

The EMT's and Paramedics of Local 2507
DC 37 AFSCME, AFL-CIO

*“A new breed of urban
heroes, right up there with
cops and firefighters.”*

—Daily News, August 24, 1985





President
George Engstrom

Recording Secretary
Tom Cottone

Vice President
Gilbert Saigado

Secretary-Treasurer
Michael Stein

Executive Board
Andy Cruz
Raymond Florida
Donna Holzapfel
Ellen Scibelli
Charles Werthelmer

The Best of Public Service



Is there a tougher job in this city than that of EMT's and Paramedics?

I doubt it.

The combination of skills required, the pressures and dangers faced every day and every night in the streets of this vast city, and too often the lack of recognition and respect for the extraordinary work performed. It's a story that has to be told again and again.

From the creation of Emergency Medical Services in the early 1970's we have fought for the kind of training and professional standards that would make this service second to none. Sometimes it takes management a while to get the idea, but we intend to keep hammering away with all the resources we can muster.

We're proud to have Local 2507 among the 110,000 members of this union. We're proud of the men and women in EMS. We're proud of your work, risking your lives to help others. You symbolize the best of public service, the best of New York City.

The concerns of your local—parity, career opportunity, dignity—are issues that affect all of our members, and we are determined to see them translated into city policy.

Fraternally,

A handwritten signature in black ink, appearing to read "Victor Gotbaum". The signature is stylized and cursive.

Victor Gotbaum

A Time of Great Change

These have been difficult but exciting years for EMS people, a time of great change in the public perception of pre-hospital emergency care.

Many trends have come together to bring about these changes.

Army medics came home from Vietnam and saw people dying in the streets who would have been saved with the pre-hospital care medics had used in the war. At the same time government studies showed many unnecessary fatalities in highway accidents. EMS grants came into being to develop local capabilities. A television show called *Emergency* popularized the latest techniques available in these mobile hospitals called ambulances.

In New York City a handful of Paramedics were trained at Jacobi Hospital's Albert Einstein Institute of Emergency Medicine, and new opportunities opened for Corpsmen and other EMS employees to upgrade their skills and participate in the gathering momentum to modernize the service.

During this time the media and elected officials began to take a closer look at the problems and potential of EMS. There were articles, tv reports, hearings. Terms like "response time" entered the public vocabulary, and a service that had only 600 people and 50 Paramedics a few years ago grew to more than 1500 and 250 Paramedics providing a lifeline from the city's hospitals into the city's streets.

We're proud of what's been accomplished. We have new ambulances. We have one of the finest training centers in the country. We have excellent medical protocols for both EMT's and Paramedics. We have people to whom you can trust life and limb.

We also have problems, like a terrible attrition rate that constantly drains trained personnel into other services and out of New York. The major cause of this attrition is no secret. It's the lack of parity — wages, pensions, other benefits — between EMS personnel and other emergency services in the city like police and fire. We know this problem can be licked too, and we intend to keep fighting, determined as ever to make EMS the finest municipal ambulance service in the country. □



**George Engstrom
President, Local 2507**

All In A Day's Work

Two thousand times a day someone in New York City calls for an ambulance.

The call goes to specially trained operators at Emergency Medical Service headquarters and is immediately entered into a computerized dispatch system. Information is flashed to borough dispatchers and the call goes out to the nearest available ambulance.

... man trapped in car ... bleeder in the street ... burn unknown ... 25-year-old female difficulty breathing ... cardiac call ... woman unconscious ... emotionally disturbed person ...





Fires and shootings, heart attacks and muggings, crackups and drownings, casualties and fatalities . . . In a city so big we mass produce tragedy.

Besides the routine emergencies, every week you can count on at least one certified disaster — building collapse, hazardous material spill, major traffic accident, subway derailment, multiple alarm fire.

Within minutes there's an ambulance on the scene. According to agency statistics, the average response time to the most serious calls is 8.8 minutes, a full ten minutes faster than four years ago.

Aboard those ambulances are some extraordinary city workers, Emergency Medical Technicians and Paramedics, some with more than 900 hours of specialized training.

"You may be the first to arrive at a five-or-six-car accident," explains Local 2507 President George Engstrom. "There are people bleeding, people unconscious, people screaming for you to help their friends and relatives. There may be a dozen people and you're only two on the ambulance. Where do you start? How long can you spend with a patient?" And that's just the beginning. A diagnosis of



each patient must be made. What measures are needed to stabilize the patient? Is special treatment required that is available in one hospital and not another?

Between the genuine calls of medical emergencies come the encounters you don't normally read about but they take their toll. The call to pick up a drunk in the street, a kid in a drug-induced stupor, a man threatening to kill his brother. Tell the guy with a mild case of the flu who doesn't have to go to the hospital. The woman burned to a crisp in a fire in her apartment.

The job requires the street-smarts of a cop,

the physical stamina of a firefighter, the sensitivity of a social worker, and of course the skills of the medical professional that these young men and women are.

"The only thing that still gets me is the children," said one EMS veteran. "When you lose them and when you bring them into the world."

You don't do this work unless you are dedicated.

"It sounds corny," said one EMT, "but you do save lives."

Heroes You Didn't Hear About

Sometimes you get a glimpse of the skill, bravery and dedication of these people. A story hits the papers—a crane disaster in midtown Manhattan, a baby brought back to life in Brooklyn, a dash into a burning building in the Bronx. The only problem with this picture is what's left out. Between each of these spectacular events are dozens of other incidents in which the quick and often courageous action of EMT's and Paramedics have saved life and limb.

We asked EMS for a complete list of the hundreds of awards it has given out over the past few years in recognition of these deeds. Unfortunately, the agency does not maintain such a record. So this list is necessarily incomplete, and many heroes remain unsung. We offer here, however, a sampling of the awards issued on March 27, 1985 at an annual ceremony to members of Local 2507.



It gives you the flavor of the types of challenges these men and women face, and how they rose to those challenges in one recent year.

Lieutenant James Martin, Lieutenant Arthur Nicolas

Treated a victim of multiple gun shot wounds as he lay atop a fragmentation hand grenade. He was later removed from the scene and the grenade detonated by the Police Department.

Paramedic Mark Aronberg

Assigned to a schoolyard to treat a male patient with a gun shot wound. While on the scene there was an exchange of gun fire, forcing the use of the ambulance and police vehicles as protection. The patient was treated and removed without further injury.

Specialist Kevin Finn

Climbed a Fire Department aerial ladder to the roof of a seven-story burning building and treated an injured firefighter. Both the Specialist and the patient were lowered to the street in a tower ladder basket.

Specialist Gary Feinberg, Specialist Loreto Marcari

Treated the seriously injured operator of a collapsed 250 foot construction crane as the cab shifted in the soft dirt below.

Specialist Kenneth Goldston, Specialist Thomas Quoma

To reach their patient, the Specialists scaled a ten-foot high fence, climbed down a 20 foot wall, and were escorted by Conrail personnel over four sets of live tracks during active train traffic. The Police Department Emergency Service Unit had to remove a large portion of the fence to bring the patient and Specialists safely from the scene.

Paramedic Ben Cruz, Paramedic Mark Jones, Lieutenant Paul Maniscalco, Paramedic Steven Martinez, Paramedic Steven Pilla, Specialist Salustiano Sanabria, Paramedic James Sarnataro, Paramedic Susan Weeks

Volunteered and established a primary treatment area on the involved floor during a fire at Lincoln Hospital. Throughout the operation these Service members endured extreme heat and heavy smoke conditions.

Paramedic Eugene Lockwood, Paramedic John Swift

Responded to an auto accident involving a car which overturned into an ice covered pond. Prior to the arrival of additional assistance they fell through the ice and were consequently treated for exposure.

Specialist Leonard Rubeinstein, Specialist Curtis Waxenberg

Heard numerous complaints of symptoms due to carbon monoxide poisoning. They quickly assisted in the evacuation of an entire building and treated the patients until they were also overcome by the fumes.

Specialist John Tagialatela, Specialist Robert Trigili

Responded to a call involving a woman who was attempting suicide and threatening the lives of two children. With the assistance of Police Officers, they successfully disarmed the woman and removed the children to safety.

Specialist John Diaz, Specialist Peter Ricci

Observed a large body of smoke and fire coming from a storefront while patrolling their primary area of response. They entered the store and safely removed the occupants prior to the arrival of the Fire Department units. They were later treated for smoke inhalation.

Specialist Jerome Hackett, Specialist Robert Mannarino

Among the first units to arrive on the scene of an explosion in an apartment building. They climbed the fire escape of the burning building alerting tenants of the danger and were later treated for smoke inhalation.

Specialist Warren Panem, Specialist Richard Prussen

Entered a three-story burning building and evacuated the occupants prior to the arrival of the Fire Department units. Due to the quick actions of these Specialists there were no significant injuries at the scene.

Specialist William Hackett, Specialist James Kelly

Observed a fire in a two-story structure, they alerted the sleeping occupants and evacuated them prior to the arrival of the Fire Department.

Specialist Ronald Greco, Specialist Harold Kurz

Realizing the building they were in was filling with smoke, they alerted the occupants, rescued a mother and her three children, and assisted in the evacuation of the building. Both Specialists were treated for smoke inhalation.

Specialist William DeFossett

Observed flames coming from a three-story home. He entered the building and effected the rescue of an 8-year-old boy and entered the building a second time to attempt further rescue.

Specialist Raymond Laccitello

Observed an active fire in a three-story brick building. He entered the building, successfully awakened the occupants, and led them to safety.

A New Service And The Fight For Parity

Ambulance service in New York City dates back to 1870, when Bellevue Hospital put five horse-drawn wagons into action. It wasn't until a full century later, however, that the system was fully centralized with the creation of EMS as a division of the city's Health and Hospitals Corporation.

The first class of Paramedics was trained at Jacobi Hospital in the Bronx in 1974. The 17 graduates of this program staffed the city's two Advanced Life Support (ALS) units in a pilot program supported by DC 37's Education Department. The program was so successful it was instituted on a regular basis.

State-certification as an Emergency Medical Technician (EMT) is a prerequisite for employment at EMS. This certification requires taking an 81-hour course and passing a written exam administered by the state department of health. After being hired, new employees must graduate from a six-week orientation program and subsequently must

pass a re-certification exam once every three years.

Training is conducted by EMS's own Academy.

After working on the job as an EMT on a Basic Life Support (BLS) ambulance, an employee is eligible to apply for Paramedic training. Paramedics learn such techniques as endotracheal intubation (placing tubes through blocked breathing passages), defibrillation (correcting irregular heartbeat), initiation and maintenance of intravenous lines and the use of a wide variety of medications. They operate under specially designed protocols that tell them what procedures to use and what medications to administer in various situations. If the protocols don't cover a specific problem, the medics can contact a hospital-based physician, by either radio or telephone, for further instruction.

While there were only two ALS units a



decade ago, today there are more than 40 and the number is expected to increase in coming years. The union has worked constantly to enhance the professional standards of EMS personnel. Thanks to a new union-initiated program at LaGuardia Community College, for example, EMS employees can now obtain an Associate Degree in Applied Science as New York State Paramedics. Just as the union has initiated and supported improved training programs over the years, it has also fought to assure that EMS equipment meet the highest safety and technical standards. A series of grievances and a major arbitration in 1982 prompted the city to do something about its fleet of old and unsafe ambulances. There's a brand new fleet now of excellent vehicles — another example of how unions fighting for the rights of its members can also bring a higher quality of service to the public.

There have been some dramatic improvements at EMS over the past several years.

But there are also some problems.

EMS suffers from a very high turnover rate, in the range of 20 to 30% a year. Part of the problem is the nature of the work itself. It's easy to burn-out under the extraordinary mental and physical stress that goes along with this job.

The critical challenge facing EMS as it enters its second decade is what can be done to retain these highly qualified workers in the agency. EMS recognizes the problem. "We've become a training program for the police and fire departments," lamented one EMS official. "There's got to be more monetary incentive for people to stay."

Right now EMS wages at every level are several thousand dollars less than that of the other emergency services. On benefits like pensions and disability, the discrepancies are

even greater.

To take just one example, the kind of work done by EMT's and Paramedics does not qualify as "physically taxing." The result is that hundreds of these young men and women working their hearts out in the streets know they can not possibly last the thirty or forty years they need for full retirement pay. Not surprisingly they leave first chance they get, for police and fire, where the work is defined as physically taxing, and for other EMS agencies with more realistic benefits.

These inequities must be remedied at the bargaining table and through the legislative process in Albany and City Hall. Some progress has been made. As of September 1985, for example, an assault on EMS personnel is a felony, just as it is in the case of police and other peace officers. And like police and firefighters, EMS personnel are now covered by workers' compensation not only during their regular duty hours but whenever and wherever they are injured in the course of performing their life-saving duties.

Perhaps the most valuable achievement in recent years is the growing public understanding of the work done by EMS' EMT's and Paramedics, and the realization that problems can be solved when responsible officials put their minds to it.

"One of New York's bright spots is its city ambulance corps," noted a recent Daily News editorial. "EMS has been professionalized. Its dispatching system has been fully computerized, its workers instilled with confidence and pride. . . . (they) are so dedicated they frequently risk their lives to save others. They're a new breed of urban heroes."

Now we need to find the ways to keep them doing this work for the city that they have learned to do so well. □



**The EMT's and Paramedics
of Local 2507**

**DC 37 AFSCME,
AFL-CIO**

125 Barclay Street
New York, New York 10007
(212) 815-1040