the problem of criminals crossing the border to escape police—stood nearby.

The Gazette applauded this important milestone. It is an idea that had been in use years ago, believing the initiative has been discussed for quite some time, but it was Johnson who seemed able to bring it to fruition.

However, months later, we are still waiting

for officers to be deputized and begin attacking the problem.

After speaking with officials, it turns out that the devil has been in the details.

"There's still some legal wrangling between lawyers on both sides," county police spokeswoman Barbara Hamm told The Gazette. "We're looking at January before it can happen."

The situation is dire. Criminals crossing between Prince George's and the District continue to make headlines. Just last month, the Capitol Heights Town Council agreed to put up two 32-foot-long fences to prevent drug dealers from using a footpath between Prince George's and the District. The hope is that criminals will be forced onto main roads where they will be more visible, according to Capitol Heights Mayor Joyce Ayers Nixon.

Once drug dealers are forced onto the roads, however, residents need to know that capturing them will not be a problem.

The longer it takes to implement this plan, the longer it will take to cut down on the

crime plaguing our border communities. Local officials are working to do their part. County and District officials need to cut through the red tape and put this agreement into action immediately.

A tragic lesson

A Fairmount Heights house fire killed three generations of a family; three lives that might have been saved by simply putting batteries in the home's smoke detector.

Nine-year-old Aiko Henson, his grandmother, Margaret Robo, 91, and his uncle, Morris Jackson, 49, were killed when a cigarette left burning started a fire. The house had a smoke detector, but it had no batteries.

Year after year, Prince George's County Fire and EMS services publicize the fact that they will check and install a free smoke detector in your home at no expense. Department officials can hardly make it any easier; residents simply need to call 301-864-SAFE or they can go online at <http://www.pg-firms.com> to get assistance.

Despite this free service, house fires con-

tinue to take the lives of people who neglect to have their smoke alarms checked.

It is sad anytime someone dies. However, it is even more tragic when the death could have been prevented.

Many teachers and students know Aiko. Prentice A. Christian Jr., principal at Robert R. Gray Elementary School in Capitol Heights, told The Gazette, "He always had a smile on his face."

Residents and organizations in the community have united to provide support for the remaining family members. Another way people can remember Aiko and his family is to check the smoke detectors in their homes.

This is a time when not only are accidental fires a concern, but intentional fires are being set, as well. A fire in a Bladensburg apartment complex Tuesday has been attributed to a serial arsonist yet to be caught. This is the 14th fire in Prince George's attributed to the arsonist.

Don't wait until it is too late to protect your family. Don't let these people die in vain. Turn this tragedy into a lesson in your own home.

BOWIE BLADE-NEWS

BOWIE, MD
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Firehouse design will blend in with residential area

By ANNETTE ESTERHELD
Staff Writer

Bowie's fourth fire facility will be up and running by this time next year, however it won't be a traditional firehouse with ladder trucks but rather an emergency medical service facility that will look like any ordinary two-story Colonial house in the neighborhood.

"The need for large fire stations has changed since the 1991 law requiring sprinklers to be installed in new residential housing passed," Pete Mellits, Bowie's volunteer fire chief, said Tuesday night at a stakeholder's meeting held at the Covington Recreation Association Center.

"Seventy to 80 percent of the calls to the fire department are EMS related," he said. "The fire threat is down, but ambulance service calls keep rising. That's not just here in the city but across the county and on a national level."

The new EMS station will be located at the southwest corner of Mitchellville Road and Elder Oaks Boulevard, at the entrance to the Covington community, on an 8-acre parcel owned by the city.

Funding for the long-awaited station is coming from Prince George's County. County Councilman Douglas J.J. Peters, D-Bowie, explained to the group that the facility is a partnership.

"The building of this EMS facility is a true city and county partnership," Peters said. "The city owns the land, and the county is providing the fund-

ing for the building."

"The county is the bank, and the city of Bowie will act as general contractor to help expedite the project," Peters said. "We're hoping to open the facility in late fall of 2005."

Todd Turner, president of the Covington Recreation Association, told

Mellits explained that the facility's front will "look like any other single-family home in the area."

the group that the association opened the doors of its center for a stakeholder's meeting because the EMS facility is adjacent to the Covington community.

"I think it was important for the associ-

ation to host the meeting in the communities that will most be impacted by the proposed EMS station and to give the residents the opportunity to review and comment on it," he said.

Mellits told the group he was there to "present in concept the plans for the facility." He and city planner Frank Stevens, along with Peters, assured the group that the EMS facility will go through the approval process at both the city and county levels, and the community's input will be part of that process.

(See EMS, Page A2)

(Continued from Page A1)

Mellits explained that the facility's front would "look like any other single-family home in the area."

"The architecture will match houses up and down nearby Atlantis Drive and will have a brick front that the city asked for," he said.

"Visitor parking will be in the front, but the bulk of the parking for personnel and the apparatus bay will be in the rear of the facility to help maintain a low profile," he added.

"The facility will also house a

community police station, and Maj. Vince Gay of the District 2 police substation has expressed his full support for the program."

Mellits explained that the facility is an "EMS/public safety facility" because it will house the police as well as the EMS service.

"Probably 90 percent of people, when they think public safety, think police," he said, "but fire and EMS are part of public safety."

He explained that typically the EMS facility and fire station are in the same location, but that this facility will only house an ambulance.

"There are three fire stations in Bowie: one in Old Bowie, one on Route 450 in the Belair area and one in south Bowie at Pointer Ridge," Mellits said. "The one at Pointer Ridge is closest to you today."

"In the last 10 to 15 years, this area has tripled with additional housing developments that include multifamily units as well as single-family homes," he added. "The great number of people in this area has created a concern for service."

Mellits said fire station calls for EMS service average between 170 to 175 calls monthly at the Pointer Ridge and Belair stations.

"Station 43 at Pointer Ridge has 170 calls and they're in the immediate area with all the apartments and health care facilities," he said. "Twenty-five percent of the Belair station calls come into this area that includes Bowie Health Center and Town Center as well as residential housing."

"We have a concern with providing service to the city and there's a large gap in this area," Mellits said. "This EMS facility will help reduce calls, probably 50 percent of current calls to the Pointer Ridge station."

"We're being proactive here in our effort to keep the level of service where it is today," he said.

"The operation of the EMS station will be managed by the Bowie Volunteer Fire Department, not the county," he said.

He said benefits include having ambulance service closer and the relocation of the paramedic unit to this facility which will centralize that unit.

Councilwoman Gail Booker Jones, whose District 3 encompasses the area where the EMS facility will be built, asked Mellits to talk about staffing and hours of operation for the facility.

"The facility will be staffed 24 hours a day," Mellits said. "We're proposing to have career firefighters and supplement that with volunteers."

"We'll probably do training here for new EMTs, and we see some community uses like holding annual blood pressure check station," he said. "But this facility will not be a gathering hall; there will be no bin, or dances."

"Why are we just hearing about this now when it seems you've already decided what you're doing?" Didi Odu, a Covington resident asked.

"You will have input," Booker Jones assured him. "We have an urgent need for this type of facility. Bowie's population is at 54,000 now, and by 2010 it will grow 20,000 more. Development is astronomical, and it will get worse. We need this facility."

"The city has jumped in," Mellits said, "it's a great project for everybody."

"We hope to have an architect by January and drawings and permits by July 2005," he said, "with construction slated to begin in July. We're aiming at having the facility ready for occupancy in December 2005."

He invited stakeholders to visit the volunteer fire department's Web page, www.Bowievfd.org, for more information on the facility.

Stevens said there will be a public hearing at the city level, probably in the spring.

A fire station has been in the county budget as a future project since 1977. When the Bowie Town Center was built, the facility was approved. A condition of approval was building the station, but funds were depleted earlier this year by the county. Peters, who chairs the council's public safety and fiscal management committee, was able to restore \$600,000 to the county's FY2005 budget for the project.

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[Back](#)

Article published Dec 10, 2004

State to critique Wicomico EMS system

By Tristan Schweiger
Daily Times Staff Writer

SALISBURY -- A state organization will conduct a free analysis of emergency medical service in Wicomico County.

Dr. Richard Alcorta, state medical director for the Maryland Institute for Emergency Medical Services Systems, met with the Wicomico County Council earlier this week to discuss EMS in Wicomico. Among other data, county staff will provide Alcorta with the number of calls received by the county's 911 dispatch center.

"The thing that interests the council most is there is an EMS system and the council really doesn't know much about what's going on and we're the ones that do the funding," said County Councilman Larry Dodd. "So we want to find out if we are funding an efficient system, which in most instances I believe we are."

Council members said they aren't interested in the study because they perceive any problems with EMS in Wicomico, but that they are interested in assessing the service.

"It never hurts to look at the services you're providing citizens, and if you can make it a little better, then try to do that," said County Council President Anthony Sarbanes.

Sarbanes added that the council's discussion with Alcorta does not mean there are plans to alter the county's emergency services.

The state institute coordinates Maryland's emergency medical system, among other functions.

Salisbury Fire Department Chief David See said he was not aware of any EMS problems in Wicomico County. His department currently has 25 paramedics on staff and provides EMS service to the Fruitland and Allen fire districts as well as Salisbury.

"I can't speak for the rest of the county, but I think our average response times are within accepted standards," See said. He said he didn't know exactly what the average response times are, however.

County Councilwoman Gail Bartkovich said she was looking forward to the results of the study.

"There are certain medical emergencies that time is very critical, response time is extremely critical, for the survival of that individual," she said. "I don't think this has ever been done before, at least not that I'm aware of."

- Reach Tristan Schweiger at 410-845-4655 or tschweiger@salisbury.gannett.com.

By the numbers

2

Ranking of vehicle collisions
as cause of fatal injuries
for firefighters in 2003,
behind only heart attacks

19

Number of firefighter
deaths attributed to vehicle
collisions a decade ago
in 1994

34

Number of firefighter
deaths attributed to vehicle
collisions in 2003,
the most since 1990

30.6

Percentage of firefighter
deaths occurring in vehicle
collisions in 2003 out of a
total of 111 fatal injuries

Source: U.S. Fire Administration

Emergency drivers ask for a brake

*Rising trend of vehicle collision
fatalities has not struck in county*

By ERIN CUNNINGHAM

News-Post Staff

ecunningham@fredericknews.com

FREDERICK — Ambulance drivers spend hours on the road each day responding to and returning from emergencies. Weaving through traffic, sirens blaring, they expect cars to get out of the way.



They are often disappointed. Motorists in a rush often ignore sirens or don't know how to respond, said Deb Farkas, a Montgomery County paramedic.

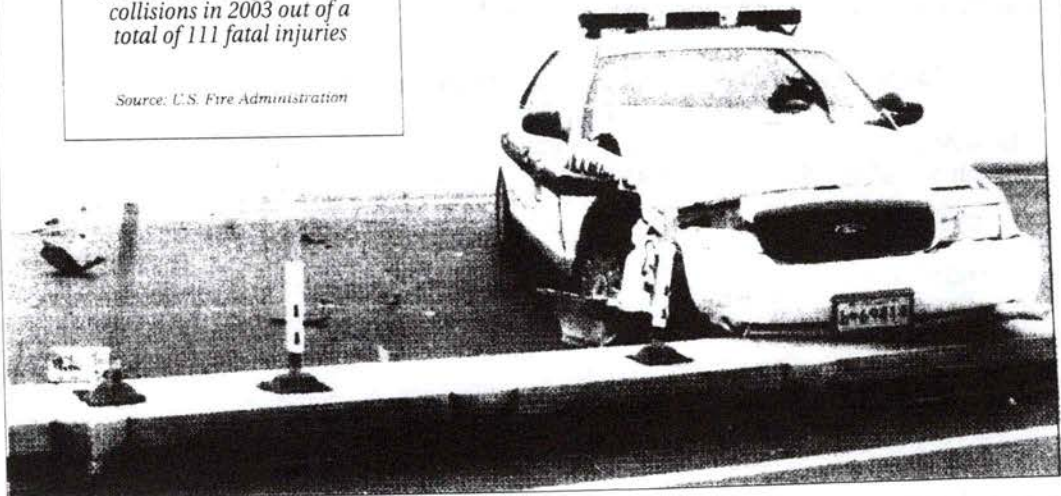
Vehicle collisions killed 34 firefighters nationwide in 2003, according to the United States Fire Administration in Emmitsburg. They were the second leading cause of death among emergency personnel.

The leading cause is heart attack.

The number of firefighters killed in vehicle collisions has risen steadily in recent years. In 2002, 24 firefighters died in collisions. The year before, 21 died. In 1999 11 were killed in collisions.

There has not been a vehicle-collision death involving

(See FOCUS A-11) R



▲ Staff file photo by Skip Lawrence

A Frederick County Department of Fire and Rescue Services medic unit and a civilian vehicle collided on Jefferson Street and the exit ramp from southbound U.S. 15 on Nov. 20.

Focus: Emergency drivers

(Continued from A-1)

emergency personnel in Frederick County in recent years.

Many of those who die in crashes drive their personal vehicles. Volunteers throughout the county respond to emergencies in their own cars, said Chip Jewell, Director of Volunteer Services for Frederick County.

Ms. Farkas says she has seen it all.

A man anxious to get through heavy traffic swerved in front of her ambulance. He whizzed by cars that pulled to the side to let the ambulance pass.

"The most common thing they do is ignore us or use us to get through traffic," she said.

Others do not pull to the side, remaining in the ambulance's way.

"It's very frustrating driving," Ms. Farkas said. "And it's what we do most."

If they do pull over, some drivers do not stop. Or they stop in the middle lane. Some swerve over three lanes of traffic and cut in front of the ambulance to get out of the way.

The law

Maryland law requires that a driver approached by an emergency vehicle pull over to the closest parallel edge of the road and yield the right of way.

An emergency vehicle is described as one with lights flashing and a siren blaring.

Ms. Farkas said many drivers subscribe to the pull-to-the-right mentality, even if pulling to the right means they will cut across four lanes of traffic. Drivers should pull to the closest edge.

Close to home

In August, Ms. Farkas assisted a patient at the hospital before she was dispatched to another call. She tried to make a U-turn at the intersection of Research and Shady Grove roads when another car hit the front of her paramedic car.

"Several things happen after that," she said. "Services are delayed. They can no longer respond to the initial call."

More ambulances are then dispatched to the paramedic's accident, tying up county resources.

"That's jeopardizing even more people," she said.

Mr. Jewell said intersections are especially dangerous for emergency personnel.

On Nov. 20, a motorist failed to yield right of way to a Junior Fire Co. paramedic on Jefferson Street near U.S. 15. Gerald Adcock Jr. of Walkersville had the car's siren and lights on at the time.

Mr. Adcock, 23, stopped on Jefferson to make sure the intersection was clear. The other vehicle did not stop. He was taken to Frederick Memorial Hospital and released soon after.

An ambulance driver died Nov. 18 near Ellicott City after her ambulance went off the road and crashed into oncoming traffic. A pregnant woman riding in the back of the ambulance lost her baby.

Several others were injured in the crash.

Hear us, see us, clear for us

As a result of her driving frustration, Ms. Farkas said she

At A Glance

Q How can motorists help emergency personnel?

A CLEAR for their vehicles:

C - Calmly pull to the edge of the roadway and stop.

L - Leave room. Keep intersections clear and never try to follow emergency vehicles.

E - Enter traffic with caution after the emergency vehicle was passed. Remember to use signals.

A - Be aware. Be aware of your surroundings. Keep radio volume low and check rear view mirrors often.

R - Remain stopped until the emergency vehicle has passed. Remember there may be additional emergency vehicles approaching.

For details on *Hear Us, See Us, Clear for Us*, go to: www.montgomerycountymd.gov

developed a program to educate Montgomery County residents about road safety. "Hear us, see us, clear for us" began in August and teaches drivers to do just that.

Hear the sirens. See the ambulance. Get out of the way.

Ms. Farkas and others passed out pamphlets at the Montgomery County Fair and scheduled talks with local high school students.

"We were talking to a group of high school students," she said. "They all said, 'Pull to the right.' It's a common misperception. To pull to the right may mean you are pulling three or four lanes to the right."

Mr. Jewell said while Frederick does not have a formal program like Montgomery, the problem is universal.

Almost all of Frederick County's on-duty firefighter deaths have been from heart attacks or vehicle accidents.

"The most dangerous thing we do is get there," he said. "Our goal is to get there safely. If we don't get there safely we don't get there at all."

Drivers are told to drive defensively. Continued growth in the county has led to more vehicles on the road and more hazards for ambulance drivers. As the population increases, the traffic increases, and so does the number of emergency calls. Mr. Jewell said.

That means more ambulances, paramedics and fire engines on the road and more potential for an emergency vehicle crash. Carroll Manor Volunteer Fire Co. Chief Eddie Arnold said several drivers have had close calls.

"You really have to watch the other people," he said. "They seem to be less and less aware. They don't pay as much attention as they used to."

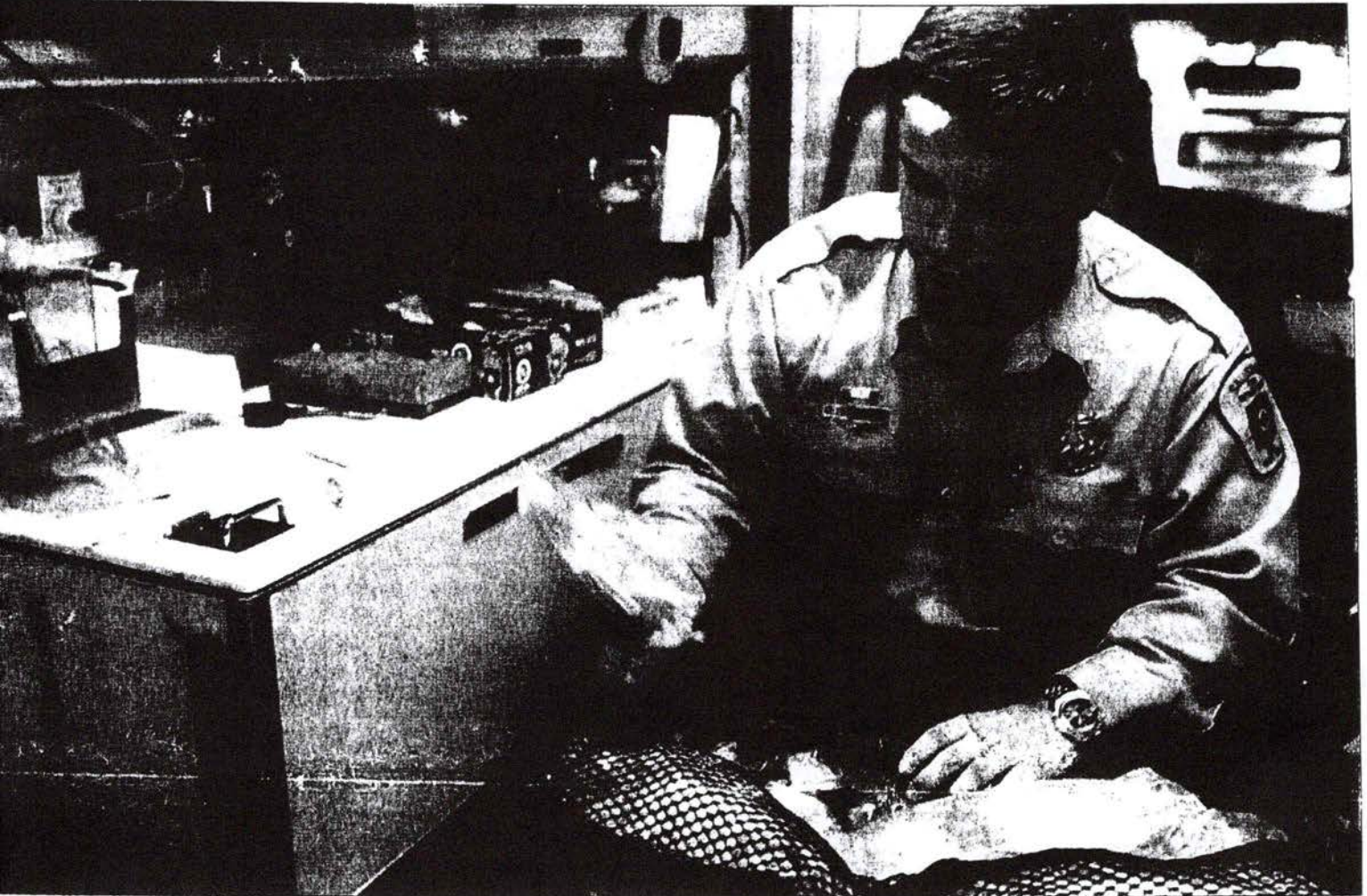
Drivers at the Carroll Manor station learn to move defensively and be aware of their surroundings.

"One thing you never know is what the other vehicle is going to do, and a lot of people panic when they hear the siren and see the emergency lights," Chief Arnold said.



ospital Clipping Service

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Times Photo by Joey Gardner

Salisbury Fire Department Information Technology Coordinator and Firefighter/EMT Steven Dickerson checks on supplies and inspects equipment of the city's ambulances Thursday. The inspections are completed in each unit at least once a day.

State to critique Wicomico EMS system

By Tristan Schweiger
Daily Times Staff Writer

SALISBURY — A state organization will conduct a free analysis of emergency medical services in Wicomico County. Dr. Richard Alcorta, state medical director for the Maryland Institute for Emergency Medical Services Systems, met

with the Wicomico County Council earlier this week to discuss EMS in Wicomico. Among other data, county staff will provide Alcorta with the number of calls received by the county's 911 dispatch center.

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what's going on and we're the ones that do the funding," said County Councilman Larry Dodd. "So we want to find out if we are funding an efficient system, which in most instances I believe we are."

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but that they are interested in assessing the service.

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Sarbanes added that the

See EMS, Page 4

EMS: State will critique Wicomico system

EMS, From Page 1

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Anthony Sarbanes
County Council president

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DAILY TIMES

SALISBURY, MD
SATURDAY 27, 994
DEC 18 2004



Capital Clipping Service

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'Critique' of EMS system is clarified

RE: State to critique Wicomico EMS system,"
Dec. 10

I am writing in response to a Daily Times article. I wish to clarify a few items highlighted in the article and provide readers with an understanding of the process the Maryland Institute for Emergency Medical Services Systems uses to assist local EMS operational programs as they look into programmatic or system challenges.

MIEMSS was invited by the Wicomico County Council to attend its open meeting to discuss a constructive process for system improvement called SWOT, which means Strengths, Weaknesses, Opportunities and Threats. This is a facilitated meeting of essential EMS system users and managers where these strengths, weakness, opportunities, and threats are discussed around a targeted goal.

These are used to generate a report with constructive ideas for planning and improving the EMS system. The SWOT process is driven by participants and the data generated as the process advances.

The process is not a comprehensive review of the entire EMS system, but is designed to address specific goals.

Because MIEMSS has facilitated the SWOT process in multiple counties throughout Maryland, County Council members wanted to learn more about it. I believe this process can be implemented and be beneficial for the county, the city of Salisbury and the citizens of Maryland.

MIEMSS is not coming into Wicomico County to critique, but to assist the County Council and the EMS community.

Dr. Richard Alcorta
Baltimore

*Alcorta is state EMS medical
director for MIEMSS. Editor*



Capitol Clipping Service

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IN CRITICAL CONDITION

Lack of EMS manpower
big problem for county*Shortage translates into increase in delayed, no-response calls*

SAM SHAWVER

TIMES-NEWS STAFF WRITER

CUMBERLAND — The dwindling number of trained ambulance volunteers in Allegany County is a problem that's been brewing for some time. But on Thursday the county commissioners

learned that the situation is becoming critical.

"The No. 1 issue is manpower," said Dr. William May, Region 1 emergency medical services director.

"We've canceled half of our (emergency medical technician) classes in the last three years because there aren't

enough people signing up," he said, adding that the 2004 advanced life support training class was not held due to poor participation in the previous two years.

ALS personnel include cardiac rescue technicians and

■ SEE LACK - 7A

Lack: EMS manpower big problem

CONTINUED FROM 1A

paramedics. Basic life support can be provided by first responders and emergency medical technicians.

May said volunteers trained in ALS, who are the "backbone" of ambulance crews, are aging.

"Their average age is 60 or greater, and they can't keep doing this," he said.

A map from the Region 1 EMS Advisory Council shows a large geographic area of Allegany County is covered by fewer than five ALS providers.

Some ambulance companies have only one ALS-trained volunteer, and when that person is on vacation or otherwise not available, the squad can only provide BLS services.

"When one provider makes or breaks a squad, that's a real problem," said May.

"We're not replacing them, and sooner or later there's going to be a void," added Vance Ishler, county administrator.

What's more disturbing is that approximately 25 percent of the members of EMS companies are inactive.

"They hold cards, but can't be held as active because they're volunteers," said May.

The manpower shortage translates into an increase in delayed and no-response calls for ambulances, although second-due units are always dispatched when the first responder can't answer an emergency call.

According to the EMS advisory council report, Georges Creek Ambulance Service suffered the most from no-response calls. The squad was unable to respond to 142, or nearly 35 percent, of its total 407 calls in 2003.

District 16 Volunteer Fire Department's ambulance couldn't respond to nearly 25 percent of calls in that area in 2003, and the Corriganville Volunteer Fire Company ambulance missed 19 percent of the calls.

"These companies are not having a hard time because of the people who are there, in fact they work very hard," said David Ramsey, Region 1 EMS administrator. "But they need a safety net to back up the system."

Commissioner Bob Hutcheson said the county has known about the growing problem for a couple of years.

"But it's becoming critical — 25 percent is a pretty good percentage of members who are not there at all," he said. "We need to fix this and get to the bottom of things."

Ramsey said a strengths, weaknesses, opportunities and threats analysis could be conducted, led by Dr. Richard Alcorta, state EMS medical director, to determine what could be done to fix the Allegany County emergency response system.

"We have done this in several counties, and it works relatively well," said Ramsey. "There's no major cost, but we do ask that the county request it in good faith as some dollars may be needed. And when we come back with a plan that people agree is feasible and economical, we would expect it to be treated seriously."

Hutcheson recommended that the commissioners consider the study for Allegany County.

Sam Shawver can be reached at shawver@times-news.com.

FREDERICK NEWS-POST

FREDERICK, MD
FRIDAY 41,707
DEC 10 2004



Capital Clipping Service

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ER physicians payment issue appears resolved

54750
As the cost of health care goes up and up, it sometimes seems that insurance companies, doctors and hospitals are only out for themselves and don't care about patients. Thankfully that's not true here in Frederick County.

Chapter 409, National Association of Retired Federal Employees, has been very concerned about an ongoing situation involving Care First BC/BS, Frederick Memorial Hospital and Emergency Physicians Associates, the doctors who provide emergency room care.

Basically, the doctors had not signed a contract to accept Care First payment schedules for ER care, which meant that some federal employees and retirees were being billed for ER physicians' services they thought were covered by insurance. The hospital charges were covered, so patients assumed the doctors charges were too.

We have been urging the parties to consider the impact on ER patients and reach an equitable resolution. We do not know the details of the resolution reached, but have been told by FMH and Representative Roscoe Bartlett's office that a new contract has been signed effective Dec. 1, and the ER doctors now accept the Care First fee schedules once again.

There were serious financial issues at stake, and we know the year-long negotiations were difficult. We want to thank all the parties for considering the needs of the public in settling this matter.

JOE SHRADER, president
ARFE Chapter 409



Capital Clipping Service

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COUNTY

Response training best line of defense

Neighbor helping neighbor concept of county effort

SAM SHAWVER

THE NEWS-STAR WRITER

CUMBERLAND

When trouble strikes a neighbor can be your best line of defense, especially when fire and rescue personnel are overwhelmed with emergency calls.

Neighbor helping neighbor is the basic concept behind a local homeland defense effort to train ordinary citizens how to make communities safer and better prepared against

terrorism, crime and disasters. And residents in the Ellerslie and Corriganville areas will be among the first to benefit from the Allegany County Citizen Corps program.

"This is an outgrowth of the Sept. 11 (2001) terrorist attacks. The idea is making communities safer and better prepared for disaster, and to help take the pressure off of our first responders. And it pro-

■ SEE RESPONSE - 4A

Response: Ellerslie, Corriganville first

CONTINUED FROM 1A

vides opportunities for citizens to volunteer to help their communities," Deborah Miller, executive director for the Volunteer Center of Allegany County, told the county commissioners on Thursday.

Primary objectives of the program include matching the needs of first responders with skills and abilities of volunteers to make families, homes and communities safer; to capture innovative practices that could be replicated in other communities nationwide; and to survey the community to ensure increased awareness and citizen corps participation.

The program is divided into four component groups with which citizens can serve, the Community Emergency Response Team, Community Emergency Preparedness Team, Medical Reserve Corps and Community Crisis Response Team.

"The training includes a broad overview of emergency and incident response techniques," said Bill Hardy, pre-hospital care coordinator for the Western Maryland Health System.

He said the 16-hour course, to be presented in 8-hour segments on two successive weekends, would cover issues like basic search and rescue as well as hands-on training with some types of emergency equipment.

"They'll learn how to actually operate a fire extinguisher, not just read the label instructions," said Hardy.

"We're starting in the Ellerslie and Corriganville areas which were cut off when flooding occurred (in September)," said Miller. "We'll schedule a meeting in January to invite citizens in those communities to participate in the training. We want to bring people in now, before another disaster occurs."

Letters will be sent for community churches to share with congregations, and announcements will be posted in local markets, urging citizens to attend the January meeting.

She said although the pilot program would take place in Ellerslie and Corriganville, other communities would also be identified for future training.

"This program provides an excellent opportunity for those who don't have the time to be part of an emergency medical services or volunteer fire department to still be able to serve their communities," said Dick DeVore, director of Allegany County Emergency Services and Communications.

"We're essentially helping

volunteers to learn how to help themselves," he said.

Miller said citizen corps members would not replace emergency response personnel, but they could help fill in the gaps for relief agencies like the Red Cross, and would work under fire and rescue incident response commanders in times of disaster.

"The teams would only be deployed if requested by the department of emergency services," she added.

For more information on volunteering with the Allegany County Citizen Corps, contact the Volunteer Center of Allegany County at (301) 724-7116, e-mail to volunteercenter@allconet.org, or visit the Web site at www.volunteerallconet.org.

Sam Shawver can be reached at sshawver@times-news.com



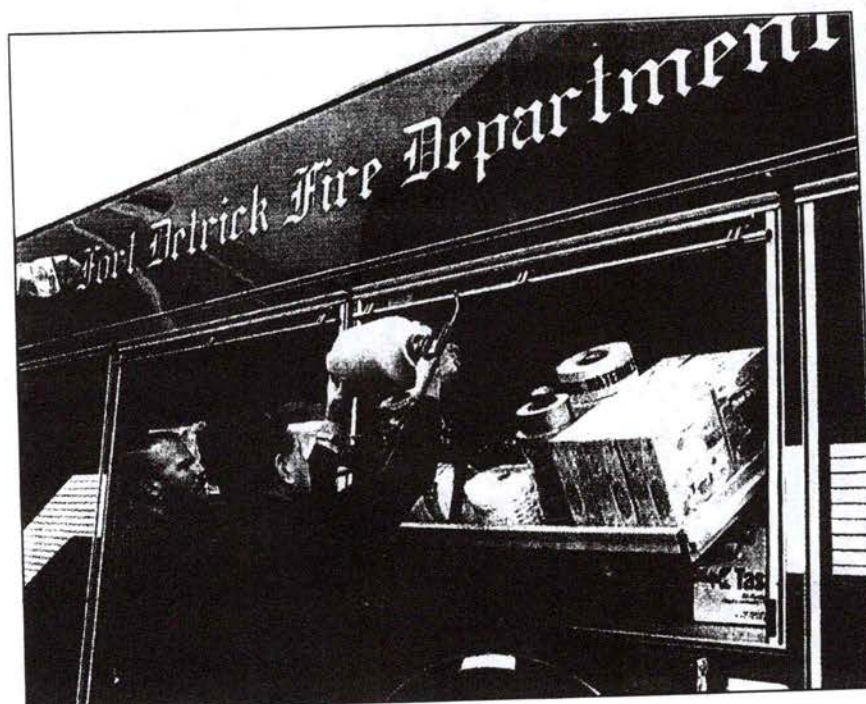
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F O R T D E T R I C K

BATTLE READY



Staff photo by Skip Lawrence

Firefighter Chad Umbel, left, and Cpt. Dennis Reese work on outfitting Fort Detrick's newest emergency response apparatus, the Special Operations Vehicle.

Army post's new Special Operations Vehicle is equipped for response to terror attacks

By LIZ BABIARZ

News-Post Staff
lbabiartz@fredericknews-post.com

FREDERICK — Fort Detrick has purchased a new weapons-of-mass-destruction response vehicle for deployment at the scene of potential terrorism in the county to help keep residents safe.

A first in Frederick County, the fort's Special Operations Vehicle has the technology to detect chemical and biological agents. It also carries equipment to decontaminate and medically treat people in case of an attack.

"It expands the capability for



us to respond to an incident in Frederick County," said David Eskildsen, chief of fire and emergency services at Fort Detrick. "Should something happen, we're better equipped to handle it."

In Frederick County, Fort Detrick's fire department works with volunteer and career firefighters off-post to respond to hazardous material calls.

Fifteen years ago, the team cleaned up unintentional industrial spills or petroleum from accidents.

Today, in addition to traditional spills, first responders are called for suspicious packages, gaseous smells and letters containing white powder.

"Hazmat has now expanded because of the way of the world," Mr. Eskildsen said. "We have to be prepared for larger events, intentional events."

In November, Fort Detrick purchased the \$325,000 vehicle.

(See FOCUS A-11)



Staff photo by Skip Laurence

Fort Detrick's newest emergency response vehicle is the Special Operations Vehicle.

Focus: Detrick firefighters get new vehicle

(Continued from A-1)

and has added \$250,000 worth of equipment to it, thanks to federal appropriations.

The vehicle is equipped with a Chemical Agent Monitor, or CAM, a device that can recognize vapors of chemical agents like mustard and sarin gas on people and equipment.

Another tool on the vehicle is infrared spectrometry, which scans a liquid or powder and compares it with a database of substances.

At the front of the Special Operations Vehicle is the command center, outfitted with equipment like wireless Internet, a fax machine, phones and a radio system. There's also technology that allows first responders to create computer models of an event and three-dimensional images of potentially affected areas.

This visual tool helps the team see where a chemical or biological agent is likely to disperse, Mr. Eskildsen said.

The vehicle has a weather monitoring system, called "Rainwise," which includes rain gauges, anemometers, barometers and thermometers. The system provides real-time weather, right on the scene, needed for accurate computer modeling, Mr. Eskildsen said.

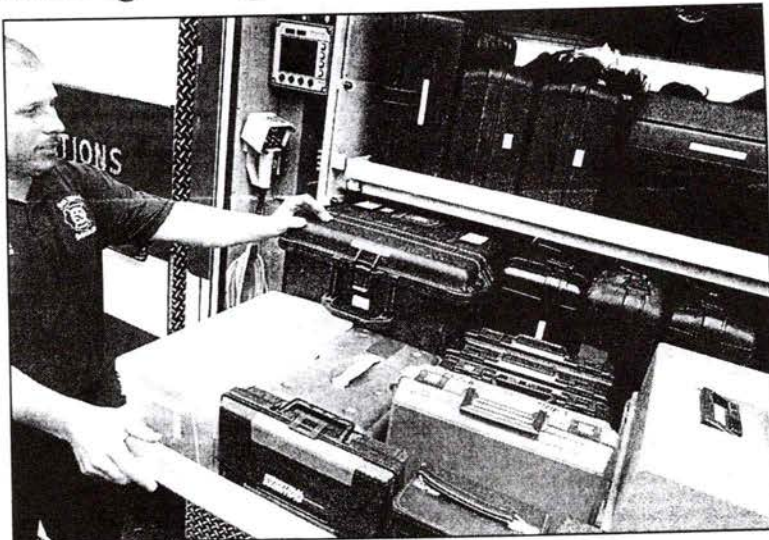
Like the fort's previous Hazmat truck, Hazmat 50, the Special Operations Vehicle carries Hazmat boots, suits and spill control equipment.

But the new truck also has room for confined-space rescue equipment including harnesses, ropes and rigging, as well as medical kits.

In case first responders need to decontaminate a large number of people, inflatable shelters and showers are on board.

On top the vehicle, a 15-foot, 6,000-watt light tower sits, ready to illuminate the scene of an emergency.

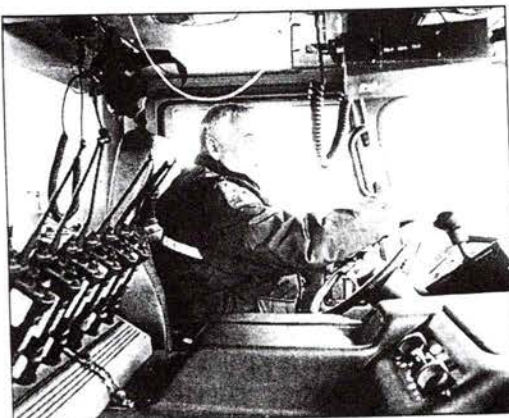
Each year, the county Hazmat



Staff photos by Skip Laurence

Above: Firefighter Chris Stahley shows one of the rollout shelves containing sophisticated detection and analysis equipment for hazardous materials situations on board the Special Operations Vehicle.

Right: Chief David Eskildsen rides at the helm of the new vehicle.



To meet the need, the Frederick County Division of Fire and Rescue Services was cleared on Dec. 2 by the Frederick County Commissioners to purchase a similar vehicle.

The county's vehicle will cost about \$429,000, and will be paid for through grants from the U.S. Department of Homeland Security and the Maryland Emergency Management Agency, according to Dennis Wender, lieutenant chief of the Frederick County Division of Fire and Rescue Services.

The county's vehicle should be delivered within two months, Wender said. The county's current Hazmat response unit is a 1995 Ford F-350 Super Duty pickup truck with a Hazmat trailer.

Thanks to federal appropriations, these types of vehicles are becoming the trend in the world of emergency response, Mr. Wender said.

Frederick County is going to be a leader in emergency response, Wender said, and the status of the county's Hazmat unit is a testament to that, he said.

GAZETTE (ASPEN HILL)

ROCKVILLE, MD
WEEKLY 8,500
DEC 15 2004



Capital Clipping Service

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Emergency fleet gets almost \$1M for repairs

The County Council unanimously approved \$928,240 for the county's Department of Fire and Rescue Services on Tuesday to help bolster maintenance of the county's fleet of emergency vehicles.

The money will expand shop capacity, buy tools, add equipment and pay for other needs that have been identified to repair the county's aging fire trucks.

In October, the council paid \$700,000 for repairs and mechanics for the fire trucks. That spending

and Tuesday's money have been broken out of a larger request by County Executive Douglas M. Duncan (D). Duncan had wanted to pay for maintenance

with the imposition of a new ambulance fee.

"We could end up funding the entire proposal in dribs and drabs," said Councilman Steven A. Silverman (D-At large) of Silver Spring. Silverman then asked Councilman Philip M. Andrews (D-Dist. 3) of Gaithersburg, who chairs the Public Safety Committee, when the council would get to vote on the ambulance fee proposal, which would collect \$350 for each ambulance transport. The Duncan administration envisions the fee being paid by insurance companies.

Andrews said a vote on the fee could be expected in January.

"The sense of the committee was that the source of revenue is a different issue than the apparatus needs," he said.



Silverman

WORCESTER COUNTY
MESSENGER

POCOMOKE CITY, MD
WEEKLY 3,200
DEC 15 2004



Capital Clipping Service

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W3



Members of RSVP donate hand puppets and baby caps to Peninsula Regional Medical Center for use in the Emergency/Trauma Center and the Mother/Baby Unit.

Shore volunteers give to PRMC baby unit

SALISBURY - The Lower Eastern Shore Retired & Senior Volunteer Program (RSVP) has again combined "caring and hand-crafts" to make a generous donation to Peninsula Regional Medical Center's Mother/Baby Unit and its Emergency/Trauma Center.

RSVP recently presented Peninsula Regional with 210 knitted caps for distribution to newborns and 348 hand puppets-many in holiday colors-which will be used to help ease the anxiety children may experience while visiting the Emergency/Trauma Center. Both the caps and the puppets are hand-made by RSVP members. All of the materials for the items have been donated.

"We truly enjoy doing this

for the Medical Center," said Hazel Ricker, project director for RSVP. "In particular, if the hand puppets help to make an Emergency/Trauma Center visit easier for just one child, then it's worth the time and effort we put in."

Dating back twelve years, RSVP, a division of Mac, Inc., has donated over 8,800 hand puppets and newborn caps to Peninsula Regional Medical Center. The caps are used to supplement the 2,000 knitted annually and donated by the Medical Center's Junior Auxiliary Board volunteers. For information on RSVP, contact Hazel Ricker at 410-742-0505. For more information on the Junior Auxiliary Board, contact Faye Lopez at 410-543-7262.

STAR (UPPER MARLBORO)

LANDOVER, MD
WEEKLY 15,000
DEC 13 2004



Capital Clipping Service

296
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County fire/EMS thank the community for their support

At 8:30 a.m. Nov. 3, a fire occurred in the historic section of the Upper Marlboro Courthouse, destroying a huge portion of this great landmark.

County Executive Jack B. Johnson said, "This is the largest fire in the history of Prince George's County." The rapid progression of the fire demanded extra resources, which resulted in the arrival of additional firefighters, paramedics and apparatus. The town was virtually shut down as hoselines were stretched across roadways. As a precaution, pedestrian access was limited and most county government and court employees were sent home.

The Prince George's County Fire and

Emergency Medical Services (EMS) Department is extremely grateful to you, the Upper Marlboro business community, for the assistance you provided during this time. You generously availed yourselves by allowing us the use of your facilities and by preparing and delivering food to us. Eventually, the courthouse will be rebuilt, and for some the memories will begin to fade. However, your overwhelming support and generosity is indelibly impressed upon the hearts of the men and women of the Fire/EMS department.

Thank you and best wishes for continued success.

Lawrence H. Sedgwick Jr., acting fire chief, County Fire and EMS Department

BOWIE BLADE - NEWS

BOWIE, MD
WEEKLY 42,646
DEC 16 2004



Capital Clipping Service

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Readers' views

EMS facility

Sir:

I have read the articles in both the *Blade-News* and another area paper about the proposed EMS facility for Bowie.

One source, Bowie Volunteer Chief Mellits, is stating that the staffing for the new station will be provided by volunteers; in the article in the *Blade-News*, he says the staffing will be career fire department personnel supplemented by volunteers. What is the newly appointed acting career fire chief, Lawrence Sedgwick, stating? Has anyone asked the Prince George's County Fire/EMS Department who will staff this new facility? There seems to be very little involvement from that organization.

Though the management of this new facility will be handled by the volunteer corporation, the Prince George's County Fire/EMS Department will most likely oversee the emergency operations and, at least in part, funding for support and maintenance of this new facility as they do all other county fire/EMS stations — regardless of the city in which they sit.

Though I do not necessarily disagree that emergency medical services need has risen with population growth, I also do not want to see another fire department facility built that cannot be adequately staffed. If you take a small peek into the recent history of the three Bowie fire stations that exist, you will see that staffing has been a monumental problem.

How many times have these Bowie firehouses failed to respond on emergency calls due to lack of staffing? How many times has the apparatus been dispatched on calls with "driver only" and hence useless on most emergency calls until another piece of staffed apparatus arrives?

Village Baptist Church burned to the ground with a firehouse around the corner, as the three Bowie stations did not respond in a timely fashion, or at all, because of lack of adequate staffing. The first arriving piece of equipment came from Kentland. That's very sad. The staffing problem forced Bowie fire stations that had been staffed by volunteers in the evenings to go to around-the-clock staffing by career fire/EMS personnel. If the city is going to support such a huge endeavor, much more thought must be put into the staffing issue. Noise and architecture cannot be the main focus. The volunteers, though noble and dedicated, cannot provide adequate staffing for the existing stations, let alone a new one.

The Prince George's Fire/EMS Department has a staffing crisis of its own, with many stations understaffed and overtime through the roof. Without the county moving to hire new career personnel to alleviate the staffing crisis that already exists, how can they provide staffing for a new facility? If proof can be provided to the city that there will indeed be staffing to support such a build, then great, build away. If not, don't waste our money.

JOYCE LOCKWOOD

Bowie

REPUBLICAN

OAKLAND, MD
WEEKLY 11,072
DEC 16 2004



Capital Clipping Service

75
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Physician Assistants System Means Reduced Waiting Time in Emergency Room

No one likes to wait; however, when going to an emergency room for treatment, everyone must remember that the "take a number" process simply doesn't work. And, of course, emergency departments can not schedule appointments and have no control over how many patients arrive at a given time. Additionally, the types of injuries or illness to arrive at an emergency department are totally unpredictable. Patients must always be treated in an order determined by the severity of their illness.

With all of these variables being left up to chance, if you arrive at an especially busy time, you may have to wait. Fortunately, the Emergency Department's carefully developed triage system, an organized method of identifying and directing patients according to the urgency of care they require, is designed to provide efficient, timely care to all patients who come to the ED. The staff meets the most critical medical needs first. The triage nurse prioritizes patients as they arrive, ensuring that patients who need the most immediate medical attention see a physician first.

If your situation is less urgent, you may see a Physician Assistant (PA) rather than a physician. Physician Assistants are licensed health care professionals that are formally trained to provide diagnostic, therapeutic and preventative healthcare services. Working as members of the healthcare team, they review medical histories, examine and treat patients, order and interpret lab tests and x-rays, make diagnosis and prescribe medications. Physician Assistants are also trained in treating minor injuries by suturing, splinting and casting.

If you visited the Emergency Room at Garrett County Memorial Hospital lately, you may have been treated by a Physician Assistant. In an effort to serve you better and to reduce your wait time, GCMH has added Lisa Browning, PA, to assist in the care of patients coming into the ER.

In general, a Physician Assistant (PA) will see many of the same types of patients as the physician. The cases referred to physicians are generally more complicated medical cases or those cases which require care that is not a routine part of the Physician Assistant's scope of work. "PA's are taught to 'know our limits' and refer to physicians appropriately," comments Browning. "It is an important part of PA training."

"Our patients are our first priority. Our goal is to provide the most appropriate treatment that we can without causing our patients undue wait times. Including Physician Assistants in our emergency department team can relieve our ER doctors of routine duties and procedures, which can reduce the time a patient must wait before being seen by a qualified healthcare professional," comments Dr. Richard Perry.

Garrett County Memorial Hospital's Emergency Department sees approximately 18,000 patients annually. "Here at the hospital we are looking forward to the opening of our new emergency department early in 2005. The additional treatment space that will be provided in the new ED will also greatly alleviate wait times by allowing more patients to be treated simultaneously," concluded Perry.

Garrett County Memorial Hospital has part time employment opportunities for both physician assistants and nurse practitioners in the Emergency Room. Interested parties may contact the Human Resources department at (301) 533-4325.

The waiting can be the hardest part.

The addition of Physician Assistants and Nurse Practitioners to our staff, along with our new Emergency Department, will offer the best healthcare for our patients and comfort for their loved ones.



GARRETT
COUNTY
MEMORIAL
HOSPITAL





Capital Clipping Service

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TIMES PRESS

Ambulance billing ruled out in Pines

Directors defeat motion to explore payment for Ocean Pines service

By Susan Canfora
Staff Writer

A suggestion to break the tradition of providing free ambulance service to Pines residents was defeated by the majority of the OPA board, following an angry exchange between board members.

A motion by board member Mark Venit to direct the general manager to explore potential funding for services and billing issues was defeated 4-2-1, with only Venit and fellow director

George "Wally" Coleburn in favor.

President Dan Stachurski abstained and board members Skip Carey, Glenn Duffy, Heather Cook and Tom Sandusky were opposed.

Prior to the vote, Venit started to object to Cook's assessment that his motion was "an exercise in wheel spinning and kicking up mud and we don't need to go there."

"When I disagree with your ideas I don't call them ..." Venit began, but was interrupted by

Stachurski who tapped the gavel calmly and said he was taking control of the floor.

"Excuse me, Dan. No. I am going to ..." Venit said, trying again to object and saying he saw the politics in motion and realized before the vote it was "a done deal."

"It's something I can do as chairman of this board. There are no politics. We haven't been here and I don't want to go back here," Stachurski said, referring to past arguments among board members.

Venit called for exploring billing for ambulance service during a report on the Ocean Pines Volunteer Fire Depart-

ment given by John O'Connor of the Budget and Finance Committee. Venit said billing for service could raise \$100,000 each year for the fire department.

Coleburn agreed. "If money is out there and it is available and if several other companies around bill, we should look into it," he said.

O'Connor countered that it has been the position of previous OPA boards not to bill for ambulance service. He urged the board not to decrease the allotment of funding to the fire department if ambulance service is billed.

The OPA allotment to the fire

department is \$15 per lot and intended to cover the cost of ambulance service.

Coleburn said insurance companies such as Medicare could be billed for ambulance service. Stachurski asked how billing would be handled for those who don't have insurance.

Board member Tom Sandusky said it would be difficult to verify who has insurance. "Is there a financial gain to changing? Until we know the numbers we're wasting our time," he said.

Board member Skip Carey, a

See AMBULANCE, Page 7

AMBULANCE: Billing ruled out

AMBULANCE, from Page 3

full-time, paid paramedic for the fire department, said not everybody tended to by medics is taken to the hospital, so insurance companies couldn't always be billed.

"While \$100,000 sounds good, that's not all profit ... you're talking considerably less than that," Carey said. "Not always can you do things in a volunteer service like you do in the business world."

The amount of profit project-

ed could be determined by the Budget and Finance Committee, Stachurski said, but first a policy of billing would have to be implemented.

Board member Glenn Duffy, who also volunteers for the fire department, called Ocean Pines' free ambulance service "a beautiful, efficient system" and said, "if it ain't broke, don't fix it."

He asked how the board would force the fire department to bill for ambulance service.

"What right does this board have?" he said.

"None," Coleburn replied, saying it could only be done with the fire department's consent as a way to increase revenue.

Cook said she believed the \$15 per lot allotment is sufficient. Coleburn said the revenue from ambulance billing would be in addition to that allotment.

"It's double dipping," Cook objected.

RECORD - OBSERVER

EASTON, MD
WEEKLY 5,500
DEC 17 2004



Capital Clipping Service

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McMenamin to head fire and rescue association

Dan Tabler

Contributing Writer

The first female president of the Chestertown Volunteer Fire Company has become the second female president of the Kent and Queen Anne's Fire and Rescue Association.

Kristin A. McMenamin was installed with other 2005 officers of the two-county group at the December dinner-meeting in the Church Hill firehouse.

Patricia Hunter of the Crumpton Fire Company was the association's first female president, serving in 1990.

Bobby Balta, 2nd vice-president of the Maryland State

Firemen's Association, and a member of the Ridge Volunteer Fire Company in St. Mary's County, was the installing officer. Leading the group with McMenamin this coming year will be Tricia Hunter, vice-president, Crumpton Fire Company; Bill Hildebrand, secretary-treasurer, Chestertown, Centreville. Miss Hunter is the daughter of past president Hunter.

The outgoing president is Pete Lott of the Kennedyville Fire Company. He expressed appreciation for all who worked to make the recent 75th anniversary of the associ-

See **OFFICERS** 
Page A19

OFFICERS

From
Page A17

ation a success.

The new president hoped all member company representatives at the meeting would make an effort to have more younger firefighters and EMT personnel attend the monthly sessions held at various firehouses in the two-county area. "Those people are our future," she said.

While a 14-year member of a volunteer company, President McMenamin has made the fire service her life since graduating from Washington College. From June 1995 to July 2004, she was an administrative assistant at the Upper Shore Regional Training Center of the Maryland Fire and Rescue Institute (MRFI) out-side of Centreville. She is currently employed by the Singler Fire Department in Elkton as a firefighter/EMT. She has been a MRFI instructor for six years.

Since joining the fire company, she has served as secretary, board member, training officer, fire lieutenant, points coordinator,

explorer advisor, and president. In Kent County, she is the county's training officer, and regional board representative. She is a member of the Critical Incident Stress Management Team of Maryland, the Queen Anne's County Emergency Response Team and the Kent County Dive Team. In December, she has also been elected secretary-treasurer of the Chesapeake Society of Fire Service Instructors.

Ms. McMenamin graduated from Washington College in 1996 with a degree in psychology and is a member of Zeta Tau Alpha, the Gamma Beta chapter.

Two men running for the 2nd vice-president's post of the Maryland State Firemen's Association in June announced their intentions at the meeting and asked for support. Gene Curfman, a member of Union Bridge Fire Company in Carroll County and currently a treasurer of the state association; along with Paul Sterling, chief of Wheaton Fire Company, Montgomery County, and a past president of the Maryland Fire Chiefs Association, are both seeking the office up for election at the state convention in Ocean City.

OCEAN CITY TODAY

OCEAN CITY, MD
WEEKLY

DEC 17 2004



Capital Clipping Service

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Pedestrian Safety Task Force gets new members, motivation

By Jennifer Lehman

Staff Writer

(Dec. 17, 2004) For four years Ocean City's Pedestrian Safety Task Force has made recommendations to the City Council regarding safety concerns on Coastal Highway and current members now feel the committee deserves some revamping.

"Our [membership] numbers have been decreasing, people have moved onto different jobs, some people have lost interest, some people are deceased," explained Task Force Chairman Terry Hough. "So I think it's time to look at where we are, where we're going to go and how we're going to get there."

During Tuesday afternoon's City Council work session, Hough submitted a list of organizations that he thinks should be represented on the task force – the council unanimously approved his recommendations.

"I think it's time for you to redefine yourself," Mayor Jim Mathias said. "I'm very comfortable with the leadership and the membership you proposed."

Serving on the task force are members from the Ocean City Police Department, Ocean City Engineering Department, Emergency Medical Services, Ocean City Transportation, Ocean City Development Corporation, Ocean City Chamber of Commerce, the Hotel-Motel-Restaurant Association, Worcester County Prevention, Ocean City Public Relations, Maryland State Highway Administration and Maryland State Police.

Councilman Jay Hancock will serve as a council representative and task force liaison as well.

RECORD-OBSERVER

EASTON, MD
WEEKLY 5,500
DEC 17 2004



Capital Clipping Service

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County gets disaster relief trailer

CENTREVILLE - The Queen Anne's County Department of Emergency Services Emergency Management Division has received from the American Red Cross(ARC) a Disaster Relief trailer.

The trailer is designed and outfitted to enhance the response capabilities of the ARC in the event of a natural or technological disaster.

The trailer is outfitted with 50 cots, 120 blankets, and 20 mats. There are no needles or medicines kept in the trailer. It has a variety of miscellaneous equipment that will assist the American Red Cross in a rapid setup if the need of a shelter arises.

Patrick M. Smythe, administrator for the American Red Cross, was instrumental in bringing this resource to Queen Anne's County.

"This disaster trailer brings us one step closer to better preparedness for large scale emergencies" said Gail E. Oldershaw, chief of the Emergency Management Division.

"We are grateful to the ARC for providing this resource to our county and we appreciate the relationship that the ARC and the Queen Anne's County Department of Emergency Service's has developed."



Pictured is Patrick M. Smythe, administrator for the American Red Cross with Queen Anne's County Department of Emergency Services Disaster Relief trailer.

AEGIS

BEL AIR, MD
FRIDAY 29, 917
DEC 17 2004



Capital Clipping Service

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Bel Air's bar scene decried

Editor:

I cannot fault Elizabeth Cook, executive director, Bel Air Downtown Revitalization Alliance, for doing the job she must do to keep Bel Air financially stable by encouraging business to come to Bel Air ("Bars can be good," *The Aegis*, Dec. 8).

I do hold citizens responsible for allowing important decisions to be made such as adding four late night drinking establishments without sufficient community input. These establishments endanger our families, over burden our police force and cheapen our community. Wake up! If more people would let their voices be heard before these types of businesses are brought to our area, Ms. Cook would be able to say, "No thanks, our citizens don't want any part of it." Other types of business could be fostered and we would have a safer and more financially stable community.

So, it really is about money and what our citizens will allow. And, although all kinds of business are great for Bel Air, it sounds like we are to lump bars/pubs/drinking establishments together with florists, novelty shops and quick stops. Are we to conclude that Bel Air needs the money so much that we are to ignore the hazards, or as Elizabeth Cook put it, "the nuisance issues" of drunk driving and increased crime? Ask any Bel Air cop and he or she will not sugarcoat that bars such as Looney's, Dead Freddy's, Rope Walk, Sean Bolan's present serious problems for our community because they foster late-night, into-the-wee-morning-hours alcohol consumption.

Do we really have sufficient

police protection from our "top-notch" police force? Ms. Cook really pulled out all the stops in the utmost sycophant style for this one. I do not envy you, Ms. Cook. It seems your job is to speak from both sides of your mouth.

While you're at it, let's just add what a great fire/EMT department we have to efficiently rush to the scene of the accident/crime. Let's talk about how they effectively use the jaws of life to free the innocent victims and their guilty drunk-en driver.

Let's brag about the highly skilled nurses and doctors awaiting them at Upper Chesapeake Medical Center or Shock Trauma. And the helicopter pilots too who airlift the bodies because of their "ability to meet such challenges." What about the highly skilled trained medical personnel who pronounce them dead or refer them to extended care facilities for years of physical therapy, if they're lucky.

Let's also mention the caring "specialty mix" of alcohol counselors at the Harford County Health Department who are so over burdened and under funded who do their best to help the alcohol addicted yet a significant number must wait for services due to lack of staff and funding.

Toss in the overburdened legal system, judges and attorneys, etc. who must deal with the legal aspects of these crimes. How busy is the detention center? They are highly trained and competent too. Insurance companies are well trained to handle the high cost of drunk driving and see to it that we all pay for others' mistakes.

And finally, we must men-

tion the local funeral homes in the area for the fine job they do when the deceased need their services. They are kind and caring and add to the financial base of our community too.

Do you get the point? You may find this letter a far stretch, a real negative view, an extremely slanted and absurd opinion — not if you are one who has been harmed by a drunk driver, just one, who had just one drink too many and perhaps it wouldn't have happened if there were just one more cop to stop one vehicle leaving one parking lot of one

drinking establishment one early morning. Now, Bel Air, we have four.

I would like to see an article about a family who has lost a loved one due to a drunk driver, or perhaps interview someone serving a life sentence : having killed someone while driving while intoxicated. I think the timing is right. The New Year will be here soon and we know of four places that will be packed with drinking patrons until 2 a.m.

Patricia DuMont
Bel Air

RECORD-OBSERVER

EASTON, MD
WEEKLY 5,500
DEC 17 2004



Capital Clipping Service

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County EMS to get new SUVs

Konrad Surowiec
Staff Writer

EMER

CENTREVILLE — By a 3-2 vote, the Queen Anne's County Commissioners approved the purchase of two new sport utility vehicles for \$53,486 for the Department of Emergency Services and the reallocation of about \$16,750 in capital funds.

Two 2005 Ford Expeditions will be purchased off a state contract for \$26,743 each from Hertrich Fleet Service. One will be used by the communications division and one will be used by the emergency medical services division. The total cost for one vehicle will be \$47,300, including the purchase price of the Expedition and the cost to reconfigure its interior for use by EMS paramedics.

John Chew, director of the department of emergency services, said one new Expedition will replace an EMS response vehicle that was totaled in an accident on April 13. The EMS vehicle was parked on the shoulder of U.S. Route 50 near the Chesapeake Bay Bridge when a vehicle traveling on Route 50 crashed into it. Scott Haas, chief of the EMS division, asked the commissioners to allow the department of emergency services to use the money from the insurance claim (\$30,544.88) and reallocate \$16,751.12 from its capital budget to pay for the new EMS vehicle and the interior refurbishing.

The capital funds had been designated to buy a cardiac monitor, which was a priority during the budget process, but "the opening of the Queenstown site and the shortage of paramedic units is now a higher priority," Chew wrote in a Dec. 1 memo to County Administrator Paul Comfort.

Commissioners Joe Cupani, R.O. "Nemo" Niedomanski and Ben Cassell voted Dec. 7 to approve both vehicle purchases and the budget reallocation. Commissioners Mike Koval and Gene Ransom voted no. Koval questioned the need for the new EMS vehicle.

Haas said the new Expedition will bring the total back to six EMS response vehicles. There are four EMS stations, but two "high use" stations have two vehicles each, said Haas. He said two vehicles are needed at shift changes because a paramedic completing a call often returns a couple hours after his shift ends, while the paramedic coming on duty often has to respond to a call soon after his shift begins. County EMS stations are at Kent Narrows, the department of emergency services building near Centreville, the Queenstown Firehouse and the Sudlersville Firehouse. In November, county EMS staff also began providing ambulance service from the Queenstown Firehouse, but the ambulance is provided by the Queenstown Volunteer Fire Company.

The other new Ford Expedition will be used by the communications division as a "communications response vehicle," Chew wrote in the memo to Comfort. It will respond to emergency events; carry spare radios, batteries and charging support; and provide radio communications with users not on the 800 megahertz system. Funds for the new vehicle are in the department's capital budget. The Expedition will replace a 1996 Ford Crown Victoria with 180,000 miles.

Chew said the department of emergency services has 11 vehicles: six for the EMS division, two each for the communications and emergency management divisions, and one departmental vehicle.

RECORD-OBSERVER

EASTON, MD
WEEKLY 5,500
DEC 17 2004



Capital Clipping Service

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Davis named director of ER at Chester River Hospital Center

CHESTERTOWN - Deborah S. Davis, M.D., a native of Chestertown and a fellow of the American Board of Emergency Medicine, has been named medical director of Emergency Services at Chester River Hospital Center.

"Dr. Davis brings a very high level of care, expertise and understanding to our Emergency Department. She is leading a team of highly experienced emergency medicine specialists who are able to recognize, evaluate, treat and stabilize patients with a wide variety of illness and injuries," said William R. Kirk Jr., president & CEO of Chester River Hospital Center, in announcing her appointment. "We are extremely pleased that she has joined our staff. As more and more of our community members from Kent and Queen Anne's counties seek care in our Emergency Department, we are continually evaluating and augmenting our emergency services to better meet our community's needs," Kirk added. "The addition of Dr. Davis to our medical staff is key to assuring effective and timely service for our emergency department patients."

Davis, who is also regional director of the Maryland Institute for Emergency Medical Services Systems and a fellow of the American Academy of Emergency Medicine, has more than 20 years' experience in emergency medicine.

She began her career as a firefighter/paramedic/lieutenant for the Anne Arundel County Fire Department in Millersville.

After receiving her medical degree from the University of Vermont College of Medicine, she served as a United States Naval flight surgeon in the Fleet Air Reconnaissance Squadron Three at Tinker Air Force Base, Okla., and as general medical officer in the Emergency Department at the Naval Medical Center in Portsmouth, Va.

Prior to joining Chester River Hospital Center, Davis served as an emergency medicine physician with Eastern Shore Emergency Medicine Physicians, LLC, at the Memorial Hospital at Easton.

She is a member of the American College of Emergency Physicians, the American Academy of Emergency Physicians, and the National Association of Emergency Medical Services Physicians, and is certified as an advanced trauma life support instructor, pediatric advanced life support instructor, and advanced cardiac life support instructor.

Davis received her bachelor of science degree from Trinity College, Hartford, Conn., and completed her emergency medicine residency at West Virginia University Hospitals, Morgantown, receiving the emergency medicine residency award for outstanding academic achievement.

She and her husband, Jack, who is a paramedic, have two children and live in Chestertown.



<http://www.baltimoresun.com/news/health/bal-te.flu17dec17.0,1825739.story?coll=bal-health-headlines>

Many don't seek flu vaccine

CDC director says there's enough for people in high-risk categories

By Erika Niedowski
Sun Staff

December 17, 2004

After weeks of campaigning to limit flu vaccinations to the people most in need, the nation's top public health agency announced a new problem yesterday: Not enough of those urged to receive the vaccine are even trying to find it.

"We want people in the high-priority group to seek vaccination," Dr. Julie L. Gerberding, director of the Centers for Disease Control and Prevention in Atlanta, said during an afternoon conference call.

"Many people believe that no vaccine is available and ... that is just not the case."

Nationwide, just over a third of adults in the high-priority category - including people with chronic health conditions, those 65 or older and health-care workers - said they received the vaccine this year, according to the results of a survey released yesterday. That compares with 54 percent last year.

But just half of those 65 and older even attempted to get a flu shot, a separate survey found. Among people with chronic illness - such as heart and lung conditions, diabetes or asthma - only 37 percent tried.

Some, Gerberding suggested, were likely deterred by long lines snaking through supermarkets and other flu shot clinic locales after the announcement that nearly half the nation's vaccine supply would be kept off the market because of manufacturing problems.

Some elderly patients erroneously believed that the influenza vaccine somehow causes the illness it is designed to prevent, she said. Others assumed they didn't need the vaccine or that, because of the scarce supply, none would be available.

No matter their reason for shunning the shots, the message from health officials - at least to those on the A-list - was clear. "It's not too late to get the flu vaccine," Gerberding said. "And we want people stepping up to the plate."

Surplus vaccine

Health officials in more than 80 percent of the states have told the CDC they have a sufficient quantity of vaccine to meet the public's demand. Some states have even begun lifting restrictions on who is eligible for immunization.

But Gerberding frowned on that notion yesterday, saying health officials who believe they have "surplus" doses should return them so they can be sent to states without enough.

"Our goal is just common sense," she said.

The CDC will hold onto more than a million doses of a foreign vaccine manufactured by GlaxoSmithKline - which the government purchased this month on an emergency basis - until all the licensed vaccine has been used up.

Although it is used widely around the world and regarded as safe and effective, the Glaxo vaccine has not been approved by the Food and Drug Administration for use here.

It is unclear whether some of those doses will ultimately go unused if more people don't seek immunization and there is a relatively mild flu season - which seems to be the case so far.

Reviewing restrictions

The federal Advisory Committee on Immunization Practices, which recommends who should be vaccinated, is planning to convene today to consider relaxing the restrictions it imposed when the shortage first came to light.

Even if the extra vaccine winds up going to waste, Gerberding said, the government's decision to purchase it should be viewed as a necessary "investment."

Greg Reed, program manager for the Maryland Center for Immunization, said that this year's statewide vaccination rate for high-priority adults is 35 percent, unchanged from last year, according to a state-by-state telephone survey conducted by the CDC this month.

Maryland's state and local health departments received about 120,000 doses of vaccine for use in the public sector. A redistribution plan overseen by federal health officials provided an additional 96,000 to the Maryland Department of Health and Mental Hygiene for hospitals, nursing homes and physicians in private practice. Of that vaccine, roughly 16,000 doses are still available.

"You're seeing a lot of people doing what you call self-deferring. They are eligible - they fall within the [high-priority] category, primarily by age - but they are deferring to people who are sicker," said Reed. "We are continuing to put out the word out to doctors that vaccine is available."

Dr. Michelle A. Gourdine, the Baltimore County health officer, scolded the handful of people with chronic illnesses who told her they were skipping shots so the elderly could get them instead. They thought they were doing a good deed.

"I told them they were wrong," she said. "You need to go get vaccinated."

Couldn't get vaccine

The federal plan to get vaccine to those who need it most has worked only to a point. In a separate national survey, researchers from the Harvard School of Public Health found that more than half of those with chronic illnesses who sought the vaccine in the previous three months couldn't get it. Of those 65 and older who wanted it, 37 percent came up empty-handed.

Of course, no one knows yet how bad the flu season will turn out to be. It can peak as late as February.

"Flu is unpredictable," said Gerberding. "We're certainly not assuming that we're out of the woods yet."

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<http://www.baltimoresun.com/news/traffic/bal-md.checkpoints17dec17.0.1135077.story?coll=bal-local-headlines>

Police pick up the pace with DUI checkpoints

Law enforcement agencies in Maryland are making more sobriety stops. Most advocates of safe driving praise the strategy, but critics say it diverts police from catching more dangerous drivers.

By Michael Dresser
Sun Staff

December 17, 2004

The police had posted signs on Interstate 695 warning of the checkpoint ahead. Michael Corron could have avoided it by taking the next exit.

Eager to get home after a party, the 43-year-old Glen Burnie man didn't alter his route. Immediately after passing the toll plaza for the Key Bridge, he was stopped by a Maryland Transportation Authority Police officer and directed to the side of the road. After stumbling and swaying through a field sobriety test, he was arrested for driving under the influence of alcohol.

So there he sat on the curb two weeks ago, shivering in a dirty blue sweat shirt, his hands cuffed behind his back, watching police search his black Jeep and confiscate bottles of Coors Light. "He's already had three DUIs," the officer said after checking Corron's driving record.

Similar scenes will play out frequently in the next few weeks as police agencies in Maryland step up their use of sobriety checkpoints for the holiday season.

Critics question their effectiveness, but such stops are winning increased acceptance in law enforcement circles as a year-round strategy in the fight against drunken driving.

During the 1990s, Maryland was identified as a state that used checkpoints infrequently. That is changing. Precise statistics are scarce, but law enforcement and highway safety officials say the use of checkpoints has increased.

Maryland State Police, who used to conduct 10 to 20 checkpoints annually, staged 76 in the 12 months that ended Sept. 30, resulting in 156 alcohol and drug arrests.

Like many police agencies, the troopers are planning more through the New Year's weekend.

Sgt. Charles Smith, the state police drunken-driving enforcement coordinator, said the checkpoints are an "effective tool" in the agency's efforts to make the streets safer.

"If you come through a sobriety checkpoint and you're impaired, you're going to be locked up," he said.

That was the experience of Benneth Jennard Henderson, who drove his red pickup truck through the Key Bridge toll plaza just before 11:30 p.m. on a recent Friday. The 26-year-old Pasadena man walked tentatively but didn't noticeably stagger when directed to walk a straight line. Asked to hold one of his feet 6 inches off the ground, however, he teetered precariously.

"You picked the wrong night, Bubba," one of the arresting officers said.

Catherine Leahan, a spokeswoman for the Transportation Authority Police, said Henderson registered a 0.09 percent blood alcohol content in a Breathalyzer test. At 0.07 percent, a driver is considered impaired; at 0.08 and higher, a motorist faces a more serious DUI charge.

Henderson later told a reporter that he had been "traumatized" by an "unfair" experience, adding that he had never been in trouble before. He said his unsteadiness was the result of a foot injury, not intoxication.

"I was hoping that the officer would be a little more understanding because I didn't feel I was intoxicated to the point where I couldn't operate a vehicle," he said.

Not everybody is convinced of the wisdom of using checkpoints to arrest people such as Henderson. Radley Balko, a researcher at the libertarian Cato Institute, said law enforcement should concentrate on catching extremely intoxicated drivers - those with blood alcohol content of 0.15 percent or more - who are involved in the vast majority of alcohol-related fatalities. He said checkpoints are ineffective for that purpose.

"They're set up to catch people at 0.08 or 0.09, people who are social drinkers," he said. "Drunk driving deaths have started to inch up again. A lot of that can be attributed to the fact that law enforcement resources are being diverted to catching people who aren't much of a threat."

Mothers Against Drunk Driving strongly disagrees, contending that checkpoints save lives.

Nancy Kelly, public policy liaison for MADD Maryland, acknowledged that some people might disapprove of checkpoints on libertarian grounds, but she questioned the motives of other opponents.

"People who are opposed to them may tend to be the people who drink and drive and are concerned about being caught," she said.

Random checks

Montgomery County State's Attorney Douglas F. Gansler said that if the police can show they didn't single out a specific group, the arrests made at checkpoints will lead to convictions.

"They've been tested in courts both locally and federally, and consistently upheld for decades," Gansler said. "The checkpoint will always be upheld as long as it's random in nature."

Thomas J. Gianni, law enforcement coordinator for the State Highway Administration, said the more often checkpoints are used, the more effective they become. "They serve to educate the public with regard to the risks of impaired driving," he said.

Gianni said local police departments - with the exception of Baltimore County's - are stepping up their

use of checkpoints. Anne Arundel, Montgomery and Prince George's counties have been especially aggressive in using the tactic, he said.

Making such stops is encouraged by the National Highway Traffic Safety Administration, which has begun a Checkpoint Strikeforce program in the Mid-Atlantic region. The agency is urging states in the region to conduct at least one checkpoint a week.

Some agencies question the checkpoints' cost-effectiveness and say they divert too many officers from other duties.

Spokesman Bill Toohey said the Baltimore County Police Department prefers to use "saturation patrols" in which officers flood an area and look specifically for signs of erratic driving. The only checkpoints in the county are those set up by other police agencies in Maryland.

Toohey said the geography of Baltimore County is not suited to checkpoints, adding that sobriety stops could back up traffic for miles. "Closing down a main thoroughfare, it could create some really complicated problems," he said.

The use of the traffic stops was strongly endorsed in September in a report by the Pacific Institute for Research and Evaluation. The study concluded that more frequent use of checkpoints could cut drunken-driving deaths by about 20 percent.

John H. Lacey, who co-wrote the report, said an increasing number of police agencies are using checkpoints regularly. He said there is a misperception among some officers that checkpoints yield too few arrests, require too many officers and don't have public support. Critics, he said, are failing to recognize their deterrent value.

"They do generate DWI arrests, but their real value is in dissuading the public from engaging in impaired driving in the first place," Lacey said.

Smith said the Maryland State Police view the checkpoints primarily as an educational tool. He said most are set up on weekend nights, with the occasional "happy hour" checkpoint during the week. Locations are chosen on the basis of alcohol-related accidents.

More than 28,000 drivers went through state police checkpoints last year, and thousands of others were screened by other police agencies. Troopers screen about 175 drivers at checkpoints for every one they arrest, Smith said.

At the Key Bridge checkpoint, the arrest ratio was higher. Leahan said that out of 876 drivers stopped, eight - seven men and a woman - were arrested on drunken-driving charges. Five agreed to take Breathalyzer tests at the scene. One registered a blood alcohol content of 0.22 percent, three times the legal limit.

Cpl. John Zagraiek, who runs the program for the Transportation Authority Police, said intoxicated drivers come through even though signs warn them that they are approaching the last exit before a checkpoint. He said the courts require that drivers be given a warning.

"You have to give them an out," Zagraiek said.

Breathalyzer test

Corron, who acknowledged that he had three prior drunken-driving arrests, said he saw a sign but decided to take his chances. "Where would I go?" he said. "You think I'm going to go all the way around the Beltway to go home?"

He said a friend who was drinking at the same party took the same route and skated through.

After his arrest, Corron declined to take a Breathalyzer test. That is a suspect's right under what Gansler calls a loophole in Maryland law, but motor vehicle statutes require a license suspension of at least 120 days for refusing the test.

About one-third of drunken-driving suspects refuse to take the test, Gansler said, but many are convicted on the testimony of the officer who administered the field sobriety test.

He said that under a recent change in Maryland law, the courts can and do take into consideration a defendant's refusal to take the test. "We don't lose too, too many," Gansler said.

Corron said he will decide whether to contest the charge after he hires a lawyer. But he has no quarrel with the tactic that will land him in court.

"It's perfectly fine to have checkpoints," he said. "It's illegal to drink and drive."

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CUMBERLAND TIMES-NEWS

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Capital Clipping Service

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Paramedics join board of American Trauma Society

JEFF ALDERTON

JAMES S. SMITH, WRITER

CUMBERLAND — Two local paramedics have been appointed to serve on the Maryland Division Board of Directors of the American Trauma Society.

Doug Beitzel, a paramedic and emergency medical technician with the Cumberland Fire Department, and Maryland State Police Aviation Division Cpl. H.B. Martz, who also is a paramedic, learned of their appoint-

Group dedicated to prevention of trauma, improvement of care

ments just recently.

"I got involved a couple months ago after Cumberland Fire Chief William Herbaugh approved my seat on the board," said Beitzel, who will represent EMS Region 1 that covers Western Maryland.

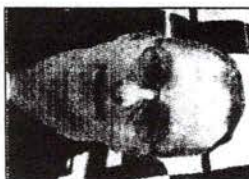
Martz, who became a Maryland state trooper eight years ago, will represent the same area as it pertains to the aviation aspect of emergency services.

"It's an honor to receive this appointment. It's an opportunity to provide input that I can give from a law enforcement perspective and from a paramedic standpoint. It puts me in a unique position to have some input," said Martz, who was a veteran

■ SEE PARAMEDICS — 9A



BEITZEL



MARTZ

Paramedics: *Division reaches thousands*

CONTINUED FROM 1A

emergency services volunteer and school teacher in Garrett County before he joined the Maryland State Police.

The American Trauma Society (ATS) is a voluntary, non-profit organization dedicated to the prevention of trauma and the improvement of trauma care.

Trauma is the No. 1 killer of U.S. residents under the age of 37 and the fourth leading cause of death of all ages.

The trauma society is dedicated to increasing public awareness of the term "trauma" and the urgency of responsive, quality trauma care; initiating and coordinating national prevention programs aimed at reducing the incidence and severity of trauma; and developing and providing emergency medical training programs and courses for health education professionals and the general public.

The ATS Maryland Division

is one of the largest and most active divisions in the country. With a diverse board of directors and membership commitment from 100 percent of the state's trauma centers, the division reaches thousands of adults and children annually through fire department and hospital open houses, shopping malls, safety fairs, classroom instruction and many other events.

With more than 100 partnering agencies statewide, ATS figures prominently throughout Maryland as one of the leading organizations in the injury prevention field.

Herbaugh said Beitzel's appointment to the board is an honor to the department.

"His appointment also shows respect for our department and the service we provide," the chief said.

Beitzel became a Cumberland firefighter in October 2001. He serves as a Maryland Fire and Rescue Institute

instructor and a CPR instructor-trainer with the American Heart Association.

"Doug has been involved in handling accidents involving trauma and he is respected in the medical community," Herbaugh said. "He has shown dedication and professionalism and he represents this department well."

Emergency Medical Services Region 1 Administrator Dave Ramsey said Martz and Beitzel began their careers as volunteers in the local emergency medical system.

"They represent the more rural section of Maryland to have an input with the rest of the state," he said. "They are both very professional and very positive."

The Maryland Division of the American Trauma Society meets twice a year. The next meeting is scheduled for March.

Jeff Alderton can be reached at jalderon@times-news.com.



Capital Clipping Service

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Local firefighters dismayed at arrests in arson investigation

BY ALAN BRODY
STAFF WRITER

Local volunteer firefighters are dismayed that several of the six suspects charged with arson in the Dec. 6 blazes that ravaged the Hunters Brooke subdivision are or have been associated with the firefighting community, calling it a "black eye" on dedicated public servants.

Federal authorities arrested two more suspects Monday, including Roy T. McCann, 22, of Marbury, who had trained to become a member of Waldorf's Company 3 Volunteer Fire Department. McCann was a member of the agency Medical Services, according to Waldorf Volunteer Fire Company Chief Dan Stevens.

Known as "Brian," McCann was an EMS volunteer for about a year before quitting the program about two years ago, Stevens said.

"He was never on the fire side," said Stevens, who has more than 40 years experience in fire companies and has been Waldorf's chief for 16 years. "He never completed his EMS training. There were never any disciplinary problems with him. We did the same background check on him as we do on everyone."

McCann's departure from the department was not unusual, Stevens said, because the training and commitment are intense.

"For every 10 young folks that come through the door, we keep two of them," he said.

Five other men, all in their early 20s, have been arrested since Thursday, including Jeremy Daniel Farady, a probationary member of the Accokeek Volunteer Fire Department, and Aaron Lee Speed, who accompanied members of the Clinton Volunteer Fire Department to a house fire in early November, but never joined the group.

Farady, 20, of Accokeek, applied for his hometown squad's volunteer training program in late July and was supposed to enroll in the program — which requires a clean criminal record — next month. A background check cleared Farady for the observation portion of his training, according to Chief Jeffrey Cox.

At the time of the Hunters Brooke fire, Farady's probationary member status allowed him to participate in ride-alongs but not actively fight fires. Farady would have spent

at least six months training to be a full-fledged firefighter, Cox said.

"There is a 50/50 chance for anyone to pass," Cox said. "They get out there, and some don't like it."

When Cox learned on Friday that Farady might be responsible for the arson fires, he said he was sick to his stomach, but noted that he did not know the young man well. Cox only saw Farady at one of the stations' weekly bingo nights.

"Everyone here is a family," he said. "He never did the family things with us."

Speed, 21, of Waldorf, the first suspect taken into federal custody on Thursday evening, contacted Chief Robert Small of the Clinton Volunteer Fire Department in early November and expressed an interest in joining. Speed filled out a ride-along form, but Small said he barely spoke with the young man.

"We were so busy nobody got any dialogue from him," Small said. "I talked with him for two minutes."

When a large residential fire erupted in the Cresview Manor community, Speed raced to the scene onboard the fire truck with about seven firefighters. From the road, Speed watched the volunteers extinguish the blaze, but was restricted from engaging in the effort.

Small said that after returning from the house fire, Speed never filled out a membership

application and didn't return.

"If he was interested, he would have come back," Small said, noting that ride-alongs often end similarly because volunteer firefighting is a labor-intensive, unpaid job. "I guess he didn't like it."

The accused arsonists have not only physically devastated the Mason Springs subdivision, they have sullied the reputation of adolescent volunteers, Stevens said.

"There is a young person whose life is basically destroyed, and another thing is [their actions] give young people who are volunteering a black eye," he said. "About 99.9 percent of our young volunteers give a lot more to the community than just about any young person you can look at."

Investigators said the suspects attempted to start 45 fires. Damage is estimated at \$10 million. Federal authorities believe the arson plot was carried out by a street racing gang in an effort to gain notoriety. Officials are also trying to determine whether racism or revenge on the builder of the development was a motive in the conflagration.

Disloyalty that harms the public can occur in any occupation, said Lynn Gilroy, a 12-year member of the La Plata Volunteer Fire Department and past president of the Southern Maryland Volunteer Firemen's Association.

"[In] any type of job ... there's always that chance of public trust being betrayed," he said, noting the Enron corporate accounting scandal that led to the loss of thousands of jobs. "People should understand that 99.9 percent of the time, we're doing the best job we can for their tax dollars and trying to protect them."

The application, interview and training process are in place to ensure recruits will make trustworthy public servants, Gilroy said.

"We do the best we can to interview these folks when they come in," he said. "We do background checks on them, we watch them as they go through their stewardship, at La Plata they have a 90-day rule [to meet certain criteria.] It's not a revolving door where you come in the door and you go down the road on a fire truck."

"I don't know what you can do short of putting everybody through a polygraph test," he continued. "Everyone is saying, 'Wow, what did we miss, what went wrong?' ... I don't know if there is a magic bullet that you can say this will never happen again. How can you guarantee there will never be another Enron, that there won't be a bad cop somewhere?"

Firefighters' involvement in the incident could be damaging to the public perception of fire departments. The general public might question "if there's one

or two or three bad apples, are there others?" Gilroy said.

Members of the Charles County Board of Fire and Rescue Commissioners prefer to focus on the positives of the incident, such as the response time and the coordination of efforts on the morning of the blaze, said Rudolf A. Carrico Jr., the board's chairman for eight years.

Carrico doesn't believe the actions of a few individuals traced to firefighting will tarnish the overall reputation of local departments.

"It's a negative thing and we don't like it, but we have to let time reveal the actual involvement and how it connects to the volunteer service," he said.

But Stevens said even the implication that someone involved with fighting fires could have played a role in what investigators are calling the largest residential arson in Maryland history is disturbing.

"It's a kind of thing that ... we all dread and it's very difficult to deal with. It's very difficult not only for the leadership ... but for the young folks that put the apparatus on the street everyday [because] it reflects on them," he said. "A body blow is probably a good way to describe it. It's like a punch in the gut."

Staff writers Sara K. Taylor and Tiffany Young contributed to this report.



Capital Clipping Service

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Blackwell criticized on paramedic proposal

By ERIC HARTLEY
Staff Writer

He can't say he didn't see it coming.

When Ronald D. Blackwell took over as county fire chief in August, he was effusely praised. Recruiting him from the larger Prince George's County Fire Department was seen as a coup for Anne Arundel.

But even then, Chief Blackwell had an idea the honeymoon wouldn't last. He predicted the criticism he would start getting: "We never see him. He hates volunteers; he's anti-union," he said with a chuckle at the time.

Now, less than four months into his tenure, volunteer and career firefighters say they're having trouble getting answers about the fire department's plan to dramatically restructure the way paramedics are stationed around the county. And they cite a lack of communication from the top.

Chief Blackwell, who declined to comment for this story, has said he

believes the plan — in the works before he joined the department in August — will improve paramedic service to county residents.

The department plans to take 10 paramedics per shift, currently assigned to five stations in teams of two, and put one in each of 10 stations. As a result, 20 of 30 stations would have paramedics, up from 15 now.

One paramedic would ride with an emergency medical technician in this "one-and-one-plan."

The department hopes to have the new system in place early next year, but the head of the firefighters' union said he still hasn't gotten details of how it will work.

Union members have voted to oppose it.

"It's a frustrating time right now," said Keith Wright, president of Professional Fire Fighters Local 1563. "It's a lot of transition and we're not getting



BLACKWELL

a lot of answers to things... We want to be included."

Bob Rose, vice president of the Odenton volunteers and a spokesman for the Volunteer Firefighters Association, said the department

should have consulted the companies that own the affected stations before presenting the plan.

"There should have been input from the volunteers," he said.

Division Chief John Scholz, a department spokesman, said Chief Blackwell and his top deputies have met repeatedly with career and volunteer representatives, as well as the volunteer chiefs of many individual companies. He said the officials asked people, "Tell us who else we can talk to."

"We have spoken to everyone that they've said," Chief Scholz said.

Firefighter Wright said those meetings haven't been fruitful.

"The standard answers were, 'We haven't worked that out yet.' 'We don't know how that's going to work yet,' " he said. "They've met with us, but they're not telling us anything when they meet with us."

Firefighter Wright said his members are concerned advanced life support service will be "watered down," with only one paramedic on many calls.

Mr. Rose said he thinks the changes could cause some volunteers who now ride basic life support ambulances to quit.

"You tell these folks they're not needed, they'll go away," he said.

Mr. Rose said the Odenton volunteers have been confused about whether their station was still one of those slated to get a new paramedic unit.

A memo sent out recently inviting firefighters to apply for transfers didn't include the new Odenton unit.

"We took that to mean we were out of the program," Mr. Rose said.

They learned last week that wasn't the case. Officials say Odenton is still in the plan, but since details haven't been finalized, it wasn't included in the memo.

"We've been working in the dark on this, and we have not been given the courtesy of a response," said Jack Hewitt, vice president of the volunteer association.

There's also been criticism of some of Chief Blackwell's other plans, including a proposal to add more civilian 911 dispatchers. But it comes with the job.

"I like Chief Blackwell," Firefighter Wright said. "But we're not going to always be holding hands, singing together on songs."

ehartley@capitalgazette.com

MARYLAND GAZETTE

GLEN BURNIE, MD
WEDNESDAY 38,000
DEC 22 2004



Capital Clipping Service

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County approves civilian fire dispatchers

The County Council Monday night unanimously approved a measure to hire civilian dispatchers for the fire department's call center. *SM FB*

The move came despite a letter from three former fire chiefs saying the move would compromise safety because civilians are not as qualified as firefighters or paramedics.

"Decisions made in the setting are truly life and death critical and require personnel who know and are familiar with fire department operations, policies and procedures," reads the letter signed by former

chiefs Roger C. Simonds, Paul C. Haigley Jr. and Harry W. Klasmeier. "This requires a level of training and experience far in excess of the capabilities found in civilian consolidated dispatch centers."

County Fire Department officials said the change will save at least \$130,000 a year, and allow them to put more firefighters in the field.

They said dispatchers would receive training to handle emergency calls and give medical advice, just as they do in Howard and Baltimore counties. Uniform supervisors will also be on the shifts.



Capital Clipping Service

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Photos by J. Henson — Maryland Gazette

Cadets from the county Fire Training Academy in Millersville troop away after a burn exercise.

Fire training heats up

Latest class of county cadets gaining confidence

By ERIC HARTLEY
Staff Writer

Sheldon Neal is confident: If he can handle 17 weeks at the county Fire Training Academy, he figures, he can handle anything.

This spring, the 27-year-old from Baltimore County was finishing up work for a degree in psychology and mentoring schoolkids when he heard Anne Arundel County was hiring firefighters. The thought of saving lives drew him in.

"'Firefighter' to me was a red engine," he said. "I didn't even know the difference between an engine and a truck."

As they near the end of their training, Mr. Neal and 48 other firefighter cadets know a lot more than that.

Many days, they trudge home exhausted after 10 hours of classroom and physical work. But the fun is just beginning: When they have a test coming up, the cadets often get together for evening study sessions to encourage each other.

In January they'll graduate and become the newest county firefighters. They're confident they'll be ready, Mr. Neal said — thanks to their training.

"First you crawl," he said. "Then you stand, then you step. By today, you should be running."



A cadet goes into the basement of one of the burn houses.

In addition to the 49 cadets being trained as firefighters and basic emergency medical technicians, there are 22 now in intermediate EMT training. They begin firefighter training Jan. 3.

Mr. Neal and his group are far from newbies.

Recently they went through their second "burn evolution" — a live exercise in which wood pallets and packing material are set ablaze in a

training building at the academy and cadets are sent in to put it out.

Instructors try to make the exercises as realistic as possible.

As an alarm goes off and a dispatcher announces, "Structure fire, Academy Avenue"; the cadets rush to get their gear and oxygen tanks on, then pull hose from an engine. Six to nine go in at a time.

For the most part, the instructors let the cadets go, holding briefings afterward to go over what went right and what went wrong.

The fire is real, of course, but fighting a blaze in the burn buildings is easier and more predictable than in the real world, especially after your first few times when you begin to know the layouts.

That's why recruits are sometimes taken to training sites in College Park and on the Eastern Shore, where they face unfamiliar layouts, as they would in a real fire.

"Then they have to go in and find their way," said Lt. Keith Popp, who coordinates training at the academy.

Before cadets take the training wheels off, though, there's a lot of practice — six weeks of classroom training before they go into an actual fire.

"They really take their time before they throw you in," Mr. Neal

(See CADETS, Page A5)

CADETS

(Continued from Page A1)

said. "When I went in, I had so much training I wasn't scared. I was more amazed to see what a fire is like, to be that close to a fire."

The first order of business for fresh cadets is learning the chain of command.

"Before you learn to throw a ladder, touch a hose, you learn discipline," Mr. Neal said.

Cadets stand at attention when required, open doors for visitors and address superiors with a crisp "yes, sir."

The quasi-military discipline might have been a surprise to some — at least those without military or law enforcement backgrounds. But they learned.

"It only took about 30 seconds and they knew what was going on," cadet Robert Flynn, a 2-year-old Annapolis-area native, said with a smile.

Mr. Flynn, a former county sheriff's deputy, said the keys to success at the academy are discipline, respect and teamwork.

And repetition. Lots of repetition, to the point where your muscles ache — and, more importantly, you never forget how to throw a ladder or do any of the countless other tasks a firefighter needs to perform.

"It has to be something that you don't think about," Mr. Flynn said. "It becomes second nature."

The physical work — "climbing ladders, on your knees dragging hose through a building" — is starting to pay off for some cadets, said Stephen Taylor, who was chosen as class leader by his instructors.

"You see a few of them standing in front of the mirrors in the locker room," he said, laughing. "Yes, that's what a muscle looks like."

As the cadets quickly learn, fighting a real fire is a far cry from what most people seem to think firefighters do — "just run into the building with a fire

hose, spray some water and that's it," as Mr. Taylor put it.

Not so. Indeed, one of the instructors' major tasks is to get the cadets used to spraying less water. Too much can create too much smoke, hindering visibility.

"All you want to do is knock the fire down," Lt. Popp said. "We have to teach them, just a quick burst."

Coming together

The current class is one of the largest in county history, part of a major push to hire new firefighters that will continue for several years because of a new union contract that cuts working hours starting in 2007.

It's a diverse group, picked from more than 1,100 applicants. The oldest cadet is 36, the youngest 18. There are kids just out of college or high school, working mothers, military men and former law enforcement officers.

Each has his own reason for signing up. For Mr. Neal, it was the thought that he could help people in a more immediate, tangible way than he could as a mentor.

For Mr. Flynn, it was partly a

desire to feel a little more appreciated by the public.

"Everything that you do in the fire department is positive interaction," he said. "In law enforcement, it's 75 percent negative. Usually when you're doing your job, people don't want to see you."

Mr. Taylor, 34, has already gotten a taste of the rewards of being a firefighter, unlike most of his classmates. He's been a firefighter in the Air Force Reserve for five years.

He recalled, for example, returning a picture or some other memento to someone who feared it had been lost in a fire.

"You see the look in their eyes," he said.

The classmates bonded immediately, with a number who come from out of the area sharing temporary living quarters.

"We've got blacks, whites, inner-city, suburban staying together in the same apartment," Mr. Neal said.

With scores of cadets and nowhere near enough parking spaces, for example, they had to learn one form of teamwork — car-pooling — at the very beginning.

"It's funny how they slip in

their lessons," Mr. Neal said. "It's not always obvious."

But with cadets coming from such different backgrounds, Mr. Taylor said, "it takes a bit of time to work out a lot of the kinks."

Some of the military types had no trouble meeting the physical demands of firefighting, but needed to get back into practice at cracking the books. Meanwhile, some younger cadets, not as far removed from school, could handle the studying but struggled to get into shape.

"I think it worked out well that we helped each other," Mr. Taylor said. "We're going into the burning building when everyone else is going out. You have to trust that person in front of and behind you completely."

Mr. Neal, like other cadets, said he can't wait to get started.

"You're the difference sometimes between life and death for people," he said. "This job is way more intense than any job I've ever had."

ehartley@capitalgazette.com

KENT COUNTY NEWS

CHESTERTOWN, MD
WEEKLY 8,500
DEC 23 2004



Capital Clipping Service

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Davis heads hospital's emergency department

CHESTERTOWN — Kent County native Deborah S. Davis, M.D., a fellow of the American Board of Emergency Medicine, has been named medical director of emergency services at Chester River Hospital Center.

"Dr. Davis brings a very high level of care, expertise and understanding to our emergency department. She is leading a team of highly experienced emergency medicine specialists who are able to recognize, evaluate, treat and stabilize patients with a wide variety of illnesses and injuries," said William R. Kirk Jr., president & CEO of Chester River Hospital Center.

"We are extremely pleased that she has joined our staff. As more and more of our community members from Kent and Queen Anne's counties seek care in our emergency department, we are continually evaluating and augmenting our emergency services to better meet our community's needs," said Kirk.

"The addition of Dr. Davis to our medical staff is key to assuring effective and timely service for our emergency department patients."

Davis, who is also regional director of the Maryland Institute for Emergency Medical Services Systems and a fellow of the American Academy of Emergency Medicine, has more than 20 years experience in emergency medicine.

She began her career as a firefighter/paramedic/lieutenant for the Anne Arundel County Fire

Department in Millersville.

After receiving her medical degree from the University of Vermont College of Medicine, Davis served as a United States Naval flight surgeon in the Fleet Air Reconnaissance Squadron Three at Tinker Air Force Base, Okla., and as general medical officer in the emergency department at the Naval Medical Center in Portsmouth, Va.

Prior to joining Chester River Hospital Center, Davis served as an emergency medicine physician with Eastern Shore Emergency Medicine Physicians, LLC, at the Memorial Hospital in Easton.

She is a member of the American College of Emergency Physicians, the American Academy of Emergency Physicians and the National Association of Emergency Medical Services Physicians.

She is certified as an advanced trauma life support instructor, pediatric advanced life support instructor and advanced cardiac life support instructor.

Davis received her Bachelor of Science degree from Trinity College, Hartford. She completed her emergency medicine residency at West Virginia University Hospitals, Morgantown, receiving the emergency medicine residency award for outstanding academic achievement.

Davis and her husband, Jack, who is a paramedic, have two children and are making their home in Chestertown.

KENT COUNTY NEWS

CHESTERTOWN, MD
WEEKLY 8,500
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Trust has no objections to radio tower

By Craig O'Donnell
Staff writer

CHESTERTOWN It has three legs, sprouts antennae, and it's coming to Chestertown.

It's not a mutant space lobster from Pixar's digital labs. A three-legged 330-foot tower planned for a spot behind the State Highway Administration office on Morgnec Road has passed its final hurdle, and will be erected as early as March.

Said Ed Ryan, state director of wireless telecommunications services, "The Maryland Historic Trust determined the state emergency services tower would not cause an adverse effect on historic sites."

Federal approval required a survey of how conspicuous the tower would be in the background of historic properties and from the Chestertown Historic District. The Trust lists 21 historic sites within two miles of the Morgnec Road location.

Judging from simulations shown at a July meeting in Chestertown, the tower will be most obvious looking north from Queen Anne's County across the Chester River. Though consultants identified this area along the river east of Chestertown as a potential Rural Historic Landscape District, the Historic Trust disagrees.

In a letter to the Department of Budget and Management, Trust Director J. Rodney Little said the consultants "did not make a case that the selected area was sufficiently distinctive, in terms of history, architecture, or integrity, from the surrounding region to merit National Register consideration as a historic landscape."

The report concluded that Maiden Lot, Brick House Farm, Brooks (Radcliffe) Mill, Ellerslie, Nicholson-Stanton Farm and Morris House are eligible for listing on the National Register of Historic Places; Massey Farm, Eliason-Kimble House, the Chester River bridge, the Cooper Farm and the Kingstown Tavern, said the Trust, are not.

The blue bridge over Morgnec Creek was determined to be eligible in 2001.

On the other hand, the tower will help county fire and EMS services, which have coverage problems in some areas with existing radio equipment.

Commissioner William Pickrum said Tuesday, "This adds tremendously to our law enforcement and emergency services capabilities - we do need these communications and we can remove some of our existing antennas on water towers and maybe at the hospital."

"And of course we save a significant amount of money since we don't have to reconfigure our antennas ourselves."

Pickrum also cited the advantages of easier radio contact between public agencies and the state police, where "we can all talk on the same frequency."

He said he hopes the tower will help keep cellular towers from proliferating across the landscape. "As a matter of policy, the county looks at the placement of cell towers very, very carefully, to avoid cell-tower clutter. We would encourage them to investigate leasing the space that's available."

Nearby property owners whose views are affected will have a chance to discuss mitigation with the state, Ryan said, most likely involving trees to screen the structure.

Ryan said the state is required to have tower space for cellular carriers and other private users, but "we have not been contacted by any cellular carriers yet."

The statewide emergency system wants two more 330-foot towers here. "We need something in the eastern part of Kent County," said Ryan.

He said one possible location near Massey conflicts with the Massey Aerodrome. Another near Millington also conflicts with a landing strip. The state is still seeking a location, and until they do, a Rock Hall-area tower is on hold.

BOWIE BLADE-NEWS

BOWIE, MD
WEEKLY 42,646
DEC 23 2004



Capital Clipping Service

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EMS facility

Sir:

The following is in response to the "EMS facility" letter by Joyce Lockwood in the Dec. 16 edition of the *Blade-News*.

Thank you for your interest and comments regarding the proposed EMS facility along Mitchellville Road. On behalf of the Bowie VFD, I would like to address your questions and respond to your statements.

First, we have been in contact with past chiefs Blackwell and Odom, as well as the current acting fire Chief Larry Sedgwick. We recently met with the chief's staff responsible for facilities and staffing to review the project. The county Fire Department's involvement has been limited because their resources have been focused on other projects. This project is now coming online and we will continue our positive working relationship for the benefit of the citizens of Bowie. Additionally, there has been a significant amount of planning to get us where we are today. It should be noted that with respect to staffing; when this project was approved by County Council for construction funding, the County Council approved 30 additional new positions with the understanding that this new station would require eight of the 30 additions. Management of this facility will be a combined effort between the Bowie VFD and the county Fire Department, as are the other three Bowie stations.

Staffing, both career and volunteer, is a continuous challenge for our department. This is a local, state and national problem that we address everyday. However, through the combined efforts of the Bowie VFD and the county Fire Department, all calls are responded to in a timely manner.

With respect to the Village Baptist Church fire, which happened five years ago, the record reflects that the first two fire engines on the scene were from the "firehouse around the corner" — Company 43. The third fire engine on the scene was from Kentland. All units from Bowie were en route to the call and adequately staffed within the standard initial dispatch/response times. Also, over 50 percent of the building only suffered smoke and heat damage and was standing

when the fire was brought under control and extinguished. The statement "burned to the ground" is just not true.

Should there be any questions of the above items, I invite people to contact me at pmellits@bowievfd.org.

PETE MELLITS



Capital Clipping Service

54
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Montgomery County ambulance fee may need jolt to survive

by Douglas Tallman

Staff Writer

A controversial ambulance fee might need legislative defibrillation to pass the Montgomery County Council.

Proposed to pay for improvements to Montgomery County's fire service, the fee faces opposition from at least two council members who believe the charge unnecessary and an obstacle to providing emergency services to the county's poor and uninsured.

"This is part of a disturbing trend of high fees for what should be core services," said Councilman Howard A. Denis (R-Dist. 1) of Chevy Chase. "This is a basic obligation of government, and it should be borne equally, not by the relatively few who are in medical distress."

Joining Denis at a Monday news conference in Bethesda was Councilman Philip M. Andrews, chairman of the council's Public Safety Committee, which will take up the measure when the council reconvenes in January.

"There's no question in my mind some people will think twice about calling an ambulance when they need it," said Andrews (D-Dist. 3) of Gaithersburg.

Under a proposal from County Executive Douglas M. Duncan (D), the county would charge anyone transported by

their life spans and garages stretched to their limits to keep the aging fleet on the road.

On Sept. 2, Duncan asked the council to approve the fee, which he estimated would generate \$4.3 million for the remainder of fiscal 2005 for new equipment, new mechanics and enhancements to the county's emergency medical service. Fiscal 2005 ends June 30.

"This supplemental appropriation will enable the county to address urgent, unmet needs of emergency medical service, and fire and rescue apparatus," Duncan said in a letter to the council.

Council members were at first lukewarm to the plan. Duncan had proposed the ambulance fee before, as part of the fiscal 2004 budget, when he expected annual receipts approaching \$11 million. The council shot the fee down as the budget deliberations progressed.

Weaver said people have been paying for ambulance service anyway through their insurance premiums. The new legislation will give the county the authority to seek reimbursements from the insurance companies, Medicare and Medicaid.

A number of neighboring jurisdictions — including Washington and Baltimore city, as well as Prince George's, Frederick and Fairfax counties — collect fees for ambulance transports.

"In essence, we're leaving money on the table that other communities are benefiting from," said Gordon A. Aoyagi, who until the end of this month is the county's fire administrator.

The Bethesda-Chevy Chase Rescue Squad hosted the Andrews and Denis news conference. B-CC and Wheaton equipment served as a backdrop to show widespread opposition to the fee within the fire service.

B-CC Chief Edward G. Sherburne said the rescue squad opposes the fee because it would help increase insurance premiums. He also called the fee a slippery slope: Would the county charge for putting out fires next?

In a telephone interview, Council President Thomas E. Perez (D-Dist. 5) of Takoma Park said he has not come to a position on the fee, but he wants to know how the fee would affect low-income residents. He asked county staff to collect data from surrounding jurisdictions that charge ambulance fees.

"We don't need to guess about these answers. I want to hear from others so we can make an informed decision," Perez said.

Councilman Michael J. Knapp (D-Dist. 2) of Germantown said he has not made a decision on the fee either, but such a fee could be likely, in part because

of the failed Nov. 2 ballot initiative, Question A, which would have hamstringing the council on tax increases.

"I think we're going to have to look at revenue sources like these to make sure things are allocated for in the coming budget," said Knapp, who is the council's lead member for fire and rescue. "I think while the ballot initiative did not pass, I don't think that means you can go raise taxes without a very clear, clear articulation of why we need to raise those taxes."

Andrews and Denis said the county could tap \$3.7 million in fire tax funds to help pay for the new equipment and personnel envisioned by the Office of Legislative Oversight report.

Aoyagi said that money is a reserve. "If you spend all your reserve, what do you have for contingency? I think it's still prudent to maintain a reserve and seek other sources," he said.

As the council has held off action on the ambulance fee, council members have managed to pay for \$1.7 million in fire and rescue improvements by using existing funds.

On Monday, Denis would not speculate how his colleagues would vote, but he said he and Andrews would have some political leverage.

"On our council, two's a big number," Denis said.

FREDERICK NEWS-POST

FREDERICK, MD
SUNDAY 41,707
DEC 26 2004



Capital Clipping Service

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Station lights shine bright

THURMONT — Emergency medical technicians worked for hours decorating the Thurmont Ambulance Co. station. They do it every year, according to Lowman Keeney.

They string lights along the building's edges and set up a Christmas tree inside. Members of Guardian Hose Co. in Thurmont do the same.

The lights at the ambulance company are multicolored and frame the building. Fire company members use red and white lights.

Other stations bring Santa Claus to the community.

Weeks ago, volunteers from the Walkersville Volunteer Fire Co. drove Santa around. And Deputy Chief Steve Shook of the Carroll Manor Volunteer Fire Co. said his station has chauffeured Santa around town for weeks.

Several of the station's volunteers dressed up as Santa for the rides.

"We rode him around the neighborhoods on the new quint," a large multi-purpose fire truck. "A lot of kids came out to see him," Chief Shook said of the 10-year tradition.

The station also let kids visit Santa at the station one afternoon.

"They could meet Santa on a fire truck," he said.

Other stations helped local charities. Junior Fire Co. President Charlie Abrecht said company members collected canned goods at regularly scheduled Monday night bingo games.

"Instead of charging money to play the games, we took canned

food for the cards," he said.

The food went to the Salvation Army and the downtown community center.

— Erin Cunningham

MARYLAND REGISTER

ANNAPOLIS, MD
BI-WEEKLY 3,600
DEC 27 2004



Capital Clipping Service

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MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

Subject: Listing of Eye Trauma Ctrs.
Requesting Reverification of Status
and a Call for Applications From
Those Wishing to be Considered for
Designation

Add'l. Info.: Pursuant to COMAR
30.08.02.10C, the Maryland Institute
for Emergency Medical Services Sys-
tems (MIEMSS) gives notice that the
Wilmer Eye Institute of the Johns
Hopkins Hospital (JHH) has requested
reverification as an Eye Trauma Cen-
ter. Any person with knowledge of any
reason why the Wilmer Eye Institute
should not have its designation status
reverified is requested to submit a
written statement of the reason to
MIEMSS at the address below within
20 business days of this notice.

In addition, pursuant to COMAR
30.08.02.10C(3), hospitals wishing to
be considered for designation as an
Eye Trauma Center should submit a
written application to the MIEMSS
Office of Hospital Programs under
COMAR 30.08.02.03. Applications are
due to MIEMSS by February 25, 2005.
For more information contact Mary
Beachley, Director, Office of Hospital
Programs at (410) 706-3932, or email
mbeachley@miemss.org

Written statements and applications
should be addressed to: Mary Beach-
ley, Director, Office of Hospital Pro-
grams, Room 401, 653 W. Pratt Street,
Baltimore, MD 21201-1528.

Contact: Mary Beachley, (410) 706-
3932

[04-26-08]

CARROLL COUNTY TIMES

WESTMINSTER, MD
TUESDAY 24,572
DEC 28 2004



Capital Clipping Service

W3

May 15 — With the inauguration of its first board of officers in a ceremony at the Taneytown firehouse, the Carroll County Volunteer Emergency Services Association officially took its place as the voice of emergency workers in the county. The new association replaced three separate organizations representing volunteer firefighters, ambulance workers and fire chiefs.

CUMBERLAND, MD
TUESDAY 30,398
DEC 28 2004



Capital Clipping Service

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M A R Y L A N D
GENERAL ASSEMBLY



2005

Garrett tip jars hinge on nod of General Assembly

547FB

JENNIFER RALEY

TIMES-NEWS STAFF WRITER

MCHENRY — If approved by the Maryland General Assembly during its upcoming session, tip jars should be up and running in Garrett County by the end of 2006.

The taxes generated by the paper gaming would be divided among the two volunteer rescue squads and 11 volunteer fire departments in Garrett County.

"The fire and rescue departments are having a hard time raising funds," said Garrett County Commissioner Fred Holliday. "(Tip jars are) a revenue source that could help fire and rescue departments that we don't have now."

Secretary and treasurer of the Gorman Volunteer Fire Department Helen Neel said the volunteer fire

departments need all the help they can get.

"It's really hard to do your own self-funding," said Neel. "Our EMS (emergency medical service) calls are really 90 percent of calls, so we not only have to keep equipped with the fire equipment, but we have to keep up with the EMS part of it, too."

Last month, Dr. Richard Perry, jurisdictional

"(Tip jars are) a revenue source that could help fire and rescue departments that we don't have now."

Fred Holliday,
Garrett County Commissioner

Garrett: Assembly to take up tip jar issue

CONTINUED FROM 1A

medical director, told the commissioners the number of EMS calls in Garrett County has increased by 30 percent in the past 15 years.

At that meeting, Brad Frantz, Garrett County director of emergency management, estimated that 20 to 25 percent of the calls received are nonemergency calls.

To deal with the increasing number of calls, fire departments and rescue squads need additional funding, and taxes collected from the tip jars would produce much-needed funding.

Holliday said that the commissioners would look at Allegany, Washington and Frederick counties' tip jar systems to determine what tax amount would be assigned; he said, more than likely, the tip jar tax would be close to that of

Allegany County.

At this point, Holliday said predicting the revenue is difficult. "It's hard to say because I'm not sure how many people would be interested," said Holliday.

Allegany County's tip jar taxes generated \$264,771 for local education and \$88,257 for local volunteer fire and rescue companies during the final seven months of fiscal 2004. The total tip jar revenue during those seven months in Allegany County was \$13,935,155.

Garrett County's population is significantly lower than Allegany's, so the tip jar revenues are not expected to be as high.

In 2003, Allegany County had an estimated population of 73,668, and Garrett County's estimated population was 30,049, according to the U.S. Census Bureau.

Holliday is not sure how the tip jar system will be operated, but he said that the operation will be probably handled by the Department of General Services.

Gary Mullich, director of general services, said, although not definite, the tip jars would probably be monitored by the liquor control board.

"It's (tip jars) likely to be only at local liquor dealers, clubs and fire departments," said Holliday. "There would be an accountability, not only to the issuing agency, but also to the establishment owner."

The tip jar proposal is one of seven Garrett County legislative issues that will go to the Maryland General Assembly in January.

Jennifer Raley can be reached at jraley@times-news.com.



<http://www.baltimoresun.com/news/nationworld/nation/wire/sns-ap-ambulance-rules,1,1342296.story>

Rural Emergency Crews Fear Proposed Rules

By CURT WOODWARD
Associated Press Writer

December 28, 2004, 11:18 AM EST

CENTER, N.D. -- The emergency medical technicians in this town are familiar faces from the high school, the county clerk's office and the coal mine. And like many of their counterparts around the country, members of the Center squad are worried that proposed national standards could more than double the amount of training they must have and thin their ranks.

"A lot of people can't comprehend what it's like to drive 345 miles and not see a house, not see anything, and to have to cover that," said Mickie Eide, the squad's leader. "If you keep requiring us to do more, there's going to be less of us to do it."

The revamped certification rules are being developed for federal regulators by doctors, EMTs and state emergency medical directors.

Supporters say more training requirements would ensure a better qualified national corps of emergency medical providers. But in rural areas where volunteer crews are the rule, many fear the change will limit the pool of new recruits and force experienced EMTs to drop out.

"This is one of the most difficult decisions that I have been involved in in EMS (emergency medical service) in the last 20 years at the national level," said Bob Brown, director of the National Registry of Emergency Medical Technicians.

The goal is a national standard that would guarantee highly trained workers in ambulances across the nation, Brown said.

"When those ambulance people come up to your side following your incident, you want them to be the best. Capitalize it -- The Best," he said. "And those EMS workers want to be the best as well. But it's a bridge too far."

The proposed changes were designed to give EMTs the skills to treat conditions they commonly encounter, said Bob Bass, the Maryland state emergency medical director who sits on a national committee overseeing the reclassification efforts.

"They decided that an EMT could handle more than we currently handle," he said.

For example, the new level of training would allow EMTs to administer such emergency medications as epinephrine, a form of adrenaline given to people suffering severe allergic reactions.

In North Dakota, basic-level EMTs need 110 hours of training to get their initial certification. To meet the new standards as currently proposed, the state Emergency Medical Service Association estimates

that basic EMTs would at least have to double that.

In places like Center, a town of about 680 people, crew leaders think a change that steep could push about half their volunteers out of the service.

"It could even affect more," said Eide, a teacher's aide who leads Center's ambulance crew. "We have squad members that are between 10 and 15 years anyway, and are kind of wanting to cut back."

Bass said the minimum requirements might increase, but he said regulators may be able to eliminate some outdated sections to make room for the new lessons.

"I think that the first draft was the flag up the pole," Bass said. "I think there's still a lot of work to be done."

North Dakota officials estimate that 90 percent of North Dakota's 140 ground ambulance services are staffed by volunteers.

Many EMTs likely will find the new requirements too difficult to meet, said Dean Lampe, director of the North Dakota EMS Association.

"These guys have jobs. They work at the Cenex store, they work at the butcher shop. They're farmers trying to get their crops in," he said.

Emergency medical services in other states have found similar problems. In Texas, officials estimate that about a third of the state's emergency medical providers are volunteers.

"I think that there would be a lot of services that would have to make some major adjustments," said Pete Wolf, chief of the volunteer fire department in the north Texas town of Windthorst.

Public comments on the plan are being accepted through January, and the group drafting the rules is set for a new meeting in March.

Wolf sees benefits in national standards, but says a major increase in training requirements could hurt services that already have trouble holding on to members for more than a few years.

"It's fun and great and exciting," Wolf said. "But after a couple of years, you start to look back and reflect, and you have to feed your family as well."

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CARROLL COUNTY TIMES

WESTMINSTER, MD
24,572
WEDNESDAY
DEC 29 2004



Capital Clipping Service

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Our Opinion

Another strain on EMTs

New federal guidelines that could double the amount of training required of emergency medical technicians could further strain the ability of some communities to recruit volunteers.

Carroll fire departments, which traditionally have been volunteer, have found themselves having to move toward more paid professionals as recruiting volunteers becomes more difficult each year.

Part of that is due to changing lifestyles and work requirements, but part of that also is due to the training and time commitment that is required.

As a result, the county has had to step in and provide additional tax dollars to the departments to ensure 24-hour coverage.

Now, a group is drafting new rules for EMTs that could result in considerably more training.

The proposal has many rural departments across the nation worried.

Many volunteers are strained by the time commitment. Departments also would have to come up with ways to pay for that additional training.

Ensuring that highly qualified personnel are responding to the scene of accidents or disasters is something that everyone can agree on.

But at the same time, a balance has to be struck between essential training that is needed to save a life and excessive training that will serve only to drive away people who otherwise might have served as volunteers.

Carroll's volunteers and others would do well to examine the proposals that are currently on the table and offer their insight and suggestions.

The group coming up with the new federal guidelines is taking comments now, and plans to meet again in March.

Going to totally paid services is probably something Carroll is going to have to continue moving toward anyway.

But that doesn't mean we should let the federal government hasten the process by enacting new guidelines, or that we should abandon the loyal volunteers who have for generations been there to help in times of emergency.

MARYLAND GAZETTE

GLEN BURNIE, MD
WEDNESDAY 38,000
DEC 29 2004



Capital Clipping Service

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NAH continues quest for new obstetrics unit

By RYAN BAGWELL
Staff Writer

North Arundel Hospital administrators plan to ask state health officials again today for permission to develop an obstetrics unit and proceed with a massive \$112 million expansion.

Administrators planned to submit two certificate of need applications to the Maryland Health Care Commission, one proposing a new obstetrics unit and "patient tower," hospital vice president Kathy McCollum said yesterday. In a separate application, they will ask permission to build the patient tower only, allowing administrators to begin constructing the new facility if its obstetrics application is denied.

The applications follow a May report from state health officials that recommended North Arundel's obstetrics application should be denied. Based on state health plan guidelines that say the proposed unit must not affect services at other hospitals by more than 20 percent, the recommendation projected a drop in the number of obstetrics discharges at Baltimore's Harbor Hospital that would exceed that threshold. North Arundel subsequently withdrew its application.

Hospital officials contend that population growth — especially in west county — coupled with a high demand

**"It just seems so logical
that a hospital should be
able to deliver babies.
It's a basic service."**

**— Kathy McCollum, vice
president, NAH**

for obstetrics services has prompted the need for the new unit.

County residents must head to Harbor Hospital or Anne Arundel County Medical Center in Annapolis for most obstetrics services.

"It will have an impact on both hospitals," Ms. McCollum said. "We don't think it will be significant."

While the MHCC does not project significant birthrate increases among county residents, Ms. McCollum said, more and more women are having babies in the county. At Anne Arundel Medical Center — the only county facility with an obstetrics ward — about 500 more women gave birth last year than in 2002, Ms. McCollum said.

Last year, 172 birthing mothers in critical condition were taken to North Arundel's emergency department by ambulance, even though the hospital does not have an obstetrics department, Ms. McCollum said.

North Arundel officials expect

(See NAH, Page A12)

B

(Continued from Page A1)

Harbor Hospital officials to oppose the obstetrics application, as they did earlier this year. Harbor Hospital spokesman Jean Reuter declined specific comment on the application yesterday.

"We have not even seen anything formal," Ms. Reuter said. "We have not seen the new CON from them, so until we actually see that I can't comment on it. But our stance in the past has been clear."

As part of its plans, North Arundel plans to expand its emergency department and add a five- or six-story patient tower, projects expected to cost upwards of \$112 million. The patient tower would house 68 private medical and surgical beds, its obstetrics unit and some other services now located in basement areas. Without the proposed obstetrics unit, the expansion is expected to cost about \$97 million.

North Arundel officials originally expected to submit the applications Dec. 6, but delayed the submissions to work with Anne Arundel Medical

Center in writing its certificate of need application.

An Anne Arundel Medical Center spokesman could not comment by deadline.

An October 2003 study commissioned by the Maryland Health Care Commission said 100 to 150 new patient beds will be needed in Anne Arundel County by 2010. If North Arundel's patient tower is approved, state health officials would allow Anne Arundel Medical Center to add 32 to 82 beds, Ms. McCollum said.

Harbor Hospital is in Baltimore, and

was not considered when calculating possible new county beds in the county.

North Arundel and Anne Arundel worked together to complete their applications, Ms. McCollum said. The two hospitals "jointly asked the MHCC to basically tell us how many beds were allowable." But MHCC staff declined that request, she said.

If North Arundel's plans are approved, officials would break ground on North Arundel's patient tower sometime in the next year, Ms.

McCollum said. Its obstetrics unit would open by mid-2008.

New leadership at the MHCC gives hospital officials hope their obstetrics application will be approved, Ms. McCollum said. And new rules expected to be adopted in January will give North Arundel the right to argue why the 20 percent threshold should not apply.

"It just seems so logical that a hospital should be able to deliver babies," Ms. McCollum said. "It's a basic service."

rbagwell@mdgazette.com



Capital Chipping Service

91
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Emergency planners host annual open house

CENTREVILLE — Santa Claus came to visit and there was plenty of cookies and cakes for people of all ages to enjoy. The Queen Anne's County Local Emergency Planning Committee (LEPC) held its annual open house on Thursday, Dec. 16 at the county Department of Emergency Services Building on Communications Drive (off Safety Drive).

Gail Oldershaw, emergency management chief for the department of emergency services, said LEPC includes representatives from the health department, sheriff's office, department of aging, Chester River Hospital Center, American Red Cross, Shore Health Systems, private companies, and citizens.

The committee advises the county on issues dealing with hazardous materials, and gets updates on regulations from representatives of the federal Environmental Protection Agency and the Maryland Department of the Envi-



Photos by KONRAD SUROWIEC

Marshall Haas (right) talks to his dad, Scott Haas, EMS chief for the Queen Anne's County Department of Emergency Services

ronment. LEPC meets the at the department of emergency services building, second Thursday of the month.



Nanette Cassell holds her grandson, Kyle Cassell, who is almost two years old.

ENTERPRISE

LEXINGTON PARK, MD
WEDNESDAY 16,000
DEC 29 2004



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68
13... 8 11...

Rescue squad looks for additional volunteers

The area was deeply saddened on the day of the loss of one of its truly fine, self-loved residents, **James Hoover Taylor**, of Park Hall passed away recently at St. Mary's Hospital. He was 75.

Mr. Taylor was born in Park Hall and lived all his life in St. Mary's county. Mr. Taylor just loved the outdoors and he especially loved cutting grass and cutting wood. Depest sympathy is extended to Mr. Taylor's family and many friends. He will be greatly missed by all who knew and loved him. He was truly a fine man and loved by everyone he came in contact with.

Happy belated birthday to a real once lady: **Mamie Mason** of Leonardtown, who celebrated her big day on Christmas Eve, Dec. 24. Mamie, sorry this greeting is a bit late, but my brother, Charles, joins me in saying we hope you had a great day and many more happy birthdays to come. Mamie is very well known by so many here in the county as she is employed at St. Mary's Hospital.

Don't forget if you have not gotten your **flu shot**, it is still time to do so, as there has been some flu shots now available. It is not too late to get your flu shot and especially if you have a heart condition, cancer and any type of breathing problems. Anyone who normally gets their shot but hasn't

ter would be greatly appreciated.

3rd & 6th

District News

AUDREY RIDGELL



gotten it yet should do so. Call your local doctor or the St. Mary's County Health Department at 301-475-4330.

Happy wedding anniversary to a very special couple, **Ernie and Anne Bell** of Leonardtown are celebrating their big day on New Year's Eve, Dec. 31. Ernie and Anne, my brother, Charles, joins me in wishing you a wonderful day and many more happy years together.

The Leonardtown Volunteer Rescue

Squad is in need of volunteers. They have a special need for their daytime crew. All training is provided at no cost. Working as a rescue squad volunteer is very rewarding when you help to save lives. If you are interested, please contact them, and they will gladly welcome you to their team. For more information call the squad building at 301-475-8509. If no one answers, leave a message on the answering machine and they will return your call. You can also e-mail the president or chief at President@lvrs.org or chief@lvrs.org. Your help in this mat-

GAZETTE (MOUNT AIRY)

MT. AIRY, MD
WEEKLY 10,000
DEC 30 2004



Capital Clipping Service

74 .x.3... 23 XX03. W3

Looking at the year in the schools and county government

**by Katie Champion
and Carolynne Fitzpatrick**

Staff Writers

January

- Property values were predicted to soar, after the release of the state's reassessment data in January. Values were judged to increase by the largest percentage since 1990.
- The transfer tax, a fee that would be charged to homes sold in Carroll County, was under heavy fire from residents who didn't want to pay another tax. The tax, which legislators in Carroll County did not support, would have gone to fund roads, school construction, water and emergency services, all areas of the county in need.
- The Carroll County Commissioners announced that more of the county's fire departments would be funded for round-the-clock emergency medical service thanks to a funding plan.
- All of the school system's budgeted snow days were used by the end of January due to snow that blanketed the county in a series of winter storms.



Capital Clipping Service

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County hospitals plan to expand

By DIONNE WALKER
Staff Writer

Anne Arundel Medical Center officials yesterday unveiled plans for a \$200 million nine-story addition and parking garage, that, paired with a \$112 million expansion planned at North Arundel Hospital, would add 137 more hospital beds to the county.

The hospitals submitted "requests of need" — printed plans detailing their intentions — to the Maryland Health Care Commission yesterday.

Faced with an ever-increasing volume of patients and lengthy emergency room waits, AAMC intends to build a 285,000-square-foot addition to the Acute Care Pavilion, the main inpatient area of the hospital.

It will include 69 more private patient rooms, increase the number of operation rooms from 18 to 26, expand the surgery, emergency and radiology departments, and create a new clinical services floor, officials said. It also will add another 300 jobs, hospital officials said.

A 1,600-car garage is also planned.

Funding for the expansion, located on the south side of the 3-year-old complex in Parole, will come from bond financing, donations and hospital earnings, said Linda Ferris, vice president for strategic planning at the medical center.

"We do not anticipate a rate increase at this time," she said. "However, we have reserved the right with the state to evaluate that in the years ahead."

The expansion is part of Vision 2010, a strategic plan to re-evaluate the hospital's mission and hone its focus, she said.

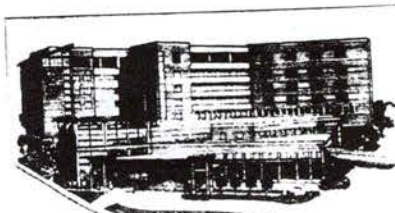
Pummeled by excess patients at its downtown Annapolis location, hospital officials hoped to solve the problem with a move to the 103-acre Parole campus.

Officials initially anticipated visitors to the emergency department would increase from 48,000 a year at the old facility to 60,000 in the first year at Jennifer Road.

What they got was 70,000 patients annually lured in part by the hospital's increased visibility, hospital spokesman Margot Mohsberg said.

A new ramp directly linking Route 50 to the

(See AAMC, Page A12) f



AAMC

(Continued from Page A1)

hospital, combined with legions of aging baby boomers, could further boost emergency department visits to 100,000 in five years, she said.

"The pace of health care is accelerating," Mrs. Ferris said. "We need to be able to meet the community's needs."

Joint venture

To keep up, AAMC officials are also working in conjunction with North Arundel, said Kathy McCollum, vice president of the Glen Burnie center.

Administrators there are submitting two certificates of need to the commission, one proposing a five- to six-story patient tower housing 68 private medical and surgical beds, and some other services now located in basement areas.

North Arundel also will request permission to build an obstetrics unit; officials said last year 172 birthing mothers came to the Glen Burnie emergency department by ambulance, even though the hospital doesn't have an obstetrics department.

In a separate application, hospital officials will ask permission to build the patient tower only, allowing administrators to start work on the facility if its obstetrics application is denied.

Earlier this year North Arundel withdrew a bid to build an obstetrics unit after state officials determined it would siphon more than 20 percent of obstetrics patients from Baltimore's Harbor Hospital.

Hospital officials contend that population growth — especially in west county communities — coupled with a high demand for obstetrics services has prompted the need. They've worked with AAMC to formulate plans allotting roughly the same number of beds to each hospital, Ms. McCollum said.

Planning in tandem, hospital officials believe they have in-

creased the chances of getting approval, she said.

"The population of the county is growing and as it ages we fully expect that there's going to be increased utilization of hospital services," Ms. McCollum said. "We're working together to justify a bed need that's at the higher end of their projections."

Maryland Hospital Association spokesman Dawn Marks thought the joint venture could be beneficial.

"If there is an obvious need to expand, then certainly it's going to affect wait times and improve how fast patients get through," she said.

It's too early to guess whether either expansion plan would be approved, Commission Executive Director Pam Barclay said. Decisions typically come six to eight months after the initial application, Mrs. Ferris said.

Further improvements to Anne Arundel Medical Center, as part of Vision 2010, include expanded women's services and cancer care, said Martin Doordan, the hospital's president. "We knew when we moved here there would be a need for expansion in the future," he said. "The future is now."

*Staff Writer Ryan Bagwell
contributed to this story.
dwalker@capitalgazette.com*

OCEAN CITY TODAY

OCEAN CITY, MD
WEEKLY
DEC 31 2004



Capital Clipping Service

Emergency Services Director retires

Jan. 16: Ocean City Emergency Services Director Clay Stamp, 45, retired. He accepted the newly created position of director of emergency operations at the Maryland Institute for Emergency Medical Services Systems, the state agency responsible for the coordination of emergency medical services.

MARYLAND INDEPENDENT

WALDORF, MD
FRIDAY 25,000
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EMS fees set to take effect

BY ALAN BRODY
STAFF WRITER

When the clock strikes midnight tonight, a costly and controversial fee will be reinstated as county residents will be charged a flat rate for emergency medical service transportation.

The dawn of the new year ends a four-month suspension of the EMS fees that stunned some residents who were billed more than \$1,000 for medical care and transport earlier this year.

Under the modified system, citizens will be charged either \$360 or \$520 for advanced life support, depending on the type of medical service ren-

See EMS fees, Page A-9

EMS fees

Continued from Page A-1

dered by emergency technicians. No additional mileage charge will be levied, a change from the initial policy.

"The commissioners have taken a hard look at what is a fair and reasonable approach to a fee for transport for ALS services," said Victoria Greenfield, deputy county administrator.

County officials maintain that the demand for advanced life support services has outpaced the number of available trained volunteers, prompting the establishment of a career EMS division to provide around-the-clock support and supplement volunteer personnel. But with available funding sources nearly dried up, the county contracted with a third-party collection agency to bill citizens for ALS service.

When citizens started receiving payment notices for hundreds of dollars from Meridian Financial Management, many said they were caught off guard and unaware of why the charges were levied. Although health insurance companies reimburse the fees in many cases, individuals without medical protection and on fixed budgets were faced with paying the lofty price tag themselves.

The public outcry prompted the county commissioners to suspend the system in late August until the billing policy was reviewed and modified.

Officials acknowledged that they failed to adequately educate the public before the fees were instituted at the beginning of 2004 and vowed to correct that problem prior to 2005. Fliers were placed in all residents' mailboxes throughout December to notify them of the reinstated fees.

Libraries, fire stations, ambulances and other local facilities also will offer information on the new charges, Greenfield said.

Finding a way to pay

This was an unkind year for Richard Cook. The Waldorf resident suffered three heart attacks in January, May and August, raising his lifetime total to five and one triple bypass surgery. He was taken by surprise when he received a bill for nearly \$850 for the second cardiac seizure.

"I felt like I was having my heart attack all over again," he said in August. "I couldn't believe that. That's totally ridiculous."

Cook, 62, a retired civil employee for the U.S. Navy, said the new fees are certainly more reasonable than the previous charges.

"That's a whole lot better than ... \$840," he said Wednesday. "I'm still of the opinion that they shouldn't be charging at all, but at the same time, realistically, I can understand that they have got to pay their bills, too."

Others questioned why the fee is necessary at all since residents pay a fire tax, but the county said those taxes fund volunteer fire department and EMS activities, numerous other facilities, and don't cover the salaries of paid EMS.

County Administrator Roger C. Cline said in

August that residents can't put a ceiling on providing emergency health care.

"This is for advanced life support," he said. "This is not just a basic ambulance ride. This is life-saving stuff. ... Is that worth \$941? This is a way to reimburse the county for the need to put on paid services, which I could almost guarantee has already saved lives in this county because these services couldn't be [sustained] by just volunteers anymore."

The county included a one-cent property tax in the fiscal 2005 budget that is projected to raise about \$1.86 million for emergency medical services. But the career EMS division has cost the county about \$3 million annually out of the fund balance since it was established in July 2001 to supplement the county's 14 volunteer rescue squads (the county had to wait two years for federal approval before it could begin assessing EMS fees.).

The reduced charges means the county will have to find alternative means to fully fund the career EMS component.

"It's going to help, but it's ... going to take more money than what that will generate to solve the problem," said Charles County commissioners' President F. Wayne Cooper (D), estimating that it will take up to an additional \$3 million to adequately support the career EMS unit. "There is nothing in life that's free."

The county commissioners have committed to expanding ALS coverage to six units on call at all times by the end of 2006, an effort that will cost \$5 million annually. One of the goals of hiring more career personnel is to provide the same quality and quantity of emergency care in the rural areas of the county as is provided in the urban areas, Cooper said.

"If you're the person living in Nanjemoy having a heart attack, to you, your life is just as important as someone in Waldorf who's having a heart attack," he said.

Cooper said another small tax increase could be levied to fully fund the career EMS program.

Roughly two-thirds of Maryland's 24 jurisdictions utilize a billing system for both advanced and basic life support, said Greenfield, and most counties incorporate an additional mileage fee. Charles County citizens receiving BLS will not be charged under the new guidelines, and there will be no mileage fee tacked on to the flat rate.

Unless a transport actually occurs, no bill will be issued, according to the information brochure. In certain cases when an individual has no insurance and cannot afford to pay, a payment plan can be developed or charges can be waived due to extreme financial hardships.

"Ultimately, no one should incur financial hardship as a result of emergency ALS medical transport," the brochure reads.

The commissioners in late January will adopt a financial assistance policy for EMS patients to provide relief for low-income individuals, Greenfield said. "The idea is to provide the broadest flexibility possible for folks who are financially strapped," she said.

Visit <http://www.charlescounty.org/es/ems-accessorems.pdf> for more on the EMS fees.



USAF photos by Staff Sgt. Mary Pearson



In Iraq, a new type of expeditionary medic provides care around the clock.

AFTERM*A*S*H

The EMEDS concept is based on four-person teams that deploy rapidly to in-patient field hospitals, like the one shown above and right at Baghdad Airport.



By Bruce D. Callander

WHEN the UN's Baghdad offices were car bombed in August 2003, a quick-reacting Air Force medical group was among the first to reach the scene. The gruesome attack claimed the lives of 22 persons, but USAF surgeons and staff saved many others. Such feats have taken place numerous times in violence-racked Iraq.

This was the product of a new type of medical concept called EMEDS, for Expeditionary Medical Support. Unlike the acronym MASH (Mobile Army Surgical Hospital), the term EMEDS may not ever make it to the silver screen, but it is becoming as well-known to today's forces as MASH units were to Korean War troops.

As of last April, say Air Force officials, USAF's expeditionary medicals have treated more than 171,000 casualties, comprising those injured in combat and those suffering from noncombat injuries and disease. There are EMEDS operating in Iraq and 11 other countries.

EMEDS is a concept by which the Air Force Medical Service provides

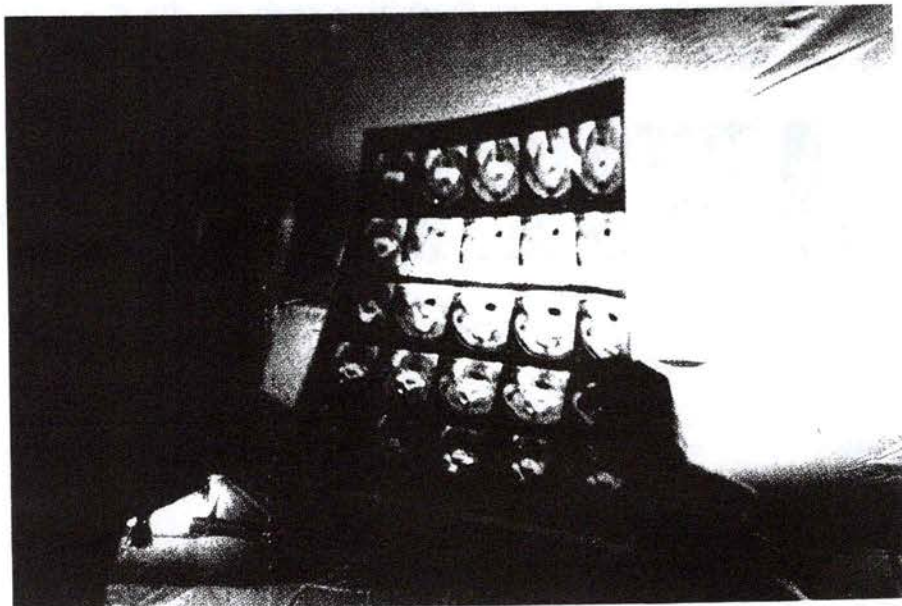
health care to US forces in a deployed environment. It is a building-block approach and is modular in nature.

"That allows you to plug and play different elements as necessary, depending on the health care requirements at a given location," said Capt. Michael Bruhn, chief of ground medical unit type code management at Air Combat Command, Langley AFB, Va.

The EMEDS program is managed largely from the ACC command surgeon's office, which is responsible for all of the Air Force's ground-deployable medical assets.

High Marks

In Congressional testimony, Lt. Gen. George P. Taylor Jr., Air Force surgeon general, gave the EMEDS units high marks for their work in Afghanistan and Iraq. Taylor credited lessons learned in Afghanistan with proving the modular approach. By the time of the war in Iraq, the six-year-long conversion of the Air Force's "large footprint" field medical facilities into small, rapidly



deployable EMEDS units was complete.

Said Taylor, "Our performance in Iraq validates [the claim] that the EMEDS concept works. It saves lives."

The EMEDS approach began to emerge after Operation Desert Storm in 1991. In that war, Air Force officials discerned a need to get medical services closer to the combat zone than had been possible at that time.

In those days, explained Bruhn, the Air Force standard medical configuration was the 25-bed air transportable hospital, which was a far more elaborate setup. It confronted Air Force medical officials with many problems.

Moving that hospital required the loading of about 55 pallets and sustained use of three C-17 transports. By contrast, EMEDS can be loaded on only 25 pallets and transported



A mobile field surgical team operates on a patient in Southwest Asia. A five-member MFST carries medical supplies and equipment sufficient for 10 surgeries.

USAF photo by SSgt. Stacy Pearsall



USAF medics in Iraq respond to a simulated mortar attack. As US and allied troops battle insurgents, EMEDS teams in Southwest Asia practice for a variety of emergencies.

for the most part on a single C-17 aircraft.

"Before, we had an extremely large footprint and would go in with an extremely heavy capability," said Bruhn. In the interim, he noted, "we created a lighter, leaner yet more efficient deployable medical capability."

Airlift requirements are critical because of the many demands on this capability. To get space on a transport, medical equipment and personnel must compete with combat troops.

Logistics wasn't the only problem that the old concept generated for

the Air Force. It was also inflexible. USAF could not take anything less than a full facility to the front.

"The air transportable hospital was not tailorable," said Bruhn. "It could not be modularized, as the EMEDS is now. ... That made it difficult to get to the warfighter."

He said that the EMEDS construct has different scaleable modules.

First Responders

The first two EMEDS "building blocks" are the preventive aerospace medical (PAM) teams and mobile

field surgical teams (MFSTs). According to Taylor, the PAM teams are "first-in, last-out" medics, who "are inserted with the very first troops and are capable of providing health care, on location, before the first tent stake is in the ground."

A PAM team can include an aerospace medicine physician, bioenvironmental engineer, public health officer, and an independent duty medical technician. The team's primary role, said Bruhn, is to work "preventive medicine issues, from occupational health to water sampling to food sources to disease factors." The physician and technician also provide primary and emergency medical care.

Following closely behind a PAM team is an MFST with five team members, each carrying a 70-pound, specially equipped backpack of medical and surgical equipment. The MFST comprises a general surgeon, orthopedic surgeon, emergency medical physician, an anesthesia provider, and an operating room nurse or technician. These five surgical team members, said Taylor, can perform up to 10 emergency, life-or-limb-saving surgeries with the materials they carry on their backs.

The next module, called EMEDS Basic, adds 17 more personnel, including medical, surgical, and dental. This element brings enough tents and supplies to support four in-patient beds. It would be used to support a small air base.

For a somewhat larger base, USAF can lay in what is called "EMEDS Plus 10." This expands EMEDS Basic and provides additional personnel and another 10 beds to support the air base.

The largest model is EMEDS Plus 25, with additional beds and the medical capabilities that would go with them.

"We lay in the amount of medical capacity necessary to support the population," said Bruhn. "That is totally different from what we used previously, when we had one big hospital that would go for everything."

The EMEDS concept has helped the Air Force to not only shrink deployed hospital facilities but also slim down and smooth out the vital records-keeping function. Storage space that once required several large filing cabinets now is provided by a single laptop computer.

This is what the Air Force calls GEMS, for Global Expeditionary Medical System. According to Bruhn, GEMS is an electronic patient record system that collects and sorts all kinds of patient information. It is used to track an entire theater's injury scenarios and other medical problems. The data are used for medical surveillance and are fed into a larger Defense Department system.

While EMEDS ground units provide the first-line care, they do not accompany patients on air evacuation missions. Another part of the EMEDS capability—aeromedical



USAF photo by SSgt. Stacy Pearsall

The new EMEDS concept features a reduced logistics footprint. As a result, the airlift required to transport this medical facility to Iraq was cut by more than half.

evacuation with a different complement of medical personnel—takes over to move the more serious cases to larger facilities. USAF also has updated its medevac system.

Streamlining Medevac

Taylor said the service has seen a "significant advancement" in the ability to take advantage of so-called "back-haul" aircraft.

Recently developed patient support pallets (PSPs) make it easy to transform any USAF mobility aircraft into an aeromedical evacuation platform. A PSP is a collection of

specially packed medical equipment units that can be installed in cargo and transport aircraft within minutes.

USAF has deployed 41 of these special pallets to strategic locations around the world.

Taylor told lawmakers last spring that an Air Force medevac team used one of the PSPs to convert a Greek aircraft "within an hour" into a critical-care transport to take a five-year-old "deathly ill" Iraqi girl to Greece to receive care.

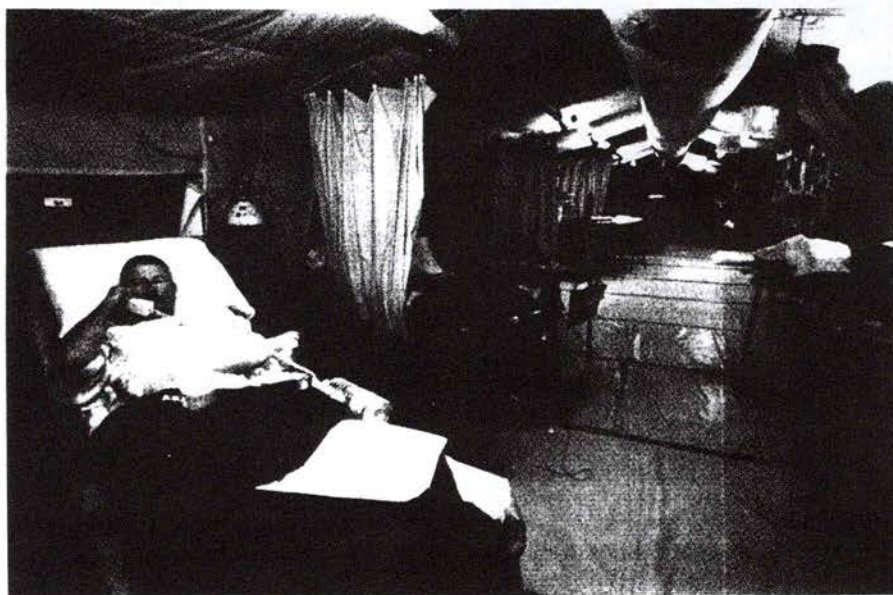
Similarly, he said, USAF can quickly convert a "plane that just landed to deliver weapons" to one that can transport critically wounded airmen, soldiers, sailors, and marines.

As one medic put it, "If it flies, and we have elbow room, we can do our thing."

Taylor said that development and deployment of PSPs "has tremendously accelerated the aeromedical evacuation process." Previously, patients might have to "wait days for a designated C-9 or C-141 aeromedical evacuation mission to pass through their area," he said.

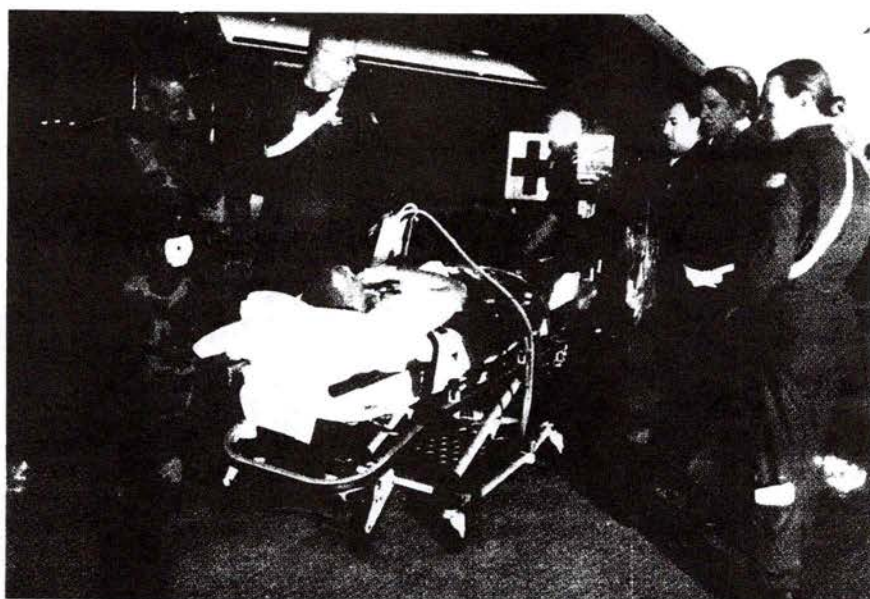
"We are the only country in the world that can do this on a regular and sustained basis for our military personnel," said Taylor.

The Air Force considers the EMEDS construct to span the range of functions, from its first response preventive and surgical teams through aeromedical evacuation. As Bruhn



USAF photo by TSgt. Rob Jensen

The modular system comprises three EMEDS packages. The amount of equipment and number of personnel are tailored to the size of the population they must support. This USAF EMEDS module is located at Balad AB, Iraq.



Theater medical units hand off the most serious casualties to EMEDS aero-medical evacuation teams for transport to larger medical facilities. Above, a Reserve medevac team delivers a wounded troop to a US military hospital.

explained. "If you look at it as an overall medical response of the Air Force, we have the ability to treat patients from the point of entry through the air evac system to a higher echelon of care."

The New NBC Threat

EMEDS also is prepared to meet dire threats. Taylor told a Senate panel that, shortly before the start of combat operations in Iraq, USAF added its EMEDS Supplemental NBC (nuclear, biological, and chemical) Treatment Modules.

Each module, loaded on a pallet, contained 25 ventilators and medical supplies to care for 100 radiological, biological, or chemical casualties.

Even as these pallets provided the tools to treat NBC casualties, EMEDS' "hardened" tents and infrastructure offered a protective shelter in which medics could carry on their work.

Each of these shelters can be equipped with special liners and air-handling equipment that over-pressurizes the interior. Clean, filtered air is pushed in, and contaminated air is kept out. Protected water distribution systems work the same way: they make sure that the EMEDS team has safe, potable water even in contaminated environments.

"So, when our patients come into an EMEDS that is collectively protected," said Bruhn, "there is an assurance that they will be safe inside these tents to be treated."

EMEDS would also play a major

role in protecting troops in the field. Bruhn said. "We have specific antidote capabilities that deployed members are required to take, and they are used if they feel that they are in an environment where they have been exposed to some kind of an agent."

EMEDS teams are made up of many types of specialists, said Maj. Gen. Barbara C. Brannon, assistant surgeon general for nursing services and medical force development.

According to Brannon, the wars in Afghanistan and Iraq saw deployments of 725 nurses and 1,603 medical technicians within a total of 24 EMEDS units. Five of these deployed units have been equipped with chemical and biological protection to counter potential threats.

In one year, six nurses were deployed as EMEDS commanders in charge of deployed wing medical facilities in such places as Saudi Arabia, Romania, the United Arab Emirates, Bahrain, and Diego Garcia.

Many of the medics are reservists, though you could not distinguish them from active duty members. "They train the same way," said Bruhn. "They attend the same courses. Certain courses they attend are certified the same way the active duty courses are, and we all

deploy, so, when you are in the field, there is no way to determine whether this is a Guard or Reserve or an active duty person."

Staying Sharp

EMEDS training entails in-house courses and cooperative arrangements with civilian institutions. "Air Force medics could not succeed in our expeditionary deployments without targeted training to ensure clinical currency," said Brannon.

A Readiness Skills Verification Program helps keep personnel trained in needed wartime skills.

Centers for Sustainment of Trauma and Readiness Skills (C-STARS) programs allow the Air Force to partner with civilian academic centers to immerse nurses, medical technicians, and physicians in all phases of trauma care. This takes place at three locations: the Shock-Trauma Center in Baltimore, University of Cincinnati Medical Center, and Saint Louis University Hospital in St. Louis.

While it moves to make medical facilities smaller and more maneuverable, the Air Force also is exploiting new developments to make them more effective. Taylor specifically noted the development of modern, high-technology medical equipment.

"During operations in Iraq," he said, "we have relied on technical marvels [such as] a laptop-sized ultrasound machine, a ventilator unit the size of a football, and a chemistry analyzer that, during Desert Storm, required its own tent; now it fits into the palm of your hand. Our people are saving lives with these technologies around the globe."

Bruhn noted other examples: a new mobile oxygen-generation system and self-contained water distribution system. They are designed to travel light and move into war zones in time to treat the first battle casualties.

The primary job of the Expeditionary Medical Support operation is to keep Air Force troops healthy and provide treatment when they are sick or wounded. EMEDS, as Bruhn sums it up, allows the Air Force to do this "on time, efficiently, and with a small footprint."

Bruce D. Calander is a contributing editor of Air Force Magazine. He served tours of active duty during World War II and the Korean War and was editor of Air Force Times from 1972 to 1986. His most recent article for Air Force Magazine, "Flesh and Air," appeared in the November issue.



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Reading, Writing and Recruiting: The Transition to Public Service Jobs

By George Berkheimer

Police officer. Firefighter. Paramedic. Nurse. Ask kindergartners what they want to be when they grow up and these answers rank high on the list, but they're not so prevalent among older children who are learning about other careers. It's an obvious fact that most people take for granted, unless they happen to be involved in planning or recruiting for one of these professions, particularly the ones facing workforce shortfalls over the next few decades.

If managers could recruit enthusiastic, receptive schoolchildren, crucial public service and public safety jobs would never be understaffed. That may seem unorthodox, but the scenario isn't entirely unworkable, especially when it's designed for older students still contemplating their futures. Thanks to specialized curricula being made available through college and career transition programs at some area high schools, the chances

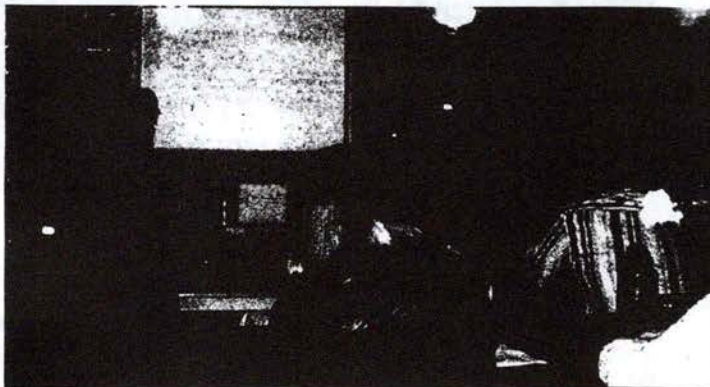
that more local students than usual will go on to serve their communities in these capacities are beginning to improve.

Providing Opportunity

Conceived by Joseph Herr, chief of Howard County Fire and Rescue Services, the Paramedic/Firefighter Pathway Program was launched in five county high schools at the start of the 2003/2004 school year. Beginning in 2005 it will expand to include juniors and seniors in all Howard County high schools.

"We had a good response with 11 students the first year and an additional 15 the second," said Program Coordinator Lt. Michael Katafiasz. "Next year we're looking at about 25 new students."

Program participants must first pass an academic review and an individual interview. "They need to be prepared for college level courses," Katafiasz explained. "Seniors take Biology 101, Health 110 and Math 105, and



Students in the Paramedic/Firefighter Pathway Program give a presentation on issues affecting women in the firefighting field.

they'll be performing drug [dosage] calculations, which require an understanding of college-level math."

So far, local students have proved they're up to the challenge. To successfully complete the first year they were required to complete the emergency medical technician (EMT) curriculum and pass all state examinations for certification as a Maryland EMT. "Our students scored 10 points over the state average," Katafiasz emphasized.

Students move on to firefighting fundamentals in their senior year, then spend two years at Howard Community College completing the extra work to become licensed as nationally recognized paramedics.

Alan Silberman, a counselor at Howard High School, said the program benefits everybody involved. "The county needs to make sure it has an adequate supply of firefighters and paramedics," he reasoned. "The students get a jump start on their degree by earning credits in high school, plus it doesn't hurt our school to have six students walking through our halls with this kind of training."

Stoking the Interest

In early November, the Pathway Program students invited their parents to an open house event at their training facility, located in the Howard Gateway School in Clarksville. Among the students giving presentations on problems and issues modern firefighters face were Wilde Lake seniors Lacie Der and Veronika Burlas. "This has been one of the best experiences of my life," Der said. "I've developed some strong relationships and I'll be going on to become a paramedic or a nurse."

Burlas intended to become a nurse but found herself swayed to following the firefighter path. "You work into a routine day

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Reading, Recruiting

on page 1

day as a nurse, but your environment changes all the time if you're a firefighter there's more variety," she said.

Howard High School seniors Robyn Grantham and Matt Whalen also praised the program for the insight it brought them. "It's helped me decide to become a firefighter and paramedic," said Whalen, while Grantham said she found the firefighting portion difficult, but worthwhile. "I've settled on a medicareer, but I still don't know what direction I'll take," she said.

Addressing Force Needs

The Laurel Police Department is considering a similar program focused on criminal justice to help cultivate a more home-grown force while addressing problems of recruitment.

"We're working with the police department, the Prince George's County school system and the P.G. Community College to develop a program on the order of the Junior Reserve Officers' Training Corps," said Laurel High School Principal Theo Cramer. "We want to help students prepare for different fields and help them understand the requirements and myriad opportunities in law enforcement."



Lt. Michael Katafiasz, program coordinator for the Paramedic/Firefighter Pathway Program, works to recruit emergency medical technician personnel from local high schools.

According to Community Liaison Officer Erik Eagle, the police department is awaiting approval of a grant that will pay for a permanent school resource officer to take over enforcement duties from the county's temporary officer and begin teaching criminal justice classes.

"We'll bring in specialty units for talks on SWAT team, enforcement, narcotics and community liaison functions," he said, expressing hope that the program will help the force attract more officers from the local area. "People familiar with the community are the

best people to police it," he added.

Laurel Police Chief David Moore agreed. "If they've grown up here, they know the personalities and the neighborhoods," he said. "It's a different dynamic when an outsider comes in and tries to do the same enforcement."

"It's difficult to recruit and retain young people for the police service," he continued. "Now we intend to enroll up to 30 kids a year, hopefully starting next year. They can graduate with 15 college credits, go on to earn an associate's degree at the community college and enter into the force serving the community they grew up in."

Katafiasz affirmed that the Howard County Fire Department faces similar recruiting problems. According to county statistics, residents aged 60 and over will increase in population by 260% in the next 20 years. An accompanying increase in 911 calls for emergency medical services and the current shortage of qualified paramedics will present unique challenges in securing an adequate workforce.

"Chief Herr has proven to be a visionary," he said. "His idea is starting to catch on and we're getting calls and questions from all over the country. There's no guarantee, but we're giving students who grew up here an opportunity to stay here. We think service will improve in the long run because they're already more connected with the community and have a personal stake in it."



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Shock Trauma Capitalizes on the 'Golden Hour'

By Len Lazzarick

Dr. Thomas Scalea had wrapped up his talk on the wonders of Maryland's emergency medical system — "it's the only thing like it in the world" — when two members of his Chamber of Commerce audience couldn't hold back their own emotional testimonials.

One man described his son's terrible auto accident in January. "They

saved him" after helicopter evacuation to Baltimore's Shock Trauma Center, the man said.

And Alicia Wilhelm couldn't let the luncheon end without her own testi-

mony as a satisfied customer. "They saved my life," Wilhelm said. She admitted later that the head injury suffered in her 1993 accident on College Avenue in Ellicott City "wasn't as severe as what they thought on the scene."

But she still spent five days at the R Adams Cowley Shock Trauma Center. Wilhelm, now an agent for Randstad placement services, pointed out that in an accident, "time is of the essence. Five minutes could mean brain dead or not brain dead."

'Golden Hour'

The crucial dimension of time in treating injury was one of the points emphasized by Scalea, chief physician at the center.

In the 1960s, said Scalea, "nobody knew anything about trauma care ... and there really wasn't emergency medicine then." Then along came Dr. R Adams Cowley, the founder

of shock trauma. Cowley established that "injury is a time related disease and he coined the term the 'Golden Hour,'" Scalea said. Treating the patient in the first 60 minutes following a traumatic injury is the "critical part" and getting the victim from the field to the hospital in that time period was crucial.

To do that, "you [need to] set up a really slick delivery system" that gets the patient to a well-equipped trauma center staffed by well-trained emergency physicians and nurses. "The genius that was MIEMSS [the Maryland Institute of Emergency Medical Services System] was the pre-hospital."

That's how Maryland began evolving into the elaborate system the state has today. A fleet of 12 helicopters, staffed by 46 flight emergency medical technicians (EMTs) and 50 state police pilots are split among eight airports in five regions so that "the Golden Hour is

real from every part of the state," Scalea said, and "the furthest ride is 43 minutes" to one of the state's nine trauma centers.

Another critical element of the Maryland system is the nine centers that specialize in treating traumatic injuries. "If you do it a lot, you get better at it," Scalea said. "You live more reliably if you go to places that have the biggest volume."

Cowley, By Numbers

The largest unit is Baltimore's 95-bed Cowley Center, which treated 7,000 patients last year, a third of the state's trauma patients.

The center handles almost half of the patients flown by helicopter, but even here, a majority of patients are actually transported by ambulances, as they are to the other eight centers. The training of the 30,000 EMTs and other first responders on the ground is also a key component of the system.

The Cowley Center is affiliated with the University of Maryland School of Medicine next door, "the only school that has recognized injury as a disease," Scalea said. "We've got the only clinical injury training program in the country."

"The nurses are clearly the backbone of the hospital," Scalea said, and they are treated as "independent practitioners."

"The funding is also unique," Scalea said, with \$11 tacked onto every Maryland motor vehicle registration. That goes into the EMS fund to support the system, "about the cheapest health insurance you can buy."

Asked why no other state or region has duplicated the Maryland system, Scalea said, "the answer is economic and political."

"It is an expensive system," he said, and when he tried to set up a similar system for Brooklyn, N.Y., "we got nowhere" because of competing interests among hospitals and jurisdictions.

Scalea was also asked about proposals to privatize the costly helicopter transportation system. "How many ways could I say 'bad,'" he said. "I think that is an extraordinarily dangerous precedent."

Victor Broccolino, president and CEO of Howard County General Hospital and vice chair of the state Emergency Medical Services board that oversees the network,

"It is not a good idea" and there is no need to change a system that is "the best in the world."

"You'll be happy to pay your \$11 a year," Broccolino said.

According to the MIEMSS annual report, in the year ending in May, there were 282 trauma patients from Howard County, 796 from Anne Arundel County, 1,727 from Prince George's County and 4,293 from Baltimore City, the most of any jurisdiction. Males make up 71% of the victims. Of the total patients, 45% were injured in motor vehicle or motorcycle crashes, 19% from falls and 15% from gunshot and stabbings. In the crashes, 27% had no protective devices, such as a seatbelt or airbag.

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Reading, Writing and Recruiting: The Transition to Public Service Jobs

By George Berkheimer

Police officer. Firefighter. Paramedic. Nurse. Ask kindergartners what they want to be when they grow up and these answers rank high on the list, but they're not so prevalent among older children who are learning about other careers. It's an obvious fact that most people take for granted, unless they happen to be involved in planning or recruiting for one of these professions, particularly the ones facing workforce shortfalls over the next few decades.

If managers could recruit enthusiastic, receptive schoolchildren, crucial public service and public safety jobs would never be understaffed. That may seem unorthodox, but the scenario isn't entirely unworkable, especially when it's designed for older students still contemplating their futures. Thanks to specialized curricula being made available through college and career transition programs at some area high schools, the chances

that more local students than usual will go on to serve their communities in these capacities are beginning to improve.

Providing Opportunity

Conceived by Joseph Herr, chief of Howard County Fire and Rescue Services, the Paramedic/Firefighter Pathway Program was launched in five county high schools at the start of the 2003/2004 school year. Beginning in 2005 it will expand to include juniors and seniors in all Howard County high schools.

"We had a good response with 11 students the first year and an additional 15 the second," said Program Coordinator Lt. Michael Katafiasz. "Next year we're looking at about 25 new students."

Program participants must first pass an academic review and an individual interview. "They need to be prepared for college level courses," Katafiasz explained. "Seniors take Biology 101, Health 110 and Math 105, and



Students in the Paramedic/Firefighter Pathway Program give a presentation on issues affecting women in the firefighting field.

they'll be performing drug [dosage] calculations, which require an understanding of college-level math."

So far, local students have proved they're up to the challenge. To successfully complete the first year they were required to complete the emergency medical technician (EMT) curriculum and pass all state examination for certification as a Maryland EMT. "Our students scored 10 points over the state average," Katafiasz emphasized.

Students move on to firefighting fundamentals in their senior year, then spend two years at Howard Community College completing the course to earn the license as nationally recognized paramedics.

Alan Silberman, a counselor at Howard High School, said the program benefits everybody involved. "The county needs to make sure it has an adequate supply of firefighters and paramedics," he reasons. "The students get a jump start on their degree by earning credits in high school, plus it doesn't hurt our school to have six students walking through our halls with the kind of training."

Stoking the Interest

In early November, the Pathway Program students invited their parents to an open house event at their training facility, located in the Howard Gateway School in Clarksville. Among the students giving presentations on problems and issues modern firefighters face were Wilde Lake senior Lacie Der and Veronika Burlas. "This has been one of the best experiences of my life," Der said. "I've developed some strong relationships and I'll be going on to become a paramedic or a nurse."

Burlas intended to become a nurse, but she herself swayed to following the firefighter path. "You work into a routine,"

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after day as a nurse, but your environment changes all the time if you're a firefighter and there's more variety," she said.

Howard High School seniors Robyn Grantham and Matt Whalen also praised the program for the insight it brought them. "It's helped me decide to become a firefighter and paramedic," said Whalen, while Grantham said she found the firefighting portion difficult, but worthwhile. "I've settled on a medical career, but I still don't know what direction I'll take," she said.

Addressing Force Needs

The Laurel Police Department is considering a similar program focused on criminal justice to help cultivate a more home-grown force while addressing problems of recruitment.

"We're working with the police department, the Prince George's County school system and the P.G. Community College to develop a program on the order of the Junior Reserve Officers' Training Corps," said Laurel High School Principal Theo Cramer. "We want to help students prepare for different fields and help them understand the requirements and myriad opportunities in law enforcement."



Lt. Michael Katafiasz, program coordinator for the Paramedic/Firefighter Pathway Program, works to recruit emergency medical technician personnel from local high schools.

According to Community Liaison Officer Erik Eagle, the police department is awaiting approval of a grant that will pay for a permanent school resource officer to take over enforcement duties from the county's temporary officer and begin teaching criminal justice classes.

"We'll bring in specialty units for talks on SWAT team, enforcement, narcotics and community liaison functions," he said, expressing hope that the program will help the force attract more officers from the local area. "People familiar with the community are the

best people to police it," he added.

Laurel Police Chief David Moore agreed. "If they've grown up here, they know the personalities and the neighborhoods," he said. "It's a different dynamic when an outsider comes in and tries to do the same enforcement."

"It's difficult to recruit and retain young people for the police service," he continued. "Now we intend to enroll up to 30 kids a year, hopefully starting next year. They can graduate with 15 college credits, go on to earn an associate's degree at the community college and enter into the force serving the community they grew up in."

Katafiasz affirmed that the Howard County Fire Department faces similar recruiting problems. According to county statistics, residents aged 60 and over will increase in population by 260% in the next 20 years. An accompanying increase in 911 calls for emergency medical services and the current shortage of qualified paramedics will present unique challenges in securing an adequate workforce.

"Chief Herr has proven to be a visionary," he said. "His idea is starting to catch on and we're getting calls and questions from all over the country. There's no guarantee, but we're giving students who grew up here an opportunity to stay here. We think service will improve in the long run because they're already more connected with the community and have a personal stake in it."