

# City's Ill, Injured Wait Hours As Ambulance System Falters

By Edmund Newton

The city's budget crisis has cut so deeply into the Emergency Medical Service, the city-run ambulance system, that seriously injured people frequently remain unattended for hours at a time and large areas of the city are virtually without ambulance coverage, a *Newsday* investigation has found.

Every day, one or more of the boroughs slips into "backlog," a situation in which there are more emergencies than ambulances, the investigation revealed.

Interviews with ambulance personnel, EMS administrators, police officers and citizens, as well as examinations of EMS' records, revealed that the city system is stretched so thin that there are frequent borough-wide breakdowns. When the system—composed of ambulances from both city and voluntary hospitals—is overloaded, even the most serious calls must be put on "hold."

For example, during the late afternoon of July 23 there was a backlog of more than 100 calls in Manhattan, including reports of cardiac cases, possible heart attacks and serious injuries. Workers said that day was one of the worst for the service this year. On a recent night in Queens, workers faced what they called a more typical backlog. There were insufficient ambulances to assist promptly, among others, an unconscious pregnant woman, several pedestrians struck by cars and a man with an apparent cardiac attack.

EMS statistics indicate that even when the system is working normally, without backlogs, ambulance service takes substantially longer than recognized minimum standards. For example, a victim of cardiac arrest must receive cardio-pulmonary resuscitation within four to six minutes or irreversible brain damage occurs. Under the best of circumstances, city ambulances take an average of about 14 minutes to get to a victim. EMS administrators acknowledge, as well, that for the past four or five years, 10 per cent of all "rush," or top priority, calls have been put on hold because of backlogs.

Chicago and Los Angeles, whose emergency medical services are run by their fire departments, claim considerably better response time. Los Angeles claims an average of five minutes, and Chicago, according to Fire Commissioner Richard Albrecht, "under four minutes."

EMS, which is a division of the Health and Hospitals Corp., is suffering from serious shortages of personnel and equipment, according to beleaguered ambulance corpsmen, paramedics and dispatchers. "The New York City system does not save lives," said one disgruntled paramedic.

A threatened "sick-out" by Brooklyn and Queens corpsmen last month produced a commitment from the Health and Hospitals Corp. to transfer 50 workers to EMS from other parts of the corporation. But the dissident corpsmen charge that EMS is short at least 200 workers.

They charge, as well, that EMS is equipped with dozens of "fictitious" ambulance units, which exist only on paper, while the real ones are forced to cover ever-greater areas. The so-called fictitious ambulances are those that were in service until about a year ago but have not been operated recently because of equipment and personnel shortages. The ambulance units, however, still exist in EMS records. Many workers claim that the average number of runs they handle on an eight-hour tour has almost doubled in the past year. During the fiscal year which ended June 30, EMS responded to 466,927 calls.

EMS operations director Peter Murray acknowledged that much of the criticism is valid, including the fact that EMS lists "some" nonexistent ambulances, but insisted that the city's ambulance system is still viable. Does it have the capability to save lives? "I think it does," he said. He added that the 50 new workers "should be sufficient" to allow EMS to cover the city adequately. "If it isn't, we'll get more," he said.

Murray said he had been trying to delete the fictitious ambulances from the system, "but there are probably still a few." The EMS critics, however, say that almost a third of the city's 128 listed ambulance units are fictitious. In Queens, for example, EMS records indicate that there are 21 ambulances responding to emergencies at varying times during three daily shifts. Critics within the system, who spoke to *Newsday* on condition that their names not be used because they fear they will lose their jobs, say that seven of those ambulances are ficti-

—Continued on Page 19



*Newsday* Photo by Dan Neville

Officer comforts ill woman while waiting for ambulance at Union Street and Northern Boulevard, Flushing

## Stabbing Victim Dies After 14-Minute Wait



*Newsday* Photo by Dan Neville

Police and ambulance personnel struggle, unsuccessfully, to save life of Thomas Maple, found stabbed at 204th Street and Hollis Avenue, Hollis.

Hollis—As he writhed on the sidewalk at 204th Street and Hollis Avenue, Thomas Maple kept asking, "How long? How long?"

"Hold on a minute, brother," someone responded from the crowd that gathered around him in the dark. "The ambulance is on the way." It was 10:40 PM.

The 22-year-old Maple, of 100-15 94th St., Ozone Park, was lying on his back. He flung himself to the right, keeping the extended left leg perfectly still. The trouser leg was rolled up above the knee where someone had fashioned a tourniquet out of a handkerchief. A jagged gash ran down his calf, and his white sneaker was soaked with blood. What had happened to him? A fight, someone explained, gesturing to the foot-long kitchen knife lying next to Maple on the sidewalk.

It was Wednesday evening, Aug. 8. The Queens ambulance network had been "in backlog" for most of the 4 PM-to-midnight shift. Five ambulances were reported out of service to begin with, and three had been called to the scene of a subway derailment early in the shift. A report of an unconscious pregnant woman had been held for 55 minutes, and one of a child with a head injury had been held for 31 minutes.

A hefty man in a white T-shirt pushed through the crowd, knelt next to injured man and grabbed his wrist, feeling for the pulse. It was off-duty paramedic Pete Thomson. "How do you feel?" Thomson asked, glancing around nervously as if at any moment he'd be able to see an ambulance speeding down,

—Continued on Page 19

# Forest Hills Garage Worker Beaten

By Larry Ausubel

Forest Hills—A 71-year-old parking garage attendant was in critical condition yesterday after being bludgeoned and robbed. Police said the assault might be related to two beatings, one of them fatal, that occurred two weeks ago in a garage only 10 blocks away.

"It follows the same pattern—in the basement garage, blunt instrument crushing the skull, robbery," said Det. Bob McKnight of the 112th Precinct. "We're investigating the possibility that they're related."

The victim, John Carey of Astoria, underwent surgery at St. John's Hospital yesterday afternoon to relieve pressure on his brain, according to McKnight. Carey was attacked near

the end of his 6 PM-to-6 AM shift at the George Washington Garage at 106-21 68th Ave., which serves the George Washington Apartments at 67-66 108th St. The building houses 206 middle- to upper-income families.

McKnight said an intruder, or perhaps two, entered the garage and struck Carey while he was working in the garage office. The assailant apparently stole Carey's wallet and dragged him out of the office and about 15 feet along the wall inside the garage. He put Carey in the trunk of a car.

The relief attendant who arrived at 6 AM found the trail of blood leading to the car and called police, McKnight said. Officers opened the trunk and found Carey. The only thing stolen was Carey's wallet, containing an un-

determined amount of cash. "He's a parking lot attendant," McKnight said. "I don't think he'd have a great amount of cash in his wallet."

Carey, who lives with his wife, Eloise, in Astoria, is a 29-year employee of Carol Management, which owns the apartment building, McKnight said. Carol also owns the building at 99-72 66th Rd. where the two beatings occurred on Aug. 3. In that garage Eugene Flister, the 60-year-old vice president of a National Bank of North America branch, was murdered and Raphael Bleiweis, a 58-year-old resident of the building, was seriously injured.

Bleiweis said yesterday that he was kept in intensive care for eight days and was discharged from the hospital

Thursday. "I still can't go to work, and I can't hear too well out of one ear," he said. "I'm just keeping my fingers crossed I get better." Bleiweis had visited a nearby bank before he was attacked and robbed of over \$600, he said. He had just stepped out of his car in the unattended garage and didn't see who hit him.

"It's a terrible situation," Bleiweis added. "You live in an area all these years and you never dream something like that could happen."

Police are investigating both cases, McKnight said, but no progress has been made. A car believed stolen by the assailant two weeks ago has not been recovered. "What makes it doubly hard is that there are no witnesses," the detective said.

## Injured Wait Hours for Ambulance Service

—Continued From Page 5

tious or chronically out of service. In the last year, EMS has left a broad swath of southern Queens, from Ridgewood to Rosedale, without ambulance coverage except from adjoining sectors, according to EMS personnel.

Lillian Roberts, associate director of District Council 37 of the American Federation of State, County and Municipal Employees, which represents the ambulance workers, charged that the city, as an austerity measure, is "trying to force the middle-class areas into developing their own volunteer ambulance operations, particularly in Queens." She said residents of some communities are "justifiably irate . . . when you're talking about an emergency, every minute is magnified by 10. We've been seeing delays of anywhere from a half hour to an hour or more."

Murray said it is possible that some areas of Brooklyn and Queens are without coverage because they still operate under the "old-style system." The other boroughs, he said, have been regrouped into a system matching ambulances with "prime areas of responsibility."

But workers contend that the situation is similar in all the boroughs. They cite nine fictitious ambulances in Manhattan, seven in the Bronx, 13 in Brooklyn, two in Staten Island and numerous ambulances that only occasionally make it to the street.

"It's robbing Peter to pay Paul," said one dispatcher, who is responsible for sending the closest available ambulance to the scene of an emergency from his radio console at the EMS communications center in Maspeth. "That's all I do. Rob Peter to pay Paul."

He explained that EMS operates on a sector system, similar to that of the police department, in which designated ambulance units are assigned to cover specific areas. Until the spring of 1978, when the Health and Hospitals Corp. initiated a hiring freeze, there were ambulance units to cover the entire city. But now EMS must divert ambulances from adjoining sectors to cover some areas.

In addition to the sick and injured, those who feel the scarcity of city ambulance units most deeply are uniformed police officers, who are required to respond to the same calls as the ambulances. A casual monitoring of police radio signals elicits a constant refrain from harried police officers at the scenes of accidents: "Can you give me an ETA (estimated time of arrival) on that ambulance?"

The police department keeps no records on the number of times officers take patients to hospitals in radio cars rather than wait for city ambulances, but the officers say it happens often. "It depends on the case," said one uniformed officer from the 103rd Precinct, "but if it's a matter of life and death, we generally put the person in the back of the car rather than wait for an ambulance that might never come."

The Newsday investigation showed the following:

• EMS claims there are 684 workers—corpsmen, paramedics and drivers—operating from 42 to 77 EMS ambulances per eight-hour tour. (Officials figure it requires 10 workers to keep an ambulance rolling 24 hours a day.) But insiders claim the figure is inflated and includes acting supervisors, people on special assignment and workers on disability

leave or extended sick leave. They also say Murray told union leaders three weeks ago that the total was 619.

"He's probably including the 50 who are supposed to be transferred in," said one worker. Insiders say that half of those transfers will require several months of training for state certification, and half will be canceled out by 25 corpsmen who are due for five months of paramedic training.

The critics contend, as well, that in assessing the available personnel "you have to distinguish between the silver and the gold." They explain that the city has trained almost 100 corpsmen as paramedics, whose responsibilities are limited to "Priority 1" calls involving imminent danger to life or limb. The upgraded corpsmen have not been replaced, leaving a drastically reduced number of corpsmen to handle routine calls.

The pressure on existing ambulance personnel is especially heavy during the summer because the hiring freeze has forced EMS to eliminate vacation relief workers. One paramedic explained: "If my partner is out on vacation, that puts my ambulance out of service unless I can get somebody to work overtime with me."

Morale among workers has plummeted in the past year, union leaders say. "The men are screaming like mad because of the shortage of personnel, while the public abuses them," said Roberts. Many are particularly rankled at what they consider to be low rates of pay, \$12,142 to start for corpsmen, \$14,042 for paramedics.

• Dissident ambulance workers say they are often slowed down by aging equipment that is inadequately maintained by EMS mechanics and on which there is no preventive maintenance. One worker sprained an ankle and injured a shoulder when a leaf spring snapped while she was in the back of a moving ambulance. More frequently, ambulances simply go out of service for lack of repairs.

A broken fan belt can put an ambulance out of commission for 24 hours, workers contend. Last

year, the city eliminated a roving repair truck, which made minor repairs on the street.

EMS reports obtained by Newsday show that recorded "down" time in March for the system's 128 ambulances was 7,639 hours. Critics contend that even that figure is conservative. "When an ambulance unit is out of service all day, they just don't 'create' the unit in computer records," said one insider. "Therefore, it doesn't get logged in as being out of service."

Murray acknowledged that much of the EMS fleet is "very old" but said the city expects to replace more than half the fleet, 70 ambulances, with new ones within the next few months.

• The test of an ambulance system is its ability to get to the sick and injured in time to save their lives. Critics say that EMS is not doing that. Asked for an average response time by EMS ambulances to top-priority calls, Murray said it was 7.9 minutes. But the dissidents complain that that figure is just a measure of the amount of time between the moment an ambulance starts out on an assignment and the moment it arrives at its destination. It does not take into account other delays.

An examination of EMS records shows that "elapsed time" is broken down into "reaction time," "ambulance rolling" and "ambulance response time." A total of all three average times—14 minutes for April and May of this year—measures the amount of time between the moment a call to 911 comes in and the moment of arrival at the scene. "That's the amount of time a guy actually lies on the sidewalk, waiting for help," said one paramedic.

Murray also acknowledged that 10 per cent of the rush—or top-priority—calls were placed on hold because of the unavailability of ambulances. He described it as a "historical phenomenon—It's been going on for the past four or five years." In April and May, the most recently available figures, 10 per cent of the victims, which included people with cardiac arrests, comas and serious injuries, had to wait an average of 22.7 minutes for an ambulance.

## A 14-Minute Wait for Help

—Continued from Page 5

Hollis Avenue. "Doesn't seem to have lost that much blood," he said, looking at the red smear on the sidewalk.

Suddenly, as two police radio cars pulled up to the sidewalk, Maple's eyes rolled up and his mouth went slack. "Stay awake, brother," someone urged. "Don't go to sleep." Thomson dove towards Maple's chest, feeling for the heartbeat, then jabbing the chest with the heel of his hand in short, deliberate strokes. Then he bent over Maple's faces and blew into the injured man's mouth.

"Did anyone see what happened?" one of the officers asked the crowd. "He came around the corner that way," said a woman, gesturing towards 203rd Street. Then an ambulance appeared three blocks down Hollis Avenue.

Ambulance workers call their vehicles "buses." It was easy to see why at that moment, as the big square truck pitched clumsily along, lights flashing and siren howling. Ambulance No. 401, normally assigned to a sector a mile to the north, pulled up at 10:54. Tom Tompkins and Mary Powers leaped

out. Powers fitted a mask, part of a manually operated device used in place of mouth-to-mouth resuscitation, over Maple's face while Tompkins readied a stretcher to move the man into the ambulance.

The two were corpsmen, meaning that they didn't have the life-saving equipment or expertise a paramedic unit has. Corpsmen, officially "emergency medical technicians-1," are not permitted to administer injections of adrenalin or to insert a tube in the patient's trachea for ventilation of the lungs. Paramedics are.

The ambulance was pulling away. A last glimpse of Thomson, pushing rhythmically at Maple's chest, and the rear door closed. An officer of the 103rd Precinct shook his head as he watched the retreating "bus." "He got it around the corner," he said. "Must have hit an artery. You can see his footsteps. He lost about a half pint of blood with every step."

Fifteen minutes later, in the waiting area to the Mary Immaculate Hospital emergency room, Pete Thomson was glum. "He didn't make it," Thomson said. "Maybe if a paramedic unit had gotten there in time . . ."

—Edmund Newton