

ANNOTATED MINUTES

Tuesday, June 29, 1993 - 9:30 AM
Multnomah County Courthouse, Room 602

REGULAR MEETING

Acting Chair Henry C. Miggins convened the meeting at 9:35 a.m., with Vice-Chair Gary Hansen, Commissioners Sharron Kelley, Tanya Collier and Dan Saltzman present.

REGULAR AGENDA

DEPARTMENT OF SOCIAL SERVICES

- R-1 *Ratification of Amendment No. 1 to Intergovernmental Agreement, Contract #102963, Between the City of Portland and Multnomah County, Housing and Community Services Division, Youth Program Office, Allocating \$100,000 Payment in Lieu of Taxes (PILOT) Funds for Emergency Youth Services, for the Period Upon Execution through June 30, 1993*

COMMISSIONER HANSEN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-1. REY ESPANA EXPLANATION AND RESPONSE TO BOARD QUESTIONS. AGREEMENT UNANIMOUSLY APPROVED.

- R-2 *Budget Modification DSS #66 Requesting Authorization to Decrease the Mental Health, Youth and Family Services Division Budget by a Total of \$231,628 to Reconcile Budget with Actual Funding Levels through State Revenue Amendment #49-R*

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER COLLIER, R-2 WAS UNANIMOUSLY APPROVED.

SHERIFF'S OFFICE

- R-3 *Budget Modification MCSO #19 Requesting Authorization to Transfer \$17,896 from Equipment to Personal Services, within the Corrections Division, Inmate Welfare Budget, to Fund a Temporary Chaplain*

COMMISSIONER HANSEN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-3. LARRY AAB EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-4 *ORDER in the Matter of Canceling Uncollectible Personal Property Taxes, 1984-85 through 1989-90*

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-4. KATHY TUNEBERG EXPLANATION AND RESPONSE TO BOARD QUESTIONS. ORDER 93-234 UNANIMOUSLY APPROVED.

- R-5 *Budget Modification DES #31 Requesting Authorization to Transfer \$130,000 from Road Fund Contingency to Personal Services, within the Transportation Division Budget, for Fiscal Year 1992-93 Wage Settlements*

UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER KELLEY, R-5 WAS UNANIMOUSLY APPROVED.

- R-6 *Budget Modification DES #32 Requesting Authorization to Transfer \$38,000 from General Fund Contingency to the Fair and Expo Division Budget, to Cover a Revenue Shortfall in the Fair Fund*

COMMISSIONER HANSEN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-6. BETSY WILLIAMS EXPLANATION AND RESPONSE TO BOARD QUESTIONS. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

- R-7 *Budget Modification NOND #38 Requesting Authorization to Transfer Funds from Materials and Supplies to Capital Equipment, within the Commission District No. 1 Budget, to Purchase a Computer for Office Operations*

COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-7. COMMISSIONER SALTZMAN EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

- R-8 *Budget Modification NOND #39 Requesting Authorization to Transfer Funds from Materials and Supplies to Capital Equipment, within the Commission District No. 2 Budget, to Purchase Computers for Office Operations*

COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-8. COMMISSIONER HANSEN EXPLANATION. BUDGET MODIFICATION UNANIMOUSLY APPROVED.

SERVICE DISTRICTS

(Recess as the Board of County Commissioners and convene as the Governing Body of Mid-County Street Lighting Service District No. 14)

- R-9 *RESOLUTION in the Matter of the Adoption of the 1993-94 Budget for Mid-County Street Lighting Service District No. 14, for the Fiscal Year July 1, 1993 to June 30,*

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-9. DAVE WARREN EXPLANATION. RESOLUTION 93-235 UNANIMOUSLY APPROVED.

(Recess as the Governing Body of Mid-County Street Lighting Service District No. 14 and convene as the Governing Body of Dunthorpe-Riverdale Sanitary Service District No. 1)

R-10 **RESOLUTION in the Matter of the Adoption of the 1993-94 Budget for Dunthorpe-Riverdale Sanitary Service District No. 1, for the Fiscal Year July 1, 1993 to June 30, 1994 and Making Appropriations Thereunder, Pursuant to ORS 294.435**

UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER KELLEY, RESOLUTION 93-236 WAS UNANIMOUSLY APPROVED.

(Recess as the Governing Body of Dunthorpe-Riverdale Sanitary Service District No. 1 and reconvene as the Board of County Commissioners)

NON-DEPARTMENTAL

R-11 **RESOLUTION in the Matter of the Adoption of the 1993-94 Budget for Multnomah County, Oregon, for the Fiscal Year July 1, 1993 to June 30, 1994 and Making the Appropriations Thereunder, Pursuant to ORS 294.435**

COMMISSIONER COLLIER MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-11. MR. WARREN EXPLANATION AND RESPONSE TO BOARD QUESTIONS. COMMISSIONER HANSEN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF THE TECHNICAL AMENDMENTS (AMENDMENT NO. 1). MR. WARREN RESPONSE TO BOARD QUESTIONS. AMENDMENT NO. 1 UNANIMOUSLY APPROVED. UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER COLLIER, APPROVAL OF CARRYOVER AMENDMENT NO. 2 WAS UNANIMOUSLY APPROVED. UPON MOTION OF COMMISSIONER HANSEN, SECONDED BY COMMISSIONER COLLIER, APPROVAL OF REVENUE AMENDMENT NO. 3 WAS UNANIMOUSLY APPROVED. COMMISSIONER SALTZMAN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF TENTATIVELY APPROVED JUNE 25 AMENDMENTS (AMENDMENT NO. 4). MR. WARREN RESPONSE TO BOARD QUESTIONS AND DISCUSSION. BOARD COMMENTS. COMMISSIONER SALTZMAN MOVED AND COMMISSIONER COLLIER SECONDED, AN AMENDMENT TO PREVIOUS MOTION, DESCRIBING CONTRIBUTION TO THE ASSOCIATION FOR

PORTLAND PROGRESS AS A CONTRIBUTION TO ITS ECONOMIC IMPROVEMENT DISTRICT FOR TREATMENT FOR CHRONICALLY MENTALLY ILL (AMENDMENT NO. 4-A). BOARD COMMENTS. AMENDMENT NO. 4-A FAILED, WITH COMMISSIONERS COLLIER AND SALTZMAN VOTING AYE AND COMMISSIONERS KELLEY, HANSEN AND MIGGINS VOTING NO. COMMISSIONER SALTZMAN MOVED AND COMMISSIONER COLLIER SECONDED, AN AMENDMENT TO AMENDMENT NO. 4, APPROVING PAYMENT OF \$72,000 ASSESSMENT TO ASSOCIATION FOR PORTLAND PROGRESS (AMENDMENT NO. 4-B). AMENDMENT NO. 4-B APPROVED, WITH COMMISSIONERS COLLIER, SALTZMAN AND MIGGINS VOTING AYE AND COMMISSIONERS KELLEY AND HANSEN VOTING NO. AMENDMENT NO. 4 UNANIMOUSLY APPROVED AS AMENDED. MR. WARREN AND BOARD DISCUSSION. COMMISSIONER SALTZMAN MOVED AND COMMISSIONER COLLIER SECONDED, TO ALLOW DISCUSSION OF ONLY THOSE PROGRAM AMENDMENTS WHICH HAVE NO IMPACT ON THE GENERAL FUND (AMENDMENT NO. 5). BOARD COMMENTS. AMENDMENT NO. 5 FAILED, WITH COMMISSIONERS COLLIER AND SALTZMAN VOTING AYE AND COMMISSIONERS KELLEY, HANSEN AND MIGGINS VOTING NO. COMMISSIONER SALTZMAN MOVED AND COMMISSIONER COLLIER SECONDED, THAT ANY MOTION TO RESTORE AN AMENDMENT WHICH HAS GENERAL FUND MUST HAVE A CORRESPONDING CUT IDENTIFIED. BOARD COMMENTS (AMENDMENT NO. 6). BOARD COMMENTS AND DISCUSSION. AMENDMENT NO. 6 APPROVED, WITH COMMISSIONERS COLLIER, SALTZMAN AND MIGGINS VOTING AYE AND COMMISSIONERS KELLEY AND HANSEN VOTING NO. COMMISSIONER KELLEY DISCUSSION AND EXPLANATION IN RESPONSE TO QUESTIONS OF BILLI ODEGAARD AND MR. WARREN. UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, THE APPROPRIATION OF \$21,000 TO HEALTH DEPARTMENT BUDGET TO FUND POSITION AND DEVELOP ILLEGAL DUMPING PROGRAM (HD 6) WAS UNANIMOUSLY APPROVED. BOARD COMMENTS AND DISCUSSION. MS. ODEGAARD AND TOM FRONK RESPONSE TO BOARD QUESTIONS. COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, TO RESTORE PATHOLOGY ASSISTANTS POSITIONS WITHIN CURRENT HEALTH DEPARTMENT BUDGET (HD 15). MR. WARREN AND MR. FRONK COMMENTS. BOARD COMMENTS. HD 15 UNANIMOUSLY APPROVED. COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF DA 6. KELLY BACON EXPLANATION. DA 6 UNANIMOUSLY APPROVED. LAURENCE KRESSEL

EXPLANATION IN RESPONSE TO BOARD QUESTIONS. COMMISSIONER SALTZMAN COMMENTS REGARDING SHERIFF'S OFFICE PRIORITIES. UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER HANSEN, MCSO 33 WAS UNANIMOUSLY APPROVED. UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER HANSEN, MCSO 34-R WAS UNANIMOUSLY APPROVED. UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER HANSEN, DES 27, DES 29 AND DES 30 WERE UNANIMOUSLY APPROVED. UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER KELLEY, NOND 8 WAS UNANIMOUSLY APPROVED. MR. WARREN EXPLANATION REGARDING BUDGET AMENDMENT REVENUE NO. 2. COMMISSIONER SALTZMAN EXPLANATION REGARDING CHILD ABUSE MULTI-DISCIPLINARY TEAM. UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER HANSEN, BUDGET AMENDMENT REVENUE NO. 2 WAS UNANIMOUSLY APPROVED. COMMISSIONER COLLIER MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF THE BUDGET AS AMENDED. BOARD COMMENTS. COURTHOUSE SECURITY, NEEDLE EXCHANGE AND HOOPER COLA FUNDS IN CONTINGENCY. RESOLUTION 93-237 ADOPTING BUDGET AS AMENDED UNANIMOUSLY APPROVED.

R-12 *RESOLUTION in the Matter of Levying Ad Valorem Property Taxes for Multnomah County, Oregon for Fiscal Year 1993-94*

UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER KELLEY, RESOLUTION 93-238 WAS UNANIMOUSLY APPROVED.

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER COLLIER, CONSIDERATION OF THE FOLLOWING UNANIMOUS CONSENT ITEM WAS UNANIMOUSLY APPROVED.

DISTRICT ATTORNEY

UC-1 *Ratification of Intergovernmental Agreement, Contract #500064, Between the State of Oregon, Department of Human Resources, Children's Services Division and Multnomah County, District Attorney's Office, Providing Legal Consultation and Processing, Filing and Litigating Cases in Multnomah County Juvenile Court Pursuant to State Law, for the Purpose of Terminating Parental Rights to Children who have been Neglected, Abused or Abandoned, for the Period July 1, 1993 through December 31, 1993*

UPON MOTION OF COMMISSIONER COLLIER, SECONDED

**BY COMMISSIONER SALTZMAN, AGREEMENT
UNANIMOUSLY APPROVED.**

There being no further business, the meeting was adjourned at 11:03 a.m.

**OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON**

Deborah L. Bogstad
Deborah L. Bogstad

*Tuesday, June 29, 1993 - 1:30 PM
Multnomah County Courthouse, Room 602*

WORK SESSION

WS-1 *Work Session to Consider Emergency Medical Services Ambulance Service Area Plan Elements. Public May Intend, However Invited Testimony Only, No Public Testimony. Facilitated by Bill Collins.*

**BILL COLLINS, JOHN PRAGGASTIS, ROY MAGNASON, LOU PARETTA, MARK DRAKE, PHIL MOYER, RANDY LOWRY, NEIL JAMES, DAVID LONG AND GARY OXMAN
PRESENTATION AND RESPONSE TO BOARD QUESTIONS.**

*Wednesday, June 30, 1993 - 9:00 AM
Multnomah County Courthouse, Room 602*

BOARD BRIEFING

B-1 *Update on the 1993 Legislative Session. Presented by Multnomah County Intergovernmental Relations Officer Fred Neal.*

**FRED NEAL AND HOWARD KLINK PRESENTATION AND
RESPONSE TO BOARD QUESTIONS.**

*Wednesday, June 30, 1993 - 9:30 AM
Multnomah County Courthouse, Room 602*

WORK SESSION

WS-2 *Work Session to Consider Emergency Medical Services Ambulance Service Area Plan Elements. Public May Intend, However Invited Testimony Only, No Public Testimony. Facilitated by Bill Collins.*

**BILL COLLINS, JOHN PRAGGASTIS, SGT. MERLIN JUILFS,
BOB YOESELE, DR. JOHN MOREHEAD, LYNN DAVIS, DAVID**

**PHILLIPS, MARK DRAKE, TRACE SKEEN, ALEX JENSEN,
DR. GARY OXMAN, RON HEINTZMAN AND RANDY
LEONARD PRESENTATION AND RESPONSE TO BOARD
QUESTIONS.**

*Thursday, July 1, 1993 - 9:30 AM
Multnomah County Courthouse, Room 602*

REGULAR MEETING

*Acting Chair Henry C. Miggins convened the meeting at 9:30 a.m., with
Commissioners Sharron Kelley, Tanya Collier and Dan Saltzman present.*

**UPON REQUEST OF COMMISSIONER COLLIER, C-4 WAS
REMOVED FROM THE CONSENT CALENDAR.**

CONSENT CALENDAR

**UPON MOTION OF COMMISSIONER KELLEY, SECONDED
BY COMMISSIONER SALTZMAN, CONSENT CALENDAR
ITEMS C-1 THROUGH C-3 AND C-5 WERE UNANIMOUSLY
APPROVED.**

NON-DEPARTMENTAL

- C-1 *In the Matter of the Reappointment of Peter McGill to the MULTNOMAH COUNTY
AGRICULTURAL REVIEW BOARD***
- C-2 *In the Matter of the Appointments of Rafael Arrellano, Bill Muir, Dan Saltzman,
Hank Miggins, Gussie McRobert and Frank Roberts to the MULTNOMAH COUNTY
COMMUNITY ACTION COMMISSION***

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-3 *FINAL ORDER Modifying Decision CU 20-92 in the Matter of Review of Condition
B of the Hearings Officer's Decision Approving a Non-Resource Related Dwelling
in the Multiple Use Forest District***

ORDER 93-239.

DEPARTMENT OF HEALTH

- C-5 *Ratification of Intergovernmental Agreement, Contract #200524, Between Multnomah
County and Multnomah Education Service District, Providing Shared Resources in
Order to Comply with ORS 433 Requiring the Establishment of a System to Identify,
Test and Track Students Born in Countries with High Rates of Tuberculosis, for the
Period July 1, 1993 through June 30, 1994***

REGULAR AGENDA

DISTRICT ATTORNEY

- R-1 *Ratification of Intergovernmental Agreement, Contract #700014, Between the State of Oregon, Department of Human Resources, Adult and Family Services Division and Multnomah County, District Attorney's Office, Providing 75% Reimbursement of Prosecution Costs on Food Stamp Fraud Investigation Cases, for the Period July 1, 1993 through June 30, 1996*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER COLLIER, R-1 WAS UNANIMOUSLY APPROVED.

- R-2 *Ratification of Intergovernmental Agreement, Contract #700024, Between the City of Portland, Police Bureau and Multnomah County, Providing the District Attorney's Office with Three Full-Time Investigators, for the Period July 1, 1993 through June 30, 1994*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER COLLIER, R-2 WAS UNANIMOUSLY APPROVED.

- R-3 *Ratification of Intergovernmental Agreement, Contract #700044, Between the City of Portland, Police Bureau and Multnomah County, District Attorney's Office, to Fund One Detective for Services Related to the Multi-Agency Gaming Law Enforcement Revenue Task Force, for the Period February 22, 1993 through June 30, 1993*

COMMISSIONER KELLEY MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF R-3.

Vice-Chair Gary Hansen arrived at 9:35 a.m.

AGREEMENT UNANIMOUSLY APPROVED.

NON-DEPARTMENTAL

- R-4 *Ratification of Intergovernmental Agreement, Contract #500463, Between Multnomah County, Multnomah County Sheriff's Office and the City of Portland, Providing the City's Bureau of Emergency Communications an Emergency Back-Up Location at the Multnomah County Sheriff's Office, 12240 NE Glisan, for the Period Upon Execution through June 30, 1999*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER COLLIER, R-4 WAS UNANIMOUSLY APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-5 *First Reading and Possible Adoption of an ORDINANCE Relating to the Establishment, Membership, and Operation of the Multnomah County Citizen*

PROPOSED ORDINANCE READ BY TITLE ONLY. COPIES AVAILABLE. COMMISSIONER SALTZMAN MOVED AND COMMISSIONER COLLIER SECONDED, APPROVAL OF FIRST READING AND ADOPTION. LAURENCE KRESSEL RESPONSE TO BOARD QUESTIONS. COMMISSIONER SALTZMAN MOVED, SECONDED BY COMMISSIONER COLLIER, AMENDMENT TO (B)(1) STATING THE CITIZEN BIKEWAY ADVISORY COMMITTEE SHALL BE APPOINTED BY THE COUNTY CHAIR UPON THE APPROVAL OF THE BOARD OF COUNTY COMMISSIONERS. JOY AL SOFI TESTIMONY. AMENDMENT UNANIMOUSLY APPROVED. MR. KRESSEL RESPONSE TO BOARD QUESTION. UPON MOTION OF COMMISSIONER COLLIER, SECONDED BY COMMISSIONER SALTZMAN, ORDINANCE 770 AS AMENDED UNANIMOUSLY APPROVED.

- R-6 *Ratification of Intergovernmental Agreement, Contract 302613, Between Multnomah County and Powell Valley Water District, Incorporating Needed Water Line Improvements for SE Foster Road Construction Project (SE 122nd - SE 136th)*

UPON MOTION OF COMMISSIONER KELLEY, SECONDED BY COMMISSIONER HANSEN, R-6 WAS UNANIMOUSLY APPROVED.

- R-7 *RESOLUTION Recommending Approval of the Multnomah County 20 Year 1993-2012 Capital Improvement Plan and Program for Willamette River Bridges*

COMMISSIONER KELLEY MOVED AND COMMISSIONER HANSEN SECONDED, APPROVAL OF R-7. STAN GHEZZI EXPLANATION AND RESPONSE TO BOARD QUESTIONS. RESOLUTION 93-240 UNANIMOUSLY APPROVED.

- R-8 *ORDER in the Matter of Imposing Gross Weight Restriction on Vehicles Using the Morrison Bridge Over Willamette River*

COMMISSIONER HANSEN MOVED AND COMMISSIONER KELLEY SECONDED, APPROVAL OF R-8. MR. GHEZZI EXPLANATION AND RESPONSE TO BOARD QUESTIONS. ORDER 93-241 UNANIMOUSLY APPROVED.

DEPARTMENT OF HEALTH

- C-4 *Ratification of Intergovernmental Agreement, Contract #200514, Between Multnomah County and Oregon Health Sciences University, Providing a Single Point for Medical Direction, Data Collection and Research as Required by Multnomah County Code and Emergency Medical Services, for the Period July 1, 1993 through June 30, 1994*

COMMISSIONER COLLIER MOVED AND COMMISSIONER

KELLEY SECONDED, APPROVAL OF C-4. BILLI ODEGAARD EXPLANATION AND RESPONSE TO BOARD QUESTIONS. AGREEMENT UNANIMOUSLY APPROVED.

PUBLIC COMMENT

R-9 *Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.*

There being no further business, the meeting was adjourned at 10:04 a.m.

OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON


Deborah L. Bogstad

Thursday, July 1, 1993 - 1:30 PM
Multnomah County Courthouse, Room 602

PUBLIC HEARING


Acting Chair Henry C. Miggins convened the meeting at 1:38 p.m., with Vice-Chair Gary Hansen, Commissioners Sharron Kelley, Tanya Collier and Dan Saltzman present.

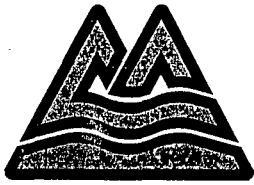
PH-1 *Board Hearing and Public Testimony on Emergency Medical Services Ambulance Service Area Submitted Plans and Plan Elements.*

CHARLIE HALES, JOHN PRAGGASTIS, MARK DRAKE, LYNN DAVIS, BEN WALTERS, RICHARD LAZAR, FRED CASH, JOHN SHIPLEY, CYNDY FLOCK, RYAN ROY, BOB YOESELE, WARREN ANDREWS, CHARLES SCADDEN, ERIC PEDERSEN, TAMMIE ANDERSON, SEAN RILEY, MARK WEBSTER, COLE THEANDER, EUGENE ZAHARIE, LORIN McPHERSON, RANDY BRUSSE, RON MARIANI, JAMES BEERY, RANDY LAUER, TERRY MARSH, GARY McLEAN, MARY ANN MORRISON, PONTINE ROSTECK, HAROLD STAIGLE, NIKKI JOHNSTON, BETH MURPHY, STEPHEN KAFOURY, JON JUI, FRANK SIMMONS AND KYLE GORMAN TESTIMONY AND RESPONSE TO BOARD QUESTIONS.

There being no further business, the meeting was adjourned at 4:40 p.m.

OFFICE OF THE BOARD CLERK
for MULTNOMAH COUNTY, OREGON


Deborah L. Bogstad



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510; PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS		
GLADYS McCOY •	CHAIR •	248-3308
DAN SALTZMAN •	DISTRICT 1 •	248-5220
GARY HANSEN •	DISTRICT 2 •	248-5219
TANYA COLLIER •	DISTRICT 3 •	248-5217
SHARRON KELLEY •	DISTRICT 4 •	248-5213
CLERK'S OFFICE •	248-3277 •	248-5222

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS FOR THE WEEK OF

JUNE 28 - JULY 2, 1993

Tuesday, June 29, 1993 - 9:30 AM - Regular Meeting.Page 2
Tuesday, June 29, 1993 - 1:30 PM - Work SessionPage 3
Wednesday, June 30, 1993 - 9:00 AM - Board BriefingPage 4
Wednesday, June 30, 1993 - 9:30 AM - Work SessionPage 4
Thursday, July 1, 1993 - 9:30 AM - Regular Meeting.Page 4
Thursday, July 1, 1993 - 1:30 PM - Public HearingPage 6

Thursday Meetings of the Multnomah County Board of Commissioners are taped and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers
Thursday, 10:00 PM, Channel 49 for Columbia Cable (Vancouver) subscribers
Friday, 6:00 PM, Channel 22 for Paragon Cable (Multnomah East) subscribers
Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

INDIVIDUALS WITH DISABILITIES MAY CALL THE OFFICE OF THE BOARD CLERK AT 248-3277 OR 248-5222 OR MULTNOMAH COUNTY TDD PHONE 248-5040 FOR INFORMATION ON AVAILABLE SERVICES AND ACCESSIBILITY.

Tuesday, June 29, 1993 - 9:30 AM

Multnomah County Courthouse, Room 602

REGULAR MEETING

REGULAR AGENDA

DEPARTMENT OF SOCIAL SERVICES

- R-1 Ratification of Amendment No. 1 to Intergovernmental Agreement, Contract #102963, Between the City of Portland and Multnomah County, Housing and Community Services Division, Youth Program Office, Allocating \$100,000 Payment in Lieu of Taxes (PILOT) Funds for Emergency Youth Services, for the Period Upon Execution through June 30, 1993
- R-2 Budget Modification DSS #66 Requesting Authorization to Decrease the Mental Health, Youth and Family Services Division Budget by a Total of \$231,628 to Reconcile Budget with Actual Funding Levels through State Revenue Amendment #49-R

SHERIFF'S OFFICE

- R-3 Budget Modification MCSO #19 Requesting Authorization to Transfer \$17,896 from Equipment to Personal Services, within the Corrections Division, Inmate Welfare Budget, to Fund a Temporary Chaplain

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-4 ORDER in the Matter of Cancelling Uncollectable Personal Property Taxes, 1984-85 through 1989-90
- R-5 Budget Modification DES #31 Requesting Authorization to Transfer \$130,000 from Road Fund Contingency to Personal Services, within the Transportation Division Budget, for Fiscal Year 1992-93 Wage Settlements
- R-6 Budget Modification DES #32 Requesting Authorization to Transfer \$38,000 from General Fund Contingency to the Fair and Expo Division Budget, to Cover a Revenue Shortfall in the Fair Fund

NON-DEPARTMENTAL

- R-7 Budget Modification NOND #38 Requesting Authorization to Transfer Funds from Materials and Supplies to Capital Equipment, within the Commission District No. 1 Budget, to Purchase a Computer for Office Operations
- R-8 Budget Modification NOND #39 Requesting Authorization to Transfer Funds from Materials and Supplies to Capital Equipment, within the Commission District No. 2 Budget, to Purchase Computers for Office Operations

SERVICE DISTRICTS

(Recess as the Board of County Commissioners and convene as the Governing Body of Mid-County Street Lighting Service District No. 14)

- R-9 RESOLUTION in the Matter of the Adoption of the 1993-94 Budget for Mid-County Street Lighting Service District No. 14, for the Fiscal Year July 1, 1993 to June 30, 1994 and Making Appropriations Thereunder, Pursuant to ORS 294.435

(Recess as the Governing Body of Mid-County Street Lighting Service District No. 14 and convene as the Governing Body of Dunthorpe-Riverdale Sanitary Service District No. 1)

- R-10 RESOLUTION in the Matter of the Adoption of the 1993-94 Budget for Dunthorpe-Riverdale Sanitary Service District No. 1, for the Fiscal Year July 1, 1993 to June 30, 1994 and Making Appropriations Thereunder, Pursuant to ORS 294.435

(Recess as the Governing Body of Dunthorpe-Riverdale Sanitary Service District No. 1 and reconvene as the Board of County Commissioners)

NON-DEPARTMENTAL

- R-11 RESOLUTION in the Matter of the Adoption of the 1993-94 Budget for Multnomah County, Oregon, for the Fiscal Year July 1, 1993 to June 30, 1994 and Making the Appropriations Thereunder, Pursuant to ORS 294.435

- R-12 RESOLUTION in the Matter of Levying Ad Valorem Property Taxes for Multnomah County, Oregon for Fiscal Year 1993-94

Tuesday, June 29, 1993 - 1:30 PM

Multnomah County Courthouse, Room 602

WORK SESSION

- WS-1 Work Session to Consider Emergency Medical Services Ambulance Service Area Plan Elements. Public May Intend, However Invited Testimony Only, No Public Testimony. Facilitated by Bill Collins.
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Wednesday, June 30, 1993 - 9:00 AM

Multnomah County Courthouse, Room 602

BOARD BRIEFING

- B-1 Update on the 1993 Legislative Session. Presented by Multnomah County Intergovernmental Relations Officer Fred Neal.
-

Wednesday, June 30, 1993 - 9:30 AM

Multnomah County Courthouse, Room 602

WORK SESSION

- WS-2 Work Session to Consider Emergency Medical Services Ambulance Service Area Plan Elements. Public May Intend, However Invited Testimony Only, No Public Testimony. Facilitated by Bill Collins.
-

Thursday, July 1, 1993 - 9:30 AM

Multnomah County Courthouse, Room 602

REGULAR MEETING

CONSENT CALENDAR

NON-DEPARTMENTAL

- C-1 In the Matter of the Reappointment of Peter McGill to the MULTNOMAH COUNTY AGRICULTURAL REVIEW BOARD
- C-2 In the Matter of the Appointments of Rafael Arrellano, Bill Muir, Dan Saltzman, Hank Miggins, Gussie McRobert and Frank Roberts to the MULTNOMAH COUNTY COMMUNITY ACTION COMMISSION

DEPARTMENT OF ENVIRONMENTAL SERVICES

- C-3 FINAL ORDER Modifying Decision CU 20-92 in the Matter of Review of Condition B of the Hearings Officer's Decision Approving a Non-Resource Related Dwelling in the Multiple Use Forest District

DEPARTMENT OF HEALTH

- C-4 Ratification of Intergovernmental Agreement, Contract #200514, Between Multnomah County and Oregon Health Sciences University, Providing a Single Point for Medical Direction, Data Collection and Research as Required by Multnomah County Code and Emergency Medical Services, for the Period July 1, 1993 through June 30, 1994

- C-5 Ratification of Intergovernmental Agreement, Contract #200524, Between Multnomah County and Multnomah Education Service District, Providing Shared Resources in Order to Comply with ORS 433 Requiring the Establishment of a System to Identify, Test and Track Students Born in Countries with High Rates of Tuberculosis, for the Period July 1, 1993 through June 30, 1994

REGULAR AGENDA

DISTRICT ATTORNEY

- R-1 Ratification of Intergovernmental Agreement, Contract #700014, Between the State of Oregon, Department of Human Resources, Adult and Family Services Division and Multnomah County, District Attorney's Office, Providing 75% Reimbursement of Prosecution Costs on Food Stamp Fraud Investigation Cases, for the Period July 1, 1993 through June 30, 1996
- R-2 Ratification of Intergovernmental Agreement, Contract #700024, Between the City of Portland, Police Bureau and Multnomah County, Providing the District Attorney's Office with Three Full-Time Investigators, for the Period July 1, 1993 through June 30, 1994
- R-3 Ratification of Intergovernmental Agreement, Contract #700044, Between the City of Portland, Police Bureau and Multnomah County, District Attorney's Office, to Fund One Detective for Services Related to the Multi-Agency Gaming Law Enforcement Revenue Task Force, for the Period February 22, 1993 through June 30, 1993

NON-DEPARTMENTAL

- R-4 Ratification of Intergovernmental Agreement, Contract #500463, Between Multnomah County, Multnomah County Sheriff's Office and the City of Portland, Providing the City's Bureau of Emergency Communications an Emergency Back-Up Location at the Multnomah County Sheriff's Office, 12240 NE Glisan, for the Period Upon Execution through June 30, 1999

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-5 First Reading and Possible Adoption of an ORDINANCE Relating to the Establishment, Membership, and Operation of the Multnomah County Citizen Bikeway Advisory Committee, and Declaring an Emergency
- R-6 Ratification of Intergovernmental Agreement, Contract 302613, Between Multnomah County and Powell Valley Water District, Incorporating Needed Water Line Improvements for SE Foster Road Construction Project (SE 122nd - SE 136th)
- R-7 RESOLUTION Recommending Approval of the Multnomah County 20 Year 1993-2012 Capital Improvement Plan and Program for Willamette River Bridges

R-8 ORDER in the Matter of Imposing Gross Weight Restriction on Vehicles Using the Morrison Bridge Over Willamette River

PUBLIC COMMENT

R-9 Opportunity for Public Comment on Non-Agenda Matters. Testimony Limited to Three Minutes Per Person.

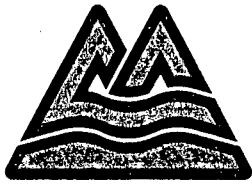
Thursday, July 1, 1993 - 1:30 PM

Multnomah County Courthouse, Room 602

PUBLIC HEARING

PH-1 Board Hearing and Public Testimony on Emergency Medical Services Ambulance Service Area Submitted Plans and Plan Elements.

0265C/85-90/db



MULTNOMAH COUNTY OREGON

OFFICE OF THE BOARD CLERK
SUITE 1510, PORTLAND BUILDING
1120 S.W. FIFTH AVENUE
PORTLAND, OREGON 97204

BOARD OF COUNTY COMMISSIONERS

GLADYS McCOY •	CHAIR •	248-3308
DAN SALTZMAN •	DISTRICT 1 •	248-5220
GARY HANSEN •	DISTRICT 2 •	248-5219
TANYA COLLIER •	DISTRICT 3 •	248-5217
SHARRON KELLEY •	DISTRICT 4 •	248-5213
CLERK'S OFFICE •	248-3277 •	248-5222

SUPPLEMENTAL AGENDA

Tuesday, June 29, 1993 - 9:30 AM

Multnomah County Courthouse, Room 602

UNANIMOUS CONSENT ITEM

DISTRICT ATTORNEY

UC-1 Ratification of Intergovernmental Agreement, Contract #500064, Between the State of Oregon, Department of Human Resources, Children's Services Division and Multnomah County, District Attorney's Office, Providing Legal Consultation and Processing, Filing and Litigating Cases in Multnomah County Juvenile Court Pursuant to State Law, for the Purpose of Terminating Parental Rights to Children who have been Neglected, Abused or Abandoned, for the Period July 1, 1993 through December 31, 1993

0265C/91/db

#1

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

CHARLIE HALE

ADDRESS

CITY COMMISSIONER

STREET

PORTLAND

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#2

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

JOHN PRAGGASTIS

ADDRESS

225 SE 44th AVE

STREET

PORTLAND OR 97215-1004

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

AMB Plan

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#3

PLEASE PRINT LEGIBLY!

MEETING DATE 7.1.93

NAME Martha Drake

ADDRESS 1877 NE 7th Ave

STREET Portland, OR, 97212

CITY **ZIP CODE**

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT X **OPPOSE**

SUBMIT TO BOARD CLERK

#4

PLEASE PRINT LEGIBLY!

MEETING DATE 7-1-93

NAME Chief Lynn Davis

ADDRESS 55 SW A5H

STREET

Portland OR 97202

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # _____

SUPPORT & Poverty Plan **OPPOSE** _____
SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

Richard Lazar

(LAAZAR)

ADDRESS

1400 SW Montgomery

STREET

Portland

CITY

97201

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#6

PLEASE PRINT LEGIBLY!

MEETING DATE July 1, 93

NAME Fred Cash

ADDRESS 3018 SE Morrison

STREET

Portland

CITY

97214

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # PH-1

SUPPORT _____ **OPPOSE** _____

SUBMIT TO BOARD CLERK

#7
PLEASE PRINT LEGIBLY!

MEETING DATE

7-1-93

NAME

John D. Shingle

ADDRESS

11909 S.W. 95th Ave apt 8

STREET

CITY

Tamiami

ZIP CODE

97003

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

☒ **OPPOSE**

SUBMIT TO BOARD CLERK

#8

PLEASE PRINT LEGIBLY!

MEETING DATE 7/1/93

NAME CYNDY FLOCK

ADDRESS 4540 SW VESTA

STREET

PTLD OR 97219

CITY **ZIP CODE**

I WISH TO SPEAK ON AGENDA ITEM # PH

SUPPORT DADA PLAN **OPPOSE** _____

SUBMIT TO BOARD CLERK

#9

PLEASE PRINT LEGIBLY!

MEETING DATE 7/1/93

NAME Ryan F. Roy

ADDRESS 8007 N.E. Siskiyou

STREET

Portland OR. 97213

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # ASA Plan

SUPPORT X **OPPOSE**

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE 7-1-93

NAME Bob Yoesele (YO SLEY)

ADDRESS POB 261

STREET La Carter WA 98629

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I WISH TO SPEAK ON AGENDA ITEM # _____

SUPPORT _____ **OPPOSE** _____
SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

Warren Andrews

ADDRESS

11811 NE Russell

STREET

Portland

CITY

97220

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE 1 July 93

NAME Charles Scaddon

ADDRESS 716 N.E. Kathryn

STREET

Hills

CITY

97124

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # _____

SUPPORT _____ **OPPOSE** _____

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

ERIC PEDERSEN

ADDRESS

3274 NE PRESCOTT

STREET

PORTLAND OR 97211

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

Tammie Anderson

ADDRESS

3711 N Russot

STREET

Ray

OR

97217

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE 7/1/93

NAME Sean Riley

ADDRESS 8818 NE Brazee St

STREET Portland 97220

CITY **ZIP CODE**

I WISH TO SPEAK ON AGENDA ITEM # PH1

SUPPORT PAPA **OPPOSE** Fire Dept TX and
SUBMIT TO BOARD CLERK private provider

#16

PLEASE PRINT LEGIBLY!

MEETING DATE

July 1 93

NAME

MARK Webster

ADDRESS

3625 SE Rockwood

STREET

Milwaukie OR 97222

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE 7-01-93

NAME Cole Thander

ADDRESS 22439 SE Morrison CT

STREET

Bresham OR 97030

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM # _____

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#18

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

Eugene ZAHARIE

(ZAHARRY)

ADDRESS

5273 SE JACKSON ST.

STREET

Milwaukie, OR 97222

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

LORIN WILKINSON

ADDRESS

12055 SW ROSE VISTA DR.

STREET

TIGARD OR

97223

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

—

SUPPORT

PRIVATE AMBU/MOPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE

7-1-93

NAME

RANDY BRUSSIE

(BRUSSIE)

ADDRESS

55 SW 15TH

STREET

PORTLAND OREGON

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

X

OPPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE

7-1-93

NAME

RON MARIANI

ADDRESS

7733 SE ALDER

STREET

PORTLAND

97215

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE 7-1-93

NAME JAMES BEERY

ADDRESS 8411 SE CLATSOP CT.

STREET

PORTLAND,

CITY

97266

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT OPPOSE
SUBMIT TO BOARD CLERK

#23

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

RANDY LAUER

(lower)

ADDRESS

1825 NW 143rd

STREET

PORTLAND

CITY

97229

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#24

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

Terry Marsh

ADDRESS

1240 SE 12TH Ave.

STREET

Portland, OR

CITY

97214

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

GARY M. MCLEAN

ADDRESS

P.O. Box 1183

STREET

Sandy OR

97052

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

PRO

OPPOSE

SUBMIT TO BOARD CLERK

#260

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

MARY ANN MORRISON

ADDRESS

127 SE 12th

STREET

APT 12

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

SAPA

OPPOSE

SUBMIT TO BOARD CLERK

#27
PLEASE PRINT LEGIBLY!

MEETING DATE

7-1-93

NAME

Pontine, Rosteek

ADDRESS

424 NE 44

STREET

Portland, Oregon

CITY

97213

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

PAPA Plan

OPPOSE

FD Tiered System

SUBMIT TO BOARD CLERK

#20

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

~~6-30-93~~

NAME

HARD STAIGLE

ADDRESS

2531 NE 131st

STREET

PORTLAND

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

EMS

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

#29

* DID NOT ^oTESTIFY - LEFT
PLEASE PRINT LEGIBLY!

MEETING DATE 7/1/93

NAME Todd Russell

ADDRESS 275 S 13th Ave

STREET

Cornelius

CITY

97113

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT OPPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE 7-1-93

NAME Nikki M. Johnston

ADDRESS 19941 NW Reeder Rd

STREET

Portland OR

CITY

97231

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT Paramedic Alliance **OPPOSE** PFB as single
SUBMIT TO BOARD CLERK

Proposed Provider Plans

provider of 2 Tier
System

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

Beth Murphy

ADDRESS

18006 SE Mill St

STREET

Corvallis

CITY

Oregon

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

07/01/93

SUPPORT

OPPOSE

SUBMIT TO BOARD CLERK

PH-1

PLEASE PRINT LEGIBLY!

MEETING DATE July 1, 1993

NAME Stephen Katonny

ADDRESS 1207 SW 6
STREET
Portland

CITY **ZIP CODE**

I WISH TO SPEAK ON AGENDA ITEM # PH-1

SUPPORT **OPPOSE**
SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE 7/1/93

NAME JON JUI

ADDRESS 3181 SAM JACKSON PK RD.

STREET
PORTLAND OR 97201

CITY **ZIP CODE**

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT **OPPOSE**

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE

1 July 93

NAME FRANK SIMMONS

ADDRESS 14951 S. BROOKFIELD DR

STREET

OREGON City

CITY

97045

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

PAPA

OPPOSE

SUBMIT TO BOARD CLERK

PLEASE PRINT LEGIBLY!

MEETING DATE

7/1/93

NAME

KYLE R. GORMAN

ADDRESS

CLACK. CO. FIRE DIST. #1
STREET

CITY

ZIP CODE

I WISH TO SPEAK ON AGENDA ITEM #

SUPPORT

X

OPPOSE

SUBMIT TO BOARD CLERK

Meeting Date: JUL 01 1993

Agenda No.: PH-1

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: EMERGENCY MEDICAL SERVICES PUBLIC HEARING

BCC Informal JULY 1, 1993 BEGINNING TIME 1:30 PM
(date)

DEPARTMENT: HEALTH DIVISION: REGULATORY HEALTH

CONTACT: BILL COLLINS TELEPHONE: 248-3220

PERSON(S) MAKING PRESENTATION BILL COLLINS

ACTION REQUESTED:

[X] INFORMATION ONLY [] POLICY DIRECTION [] APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 2 TO 2 1/2 HOURS

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (Include statement of rationale for action requested, as well as personnel and fiscal /budgetary impacts, if applicable):

Board Hearing with public testimony on Emergency Medical Services Ambulance Service Area submitted plans and plan elements.

(If space is inadequate, please use other side)

SIGNATURES:

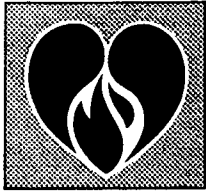
ELECTED OFFICIAL _____

Or

DEPARTMENT MANAGER Bill Odgaard

(All accompanying documents must have required signatures)

BOARD OF
COUNTY COMMISSIONERS
MULTNOMAH COUNTY
OREGON
1993 JUN 22 PM 1:47



Federation of Nurses and Health Professionals

AFT, AFL-CIO

Local 5092

P.O. Box 55486 • Portland OR 97238

April 7, 1993

The Federation of Nurses and Health Professionals, Local 5092, as the union agency representing the employees of AA Ambulance of Portland Oregon, does hereby recognize and support the proposed county ASA plan initiated by the Portland Paramedic Alliance.

It is our belief that not only do the County Service / County Operated options present superior system potential, but that the motivation behind the creation of this plan is morally and ethically sound. The Portland Paramedic Alliance formulated this plan with the sincere intent to improve the quality of care received by the public, and this will be the people whom it will benefit.

It will not benefit any businessmen, nor will it place the public safety in their hands.

It will not force transport onto a city entity whose personnel are primarily motivated toward providing the service of fire suppression, just because it is financially feasible.

It will create a provider plan that ensures quality patient care by establishing a system that:

1. Creates an environment (county plan) that encourages professionalism and is conducive to job satisfaction.
2. Utilizes experienced transport personnel, that are primarily motivated to perform emergent transporting agency duties.
3. Has the ability to start with a clean slate; to realize inherent potential, and create a exceptional system.
 - a. without employee exploitation by private owners.
 - b. without a political hierarchy already in place.
 - c. with the opportunity to instill quality leadership, implement quality policies, and just plain - opportunity.

The Federation of Nurses and Health Professionals, support and endorse the Portland Paramedic Alliance County ASA Plan. Further more we thank those involved for its creation, and also strongly encourage its review and the implementation there of for the Multnomah County service area.

Sincerely,

Nikki Johnston
President Local 5092

Robert Pendergraft
Secretary/Treasurer

MULTNOMAH COUNTY
OREGON

1993 JUL 1 AM 11:31

CLERK OF
COUNTY CLERK

RESOLUTION

WHEREAS:

There exists a health care crisis in the nation and in this County, and it is imperative that these issues be addressed and corrected;

WHEREAS:

The current system for providing ambulance service does not adequately or uniformly provide efficient communication and coverage for all areas of this County and is not cost effective for County citizens;

WHEREAS:

Oregon State Statutes require the County to plan, develop, and coordinate a system of efficient and effective ambulance services;

WHEREAS:

The 1992 Oregon Democratic Party Platform calls for comprehensive community health care service programs;

WHEREAS:

The 1992 Governor's Task Force on Local Government Services Report calls for elimination of costly duplication, better communication and coordination, public education, and a more regionalized approach to emergency services and management;

WHEREAS:

The 1992 Multnomah County Citizens' Convention Subcommittee on Fire Services considered these issues and various proposals for emergency services, reviewed materials, heard expert testimony, and after deliberation passed a resolution supporting the Portland Area Paramedic Alliance plan for establishing a single provider emergency ambulance service in this County (with rate regulation, uniformity of patient medical care, more efficient dispatch procedures); and that resolution has been presented to County Commissioners on behalf of the Citizens' Convention Subcommittee;

WHEREAS:

The County Medical Advisory Board is moving immediately toward a vote on specific proposals regarding ambulance services and will soon pass along to County Commissioners one plan for final decision, so time is of the essence;

NOW THEREFORE, BE IT RESOLVED:

That the Multnomah County Democratic Central Committee endorses the ambulance service plan of the Portland Area Paramedic Alliance.

Beth Murphy
Community Ambulance
P.O. Box 69128
Portland, Oregon 97201
(503)-241-7701

July 1, 1993

TESTIMONY BEFORE THE MULTNOMAH COUNTY COMMISSION
IN REGARDS TO THE SINGLE AMBULANCE PROVIDER PROPOSALS

Mr. Chairman and members of the Commission, for the record my name is Beth Murphy and I represent Community Ambulance, a Portland based company dedicated to the delivery of Basic Life Support Ambulance service.

As the only company licensed within Multnomah County that is specifically Basic Life Support, Community Ambulance can offer a unique perspective on the proposal of a single ambulance provider for 911 service within the County. It is not the specific entity awarded the contract for 911 service that concerns us as much as how that contract itself will be constructed. We are opposed to any contract agreement for services other than 911. It is with this in mind we would like to present some specific points for your consideration. Whatever plan you select, some or all of these factors will come into play.

ACCOUNTABILITY

Accountability must be built into the single provider contract, as the natural regulation from competition will no longer be present to influence ambulance business practices. Nowhere is this need for accountability greater than in the area of rates and charges. There are significant problems with rates and charges in the County now, and these must be addressed to assure the public fair and equitable treatment under a single provider.

DISCLOSURE OF RATES

All ambulance rates should be fully disclosed and available to the public. The public rate postings need to include not just the rates but when those rates specifically apply. Any restrictions or conditions placed on rates need to be fully disclosed. Additionally, all billing practices, including Medicare allowables, need to be fully public as well. While the public will have no choice of providers for critical care, at least they will have the opportunity to understand rates, charges and billing practices that effect them. The public should retain the right to choose for all non-critical transports.

INCREASED COST TO STATE FOR MEDICAID CLIENTS

For several years the state medicaid program had paid for non-emergency transports under a stretcher car code. We understand that 2 local ambulance companies no longer accept these rates, leaving non-emergency calls to be picked up by remaining companies. This needs to be fairly addressed without cost to the state budget by moving all of these transports into a higher paying category. Not engaging in a contract for all non-emergent transports would leave open more options for medicaid service.

LIMIT OPTIONS TO THE PUBLIC FOR LOW COST TRANSPORTATION

Ambulance companies have been charging some low rates born of competition. One example is the "stretcher car ambulance" category some companies have created which are published to be as low as \$75.00. Will these low end rates disappear if there is a single provider chosen to handle the non-emergent transports as well (such as within Fire Bureau Option 1)? What incentives will any single ambulance provider have to charge reasonable rates when there is no competition? This is an excellent argument for retaining competition in all transports other than through 911.

EMERGENCY ROOM RETURNS TIED TO TRANSPORT INBOUND

The small difference in cost on inbound has been a high profile issue, with no discussion of cost for the return from emergency rooms. We feel the contracting agent for 911 also has a non-written contract for the return because emergency rooms traditionally arrange for the same company and mode of transportation when a patient is returned from treatment there. When a patient has arrived through the 911 system they will be returned by the same company, in an ambulance at a cost of at least \$425 to \$500. Few insurance companies will pay for return trips, and frankly most of the time a lower priced transport would have been adequate. How will this problem be addressed within the contract?

NO DISCRIMINATION IN PRICING

Additionally, no company receiving a public contract should be allowed any type of discriminatory activity in the area of billing. Ambulance companies currently contract with hospitals and insurance companies for rates much lower than charged to others. This raises the cost to the public not covered by insurance, or covered by an entity not contracting with the ambulance provider. The ambulance service company who receives the single provider contract must not discriminate in rates; but rather charge without regard to the payor. Individuals receiving

like service should receive like charges. The single provider contractor should also not be using their public contract to negotiate contracts with private entities. This speaker does not believe it is the intent of the County Commission to grant a public contract that serves as a tool for additional private gain to the company. Contracting for other than 911 calls would provide more pressure than ever to the hospitals and insurance companies that ambulance companies already use public contracts as a lever with. Clark County, Washington is a prime example of this.

METHOD OF CONTRACTOR SELECTION

Community Ambulance also has concerns about the process by which the contracting ambulance service will be selected. We would suggest that each candidate not be judged on fiscal considerations alone, but also on past history of customer satisfaction, quality of service, timeliness of response, and integrity of past billing practices. Also, smaller, locally owned companies should definitely be considered in priority. Minority ownership should also be a factor as well.

There are other important issues for your thought that we will simply pose as questions:

Will any retraining assistance be offered to those ambulance staff members who may be put out of work due to the single provider program? Where will the funds come from for this?

What kinds of bureaucratic supervision of the contracting ambulance companies will exist on a continuing basis? What kind of compliance incentives, such as fines and sanctions, will be built into this public contract?

Ambulance transports offer numerous opportunities for upgrading calls to a more expensive level. How will upgrading issues be addressed in the selection of providers and in the monitoring the contractor? If a single provider does emergency and non-emergency calls, how will these calls be monitored to assure the single company does not unnecessarily upgrade within its company?

I thank you for your serious consideration of these specific issues. Community Ambulance will be happy to answer questions regarding these issues at any time. If there are any additional materials that we might provide in support of our concerns, please contact us.

MULTNOMAH COUNTY

MEDICAL TRANSPORTATION RATES

Wheelchair Car\$15.00

Mileage (Patient Miles)\$1.50

7 Days A Week

Stretcher Car Ambulance\$75.00

Mileage (Patient Miles)\$2.50

CARE AMBULANCE

288-8426



Advanced Life Support (Medicare allowable) \$470.00

Basic Life Support (Medicare allowable) \$250.00

Convalescent (Medicare allowable) \$107.50

Mileage (Medicare allowable) \$6.50

7/28/92



CITY OF

PORTLAND, OREGON

OFFICE OF CITY ATTORNEY

Jeffrey L. Rogers, City Attorney
1220 S.W. 5th Avenue
Portland, Oregon 97204
(503) 823-4047

June 29, 1993

INTEROFFICE MEMORANDUM

TO: Tom Steinman
Bureau of Fire

FROM: Thomas R. Williams *Tom*
Senior Deputy City Attorney

SUBJECT: Ambulance Transport

You asked several questions about the written testimony presented by Thomas E. Lindley, an attorney for a private ambulance company, for the City Council meeting on June 16, 1993.

Question No. 1: Does ORS 294.470(5) require the City, in providing ambulance transport services outside the City, to charge for the full cost of the services?

Answer No. 1: It is not clear that ORS 294.470(5) requires this.

Discussion:

ORS 294.470(5) applies to "working capital funds or intergovernmental service funds." It does not appear that we are talking here about either working capital funds or intergovernmental service funds established by ordinance or resolution for the purpose of providing transport services.

We have found no Attorney General opinion or Oregon Appellate Court decision interpreting ORS 290.470(5).

Question No. 2: Does City Code Section 5.48.030 require the City to charge the full cost of providing ambulance transport services outside the City?

Answer No. 2: City Code Section 5.48.030 requires that all services provided by the City to others be charged on the basis of actual cost, unless the charge is fixed by the Charter, by action of the Council, or by the Commissioner-in-Charge.

Mr. Lindley's testimony raises a number of other questions which we have not attempted to answer now.

TRW/krl

opinions.93\ambutra.trw



June 23, 1993

City of Portland
Vera Katz
Mayor

Hank Miggins, County Chair
Tanya Collier, County Commissioner
Gary Hansen, County Commissioner
Sharron Kelley, County Commissioner
Dan Saltzman, County Commissioner

Re: Multnomah County Ambulance Service Area Planning
Process

Dear Chair and Commissioners:

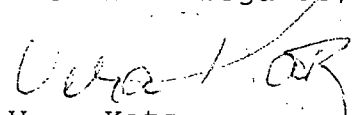
This morning the City Council of the City of Portland adopted a resolution directing the City's Bureau of Fire, Rescue and Emergency Services "to participate in the Multnomah County Ambulance Service Area (ASA) planning process and to advocate for a role as a transport provider in either a public/private partnership or all 9-1-1 emergency transport system." In doing so, we have paved the way for the City to compete to provide these services, whether the County adopts a single-provider system or a tiered system.

We want to express clearly that the City believes that, in adopting a system, the County's foremost priority should be to meet the medical needs of its citizens. It is the strong conviction of a majority of the members of the City Council, namely Mayor Katz, Commissioner Blumenauer and Commissioner Kafoury, that a single-provider system would be best for the people of Portland and of Multnomah County.

While we believe that the Fire Bureau should participate in the process, even if the County selects the tiered system, we wanted to share with you and make sure you understand that, in our judgment, the single-provider system is clearly the better alternative in order to meet the medical needs of the public.

We urge you to adopt the single-provider system. Thank you for your consideration.

With warm regards,


Vera Katz
Mayor


Earl Blumenauer
Commissioner


Gretchen Kafoury
Commissioner

**Arguments Against
A Tiered EMS Response System
for Multnomah County, Oregon**

**Portland Area Paramedic Alliance
6/29/93**

RESPONSE TIME CHANGES

REQUIREMENTS NOW:

DISPATCH: 1 MIN. 20 Seconds

FIRST RESPONSE: 4 MIN. 90% AND,

(PFB ONLY ABLE TO MAKE 4 MIN. 75% OF THE TIME NOW OVER THEIR ENTIRE SERVICE AREA)

ALS AMBULANCE: 8 MIN, 90%

(AMBULANCE IS DISPATCHED AT SAME TIME AS FIRST RESPONSE)

TIME FOR AMB. ARRIVAL: 9 MIN, 90%

PROPOSED:

(TRIDATA, PHASE-III, PG# 3-3)

DISPATCH: 1 MIN. 20 Seconds

FIRST RESPONSE: 6 MIN. 90%

SCENE EVALUATION: ? Unknown

DISPATCH: 1 MIN.

PFB AMBULANCE: 8 MIN. 90%

or

PVT AMBULANCE: 12 MIN. 90%.

TOTAL TIME: 16-20 MIN., 90%

**THIS PLAN PROPOSES A DELAY IN GETTING A
TRANSPORT UNIT TO THE CITIZENS!**

NOW 9 MIN., PROPOSED: 16-20 MIN.

**MULTNOMAH COUNTY EMS SYSTEM:
MINIMUM PARAMEDIC STAFFING REQUIREMENTS**

1978

1 PARAMEDIC/UNIT - 15 UNITS, 48 HOURS ON DUTY-
48 HOUR OFF DUTY SHIFT = 30 (15X2) PARAMEDICS.

1983

2 PARAMEDICS/UNIT - 15 UNITS, 24 HRS ON DUTY-
48 HOURS OFF DUTY = 90 (15X6) PARAMEDICS.

(THIS IS STAFFING LEVEL SUGGESTED BY PROPOSAL AND REVIEWED BY THE BUREAU OF FINANCIAL PLANNING)

1993

2 PARAMEDICS/UNIT - 15 UNITS, 4-12 HOURS SHIFTS,
4 DAYS OFF = 120 (15X8) PARAMEDICS.

ADD 1 PARAMEDIC PER UNIT FOR VACATION-SICK
LEAVE-TRAINING COVERAGE =15 PARAMEDICS.

ADD SEVERAL PARAMEDICS IN MGT. POSITIONS,
SUPERVISORS, TRAINING, ETC. = 10 PARAMEDICS.

**TOTAL PARAMEDICS NEEDED FOR
EMS SYSTEM = 145.**

MORE PARAMEDICS NEEDED:

(TriData Draft, pg 3; P-III, 3-4)

To establish same level of service as now and "Assuming all would work the existing 53 hour per week schedule", "A minimum of 48 paramedics per shift or 144 total paramedics ..." will be needed.

A net increase of approximately 36 FTE uniformed positions is contemplated in the staffing plan, as well as 5 to 8 civilian positions."

The Bureau would still need to train approximately 54 additional Paramedics from the existing force..."

To reach this objective would require a major commitment in time and effort and would take **at least two years to achieve.**"

HIRING REQUIREMENTS:

TriData proposed:

Hire "..individuals who are already certified as Paramedics and can meet all the entry requirements for fire fighter." (TD-III, 3-5)

Acting Chief Lynn Davis's views on this:

(3/30 Fire Study Minutes):

"A discussion ensued as to whether it is better to hire firefighter trainees and then train them to be Paramedics, or to hire Paramedics and train them to be firefighters. Lynn Davis pointed out that the latter would probably have an adverse impact on the recruitment of minorities."

Taxpayers should not have to pay for both firefighter and Paramedic training when trained & experienced staff are available!

AFFIRMATIVE ACTION

FEMALE PARAMEDICS

CURRENT PFB:
2 FEMALE FIRE FIGHTERS and
1 FEMALE F.F./PARAMEDIC =
3 FEMALES TOTAL (LESS THAN 1%)

PVT:

35+ FEMALE PARAMEDICS (ATU, 6/10)

**THESE ARE WOMEN THAT HAVE
SPENT A LOT OF MONEY, TIME AND
ENERGY TO PROVE THAT THEY CAN DO
A JOB WHICH WAS ONCE THOUGHT OF
AS ONLY FOR MALES.**

WHERE DO THESE WOMEN GO?

**EST. COST TO TRAIN 1 FIGHTER TO BE
A PARAMEDIC: \$15-25,000** (OVERTIME, SCHOOL, BOOKS, ETC.,
AND NO GUARANTEE OF PASSING)

**ESTIMATED COST TO TRAIN 54:
\$ 810,000 – 1.3 Millon.**

(Unless some sort of deal could be found)

**CO. HEALTH DEPT. CLAIMS PFB PARA-
MEDIC ATTRITION IS "AFTER 5 YEARS,
49% WERE STILL EMPLOYED AS PARA-
MEDICS."** (Per Health Department Proposal, Pg #19)

**144 PARAMEDICS, at 50%/5Yr =
14 PARAMEDICS/YR X \$15-25,000 =
\$1.08-1.8M./5YEARS or
\$210,000 – 350,000/YEAR
PARAMEDIC TRAINING EXPENSE!**

WHO PROVIDES THIS TRAINING?

**OHSU has helped train PFB Paramedics in
past and is one of the prime supporters of
the Bureau's plan.**

POTENTIAL FOR JOB LOSS

(Per Option I-Public/Private Partnership: 'PRO: 'Few, if any private paramedics displaced'

Current: 181 Private Paramedics (Co. Hlth Dept. Pg#24)

Most working 12 Hours shifts (4 on-4 off, or 4 on-3 off)

2 Paramedics/Unit X 15 Units on 12 Hour Shifts (4 on, 4 off)=120 Paramedics Minimum Needed (does not include vacation relief, etc.)

PROPOSED

1 Paramedic/Unit X 15 Units on 12 Hour Shifts (4 on, 4 off)=75 (15X5) EMT-Ps Needed.
181 Paramedics - 75 =

106 Positions Lost

OR

If companies go back to a 24-48 Shift =
15 Units X 3.6 Paramedics/Position =
54 Paramedics needed.

181 Paramedics - 54 =

127 Positions Lost.

(This does not include support staff)

CALL VOLUME/AMBULANCE

ANTICIPATED TRANSPORTS:

21,700 (6/10 City Council Handout, Pg 21)

NOW

21,700/12 UNITS = 5 PTs/Day

(All EMS transports: Critical, Non-Critical but serious, minor, etc.)

PROPOSED

**PFB: 4500 TRANSPORTS =
1.2 TRANSPORTS /DAY/PFB**

"MEDIC UNIT" = 100 PTs/Yr/

PFB CREW ON AVERAGE

(Includes vacation, sick time, training time away from work)

**PVT: 17200 TRANSPORTS =
4Pts/Day/12 UNITS =
365 PTs/Yr/CREW**

COSTS FOR SERVICE

(PER OPTION 1-PUBLIC/PRIVATE PARTNERSHIP, PAGE #13)

TOTAL NEW CITY COSTS: \$914,585
ANTICIPATED TRANSPORTS: 4,500
BREAK EVEN RATE: \$379

TOTAL PROGRAM COSTS: \$2,621,699
BREAK EVEN RATE: \$1,011

COMPARISONS

CURRENT COUNTY AVERAGE: \$588
MEDICARE ALLOWABLE: \$421

IF NON-CITY RESIDENTS ARE NOT CHARGED THE \$1011 RATE, THEN CITY TAXPAYERS ARE SUBSIDIZING
THE COUNTY EMS SYSTEM AND NON-PORTLAND TAXPAYER AMBULANCE USERS.

THE CITY'S PROFIT INTENT

FIRE STUDY COMMITTEE MINUTES,
SEPT. 30, 1992, PAGE #2:

THE FIRE STUDY COMMITTEE "...REQUESTED A COST ANALYSIS FOR A SINGLE PROVIDER SERVICE. ALSO, THAT TRIDATA PROVIDE THE FEE STRUCTURE THAT WOULD SUSTAIN THE SYSTEM. THE FEE SHOULD NOT BE FIGURED ON A BREAK-EVEN BASIS SINCE THAT WOULD NOT ALLOW ENOUGH REVENUE FOR THE ADDITIONAL NEEDS OF THE BUREAU I.E. ADDITIONAL INSPECTORS, ETC.

TRIDATA DRAFT, PAGE #5:

"IT WOULD EVEN BE FEASIBLE TO SET THE TRANSPORTATION FEE AT A LEVEL THAT WOULD COVER SOME OF THE RECOMMENDED INCREMENT TO PREVENTION."

ANY PROFIT MADE BY THIS CITY IN
PROVIDING EMS TO THE PUBLIC
IS NOTHING LESS THAN A
SICK PERSON TAX!

Statement to the Multnomah County Commissioners regarding EMS system design, July 1, 1993.

Honorable Commissioners:

My name is Bob Yoesle, my address is PO Box 261, La Center, WA, 98629. The testimony which follows should not be construed to reflect that of the Washington Department of Health or the SW Region EMS & Trauma Care Council, nor that of Buck Medical Services, for whom I work part-time in Clark County. Rather, it is my personal testimony based on 14 years of experience as an EMT and paramedic in the states of Oregon and Washington with both the fire service and private sector.

From this experience, I have found that neither the fire service or the private sector can claim an absolute prerogative for the delivery of paramedic services. However, you, as the elected leaders of Multnomah County, are charged with a critical decision that will forever change the face of Emergency Medical Services in Multnomah County, and have important precedent-setting impacts throughout the region.

At the heart of the tiered fire model lies two important public policy issues: Does the effort to improve the productivity and efficiency of the fire service warrant destroying the careers of dedicated EMS professionals in the private sector, and does the price of ambulance service necessitate shifting the costs from the user to the tax payer. I believe the answers to both these questions is NO.

Thomas Paine, in his famous 1776 work titled Common Sense, stated "Perhaps the sentiments that follow are not yet sufficiently fashionable to procure them general favor, for a long habit of not thinking a thing **wrong**, gives it a superficial appearance of being **right**, and at first produces a formidable outcry in defense of custom." In the late 1970's and early 1980's, fire departments in Multnomah and the surrounding counties began duplicating the paramedic response to EMS incidents with little, if any, informed public input or policy development. As Jim Page, a leading proponent of fire-EMS states in the June 1984 issue of the Journal of Emergency Medical Services, "the typical fire department has the liberty of operating without much educated scrutiny." In this and subsequent articles,

he goes on to cite the rationale for this duplication of service: "When city governments are grappling with solid waste disposal, public power supplies, water, sewage, bridge and road maintenance, will they be willing to spend \$12,000 per fire to keep fire losses at \$4,400?" Or is "the cost of urban and suburban fire suppression indefensible when compared to the need for more school class rooms, replacement of rotting sewer systems and repair of crumbling roads."

By getting into the EMS business, Page states the advantage for the fire service: "Because they have made themselves indispensable, they are not likely to suffer station shutdowns or staffing cutbacks." He goes on to say "while it may be true that greater quality and value can be obtained from a privately operated enterprise," the fire service will be able to "satisfy the public with the IMPRESSION of ambulance service at a reasonable price, regardless of the levels of (taxpayer) subsidy, which most people never see or understand...The opportunity to offset a portion of their agencies costs with **fees for service** generated by their ambulance service will also be very important to fire chiefs and their departments."

The present EMS system in Multnomah County is inefficient, but the lions share of this inefficiency lies in the Fire Bureau, who's redundant and unnecessary duplication of ALS-paramedic response amounts to well over three million dollars a year in wages alone, not to mention benefits, overtime, education, and materials and equipment. This represents an enormous opportunity cost to the EMS system which could utilize these funds for a good many other necessities. By reducing or eliminating this expense and training firefighters to use automatic defibrillators, a tremendous increase in efficiency would occur concurrently with an improvement in patient care, as fewer paramedics would be competing for a limited number of patients needing their skills. The logic that currently paying for an unnecessary service justifies continuing the practice is ludicrous, and is a violation of the trust of the people you have been elected to serve.

The proposal to continue and increase this duplication of service through a tiered public-private paramedic system and shift the cost of the inefficiency to the taxpayer is indefensible. The cost of paramedic engine companies and paramedic ambulances in the Fire Bureau which end up

transporting only critically ill and injured patients -- 10% of all EMS incidents -- results not only in unnecessary tax subsidies, but most probably ambulance charges that are not too far from those of the current system. 90% of 911 EMS calls will still be handled by the private sector, with modest cost savings due to decreased overhead and staffing / certification requirements. And contrary to what was said yesterday, there is little evidence that third party reimbursement for ambulance service will dramatically shift through health care reform, as it represents a minuscule portion of total health care costs.

In addition, the tiered model does not represent an improvement in patient care standards. Private paramedics will see their patient care skills erode as they are prevented from using their talents to treat the most seriously ill and injured patients. A plethora of non-transporting and transporting Fire Bureau paramedics will actively treat and transport only the few and far between critical patients, with a great potential for skills erosion as well. A cast system of the elite "Fire-Medics" and mediocre private medics will not enhance patient care.

Most importantly, however, is the tremendous waste of human resources and talent that will result from displacing the private EMS professionals who have dedicated themselves to the rewards of patient care in the streets. Most of them have suffered through years under the treat of losing their careers to a Fire Bureau take-over. I and many others in EMS consider ourselves to be health care providers first and foremost -- our knowledge base is derived from the health sciences, not the fire sciences -- and we have no interest in becoming dual-role cross-trained "Fire-Medics." Our profession has progressed from being "ambulance attendants" to become a full-fledged health care specialty, not merely an added job description for filling the productivity void within the fire service. Paramedics are the heart and soul of the pre-hospital EMS system, they deserve a stable and rewarding career dedicated to the care of patients, not politics. Thank you for the opportunity to speak.

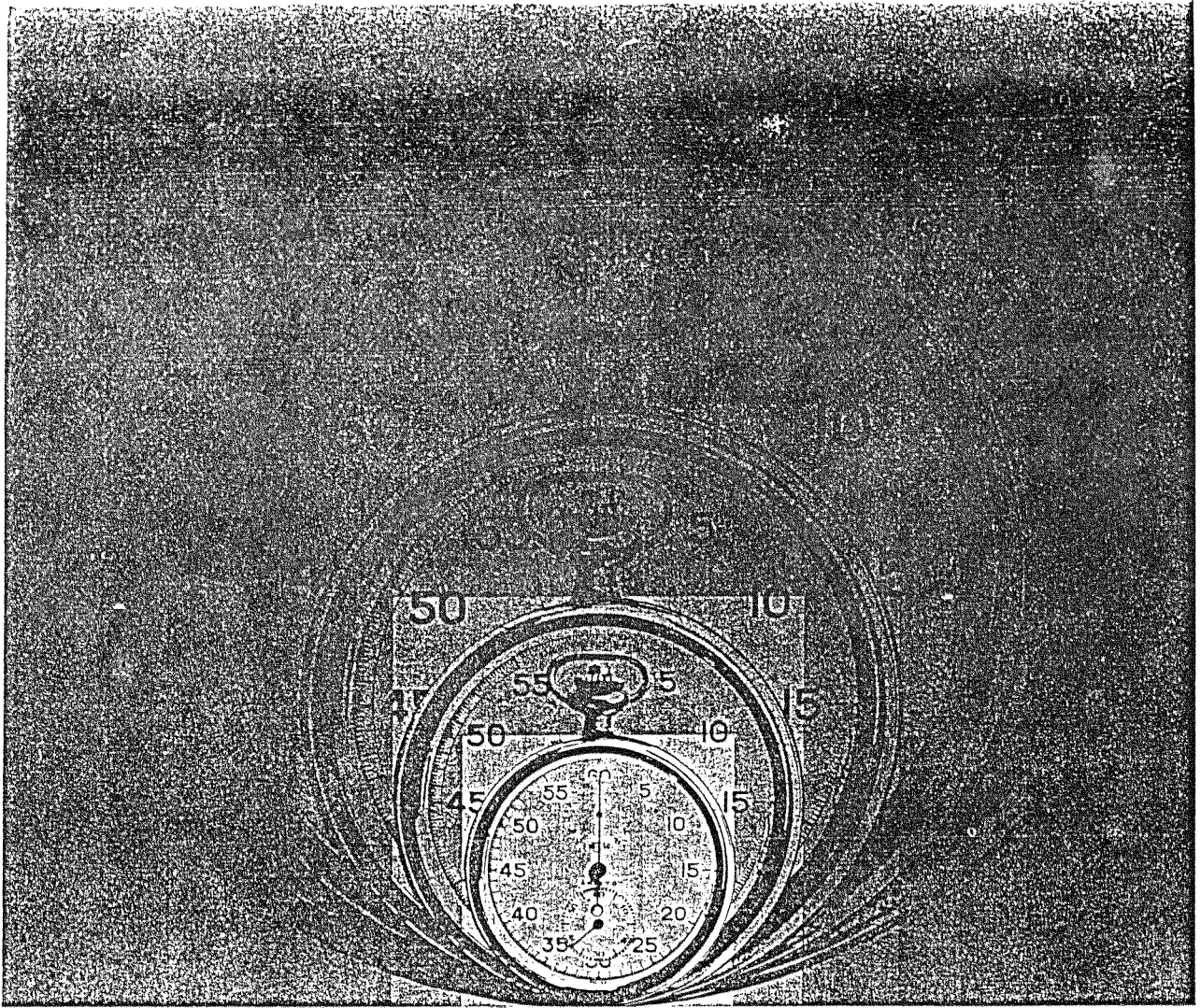
Attachments

A handwritten signature in black ink, reading "Robert A. Giesle". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

FIRE CHIEF

ADMINISTRATION/TRAINING/OPERATIONS
NOVEMBER/1983





EMS in the fire service TIME OUT!

Emergency medical services have been an accepted fire department function for more than a decade. Now it's time to take a time out to access the pluses and minuses of the relationship and to decide what the fire service's role in EMS should be during the next 10 years.

*By David B. Gratz
Consulting Editor*

It has now been a decade since the EMS explosion hit the fire service. Many fire departments have longer records of EMS involvement but, generally speaking, it is in the last 10 years that we have seen the tremendous increase in the number of fire departments providing prehospital emergency medical care.

Perhaps this would be a good time for the fire service to pause and

think about where we have been and, more importantly, where we should be going for the next 10 years with the EMS programs. Or, as the football coach would say, "Time out."

Initially, it might be well to provide a definition for four terms which will be used in this discussion:

EMS—prehospital emergency medical services that fire departments

are being called upon to provide.

First responder—a nearby fire unit dispatched to an EMS-related incident to provide prompt assistance in life-threatening situations.

BLS—basic life support services necessary to stabilize an ill or injured person until more advanced treatment can be provided.

ALS—advanced life support services provided by paramedics; includes

use of drugs and specialized equipment frequently under direct communication with a physician or his standing written "orders."

Keep in mind that these definitions are not intended to be all inclusive or fulfill every legal and medical requirement. Rather, they are to provide a frame of reference for this general discussion of the relationship between EMS and the fire service.

In general, fire departments that have taken on the responsibility for EMS in their community have done a good job. The record is impressive. However, this achievement has had its costs, not just financial costs but also the cost in organizational efficiency, personnel morale, and perhaps some deterioration in a fire department's ability to fully meet its fundamental fire protection/prevention responsibilities.

Many fire departments are now beginning to wonder if they were not hasty and moved too quickly in accepting the EMS responsibility without fully analyzing the long-range implications. This is especially true for those departments where EMS has been fully integrated into the fire department, requiring personnel to take on the additional EMS duties while attempting to maintain their firefighter role as well.

The concern seems to be not whether the fire service should be involved in EMS—most fire officials accept that there is a legitimate role for the fire service in EMS—but whether there should be a limit to the fire department's responsibility in furnishing prehospital emergency services. This question is most often raised in fire departments that have extended themselves into providing the highly specialized, advanced life support services of prehospital emergency care.

Now that the money has dried up and the initial glamour has worn off, a number of fire chiefs are beginning to reevaluate their involvement in EMS. One fire chief, a long-time EMS advocate, recently commented that he would now welcome state legislation that would limit the fire service to a first-responder role. And, during the IAFC Conference held in Atlanta this past August, the chief of another large city suggested that the fire department's EMS role should be the first thing discontinued in the event of a strike, indicating he believes his first responsibility is to fire protection not EMS.

In neither case is any criticism suggested. The point to be made is that many chiefs are beginning to

reassess the extent to which their departments should be involved in EMS. Certainly there is nothing wrong with this reevaluation—in fact, it is healthy.

We have all heard the "logical" arguments used to justify why EMS should be located in the fire service. Fire departments have existing communication systems, good distribution of facilities, personnel oriented and trained to meet emergencies, and—perhaps the most persuasive of all—it's a logical next step to move from the traditionally accepted role to the care and transport of the victim you rescue. No one can question the considerable validity of these points. However, we should also consider that for every so-called logical argument there is a counterargument of equal validity.

Perhaps the most basic argument against locating EMS in the fire department is that we are trying to mix apples and pears; in other words, that fire protection and EMS are services too diverse to combine. This was the point raised by Dr. Carl Irwin at an early stage. Irwin, a very respected fire department physician, wrote in the April 1974 issue of FIRE CHIEF Magazine:

Dazzled by promises of money, equipment, good public relations, and a popular television program, the fire service has seemingly confused rescue with medical care. As a result of this, fire departments have adopted a bastard offspring of these two. There is no quarrel with the traditional rescue function of the fire service. Certainly, there is no quarrel with the concept of a rescue squad—highly motivated, well trained, and emergency oriented. There is no doubt that rescue personnel must know basic first aid, and must know techniques of gentle handling and extrication of the injured. There is no quarrel with the popular belief that rescue personnel should be furnished the most modern and sophisticated tools for their work, and must be trained in the use of these tools; however, this is simply a continuation of the traditional concept of rescue service.

There is a quarrel with the present image of the medical attendant's role. There is a significant question regarding involvement of the fire service in the unrelated field of medical care. (Emphasis added.)

Unfortunately, the questions posed by Dr. Irwin and others were lost in the generally overwhelming support for EMS that was being heard at the time. Even with the early warnings, the pressure on a fire department to jump on the bandwagon was intense. EMS was touted as the great public relations bonanza, the way to fill the productivity void, and just good com-

mon sense—not to mention the availability of hundreds of millions of dollars just waiting for financially strapped departments. Even the media contributed to the clamor for action. More than once I had to answer why my department was not providing the same service depicted on the popular television program "Emergency."

There is no suggestion of criticism of what we did a decade ago. The drummer's beat at that time was loud and clear; it was the only beat to which we could march. However, it might be useful to reflect on the warnings raised by Dr. Irwin in light of what we now know.

To begin with, many people in organization and management would probably sympathize with Dr. Irwin's concern. Organization theorists have generally agreed that there are a number of guidelines that are useful in developing and maintaining organizational efficiency. One such guide is that organizations can best be managed when there is a clear relationship between the objectives of the various organizational goals or activities. This concept is known as homogeneity, or placing like activities together.

The benefit of homogeneity probably explains why it would be difficult, if not impossible, to find an assembly line where computers and lawn mowers are built side by side using the same engineering, production, and managerial staffs. The training, experience, and equipment needs are simply too different for a successful operation without excessive costs and managerial strain.

Obviously, this is an extreme example of the lack of homogeneity, and we shouldn't become too hung up on this point. Nevertheless, some of the pressure that has developed results from the fact that certain EMS activities are extremely removed from the institutional goals and objectives of a fire department.

Certainly there is one area in which problems are now more apparent and that is in training. There are significant differences in the training, education, and experience required for fire and EMS duties. In fact, these differences are probably more pronounced than those found between fire and police personnel; yet a main argument raised by the fire service in opposition to police-fire consolidation is training differences.

Training to achieve the capability to serve as a first responder is not significantly different than the regular first aid instruction traditionally

provided to firefighters. Courses are better organized and somewhat more comprehensive than those years ago, but they do not represent a major new training effort. Generally, the training for first responders requires 40 hours of instruction.

Training to the BLS level can be accomplished through an emergency medical technician (EMT) program. The EMT course usually consists of 84 hours. This may be followed by an additional 20 hours or so each year for continuing education and recertification. Although this doesn't seem like a great deal of time, it does create additional training demands that are especially difficult for volunteers. Regardless, a large number of fire departments have been able to implement the EMT level of training.

Training personnel to perform ALS is another matter. In addition to achieving the EMT level, the ALS provider—a paramedic—will be required to have another 200-1000 hours of more advanced training. The additional time required for continuing education and recertification will also be substantially greater. Many fire departments have found that there simply is not sufficient time available to train and maintain proficiency as both a firefighter and a paramedic. Either one skill or the other suffers.

Another problem in trying to wear two hats is that many firefighters find one hat—the firefighter's helmet—more comfortable than the other. Many firefighters do not like the EMS role—at least not the ALS function. In some departments firefighters were not given a choice of job. They were assigned to the EMS program. The result has been serious morale problems. Several departments have taken steps to relieve the problem by encouraging personnel to volunteer for EMS training and duties. Other departments are now making certain that new applicants clearly understand that a job with the fire department will include EMS duties. Regardless, the dual job demands can cause morale problems.

One suggestion that has been made to eliminate, or at least minimize, some of these problems is to establish EMS as a separate or "third service." This proposal was suggested by the U.S. Department of Transportation in 1980. Opposition by the fire service was both immediate and fierce. The fire service saw this as a threat, and opposed any such proposal.

In retrospect, the fire service and

EMS might have been better served if, instead of blindly opposing the third service concept, the fire service had considered the long-range potential of having EMS organized as a separate service *within* the fire department. Unfortunately, the practicality of several ideas and proposals never received a full and fair debate because they were lost in the ensuing power struggle.

There is a great deal to be said for having EMS organized as a separate service or activity. This does not mean that EMS cannot be administered by the fire department; it simply means that EMS would be organized and supervised in a manner that recognizes the significant distinction between providing fire protection and providing medical-related services. In fact, there are signs that many fire departments are gradually moving to reorganize their EMS programs. These indicators include direct entry into EMS using job standards different from those for entry-level firefighters, separate career ladders, and different pay scales. If the trend continues, EMS will be a separate service—even if it remains a fire service responsibility.

Despite the various problems, it seems safe to say that fire departments, the public, and perhaps a large segment of the medical community have come to accept the fire service as a major EMS provider. The fire service must be commended for this contribution. And there is certainly no suggestion that the fire service should not continue to play a leading role. Perhaps the question for the next decade is, What exactly should that role be?

Fire departments seem to be able to provide first responder and BLS services without significant problems. Although there are some additional training demands and some departure from the firefighter role, providing such services can work. The personnel and organizational strains appear to begin when a fire department moves into the more complex ALS function. Here, the need for training intensifies, the diversity of jobs is significantly greater, and many persons are asked to take on a role for which they may not be psychologically suited. Some departments have been relatively successful in providing ALS; others, less so.

There is, of course, no single model that will fit the needs of every community. In a rural area, the fire department may be the only agency to provide EMS, regardless of level. In an urban center, the fire depart-

ment may provide up through basic life support, with a medical agency providing advanced life support. This is the system used in Atlanta (see interview with Atlanta Fire Chief B. J. Thompson in the August 1983 issue of FIRE CHIEF). On the other hand, there are advantages of having the entire prehospital EMS provided by a single agency.

It is clear that we have reached a point where we need to reassess the relationship between fire protection and emergency medical services. Where a fire department's role is limited to first response, or even to providing basic life-supporting services, it usually can be fulfilled without excessive organizational strain. However, if the fire department is charged with providing all levels of prehospital emergency care, that is a more complex matter.

Although many fire departments were quick to grab for the EMS program, they have not really given the program full recognition within the department. All too often EMS is treated as a stepchild when, in fact, the EMS service load substantially exceeds the demand for fire services. If EMS is to be part of the fire department, it should be treated as a full member of the team.

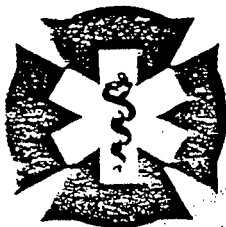
Failure of the fire service to provide full recognition to the EMS function is one reason the idea of a "third service" developed. There is a great deal to be said for providing EMS with the same level of organization and management that is provided for fire protection. There is no reason this cannot be done within the fire department. If the fire service fails to provide this needed recognition, then one can expect to again hear from the proponents of the third service concept.

Yes, it's time for a time out—a time out to evaluate whether we in the fire service should be in the EMS business and, if so, to what extent. The fire service has been an effective participant in EMS, and there is no reason why the fire service should not continue to play a leading role. However, to do so more effectively in the future will require frequent reassessment to insure we serve both the fire protection and EMS needs of our communities. ■

Dave Gratz is the former director of fire and rescue services in Montgomery County, Maryland, where he was responsible for the planning and implementation of a county-wide EMS program for the fire service. Currently he provides fire and EMS consulting services at an international level. He has been a consulting editor of FIRE CHIEF Magazine since February 1973.

*Fire departments
historically have
been unaccountable
to outsiders. EMS is
changing this, with
strong resistance
from the old guard.*

Understanding the Fire Service



by James O. Page

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The noisy group filled the amphitheater at the National Fire Academy. Most had been away from home, family and jobs for two weeks as they attended resident courses at the academy, part of the National Emergency Training Center in rural Emmitsburg, Maryland. It had been a valuable learning experience and many friendships had been forged between people from distant places. This was graduation day and there was an air of celebration.

Some had attended the Arson Investigation course. Others had spent their two weeks learning about the chemistry of hazardous materials. The Fire Prevention Specialist course was represented, as were the Incident Command and Public Fire Education courses, among others. Also present was a group that had attended the course known as "Management of Emergency Medical Services for the Fire Service."

During the two weeks, the various groups had developed identities of their own. They had assembled in their respective courses as strangers but emerged as kindred spirits; they'd helped one another with course materials, they had swapped tales late into the nights, they'd vowed to stay in contact with one another at the end of the course.

One evening during their studies at the academy, the EMS group had convened at a tavern in Emmitsburg. After they were seated, another visitor to the academy walked in—a district chief

from a large northeastern fire department. He was looking for company and introduced himself.

One by one, the group stood and shook his hand, introducing themselves. Suddenly, the newcomer realized that he was in the company of EMTs and paramedics. "Are you all EMS guys?" the chief asked. The assembled group nodded in unison. Turning on his heels, the man walked out of the tavern with the comment, "I wouldn't drink beer with you (expletive deleted)."

Some in the group dismissed the chief's behavior as bad manners or clumsy humor. But one of the group, a veteran firefighter/paramedic from a northwestern fire department was disturbed by it. "I get tired of being an outcast in my own profession," he said several months later. "I'm a damned good firefighter and I'm a damned good paramedic. . . I do ten times the work of most of the firefighters in my department but I'm still the 'bad guy.'"

It's been almost 15 years since the U.S. fire service started upgrading its traditional rescue activity to include EMT and paramedic services. In a majority of fire departments, emergency medical services now constitute two-thirds or more of all requests for emergency service. In most of those departments, the EMS activity has produced public and political support, and it has added an element of productivity which is necessary in budget battles. In many places, public and political support for fire department EMS has preserved the jobs of firefighters who still insist that EMS has no place in the fire service.

Why does the internal conflict

persist? Why are fire service EMS people considered and treated as outcasts? Why would a chief officer refuse to sit and drink beer with colleagues who have contributed so much public good will, and political and financial support, to the fire service?

There may be many reasons, all relevant to the background of each individual or department. But some common elements exist throughout the fire service. One of those elements is the history of the fire service itself.

In the mind of the average citizen, few hazards are more terrifying than fire. Throughout the ages, fire and its behavior have been mysterious; fire has been a prop for psychic rituals and pseudo-religious ceremonies. Until a half century ago, devastation of entire cities by fire was routine enough to keep that threat in the consciousness of the common man. For generations of little children, fire has been the stuff of their worst nightmares.

With that background, it's not surprising that firefighters have enjoyed the respect and admiration of most citizens. They are the people who run into places that most people run out of. The job is dangerous—but needn't be as dangerous as the average citizen thinks it is. Life-threatening fires occur too frequently, but not as frequently as the average citizen thinks they do.

Modern communications have quickened the response to fire emergencies. Modern fire apparatus gets to the scene quicker and provides improved fire suppression resources. Urban renewal has eliminated countless target hazards. Tougher fire and building codes and stricter enforcement have nearly eliminated the urban con-

Jim Page, the publisher of *Jems*, served 16 years in the fire service in Los Angeles, California.

flagration problem. In new buildings, built-in fire protection such as sprinklers and alarm systems have reduced life and fire losses.

But the average citizen knows little about this. His impressions are rooted in the mystery and history of fire. He still counts on the firefighter to run into the places he'd prefer to run out of. He doesn't know much about the fire department or how it operates, and he doesn't really want to know.

In other words, the typical fire department has the liberty of operating without much educated scrutiny. Even city managers are seldom well educated about fire protection. Of those who have tried to tamper with it, most have gotten "burned" by an outraged public, a glib fire chief, indignant volunteers, a powerful union or a critical press. The tradition of keeping "hands off" the fire department has become both a strength and a weakness of the fire service.

Nobody likes to be criticized by "outsiders." If we had a choice, most of us would prefer a job where we were accountable only to ourselves. But chances are that freedom would take its toll. Probably, if we weren't held accountable, we would lose some of the instinct to be as good at our job as we could be. If our motivation waned, if our knowledge or skills decayed, if our contributions to the job declined—but the paychecks kept coming nonetheless—what reason would there be to change?

With regard to fire departments, there is a fact that is seldom mentioned and rarely published. That is, virtually every fire department has one or more members who are unable to do the job they are supposed to be able to do. It may be a firefighter who lacks the physical strength or fitness to raise a ladder.

It may be a pump operator who can never get water. It may be a company officer who gets rattled on fires and can't organize an effective attack. It may be the chief.

But the public seldom notices. While the trained eye might see incompetence and calamity on the fire ground, the public sees the smoke and flames. Often, the worst of fireground performances gets good press. The subtle message to the fire department is that it is unaccountable.

A new generation of fire chiefs is coming to grips with the problem. In a few departments, there is no tolerance for those who cannot do the jobs they are paid to do. Training has taken on new meaning. Regular demonstration of both knowledge and skills is a condition of continuing employment. But this is the exception to the rule.

In the typical fire department, EMS breaks with tradition in many ways. Accountability may be the most severe of those insults. EMTs and paramedics are licensed or certified by outsiders. They are required to report their work in writing on forms that are collected and reviewed by outsiders. Their work is scrutinized and criticized by outsiders, ranging from private ambulance

personnel to doctors and nurses.

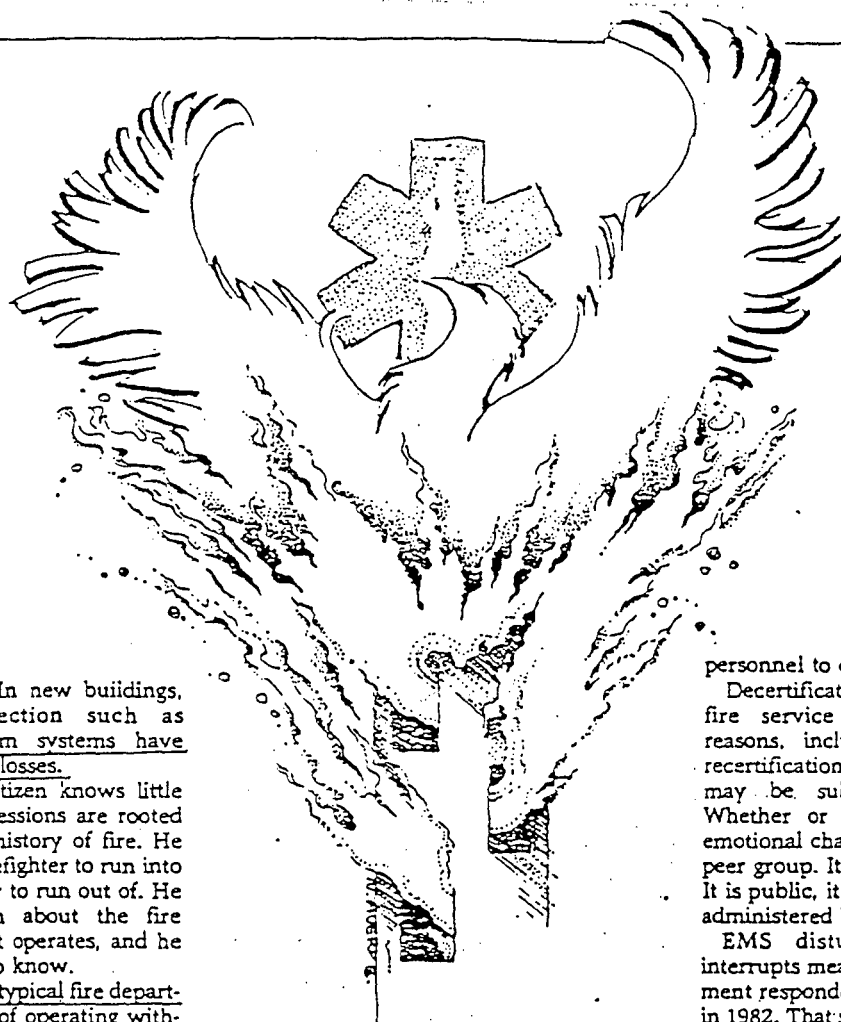
Decertification is another assault on fire service tradition. For various reasons, including failure to pass a recertification exam, EMS personnel may be subject to decertification. Whether or not warranted, it is an emotional challenge to one's status in a peer group. It is a blot on one's record. It is public, it is embarrassing, and it is administered by outsiders.

EMS disturbs your sleep and interrupts meals. One major fire department responded to 2,621 structure calls in 1982. That same year, it responded to 81,210 EMS calls with at least one engine company and one paramedic rescue unit per call. If it weren't for the EMS calls, life would be pretty easy. There would be plenty of time to fix meals, clean the station and equipment, read the paper, watch TV, work on hobbies, get a good night's sleep. That's the way it was before the department got so involved with EMS; some firefighters still remember when a duty shift was a convenient rest between moonlighting jobs.

Every self-respecting firefighter enjoys a working fire. It reinforces one's occupational purpose. It purges the body and soul of sweat and tension. It's a socially acceptable (even commendable) form of violent combat. A working fire can resolve disputes among firefighters and improve the morale of a fire company. One can get filthy and then vomit in the street while being praised for doing something others cannot do.

By contrast, EMS calls often assault the senses with the odor of other people's vomit, or feces. They often happen in cramped bedrooms, in the company of scared kids and wailing relatives. There is tension but it must be

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Suddenly It's 1985

Continued from previous page

step for paramedics would be an insult to the back-step firefighter."

Destructive events occurred in quick succession. The paramedics resigned from the union en masse. They called a press conference and threatened to strike on July 1st if the city did not grant their request for a bonus salary step. The city attorney went to court and obtained an injunction. The city council called a special meeting and Dr. Bennington asked for a chance to speak. He made a suggestion that the city council found easy to accept. "Turn the para-

medic program over to Central Ambulance Service." The problem was solved in less than 30 minutes.

July 1, 1985 — News Item: "The city council has awarded a substantial increase in the annual subsidy paid by the city to Central Ambulance Service. According to the mayor, the subsidy increase is justified by Central's recent take-over of the city's paramedic rescue ambulance program.

"In order to attract and retain career employees, Central must pay higher salaries and more generous benefits," said the mayor. According to the city's budget director, the increased subsidy

will not raise taxes. Reportedly, the funds will be derived from cuts in the fire department budget. Confidential sources at city hall claim that the fire chief has been ordered to reduce fire department manpower by 10 percent."

...

The preceding story is fiction. All persons and events depicted are fictitious. On the other hand, since the story first was published in 1977, similar events and circumstances have occurred in several U.S. locales. Following its first publication, numerous fire department paramedics from throughout the U.S. expressed to the author the belief that the story was based on their respective departments and experiences. □

dealt with tactically or verbally—you can't work it out physically. Screw up on an EMS call and you might get sued. Screw up a building fire and the newspaper will praise you for saving the foundation.

EMS brings outsiders into the fire station. It may be a public building, but there's a tendency to forget that after you've worked there awhile. With doctors and nurses, reporters and ambulance people hanging around or visiting the paramedics, freedom of conversation, behavior and dress is restricted.

The working lives of fire chiefs have been complicated by EMS as well. In the old days, contact with the outside world was not mandatory. Since the arrival of EMS, many chiefs have been forced to deal with medical and nursing people, hospital administrators and local and state health agencies. There is a new language to learn and the outsiders have little appreciation for fire service traditions.

The list could go on. Whatever the changes that have followed on the heels of the fire service-EMS marriage, most have compromised to some degree the comfort, convenience and security that were part of the single-function fire department. But is EMS to be blamed for it all? Wasn't the fire service due for a comeuppance anyway? Has EMS forced the fire service to come to grips with the realities of the times?

Take something of value from someone and his reaction will be emotional. That may explain the behavior of the visiting fire chief in an Emmitsburg tavern. The EMS people are symbolic of lost freedoms—the freedom to operate with limited accountability, the freedom to belch in a fire station without first checking to see who's visiting, the freedom to eat and sleep on duty without the alarm bell ringing, the freedom to become unskilled without penalty.

But were those freedoms based on false premises? Can anyone in public service really have a right to comfort and convenience simply because they've insulated themselves from public scrutiny?

What would the fire service be like without EMS? Consider the experience of a major West Coast fire department last year, which responded to 11,608 fire calls. When the department's annual budget is divided by the number of fire calls, it's clear that each fire call cost \$12,672. The average fire loss per call was \$4,444. In other words, the local government might have saved money by letting the fires burn and then paying the property owners outright for their losses.

"...each fire call cost \$12,672. The average fire loss per call was \$4,444."

Obviously, that's an unreasonable alternative, and other factors may be involved. But letting raw sewage run in the streets also is unreasonable. Permitting unrepaired bridges to collapse or decayed water supply systems to become polluted is unreasonable. In times of financial scarcity and limited options, the unthinkable becomes increasingly plausible.

For the most part, city managers still don't understand the fire service; but they understand the need to trim costs of local government. "Productivity" is a word that's no longer inapplicable to paid fire departments. Police-fire con-

solidations are in vogue in some areas, two-person engine companies are a real possibility in other areas, and private fire protection advocates will be heard from again.

Let's reconsider the experience of the West Coast fire department with its EMS and other nonfire emergency calls added to fire responses. Fires constituted only 10.4 percent of the department's emergency responses last year. When the annual budget is divided by the total number of emergency responses, the average cost per call was \$1,324 (compared to \$12,672 per fire call). This example, which is typical, paints an unmistakable picture. In a typical paid fire department, EMS is making the department "productive," it's making the salary budget defensible, and it's saving the jobs of firefighters.

Maybe that's another reason for the emotional reaction to EMS in many fire departments. The fire protection function has become dependent on EMS for public and political support, and for the productivity needed to keep engine and truck companies adequately manned. Dependency is a double-edged sword. Inevitably, the dependent comes to resent the benefactor.

Fire service EMS is at a crossroads. Increasingly, the family squabble between the smoke-and-water faction and the fire service-EMS people is getting noticed outside the family. The health care community's patience with fire service insularity is wearing thin. The fictional story in this issue of *Jems* ("Suddenly It's 1985") is closer to reality than many suspect. There seems to be a growing consensus outside the fire service that the fire service should get out of EMS.

Is there a solution? Possibly, but it may be akin to castor oil. The solution, based on the experience of a few exemplary fire departments, requires no compromise from EMS. Instead, it

Understanding the Fire Service

imposes upon the fire service many of the characteristics that have made EMS a stepchild in so many departments—for example, the requirement that every member of the fire department be able to perform competently all the duties of the position. This means no more covering for marginal members. It means whole new attitudes and approaches to training. It means physical fitness, alcohol rehabilitation programs and drill towers that are busy every day and many nights.

Another requirement might be certification and recertification for fire suppression personnel—as a condition of employment. To avoid the intrusion of outsiders, such a program would require diligence, honesty and self-policing.

To reduce or eliminate friction that's caused by the imbalance of productive labor, it would be necessary to make better use of the on-duty time of fire suppression personnel. While the EMS personnel are running the wheels off their rescue or ambulance vehicles, engine and truck company personnel could be in their districts performing fire prevention and pre-fire planning inspections.

They could be conducting fire safety education programs or maintaining hydrants. They could be maintaining their tools and equipment, making absolutely sure the equipment will work when it's needed. They could be providing CPR training or blood pressure testing for citizens.

Surely, these are fighting words to those who feel a career in public service includes a guarantee of personal comfort and convenience. The fact is, however, that many of these requirements already are in place in some fire departments. It's more than coincidence that there is harmony between fire suppression and EMS personnel in those departments. It's no accident that the members of those departments exhibit high levels of morale.

At its heart, the "problem" seems to be one of self-respect. A firefighter knows it when he's forgotten how to load a hose pack, tie a hitch, raise a ladder or throw a salvage cover. The engine driver is nagged by self-doubt

when he knows he can't calculate friction losses. The company officer's self-image suffers when he's not sure about his own abilities or those of his crew. Admitting and correcting skill and knowledge decay seldom happens in a typical fire company.

Instead, the problem festers and the skill and knowledge deficits worsen. Place in the middle of that environment a group of cocksure EMTs or paramedics, fresh from a recertification exam, spouting the words and opinions of outsiders, and conflict is predictable.

Is the problem solvable? If so, can it be solved in time to prevent removal of EMS from many fire departments? In some locales, fire chiefs' job descriptions are being revised to require significant EMS background for future applicants. Already, in Beverly Hills, Calif., Idaho Falls, Idaho, Abilene, Tex., and several other cities, the current fire chiefs have served on the streets as EMTs or paramedics.

In many other places, change is not likely. Those fire departments are captives of their own history and hiring policies. Many of them do a bad job of fighting fire and a bad job of emergency medical care. As emergency physicians get more involved in prehospital care and assert themselves on behalf of the patient, we can look for increased pressure to move EMS from those fire departments to private or hospital-operated ambulance services.

Why should doctors be concerned about the internal affairs of the fire service? No longer is the conflict between fire suppression and EMS people internal. It has become visible from the outside. In the minds of some influential physicians, the stress of the ongoing conflict is taking its toll on fire service EMTs and paramedics. It is affecting them and it's affecting patient care.

Patient care, after all, is the bottom line. Regardless of our individual backgrounds and loyalties, there can be no logic in preserving a system that allows its internal problems to affect patient care. If there is significant movement away from fire service EMS, it's certain that some fire service people will cheer.

But the bigger question will follow: the public willing to support a single-function fire department when the city's infrastructure is falling apart? What will happen when Third World countries default on their debts to U.S. banks (thus raising the price of municipal borrowing)? What will cities do when the reality of a trillion dollar federal debt trickles down to local money markets and regenerates double digit inflation? What will be the reaction of local governments to a Middle East war that limits or stops oil supplies?

When city councils are grappling with solid waste disposal, public power supplies, water, sewage, bridge and road maintenance, air pollution, etc., will they be willing to spend \$12,000 per fire to keep fire losses at an average of \$4,400? Or will they be more inclined to reduce manning to skeletal levels and simply try to protect exposures? Most losses are insured, after all. New structures built on the sites of burned structures generally produce more tax revenues.

The fire service is at a crossroads—more like an unmarked intersection.

The past is catching up and there is little appreciation for what the future holds. Much of the conflict and division between fire suppression and EMS people may be a subconscious recognition that things are changing. Fire suppression has become dependent on EMS in many fire departments to remain competitive in the tough battle for budgets.

People who are good at fighting fires are independent by the very nature of what they do. They do frightening things that set them apart from common folks. Dependency is a bitter pill for anyone to swallow, but especially firefighters. Economic dependency on EMS to preserve firefighters' jobs is a reality, and it may be the major factor in the ongoing conflict.

In many areas of the U.S., the fire service is a house divided. The internal divisions of attitude and opinion have become a public spectacle. Despite the traditional resistance to outside interference with fire service affairs, the question of fire service EMS will be decided by outsiders, especially physicians. The ultimate product of EMS is patient care, and few believe that quality patient care can be delivered by a house divided.

Spotting Hot Trends

In Fire Service EMS

by James O. Page

Eighteen years ago, I published my first magazine article. It was about how and why firefighters could and should be trained as providers of emergency medical services. The article focused on the early success of our department's firefighter/paramedic program.

I wrote the article for *Fire Command*, published by the National Fire Protection Association. But first, as a matter of protocol, I submitted the manuscript to my fire chief. I thought I was just letting him know what was being written about his organization. He thought I was asking for permission to publish the article. As was customary, he sent copies to his top staff members for their input. Weeks passed with no feedback, and it became clear no one wanted to put his stamp of approval on the article. So, I finally sent the piece off without the chief's blessing.

The need for fire service involvement in EMS seemed so obvious to me: It all boiled down to economics. Local governments had been spending with abandon since 1945. On a national level, the seven-year-old Medicare program was already showing signs that its rapidly growing costs could not be contained.

A time of reckoning was inevitable. Economic ebbs and flows are part of our nation's history. We've dealt with them by making tough choices when hard times arrived. While I didn't dare say such things in most fire stations, I knew

that many of the costs of urban and suburban fire suppression were indefensible when compared to the need for more school classrooms, replacement of rotting sewer systems and repair of crumbling roads.

Quite simply, we could not account for how we were spending our time. The insurance industry's standards for municipal fire protection had helped maintain fire department staffing levels during the years of low wages and long workweeks. By 1972, however, those standards were losing their clout. While the insurance industry had previously succeeded in getting local governments to spend tax dollars to better protect insured risks, increasingly, local governments weren't willing to commit limited funds to improving their fire-insurance ratings.

At the same time, there was a national push for improved EMS. Congress was about to authorize funds for a program that would establish more than 300 regional EMS systems throughout the country. Numerous studies had illuminated the fact that EMS systems could do a much better job of saving the lives of people suffering serious medical emergencies and injuries. But leaders of the private ambulance industry at that time lacked the credibility and vision to secure a major role in the pending national developments.

In another move by the federal gov-

ernment, the National Commission for Fire Prevention and Control (NCFPC) released its report in 1972. Published as a book entitled *America Burning*, it resulted in the development of many programs at the federal, state and local levels aimed at reducing the number of lives and property lost in fires annually.

I believed that a bright and busy future was possible for the fire service—including highly focused programs for reducing the national fire problem and an expansion of the traditional roles to include the delivery of emergency medical services. By getting proactive and pursuing programs and goals that had public and political support, the fire service could be more competitive in the inevitable fights for our rightful share of funds.

What I did *not* anticipate was that my view of the future, as presented in the 1972 *Fire Command* article, would be extremely threatening to people who liked things the way they were. My entry into the world of writing and publishing left me cloaked in a mantle of controversy that I have always been proud to wear. On the other hand, I now understand why the fire chief and his top staff were nervous and noncommittal about my manuscript.

These thoughts came to mind a few weeks ago as I sat in a briefing room at the White House while President Bush proclaimed Fire Prevention Week for 1990. I had been invited to attend as a

member of the Congressional Fire Service Institute's Advisory Board. The President, reading a speech that someone else had written, said that 6,000 Americans died in fires last year, and \$8 billion in property was lost.

That's a terrible toll, but it is also a success story. I'm sure the President didn't realize it, but the annual death toll from fires in the United States has been reduced by one-half in the past 20 years. The nation's dollar value of fire losses when adjusted for inflation is about one-half of what it was in 1958, despite a 20-percent increase in population.

These days, we hear few stories about improvements in the human condition, reductions in death, pain and suffering or success in holding the line on costs and economic losses. Presumably, the fire service success story can be attributed to automatic sprinklers, improved fire-safe building design and construction, smoke detectors, tougher building and fire codes, better enforcement of those codes and public fire-education programs. Yes, the fire-service story is full of good news—unless you need bad news to support a budget request.

On the other hand, most fire departments are quite different from what they were 18 years ago. Most are a lot busier than they were then, with fire prevention and education programs, and also with emergency responses. In fact, most fire departments are providing some level of EMS—from first-responder service to ambulance transportation.

Those departments that have changed their focus to include a broad array of fire protection, rescue and emergency medical services have made an important transition. Most of them have strong support from the public they serve and, because they have made themselves indispensable, are not likely to suffer station shutdowns or staffing cutbacks.

But more change will be necessary for the fire service to succeed in the future and, like everything else in the world, this change will be driven by economics.

New Designs for Fire Apparatus

For more than 100 years, the prevailing standards for fire protection have been developed by the fire-insurance industry. These standards grew out of enormous losses suffered during urban conflagrations in which whole blocks or whole sections of cities were destroyed by fire.

The insurance industry standards place heavy emphasis on water supply and the ability of a fire department to

apply that water to a fire. Therefore, pump capacity is a critical factor. Mathematical fire-flow formulas can be applied to buildings and their contents to determine the required amount of water to contain or control a fire.

Pumpers are rated by pumping capacity [i.e., 1,000 gallons per minute (gpm), 1,250 gpm or 1,500 gpm]. If the

fire-flow formula calls for 4,250 gpm on a given fire building, the incident commander may need to deploy as many as five pumpers. If a fire department does not possess the sufficient pumping capacity to meet fire-flow formulas for all of its burnable hazards, the insurance industry's rating service may reflect that in rating the community's fire protec-

State and National Fire Service EMS Associations

What is a fire service EMS association? When assistant editor Carole Anderson started making calls to identify fire service EMS associations, she stumbled onto some serious confusion in terminology. She was given the names of IAFF union locals, nurses associations, fire chief organizations, emergency physician groups, ambulance provider associations and various state and federal agencies. But she was looking for something different.

In this special fire service EMS issue of *JEMS*, we hoped to share with you the names, addresses and telephone numbers of membership organizations and associations that deal exclusively with EMS issues as they relate to the fire service. Not local ambulance service providers. Not physician and nurse groups. Not fire chiefs' or firefighters' organizations that are concerned with the full range of fire service issues, although we were interested in EMS divisions and sections of those larger organizations.

After a few days of telephone research, it became clear that most of the people Carole was calling had no frame of reference. They had never seen, heard of, nor belonged to a fire service EMS association. Indeed, we found less than a half-dozen of them.

Although small in number and concentrated in West Coast states, fire service EMS associations have been successful in representing the special needs of their members. In some cases, they have influenced legislation. In others, they have had a voice in the appointment of people to EMS boards and commissions. Perhaps most important, however, they have served as a network for fire service EMS managers. ■

For more information about joining one of these associations or forming one in your state, feel free to contact any of the associations listed here. And if your group fits the bill but we've missed you, please let us know.

Oregon Fire Medical Administrators Association

John Boynton, President
500 N. Belknap
Prineville, OR 97754
503/447-5011
Fax: 503/447-5628

EMS Section

International Association of Fire Chiefs

Ricky Davidson, Chairman
1329 18th St., N.W.
Washington, D.C. 20036
202/833-3420
Fax: 202/452-0684

EMS Division

Washington State Fire Chiefs Association

John Murphy, Chairman
c/o King County Fire District 10
175 N.W. Newport Way
Issaquah, WA 98027
206/392-3433

Southern EMS Section

California Fire Chiefs Association

Kevin Brame, President
c/o Orange County Fire Department
180 S. Water St.
Orange, CA 92666
714/744-0400
Fax: 714/538-8359

Northern EMS Section

California Fire Chiefs Association

Gary Alvey, President
c/o Marin County Fire Department
P.O. Box 518
Woodacre, CA 94973
415/499-3743
Fax: 415/499-7820

The following is a federal agency that serves the needs and interests of fire service EMS personnel.

U.S. Fire Administration

Olin L. Greene, U.S. Fire Administrator
Gordon Sachs, EMS Program Manager
16825 S. Seton Ave.
Emmitsburg, MD 21727
301/447-1080 (Greene)
301/447-1185 (Sachs)
Fax: 301/447-1395

tion. This deficiency might then be included in the advisory ratings that are used to set the premiums for fire insurance in that community.

For decades, fire chiefs could use the threat of a bad rating (meaning higher fire-insurance premiums for a city's businesses and residences) to gain support for more personnel and equipment and other requests. In some cities in which officials have taken the insurance industry's standards most seriously, the highly touted class-1 rating is painted on the sides of fire engines. On the other hand, a rural volunteer department with minimal apparatus and training and no public water system is likely to be rated as a class 9 or class 10 (a fact they are not likely to advertise).

But that reality has changed. As one city manager told me, "I don't care how much people pay for their fire-insurance premiums. They don't complain to me; they complain to their insurance agent." Sure, the city officials are not likely to take much political heat if the rating slips or stays the same. Furthermore, it is entirely possible that hiring enough additional firefighters to elevate a city's rating (from class 2 to class 1, for example) will actually cost more per year in tax revenues than it will save in fire-insurance premiums.

The rating schedule and survey process have been slow to recognize the realities of modern local governments—both the economics and the services that are actually needed and performed. As an example, fire pumpers are still built around the presumption that their primary function is to pump water. To do so, they must have a powerful (and heavy) engine and transmission, a durable, non-corrosive bronze pump (which also weighs a lot) and plenty of metal plumbing, valves and fittings (which add to the weight). In addition, most pumpers carry a supply of about 500 gallons of water, which adds nearly two tons to the gross vehicle weight.

When this complex piece of machinery is fitted with all of its equipment, tools and supplies, it may well exceed the axle weight and gross weight limits of the chassis manufacturer, tire manufacturer and state highway department. Also, it is likely to cost between \$150,000 and \$200,000. Then, throughout its life, the typical fire pumper will spend all but the smallest fraction of its working time transporting personnel to the scenes of medical emergencies—not to burning buildings.

Another feature of pumper design standards is that they are based on pumping from draft. In other words, a 1,000 gpm pumper must be able to suck that amount of water from a pit, cistern,

river or lake and then discharge it at pressure. But, in the real world of urban and suburban fire protection, pumpers hook up to hydrants that send water into the suction side of the pump under pressure. In most structure fire situations, very little pumping effort is required to get the desired amount of water from a hydrant to the fire.

So why are we hauling all of that plumbing around with us to medical calls? Two reasons: just in case there is a fire and because the traditional approach to grading municipal fire protection recommends it. But the traditional approach also depended on street-corner box alarms and the presumption that every alarm represented a worst-case scenario.

Very soon, logic will combine with economic reality, as well as with new legal limitations on the weight of fire apparatus. The result will be a switch to systems similar to those employed by fire services in Europe, Australia and New Zealand.

In urban and suburban areas, the basic fire protection/EMS first-response vehicle of the future will be smaller, lighter, more maneuverable and less expensive than the present-day pumper. It will be designed to transport a three-to four-person crew in a closed cab and will carry all of the necessary medical equipment as well as fire hose and fire-fighting tools, fittings and equipment.

The pump on this vehicle will be small, compact and relatively lightweight, with a pumping capacity between 100 and 250 gpm. But the vehicle will be plumbed to serve as a manifold, capable of receiving high volumes of water from a remote pump and distributing it through valves and gates to hose lines.

Sitting in a place of honor at designated fire stations will be a pump. Probably trailer-mounted and always ready to be towed to a major fire, it will be labeled by dispatchers as a "special call" piece of equipment. Computer-aided dispatch systems will identify by address those occupancies to which the pump should be delivered in cases of reported fires.

In one recent year, one of the nation's largest fire departments responded to nearly 200,000 emergencies. Less than 5,000 of these emergencies were classified as building fires, and less than one-tenth of those required more than 100 gallons to extinguish. (Ironically, extinguishing fully involved building fires often costs insurers more for demolition and debris removal than if the fire were allowed to burn.)

These realities call into question the wisdom of designing and paying for

overbuilt, overweight fire apparatus to serve primarily as EMS first-response vehicles. But economics and the law will inevitably force a split in the fire/medical functions of emergency vehicles, and the relatively rare task of moving high volumes of water will be relegated to special-call equipment that will spend most of its useful life in a waiting mode.

A Defensive Approach to Fire Suppression

Every year, the U.S. Fire Administration releases a list of firefighters who were killed during the prior 12 months. There are always several dozen names on the list, with about one-half of them listed as casualties of heart failure. A disturbing percentage of the remainder, however, lose their lives while fighting fires in the interiors of otherwise unoccupied buildings.

There can be no question about the need for an aggressive approach to any structure fire that threatens human life. In fact, modern incident-command systems list search and rescue as one of the primary functions of firefighters. Preservation of human life ranks highest among the social values of our culture. This fact alone commands that firefighters always be willing and able to rescue humans from fire whenever possible.

But, the urban environment has changed, and that fact is reflected in the annual fire death statistics: Due to improved building construction, smoke detectors and public education, fewer people must be rescued from fires than was the case 20 years ago.

The tragedy of firefighters dying under falling walls or roofs, falling through floors into burning basements or getting lost in burning buildings and losing their air supplies is compounded by the fact that often there was nothing of value to be saved. Many, if not most, of the buildings in which firefighters lose their lives are abandoned. Many of them stand on land that would be worth more if the building were removed.

So why do we do it? Why do we send some of our best people into extremely dangerous situations when there is no moral or economic reason to do so? And why do they go? One reason, quite frankly, is that it's a tremendous thrill to cheat death and live to talk about it. It's the stuff that firefighters' reputations are made of.

Another reason is that the public and the media expect it. Firefighting is like building construction. It always attracts sidewalk superintendents, all of whom think they know how to do it better. A crowd watching a major fire can become a critical audience, challenging firefight-

ers to take actions that are unsafe. Similarly, the media is looking for a shot that will frame the 6 o'clock news—the more risk-taking the better.

In purely economic terms, the death of one firefighter generally costs more than demolishing the fire building and replacing it with a new structure. If the building is unoccupied and there is no threat to life in its interior, logic and economics demand that firefighters stay outside and concentrate their efforts on protecting exposures.

In one city, the recent loss of two young fire officers while fighting fires in the interiors of old warehouses has forced a major reevaluation of the fire department, its management and its emergency procedures by an outside consultant hired by the city. Surely, a dispassionate review from an outside party will challenge the wisdom of wasting people on buildings.

Like most trends in the fire service, this one is likely to take a long time to fully take effect. Nonetheless, some powerful influences will demand that the fire service of the future take a more defensive approach to fire suppression.

Patient Transport as a Source of Revenue

The delivery of ambulance services by public agencies has been skillfully portrayed by some as a type of "socialization." Obviously, the intent is to create a contrast to "privatization." Just as obvious has been the effort to link public ambulance services with the negative image of socioeconomic systems in such places as England and the Soviet Union.

Privatization was trendy throughout the Reagan years. But the heyday of privatizing ambulance services has probably come and gone in the United States. Based largely on the concept of charging patients and their third-party insurers for all or most of the cost of service, so-called "high-performance" ambulance services have become vulnerable to the national economy and to the federal government's financial plight.

While it may be true that greater quality and value can be attained from a privately operated enterprise, that company must be designed to survive in bad times as well as in good. Many of today's privatized ambulance systems have promised more than they can deliver. The most obvious results are escalating prices, excessive turnover of personnel and requests for increases in local government subsidies.

Soon, the labels "socialized" and "privatized" will become insignificant. In the increasing political turmoil of federal deficits and shortfalls, tighter health-care reimbursement, a labor

Men and Their Machines

By James O. Page

It was a hot August afternoon in South Los Angeles. Thick pillars of black smoke billowed into the brown sky. We were dispatched to Central Avenue, the site of several fully involved building fires. As I steered the rig around the corner from Florence onto Central, Capt. Al Ryland gestured to keep going past the first cluster of burning buildings. About two blocks farther south, he pointed to a furniture store.

Flames roaring out the front of the store were consuming a car parked at the curb. I stopped the engine just beyond the burning building, and firefighter Rex Morningstar pulled a supply line to a hydrant across the street. We were all alone for the time being. There were no available fire companies to assist us. Even better, we knew we wouldn't be stumbling over any chiefs.

Ryland and firefighter "Dusty" Potts set up a 2½-inch attack line while I inserted the male end of the supply line into the auxiliary suction valve. A hard suction would have been better, but we had to be ready to leave quickly. This was hit-and-run firefighting, and our police escort was nowhere to be seen.

Engine 282 was powered by a gasoline 935-cubic-inch Hall-Scott (a sweet power plant if there ever was one). Her pump was a 1,000-gpm Hale. I twisted the throttle and watched the gauges as the rpm climbed and the pump began to sing. At about 2,000 rpm, the engine and pump set up a resonant harmony that you could feel in your bones. "God, I love this job," I said to nobody in particular.

Another engine showed up, and the crew pulled two more big handlines from my rig. Once those lines were in operation, the compound gauge showed the hydrant pressure dropping. The trick was to supply all three handlines without running away from the limited water supply, meanwhile guarding against surges if one or more of the lines were suddenly shut down. The pressure-relief valve usually didn't work—the tiniest grain of sand could kill it. So this operation required a lot of concentration, looking, listening and feeling for changes in pressure or engine speed.

Rex had left the hydrant wrench at the hydrant, and some kids had gath-

ered nearby. To keep them from cutting off my water, I ran across the wide boulevard to retrieve the wrench. Back at the rig, I noticed that the supply line was pulsating like a collapsing soda straw.

The Hall-Scott roared, but still seemed to be begging for the fuel and air to run faster. It had the unique moan of an in-line six-cylinder with overhead valves and hemispherical combustion chambers. Fuel consumption was about one-half gallon per minute, much of it burning as a bright flame at the end of the 5-inch exhaust pipe.

Ryland and our two firefighters were inside the building, driving the fire from front to back. The other crew was outside, lobbing water into the burning building through window openings on its sides. Suddenly, over the noise of the pumper and the roar of the fire, an eerie groan penetrated the air.

I turned to see my crew inside the store sprinting to the front of the building. They had dropped their hose line, and it was whipping like an angry snake. I lunged at the throttle's shut-off button as the crew hurtled through the opening of the store's front window. The inertial forces of crankshaft, pump impeller, pistons and flywheel suddenly reversed, and the limp supply line became rigid as a giant thud shook the ground. The building's roof had collapsed. As it crashed to the ground, a gush of hot air, smoke, cinders and black water buffeted the retreating men and their machine.

Ten children nearly became fatherless that August afternoon. That worthless old building gave a two-second warning before caving in—a warning that reduced the death toll of the Watts riots by three.

A few minutes later, we went back to work. We draped our wet hose over the extension ladders, radioed for a fuel dispenser and made our unit available for another fire.

Engine 282 looked awful. She was filthy and water-stained. I climbed up into the driver's seat and pulled the shift lever over and back until I felt the gears mesh. As the clutch engaged, the pumper's nose lifted slightly. A little more throttle and the Hall-Scott responded eagerly. Our pumper was ready for her next assignment. God, I loved that job. ■

shortage, an aging population complaining about increased prices for ambulance service, and local governments' inability to deal with economic sophistry, there will be greater pressure for fire departments to take over the function of ambulance transportation.

Some fire departments are ready, willing and able to assume this new challenge. They will be able to make more efficient use of their personnel and satisfy the public with the impression of ambulance service at a reasonable price

(regardless of the levels of subsidy, which most people never see or understand).

The opportunity to offset a portion of their agency's costs with fees for service generated by their ambulance service will also be very important to fire chiefs and their departments. In the typical city government, the status of department heads and their departments is largely determined by how much revenue they can generate to offset the costs of operating their respective agen-

cies, and the one department head who usually has little to deliver in terms of revenues is the fire chief. The water department director sells water. The police chief draws revenue through fines and forfeitures. The parks and recreation boss sells swimming pool passes, green fees for the municipal golf course and permits for using meeting facilities. Most fire chiefs generate only a few bucks for plan-check fees (less than 1 percent of their budget).

Aside from the opportunity to provide high-quality ambulance service with improved response times, having a stable workforce and covering many costs within the fire department's infrastructure, the fire chief can earn some respectable revenues to offset the costs of operating his organization.

Yet, some fire departments are simply not ready for such a challenge. Lacking enlightened leadership and/or the service orientation of a well-run business, these departments will either reject the opportunity or accept the challenge and do poorly.

Providing Primary Care in the Field

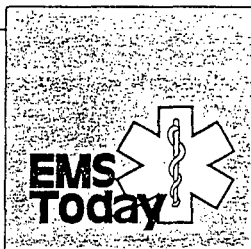
Today, all over the United States, hundreds of thousands of people are sitting on plastic chairs in emergency department waiting rooms. They are waiting to be seen for such problems as sore throats, headaches, upset stomachs and skin rashes. They can't be seen promptly because the EDs are full of people who need to be in intensive-care beds (which aren't available).

The ED is the least efficient place for assessing and treating minor medical problems. However, because of its convenience, that's where many of them end up. In many other nations and cultures, minor medical problems are treated in the field by non-physician, health-care practitioners. While we tend to view those systems as primitive, they are surely more humane than the typical ED waiting room.

The current health-care crisis in this country is the result of a mix of complex problems including drug-related violence, the AIDS epidemic, increasing health-care costs and declining reimbursements, 38 million people without health-care insurance and a maldistribution of funds. Even if our national government was committed to developing a more rational health-care system, it would take at least 10 years to implement.

So what do we do in the meantime? To begin, we should learn from some of the world's more "primitive" societies.

Continued on page 51



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- Setting Goals and Assessing Outcomes—Phillip A. von der Heydt, MEd, RRT
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 - An EMS Psychological Profile: Personality and Decision-Making Traits of Prehospital Providers—Larry M. Starr, PhD
- A Case of Prehospital Puberty: The Changing Voice of Pediatric EMS—Lou E. Romig, MD
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We should acknowledge that many of those people sitting in plastic chairs would be better off in their homes. We should train and authorize EMTs and paramedics to assess the headaches, sore throats and upset stomachs when they encounter them in the field. They should also be able to administer or prescribe minor medications to provide the patient with temporary relief.

Often, we scorn patients with minor medical problems as being abusers of the system. That attitude ignores some realities and fails to recognize a business opportunity for ambulance service providers—both public and private. If ambulance services were to view minor medical problems in this way, a whole new source of revenue could be opened up.

Of course, in some areas, the patients with minor medical problems who today go to EDs would rely on mobile primary-care services because they have no money and no insurance. Serving such an area would be more of a financial drain than a business opportunity. Still, when faced with a total breakdown in the health-care system, any number of creative financial options are possible. One would be a contract between hospitals and ambulance services to compensate the ambulance services for providing primary care to patients with minor medical problems seen in the field.

Obviously, changes in the law would be necessary before the field provision of primary care would be possible. It might be argued that Medicare would never reimburse for "Part A" services performed by "Part B" providers. But, almost nine years ago, in a case involving Medicare reimbursement, Federal Judge H. Lee Sarokin wrote an opinion that seems relevant to this issue. In part, he said:

"Modern technology permits a patient to be examined and diagnosed over telephone lines. Mobile units such as those used in this matter have greater capability than ambulances of the past. They have become hospitals on wheels. One cannot envision a congressional intent to reimburse a hospital for services rendered to a patient within its stationary walls, but to deny such payment when the services are rendered in an annex, albeit a moving one."¹

Conclusion

The past 18 years have brought more change to the U.S. fire service than was experienced in the prior 100 years.

Although the national annual loss of lives and property due to fires is unacceptable, substantial improvements have occurred since the 1972 report of the NCFPC.

With the reduced numbers of serious fire incidents comes a need to justify the time and cost of fire-suppression resources. Coincidentally, the U.S. fire service has greatly increased its commitment to emergency medical and rescue services during the same time. Although

this has served as a legitimate rationale for cross training firefighter personnel while maintaining adequate fire-suppression resources, the tools of the fire-suppression trade have not changed accordingly. This is exemplified by community designs for fire protection that have been greatly influenced by insurance industry prerogatives that are less relevant than they once were.

Ten years from now, the first-response vehicle of the typical fire com-

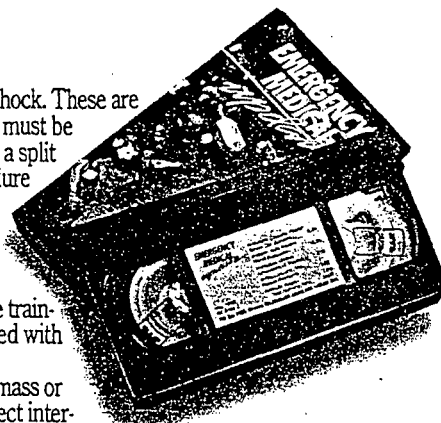
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pany will be lighter and of a different design. It will transport cross-trained emergency medical personnel with the adjunctive role of fire suppression.

The reduction in the number of major fire incidents also means fewer opportunities for firefighters and fire officers to gain real-world experience. Nonetheless, the compulsion to launch an interior attack on a fire building—even unoccupied structures without tangible worth—remains. A defensive approach to fire suppression will be emphasized in the coming years as an alternative to sacrificing firefighters to abandoned buildings.

The cascade of economic difficulties affecting our nation and much of the world is changing the public's attitude about the free-enterprise approach to essential services. And the angry public message to local governments increasingly parallels the commercial message of an athletic shoe manufacturer: "Just do it."

Increasingly, the agencies to "do it" in regard to providing emergency medical services will be local fire departments. They have the stable workforce necessary for the task, as well as the infrastructure—and the need to justify their budgets.

Finally, for those fire departments that operate ambulance services, an opportunity for new levels of service and revenue lies just beyond the horizon. But the solution will have to wait for some drastic changes in thinking to occur.

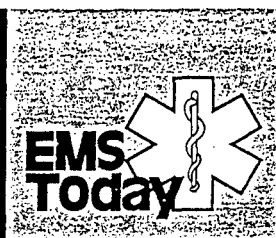
All of these proposals and ideas won't be accepted or appreciated at once. But that's the way change happens. Problems arise, old methods don't work well anymore, and people propose different solutions. Most of these answers make some of the people angry. Change, after all, is usually unwelcome. In the end, some proposed solutions are accepted, and some are rejected. Pieces of some solutions are implemented while other pieces are discarded.

Through it all, we have the opportunity to invent new methods for serving our public more promptly, efficiently, dependably and with a personal touch. In the controversy that inevitably surrounds change, it will be too easy to lose sight of this mission. But if we believe in ourselves as professionals, we simply cannot let that happen. Lurking behind all of the arguments for and against our preferred way of doing the job is a person who is most often unrepresented in the give and take of opinions: the patient. Caring for that patient as we would want to be cared for must be our mission.

References

1. Unpublished opinion in the case of *The Overlook Hospital Association v. Richard S. Schweiker*, Civil No. 81-1765, U.S. District Court, District of New Jersey.

James O. Page, JD, has been involved in emergency medical services for more than three decades. After rising through the ranks from rescue firefighter to battalion chief in the Los Angeles County Fire Department, he became the first chief of EMS for the state of North Carolina. Later, he served as executive director of the Advanced Coronary Treatment (ACT) Foundation. During that time, he founded Jems Publishing Company. In 1984, Page returned to the fire service. Since his retirement as fire chief of the Monterey Park (Calif.) Fire Department in 1989, he has devoted his time to publishing and writing. He also created a videotape first-aid program, "Til Help Arrives," and has been appointed as co-producer of "Emergency Life Support," a weekly program to be broadcast via satellite by the FDTV network.



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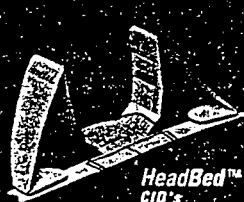
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Testimony of Fire Chief Lynn Davis
Before the Multnomah County Commission

July 1, 1993

Chair Miggins and Commissioners,

Good afternoon, my name is Lynn Davis and I am Acting Chief of the Bureau of Fire, Rescue and Emergency Services. The Bureau appreciates the opportunity to appear before you today as a participant in the ASA planning process. You have my assurance that we will support whatever model is adopted by Multnomah County.

The Bureau has been providing emergency medical services since the turn of the century. Medical services now account for the vast majority of our calls for service. Our first responder role serves as the basis of the entire Emergency Medical Services System. The provision of transport services is a logical extension of our current services and is consistent with our mission of providing emergency response services to our citizens. The Bureau utilizes the resource of our 28 strategically located stations and our 522 Firefighters. These resources are managed throughout each day to provide the many services which we are responsible for providing. The Bureau is able to address peak service demands by re-deployment and relocation of its units throughout the system.

The Portland Fire Bureau offers an experienced, well trained and stable work force. In fact,

most of our paramedics have private sector experience, either from previous employment or working off-duty for private ambulance companies or Lifeflight.

The Fire Bureau has not developed an ASA plan of its own. We are here advocating for the County's draft ASA plan. We feel that it offers a solution to the "ambulance wars" that have gone on for years, and haven't benefitted anyone, least of all, the citizens of this County. We believe that the public/private partnership approach is the least disruptive to the current system. Under this plan, no private providers would be put out of business. Further, this plan offers the most flexibility for the future.

The County plan also holds the greatest link to a regional approach to transport services. In addition to all of these benefits, a reduction in the rates charged to users of the system provides an important incentive.

I would like to focus the balance of my comments on five major areas:

- ◆ Workforce Issues
- ◆ The TriData Report
- ◆ Coverage for the Eastern and Western areas of the County
- ◆ First response
- and ◆ Costing

Workforce Issues

You have heard from the major participants in this process that paramedic displacement will occur regardless of the system you ultimately select. The Bureau is committed to accommodating displaced paramedics by every means possible. In fact, we view this as our responsibility. One option available to us is to offer a special exam open only to displaced paramedics. Women and minority candidates would be targeted for employment under this option. The Bureau has support from the City of Portland and the Firefighters Union to do this. This employment option also offers benefits to the Bureau. For each trained paramedic we hire, the Bureau saves approximately \$25,000 in training and associated shift replacement costs. We are receptive to any other options that will address the displacement issue. This also presents an opportunity for the Bureau to address an admittedly poor record in creating a diverse workforce. We have however, realized gains in the areas of recruitment of women and minorities. Our pre-employment program targeted at women and minorities has yielded excellent results in terms of representation on the current Firefighter list. Unfortunately, no one has been hired from this list due to reductions in our vacant positions.

TriData Report

As clarification, the TriData study of the bureau was initiated by the City Council as a complete review of Bureau operations and a means of establishing a vision for the Bureau

that would provide direction as we move into the next century. The study process was put into the hands of the Fire Study Committee, which consisted of two citizens appointed by each City elected official, representatives from the Bureau's Citizens' Advisory Committee, one representative from the Bureau and one from the union. The Fire Study Committee selected the consultant and directed the efforts of the consultant throughout the process. The consultant selected was TriData of Arlington Virginia, a firm with vast experience in the fire service. The result was an independent analysis of the Bureau.

TriData found that the Bureau was "lean" but still had capacity to enhance its productivity through the provision of transport services. This function can be added to the workload without degrading the force necessary to provide adequate fire suppression services. Essentially, the transport function will result in increased service provision by making maximum utilization of resources that are required to be in place for fires and other emergencies.

East and Westside Issues

The Bureau has outlined three options for the provision of services to the East end of the County. The first would be for the Gresham Fire Department to provide transport services. You heard from Gresham yesterday that this is an option under active consideration by them. We have held discussions with Gresham on this issue and the study being performed by TriData in Gresham will address this issue. TriData is acutely aware of the current status of ASA planning in the county.

The second option is for the Portland Fire Bureau to locate a unit within the City of Gresham, or third, have a private provider unit located to serve this area as is the case currently.

(Buck Medical services raised a legal issue concerning the Bureau providing service to the City of Gresham. The City Attorney has reviewed this issue and has found it to be without merit. Ben Walters of the City Attorney's Office is here today to address this issue if requested.)

I also want to point out that the Bureau currently has mutual aid contracts with fire agencies throughout the area. These include Clackamas #1, Tualatin Valley Fire and Rescue, Corbett, Gresham, Sandy, Sauvie Island and Boring. We can work with these jurisdictions to insure that the best possible first response is available in the outlying areas to stabilize patients for transport. The Bureau is also an active participant in the Multnomah County Fire Defense Board which coordinates emergency response issues within the County.

Additionally, the Bureau has programs in place that offer services in the areas of dive rescue, hazardous materials management, high angle rescue, trench rescue and urban search and rescue. We also are partners with the Portland Police Bureau S.E.R.T. team and with the F.B.I. for the provision of ALS services.

With our own capabilities and those of our fellow fire service providers, we offer a significant level of service to the parameters of the County. In fact, the proposed location

for a unit on the Westside to serve the Sauvies Island area is closer than the location of the current private provider unit that serves that area.

First Response

As you know, the Bureau currently provides first responder service which allows the County's EMS system to function. Our current average response time to an incident is 3.3 minutes. There are areas of the City where the response time is significantly in excess of our goal of four minutes. These areas are in Southwest and Northwest Portland. These areas are identified in the TriData report and the additional resources needed to improve our response times to those areas have also been identified. These recommendations will merge into our strategic planning process.

One of our ultimate goals has been to increase our first response capabilities to be able to provide for advanced life support first response throughout our service area and we have been moving in that direction. However, this will take time and resources. The potential resources that have been identified in other plans are not enough to provide this service enhancement. Nor is the amount of dollars identified in other plans sufficient to make any meaningful offset of the Bureau's cost of providing first response. We are interested in any revenue possible to support this service but it is important for you to understand that what has been discussed to date provides only a small percentage offset to the current costs of first response.

Costing

I want to make it absolutely clear what sort of costing analysis was done by the City of Portland. The costing issue has been one of the more confusing aspects of this issue. It has been made unnecessarily confusing.

The Bureau utilized a full costing approach. This process involved identifying the actual costs of each of the services offered by the Bureau. Costs that were included in the analysis included the direct costs of the service, the full costs of pensions, three levels of overhead and associated support costs. The analysis was done with the assistance of the consulting firm, Economic Resources. I am proud to state that the Bureau's costing analysis has withstood rigorous review and scrutiny by the City's Bureau of Financial Planning and Buck Medical Services.

The Bureau's approach on costing also identified existing costs that will be transferred to a transport cost center as well as the additional costs necessary to provide transport services. The Bureau's proposal calls for full cost recovery of the new costs.

On two final notes, the Bureau supports the concept of the County setting the transport rates. We also support the concept of a single Medical Director. We do however feel, that this person needs to have multiple physician agents assigned to him/her due to the large number of paramedics within the system.

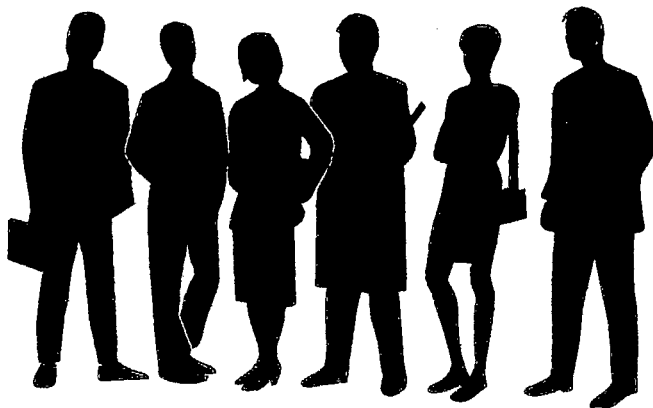
In closing, I want to thank you for your time today and to state once again that the Bureau stands ready to serve as a provider of transport service in whatever role you see fit.

I would be pleased to answer any questions that you might have.

Public/Private Partnership

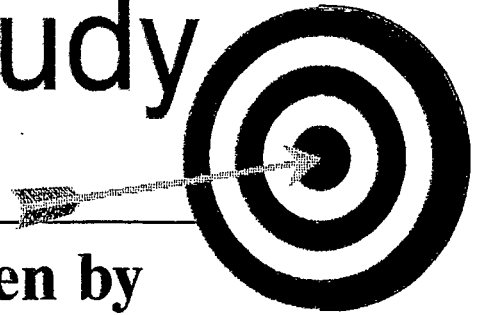
Workforce Issues

- ▶ **Bureau of Fire, Rescue and Emergency Services has already begun discussions with Unions on displaced Paramedic issue.**
- ▶ **Special examination option for Women and Minority Paramedic targeting.**
- ▶ **More economical to hire existing paramedics rather than train new ones.**
- ▶ **Support from City of Portland and Local 43 for Transport proposal.**
- ▶ **Bureau remains open to other recommendations and ideas.**



TriData Fire Study

Bureau of Fire



- ▶ **Report requested and overseen by City Council and Fire Study Committee.**
- ▶ **Fire Study Committee made up of Portland Citizens such as State Representative Mike Burton, Mark Williams -Metro, Richard Burnham -U.S. Bank, Nancy Locke -1st Interstate Bank, Sol Menashe - Blue Cross, Lillie Walker - Multnomah Co. Purchasing.**
- ▶ **Recommendations and findings:**
 - * Bureau is lean but has some capacity to do more.**
 - * Force must be maintained for Fire and other Emergency response.**
 - * Transport allows better use of time already required for Suppression.**
 - * Costs don't reduce with less activity.**

Existing Mutual Aid

Corbett Fire
Gresham Fire

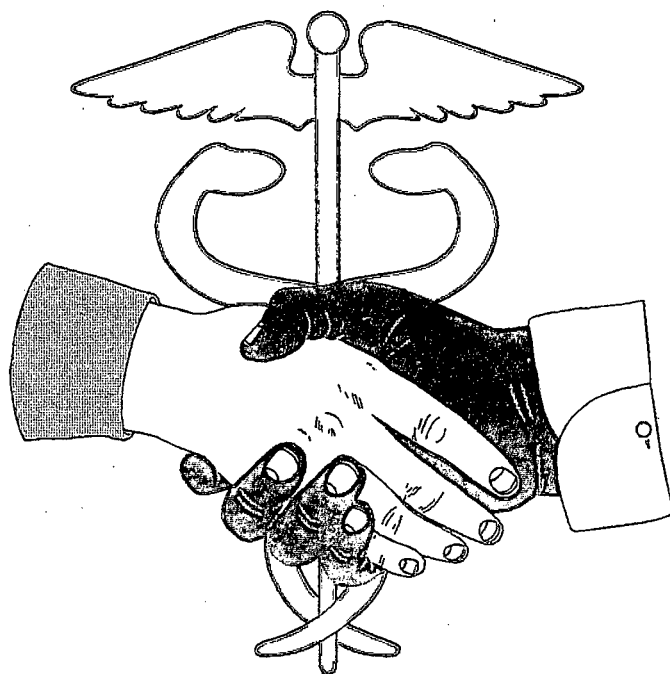
Sandy Fire

Boring Fire

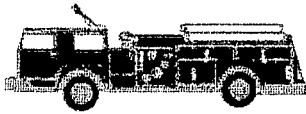
Sauvies Island Fire

Tualatin Valley Fire &
Rescue

Clackamas County ~~UL~~#1



Fire Bureau First Response



**Platform of Current
EMS System.**



**Average
Response Time:
3.3 minutes.**



**GOAL: To have
all ALS
First Response
throughout
the System.**

Public/Private Partnership

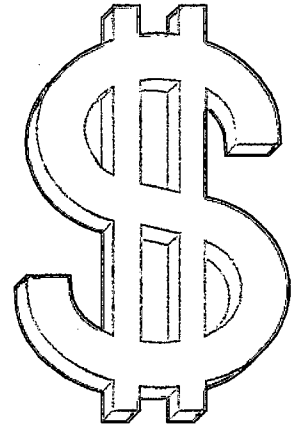
Cost of Service

- ✓ Full costs identified including:

Pension Plan Costs

Overhead

New Equipment



- ✓ Withstood significant review and analysis by
City Office of Finance and Administration
Buck Medical Services' CPA, Ray Van Beek
- ✓ Activity Based