

Richard J. McAllan  
P.O. Box 478  
Bronx, New York 10463  
September 20, 1998

VIA EXPRESS MAIL

Hon. Edward J. Kuriansky  
Commissioner of Investigation  
NYC Department of Investigation  
80 Maiden Lane  
New York, N. Y. 10038

Re: Falsification of NYFD Response Time Statistics to NYC EMS Calls

Dear Commissioner:

It has come to my attention that, in some instances, the New York City Fire Department (FDNY) has been falsifying their FDNY response to NYC EMS medical emergencies received through the "911" system.<sup>1</sup> Two recent incidents, one in which a pregnant female and her unborn child died, and a second incident, in which an off duty NYC Fireman died, compel me to report these incidents to the New York City Department of Investigation. In both of these incidents, your writer specifically charges the NYC Fire Department with a **deliberate** cover-up of FDNY's **failure** to respond to or to assist other EMS units responding to critical patients in dire need of pre-hospital emergency medical assistance.

A third incident is also reported in which FDNY placed two out of three South Bronx Paramedic Units off service for the tour because of FDNY's rigid 25% overtime cap of NYC EMS employees. This FDNY ordered shortage of these Paramedic Units in the South Bronx certainly contributed to the death of another critical asthmatic patient because there were no nearby Paramedics Units to assist an EMS Ambulance with this asthmatic patient who was in imminent respiratory arrest. This patient did **not** receive Paramedic intervention in the field and your writer is advised that the patient suffered a cardiac arrest shortly after reaching the Lincoln ER and later died in the hospital of brain damage. Your writer specifically charges FDNY with engaging in a **deliberate** cover-up of their **indefensible** reduction of especially NYC EMS Paramedic Unit coverage. Various NYC EMS employees have reported these incidents to your writer in his official capacity as an Executive Board Member of EMS Local 2507.

FDNY's administration of the NYC EMS program and FDNY's CFR-D First Responder Program has taken a deadly turn for the worse.<sup>2</sup> The FDNY administration, in their efforts to improperly

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<sup>1</sup> Richard McAllan is a Senior NYC EMS Paramedic with twenty-four years experience as a Paramedic in the NYC EMS 911 system.

<sup>2</sup> Certified First Responders-Defibrillators have a 75 hour course in CPR, certain basic on scene first aid techniques and carry semi-automatic defibrillators to shock hearts which are in cardiac arrest. NYC EMS EMT<sup>1</sup>-Ds have a 250 hour course in Basic Life Support (BLS) which includes the above defibrillators plus a full complement of first aid, patient evaluation, bandaging, splinting, patient immobilization and patient movement techniques. NYC EMS Paramedics have an additional 1200 hour course in Advanced Life Support (ALS) techniques that include

divert NYC EMS operation budget monies into "fire side" spending, seems *quite willing to cripple NYC EMS ambulance coverage for the remainder of the year*. Show your writer the Fire Companies that are off service for hours on end because FDNY is not willing to staff them with necessary OT coverage.

While your writer is certainly a well-known critic of this alleged EMS/Fire merger, this letter is not an attack on those Firefighters who risk their lives in burning buildings trying to save New Yorkers. *It is, however, a full broadside on the incompetent and callous FDNY Administration that is willing to let emergency medical patients die in the streets to meet their nonsensical ideas of NYC EMS Overtime goals*. Suddenly it's déjà vu all over again. NYC EMS suffered from deadly response times of an hour or more in the late seventies. Well into the eighties patients would frequently die waiting for 911 ambulances to arrive. Finally the NYC Administrations properly funded NYC EMS and improved the delivery of EMS's life-saving services. This allowed NYC EMS to deliver the high quality pre-hospital emergency medical services it was always capable of delivering. Now in the nineties, a medically incompetent Fire administration has been placed in charge of NYC EMS operations and has so crippled the NYC EMS system that patients once again are **dying in the field** waiting for EMS ambulances with extended response times.

All of these reported incidents have occurred since the already discredited FDNY Bureau of Fire Communications was **secretly** placed back in charge of the NYC EMS Communications Bureau. Two of these incidents can be simply summed up as the New York City Fire Department has secretly decided that **cutting** the New York City Emergency Medical Service Overtime budget *is more important than saving lives in New York City*. *Therefore, in your writer's view, FDNY's mismanagement of the NYC EMS budget must be corrected forthwith--before other New Yorkers unnecessarily die at the hands of this medically incompetent Fire Department*.

The incident in which the NYFD failed to come to aid of their own fellow firefighter in cardiac arrest tragically demonstrates the sad truth about just how **lightly** the administration of NYFD takes their emergency medical life-saving responsibilities under their much touted CFR-D program. Further, *unlike the Chicago Fire Department*, FDNY is **not** dispatching CFR capable fire equipment to help save lives in life-threatening medical emergencies even when the responding EMS unit is extended to the scene. It states the obvious that these FDNY blunders could well cost the City of New York millions of dollars in future litigation over FDNY's refusal to properly fund NYC EMS or to dispatch medically trained CFR companies to the scene when EMS units are delayed to the assignment.

#### Background:

As you may know, the New York City Fire Department took over the operation of the New York City Emergency Medical Service on March 17, 1996. In April of 1997, FDNY Fire Communications Assistant Commissioner Stephen Gregory forcefully instituted the supposedly better FDNY Battalion Based EMS Dispatch System. Until that time, NYC EMS had been

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endotracheal intubation, IV administration of life saving medications, EKG interpretation, synchronized cardioversion, and other invasive life stabilization techniques for critically ill or injured patients. Any patient who suffers an out of hospital cardiac arrest has the best chance of survival if prompt CPR, Defibrillation, and Advanced Life Support techniques are provided to the patient within 4-6 minutes of the arrest. If any component of these life-saving procedures is delayed or missing, the patient's chances of surviving the cardiac arrest drops dramatically.

successfully dispatching over a million EMS 911 calls per year utilizing the NYC EMS Computer Aided Dispatch (CAD) System that had been especially developed for NYC EMS dispatch operations. Prior to this ill-fated FDNY change to their unproven Battalion Based system, this proven NYC EMS CAD system had successfully dispatched over 15 million NYC EMS 911 calls in its fifteen years of operation as NYC EMS's dispatching program.

In your writer's view, the FDNY Battalion Based EMS Dispatch System proved to be a life-threatening disaster for the citizens of this City. NYC EMS response time rose dramatically under this rigid FDNY/EMS dispatch system. Both EMS dispatchers and units complained that the FDNY Battalion Based system eliminated the dispatcher's long-standing discretion to dynamically dispatch NYC EMS units to 911 calls where they were most needed. This Battalion Based Dispatch System proved to be such a drag on NYC EMS response times that FDNY quietly abandoned virtually every element of the EMS Battalion Based System over the next few months. Today, with the exception of scrambled NYC EMS radio numbers, NYC EMS dispatchers are utilizing the proven NYC EMS CAD Dispatch System once again.

Indeed, around January 1st of 1998 NYC EMS Dispatch Operations were returned to the NYC EMS Bureau in the Fire Department and *removed* from the command and control of the FDNY Bureau of Fire Communications. This FDNY Fire Communications removal was ordered because of the **dismal failure** of FDNY's Battalion Based Dispatch System that was forced on the proven NYC EMS dispatch system last year.

Unfortunately for all New Yorkers, FDNY has quietly placed the already discredited FDNY Bureau of Fire Communications back in charge of NYC EMS Dispatch Operations. This transfer of NYC EMS functions back to FDNY Fire Communications quietly occurred around August 25, 1998. This transfer of EMS jurisdiction has been quietly put through in order to allow the already **proven incompetent** Bureau of Fire Communications to directly absorb the NYC EMS dispatchers and NYC EMS Dispatch Operations. Upon information and belief, the Fire Communications Bureau has been telling the uniformed NYC EMS dispatchers that they will have to accept title changes to become civilian Fire Dispatchers in anticipation of disbanding the NYC EMS Communications Bureau in Maspeth, Queens in approximately two years time. Your writer is convinced that if such a FDNY proposal is allowed to go through, the negative dispatch changes will result in an endless series of unnecessary EMS patient deaths such as New York City experienced in the late 70's and early 80's and which NYC is experiencing once again. The support for this position already exists in the FDNY Battalion Based Dispatching fiasco that was so professionally buried by FDNY Public Relations Group.

Further, based on the facts outlined below, your writer believes that the FDNY Bureau of Fire Communications has issued **secret** orders from the FDNY Administration to **falsify** FDNY's performance of their Certified First Responder duties as outlined herein. Therefore, your writer is calling for an immediate investigation of FDNY management, the FDNY Fire Communications Bureau and the CFR response time statistics that FDNY is reporting to the City government and the public.

#### Incident # 1:

On September 13, 1998, at approximately 0042 hours, the husband of a 5-month pregnant female contacted NYC 911 to report that his wife was suffering from a severe asthma attack. [EMS

CAD # 0136.] The call was located at 20 Richman Plaza in the Roberto Clemente Projects in the West Bronx. The call was classified as a life threatening Priority 2 ASTHMA/Difficulty Breathing call in the NYC EMS 911 system.

However, the Bronx EMS dispatcher did not have an available EMS Paramedic Unit to respond to this assignment. Bronx EMS was down at least one Paramedic Unit since 9 PM that night because of the lack of non-capped overtime EMS personnel. Also, an additional Paramedic Unit did not operate between the hours of 1 AM and 9 AM that morning because FDNY has imposed the 25% Overtime Cap on all NYC EMS uniformed employees.<sup>3</sup> Once the EMS professionals reach this 25% cap, they are prevented from working for OT or for Compensatory Time by order of the Fire Department. This patient deadly FDNY ban on working on "capped" EMS employees working OT will remain in effect until December 31st of this year when the same shortsighted policy will begin again. This OT cap has been especially bad for EMS's operation of the NYC EMS Paramedic Units, which often have a shortage of qualified Paramedics in title to operate a proper Paramedic complement.<sup>4</sup> All the remaining EMS Paramedic Units in the vicinity were on assignment when this Difficulty Breathing call was entered in the EMS 911 system.

As a result of this heavy call volume, the Bronx EMS Dispatcher was forced to send the only recommended Paramedic Unit to this location which was EMS Paramedic Unit 13X1. This Paramedic Unit was sent from its regular cross street location in the vicinity of 181st Street and Fort Washington Avenue in Northern Manhattan to the Roberto Clemente Projects in the Bronx. This response was over two miles distant because the unit had to cross the Washington Bridge into the Bronx and the double back to the Roberto Clemente Projects on the Harlem River. Given Sunday morning traffic, your writer would estimate that Paramedic Unit 13X1's response time would have been approximately twelve to fifteen minutes to this call if the crewmembers were familiar with the Bronx. However, these Harlem Paramedics had never responded to that location and did have to request some directions over the air. They arrived at 20 Richman Plaza approximately 19 minutes after they were assigned the call.

No other EMS units were immediately available to be assigned this call to back-up 13X1 on this busy summer night. I am advised that one nearby EMS BLS (17C1) ambulance was down mechanical during this period because their double ambulance batteries had failed and they had to be jumped. A number of Lincoln EMS members have complained to your writer that FDNY is placing previously used ambulance batteries in their emergency vehicles that these batteries are failing at an alarming rate. Since this presumed FDNY "cost cutting" attempt is having a negative impact on the emergency preparedness of the EMS fleet and has already contributed to

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<sup>3</sup> The NYC Health & Hospitals Corporation granted NYC EMS employee a 50% overtime cap while NYC EMS was under HHC control. This allowed HHC to field an improved complement of NYC EMS units especially during the busy summer months when the number of NYC EMS calls escalated. FDNY promised to honor that 50% overtime cap but has since reneged on that contractual pledge. Worse, FDNY has now restricted "capped" EMS employees from working for compensatory time as well.

<sup>4</sup> Even though most EMS stations are short Paramedics, FDNY is not running original course Paramedic Training Programs at the EMS Academy. In addition, even though there are approximately 100 NYC EMS EMTs who have graduated outside NYC Paramedic courses and who are qualified to work in the NYC EMS system as Paramedics, FDNY has consistently refused to upgrade these graduates to the higher Paramedic title. Coupled with the OT cap, this has created a secret crisis of coverage for NYC EMS Paramedic Units citywide.

at least one patient death, this secret FDNY substitution of undependable used vehicle batteries for new batteries should be investigated at once.

Meanwhile, you should be advised the Fire Department Fire Communications Bureau **ignores** virtually all reports of Difficulty Breathing Patients and routinely does **not** assign CFR companies to the approximately 200,000 reports of Difficulty Breathing received by NYC EMS 911 operators annually. Even though a report of Difficulty Breathing is classified as a life-threatening emergency, Assistant Commissioner Gregory of FDNY's Bureau of Fire Communications has secretly ordered the NYC EMS Computers reprogrammed so that the NYC EMS reports of Difficulty Breathing are not routinely routed to the respective Fire Communications facilities. Simply stated, FDNY's CFR-D Companies Do Not Respond To 200,000 Life-threatening Difficulty Breathing Patients Per Year. It is obvious that these patients need emergency medical help that they are not receiving with sometimes-fatal results.

Worse, FDNY Communications also does **not** have a protocol where an EMS dispatcher can request the "special assignment" of a CFR Company because the EMS ambulance has an extended Estimated Time of Arrival (ETA) to a life-threatening assignment. This is often referred to as an "outlier" in an EMS system because these calls are outside the normal EMS response time curve. FDNY promised to correct this problem by combining FDNY resources to respond with EMS resources on life-threatening emergencies. FDNY has reneged on this commitment. In this particular case, I understand that the closest CFR Company <sup>5</sup> was on a serious collision on Fordham Road at the time this call was assigned. However, there are at least two other CFR-D Engine Companies approximately one to one and a half miles from that fatal Difficulty Breathing call. <sup>6</sup> Each of those companies could easily have arrived at the patient's side many minutes before the Paramedics arrived from Manhattan. A FDNY CFR Company could have been administering oxygen to this asthmatic woman within minutes of the first request for an ambulance if such a FDNY "special assignment" protocol existed for EMS units that had extended ETA's to a call.

FDNY Unilaterally Cancels FDNY's CFR-D Response to This Upgraded Unconscious Call: During EMS's extended response to the call, a family member re-contacted 911 and apparently told the EMS Call Receiving Operator that the young woman was now unconscious. The call was upgraded to a Priority Two Unconscious at 0054 hours. The EMS call was then routed to the Fire Department Dispatchers because the Fire Department is **supposed to respond on reports of unconscious patients.** The FDNY Dispatch Computer acknowledged the call but the FDNY Dispatchers then *held the request without assigning a CFR Company.* When 13X1 arrived at the call at approximately 0102 hours, the Fire Dispatcher **unilaterally canceled** the call in the FDNY computer because EMS unit showed to be on the scene. Obviously the Fire Communications Bureau did not check with the EMS Fire Desk to see if the CFR Company was needed before FDNY Fire Communications improperly cancelled this EMS assignment and **abandoned** this dying patient. Thus, for a second time in just twenty-four hours, FDNY **abandoned** patients who suffered cardiac arrests in the field.

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<sup>5</sup> Engine # 43 is located at West 179th Street and Sedgwick Ave in the Bronx. Engine # 43's Firehouse is less than 1/2 mile from the Richman Plaza call.

<sup>6</sup> These CFR-D Engine Companies are Engine # 68, which is located at West 167 Street and Ogden Ave in the Highbridge section of the Bronx and Engine # 92 which is located at Morris Ave. and East 167 Street in the Morrisania section of the Bronx.

At 0106 hours Paramedic Unit 13X1 requested a back-up ambulance for the pregnant female because they found her in cardiac arrest upon arrival. The young woman had apparently suffered a cardiac arrest while waiting for 13X1, the only responding unit, to arrive. The two Paramedics comprising the crew of 13X1 desperately needed assistance if they were to have any chance of resuscitating this patient. In any of these cardiac arrest situations, two-rescuer CPR has to be continuously performed while more advanced procedures, such as endotracheal intubation, and IV therapy are initiated by the Paramedics. Ideally, a CFR company has already reached the patient and begun CPR on the cardiac arrest patient to prevent irreversible brain damage. But whether FDNY or EMS reaches the scene first, cardiac arrest calls need at least two Paramedics and two EMTs to properly provide proper patient care. In these cardiac arrest situations, the medically trained personnel on a CFR Engine Company can be of significant assistance by providing additional trained hands to continue the provision of physically taxing CPR to the cardiac arrest patient. These same Fire Personnel can also be helpful in assisting with CPR while the cardiac arrest patient is moved to the ambulance and/or the Emergency Room.

*No such CFR Company was dispatched to this call to assist the Paramedics in trying to save this young woman's life even after the medics confirmed that they were working a cardiac arrest patient and were in desperate need of additional medically trained assistance. Such **indefensible** actions on the part of the Fire Department were simply "covered up" and were **not** reported to the press in connection with this incident. Instead, FDNY merely reported that the Paramedic Unit got lost coming from Manhattan and left it at that.*

Given this busy summer night and the breakdown of EMS ambulances, as outlined above, it took 15 minutes for an available EMS BLS Ambulance to arrive at the location to assist the Paramedics with their cardiac arrest patient. Once again, there is **no** protocol where an EMS dispatcher has the authority to "special request" a FDNY CFR Company to respond to the scene to assist the Paramedics in such a life and death situation. Consequently, there was a significant delay in removing the patient to the Emergency Room since it took an absolutely unacceptable total of 35 minutes to assemble two EMS units at the scene to work up this cardiac arrest patient. At approximately 0135 hours 13X and 17H removed their cardiac arrest patient to the Bronx Lebanon (Concourse) Emergency Room. *The Emergency Room doctors did continue attempts to resuscitate this patient but had to declare both this young woman and her unborn baby dead approximately twenty minutes after the patient arrived in the ER at 0141 hours.*

Given the fact that FDNY **unilaterally abandoned** this critical patient and then failed to report FDNY's patient abandonment to the public, your writer specifically charges that FDNY has engaged in a **scandalous cover-up** of deadly mismanagement of their significant medical resources. This cover-up is made all the more outrageous by FDNY's attempts to scapegoat the EMS Paramedics who tried so hard to save this young woman's life.

### Incident # 2:

On September 12, 1998, at approximately 1340 hours, an off duty NYC Fireman collapsed at his home at 6200 Riverdale Avenue in the Bronx. This call was originally entered as a Priority Two Unconscious but was quickly upgraded to a Priority One Cardiac Arrest call type [EMS CAD # 1525.] One minute later, the NYC EMS dispatcher assigned both an EMS Basic Life Support (BLS) Ambulance and an EMS Advanced Life Support (Paramedic) Ambulance to the call. The

BLS ambulance arrived at the location in approximately 6 minutes time. The Paramedic Ambulance, which was coming from Jacobi Hospital in the East Bronx, arrived approximately twelve minutes into the 911 call.

The New York City Police Department quickly assigned both a sector car and the 50th Precinct Sergeant to the call. The NYPD also assigned Police Emergency Service Truck # 4 to the cardiac arrest call. All of these NYPD units *promptly* responded to this call for emergency medical assistance.

However, even though this call was immediately routed to the Fire Department Dispatchers at approximately 1340 hours, the Bureau of Fire Communications did **not** assign a CFR Fire Company to this Cardiac Arrest Call. Although I have been advised that Fire Dispatch acknowledged the EMS call, **no** Fire Department unit was assigned to this call. Instead, Fire Communications simply **held** the Cardiac Arrest call for the six minutes it took NYC EMS to arrive at the scene.

At that time, pursuant to FDNY Operations Orders which *improperly allow the FDNY to cancel their response without ever making patient contact or being properly relieved or cancelled by higher medical authority on the scene*, Fire Communications **unilaterally cancelled** their part of the 911 job. Only later, when NYC EMS dispatchers verbally notified Fire Communications that the patient in cardiac arrest was an off-duty NYC Fireman, did FDNY send Fire units to the location. This patient was ultimately removed in cardiac arrest to St. Joseph's Hospital in Yonkers where he was pronounced dead.

While FDNY would probably argue that their improper "holding" of this NYC EMS 911 call did not affect the survival of *their own off-duty fireman*, I would respectfully point out that any patient in cardiac arrest suffers irreversible brain damage in four to six minutes following a cardiac arrest. If both EMS units had extended response times to the firefighter's location (both EMS units responded from a distance), the fireman would have suffered irreversible brain damage before any help arrived. Since FDNY *could have been* on the scene in approximately five minutes and performed potentially life-saving CPR, there is *simply no excuse* for FDNY's failure to dispatch a CFR Company to that location no matter who the patient was later found to be. Since FDNY's response was **not** properly cancelled by higher medical authority on the scene, FDNY management is now responsible for **abandoning** their own off-duty firefighter while he was in full cardiac arrest in the field.

As noted above, this is the second of two instances of patient **abandonment** of cardiac arrest patients by FDNY units in just twenty-four hours. Both of these patients suffered cardiac arrests in the field and did **not** receive assistance of available CFR Companies even when assistance was desperately needed by the EMS units on the scene. Such patient abandonment on the part of FDNY is simply **unconscionable** under any good patient care analysis.

### Incident # 3:

The third incident involves another asthma patient's death in the South Bronx that is attributable to FDNY's rigid application of FDNY's deadly EMS OT cap. It has been reported to your writer that on August 29, 1998, EMS unit 14B2 responded to a Priority 2 Difficulty Breathing call

without Paramedics because two out of three Lincoln Hospital Paramedic Units were off service for the tour due to the FDNY imposed EMS OT cap.

This Difficulty Breathing call at 439 East 135 Street was entered at 1028 hours. [EMS CAD # 1074.] According to information supplied to your writer by an EMS employee, no Paramedic Units showed available for this assignment because South Bronx EMS Paramedic Units 17V2 and 14V2 were off service. This is a frequent occurrence in the South Bronx because more than 50% of their Lincoln Hospital EMS Paramedics had reached their FDNY imposed 25% OT cap and FDNY **would not authorize** additional OT to operate these critical life-saving units. FDNY would not even authorize a Paramedic to volunteer for OT on one of those off service Paramedic Units because FDNY's EMS OT Policy takes precedence over operating life-saving ambulances.

EMS Unit 14B2 was assigned this D/B call at 1031 hours because there were no Paramedic Units available to assist this patient. 14B2 arrived at this location at 1035 hours. 14B2 found a critically ill asthmatic female at that location and at 1039 hours requested Paramedic assistance for this patient. The unit reported that their 42-year-old female patient was extremely tight (moving very little air) and was combative--certain signs of impending respiratory arrest. However, the closest EMS Paramedic Unit that was *in service* and available (19W2) was at least ten minutes travel time away because they were coming out of Montifiore Hospital at the other end of the Bronx.

Rather than wait for the medics, 14B2 sensibly decided "to run" with the patient to the nearby Lincoln Hospital Emergency Room at 1042 hours. They arrived at Lincoln ER five minutes later. However, the lack of paramedical intervention in the field could well have cost this patient her life. The patient apparently went into full cardiac arrest just as she arrived in the ER. This patient was resuscitated in the Emergency Room but suffered irreversible brain damage and was later pronounced brain dead in Lincoln Hospital.

Needless to say, this deadly incident surely adds to the stress of an already difficult job for the EMS crews because their patient did **not** receive proper pre-hospital emergency medical care. It goes without saying that it is difficult for any EMS professional to deal with death on a daily basis. Certainly the emotional strain of a patient's death is made somewhat easier if the patient received the best medical care that modern medicine is currently able to provide but died nonetheless. But what is FDNY supposed to say to this EMS crew or the grieving family--that the FDNY placed two of three Paramedic Units off service in the South Bronx because the FDNY bean counters knew better? *Perhaps these FDNY bean counters show face the grieving family and tell them that FDNY is sorry that their loved one never had a chance.* But after all, in the eyes of FDNY management, the FDNY imposed OT cap is more important than New Yorkers' loved ones receiving their best chance of medical survival in the field.

### FDNY's Mismanagement of NYC EMS Must Be Corrected Forthwith:

Your writer has spent his entire adult career with the New York City Emergency Medical Service as a Paramedic. I stayed on the job because I loved the emergency medical work and the fact that I could from time to time save or preserve human life in the pre-hospital emergency medical setting. In that time your writer saw HHC and EMS "grow up" through EMS crisis after



EMS crisis as the service expanded and matured to handle its annual one million plus EMS 911 call volume. The EMS service which was allegedly merged with the NYC Fire Department had indeed come a long way in twenty years time and was operating well at the time of the merger.

But in just the two and one half years since the merger, FDNY has torn down this EMS system because it is system they, with a big city firefighting background, simply don't understand. Worse, FDNY management has shown absolutely no interest in trying to understand the special operational needs of a modern Emergency Medical System. Instead, they have insisted on imposing irrational procedures, such as deadly Overtime Caps, that may have worked in their "horse and steamer" Fire Department for the last hundred years. For example, FDNY refused to listen to the EMS management and workers who all told them that a particular emergency ambulance vehicle purchasing system was in place because of a horrible EMS emergency vehicle crisis ten years ago. FDNY refused to listen to the EMS management and EMS Dispatchers who all supported the continuation of NYC EMS's proven Computer Aided Dispatch System over an untested FDNY substitute.

It is equally obvious that the FDNY administration refused to listen to NYC EMS employees, and their union representatives meeting at the Office of Labor Relations, when the EMS employees told FDNY that "breaking" EMS' OT policies would have disastrous consequences down the road. NYC EMS had followed a "volunteers first" OT policy that had served NYC EMS' operational needs well for twenty years time. *In simple terms, EMS/HHC thought it was better to run the emergency ambulances rather than fight over OT procedures.* FDNY refused to hear this because it wasn't the way that FDNY administered OT coverage. Instead, FDNY broke their contractual commitment to maintain the existing terms and conditions of EMS employment and its 50% OT cap. This year's FDNY OT blunder is all the worse because FDNY won't even let the capped EMS employees work for compensatory time under the citywide contract.

Now the FDNY administration is desperately trying to shift the blame for the non-functioning Paramedic Units to NYC EMS members. The latest FDNY lie is that the Paramedics capped out because they were allowed to fill some vacancies on Basic Life Support Ambulances earlier this year. Well, your writer is advised that FDNY ran down a total of three Paramedic Units in the Bronx on Tour 3 of Friday into Saturday, September 19, 1998. Another Paramedic Unit ran down in the Bronx for Tour 1 of September 19, 1998 as well. Once again, Manhattan Paramedic Unit 13X1 was assigned multiple calls in the Bronx. Fortunately these patients did not expire waiting for out of borough help. *Which patient will be the next to die because FDNY does not wish to lose face and restore the proven NYC EMS/HHC OT policies?* After all, any monetary savings FDNY was claiming for knowing how to operate NYC EMS better will have to offset by the millions of dollars of damages for causing unnecessary patient deaths that FDNY and the City is now liable for.

*But with of this said, the most important question remains unanswered--how does FDNY intend to cover vacancies on the EMS ambulances for the next three months time?? Patients are waiting--and dying--while FDNY remains in arrogant denial that FDNY imposed OT policies are contributing to the deaths of the patients that FDNY promised to serve better under this alleged merger.*

In your writer's view, there is no prospect for bridging of the arrogant ignorance of the current FDNY management. Now would I expect there to be common ground in the future with such fundamentally different large urban emergency departments. I am not a firefighter--and I don't have the credentials to tell FDNY how to fight fires. But neither does FDNY have the credentials to tell me how to be a Paramedic or how to operate NYC EMS in any way, shape, or form. Moreover, given multiple patient fatalities in just a week, it easy to see why FDNY did not want the City Council to pass the comprehensive NYC EMS response time reporting bill. As you certainly know, the Mayor obligingly vetoed the EMS reporting bill when it was passed by the City Council. If this bill were already law, FDNY's callous disregard of a community emergency medical needs would have long ago been publicly reported. Perhaps this would have prevented the unnecessary deaths outlined in this complaint.

With that said, one must ask themselves the obvious question--*doesn't the FDNY Administration care about saving emergency medical lives in the pre-hospital setting?* It is simply inconceivable that FDNY hasn't been told repeatedly that their wrongheaded policies would result in unnecessary patient deaths in the field. This brings us to a logical dilemma--either the FDNY Administration is really that incompetent and callous or (b) FDNY is deliberately destroying NYC EMS' emergency preparedness and is perfectly willing to cover up patient fatalities resulting from same.

Given either of those regrettable choices, your writer, and NYC DOI, must still move quickly to prevent more unnecessary patient deaths. Therefore, your writer is respectfully requesting the **immediate resignation** of any and all FDNY management personnel who have administered the EMS OT cap or engaged in any other NYC EMS or FDNY cover-up before they are properly fired for their callous disregard of saving human life in this City. Indeed, by these FDNY management personnel taking the honorable way out now, we can hope to quickly restore NYC EMS to a proper state of operational readiness before more patients needlessly die. As we are currently hearing in other political forums, it would be the right thing for FDNY to do.

If I can be of further assistance, please do not hesitate to contact me by pager at (800) 225-0256. Pager ID # 80816.

Thank you for your attention to this matter.

Sincerely,



Richard J. McAllan  
NYC EMS Paramedic

Cc: EMS Bureau, New York State Department of Health  
NYC Regional Emergency Medical Advisory Committee