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gional organization took over the grant in January 1976—and even now, DHR only sends observers to regional meetings.

nother regional imbroglio, over the compatibility of two radio systems, began as a technical dispute between consultants for the District and the suburbs, but quickly escalated into a pitched battle between HEW, backing the suburbs, and DOT. The problem was simple: when D. C. unveiled its DOT project, the suburbs had already planned and begun implementing a paramedic-to-hospital radio network of their own. The suburban scheme uses on-the-shelf, readily available components; it's simple and cheap.

The DOT system's designers rejected the suburban approach in favor of a more efficient system. Their plan costs more, and requires specially designed and manufactured components, but DOT officials say it will give D. C. the best communications system in the country. It can handle several simultaneous incidents and lets ambulances cross county lines without changing channels, but there's a catch: it requires a central authority to regulate the channels, so that two units don't try to use the same frequency at once.

The two proposals moved smoothly along side by side—DOT signed off on the suburban plan, and the suburbs approved the District plan—until an HEW communications specialist realized that they would create "destructive interference" when D. C. tried to use a channel one of the suburbs was already on.

A battle of consultants began, and DOT and HEW quickly joined in support of their respective clients. In a series of stormy meetings, HEW said that D. C.'s radio system was poorly designed and unlicensable, and threatened to withhold its money if D. C. refused to accept the suburban plan. DOT ridiculed the suburban plan as primitive and claimed there would be no interference. The two consultants involved nearly came to blows, denouncing each other for shoddy work and professional incompetence.

The haggling brought both systems to a standstill from the fall of 1975 through the spring of 1976. After the White House Office of Telecommunications Policy intervened and the quarrel attracted scathing newspaper editorials, the parties submitted it to the Federal Communications Commission for informal arbitration. The FCC developed a face-saving compromise to assure compatibility: D. C. would develop its fancy system, but for the time being would operate within the suburban plan.

**N**o things stood on February 5, 1976, when U.S. Judge John J. Sirica suffered a near-fatal heart attack while giving a speech at the Army-Navy Club. Although his heart stopped, Sirica survived. The U.S. marshall guarding him, and then a D. C. ambulance crew, administered CPR, and doctors at George Washington University Hospital were able to resuscitate him. But a few physicians had finally had enough of DHR's casual progress toward a paramedic system. In press conferences and television interviews they linked the judge's brush with death to the stalled program. Dr. Joel Gorfinkel, the cardiologist attending Sirica, lectured about DHR in a press conference on the judge's condition. Dr. Sander Mendelson, another cardiologist, leaked the story of DHR's bickering with the suburbs to The Star, Washington which crusaded against the agency in a two-part series and a scathing editorial. It blamed "dilatory and arbitrary administration" in DHR for the delays. Television reporters picked up the story, grilling DHR officials and providing a friendly forum for Gorfinkel, Mendelson, and other doctors.

This shrewd manipulation of the media (Mendelson has a "reliable

source" sign in his office and says that "DHR is very careful about what they tell me now") worked remarkable changes in DHR and the fire department. DHR settled the radio dispute and dropped its tirade about the regional council. Fire department officials decided not to wait for new equipment and rushed ahead with a training program for paramedics.

The course was thrown together fire fast. The department asked Georgetown University to start it in a week; the doctors bargained for time, and eventually began teaching it two months later. That slapdash approach has characterized the program ever since. On the Friday before the paramedic course was to begin, the city corporation counsel's office ruled that city insurance did not cover the paramedics while they practiced on patients in the hospital. Dr. Sam Hawken-the Georgetown resident in orthopedics who put together the course-ended up calling insurance brokers himself and arranged coverage. Dr. George Hyatt, chairman of orthopedics at Georgetown and head of the DHR EMS emergency medical services committee, paid for the insurance with a personal check.

The course itself had problems as well. The paramedics weren't able to practice with a portable defibrillator and radio, because the city hadn't gotten the equipment yet. They did watch surgeons in operating rooms for three weeks, four hours a day-time largely wasted, because paramedics won't perform any surgical procedures. They did not have a chance to observe the delivery room, although obstetrical emergencies are common in the field. The course ended as it began, with political opportunism: it was cut two days short so that the city could brag about its new paramedics on the Fourth of July.

The paramedics finished their training three months ago, but they haven't yet started an intravenous line in the field or defibrillated a heart attack victim. They're stationed at the Washington Hospital Center, so they





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can maintain their skills by observing in the Emergency Department, starting IVs and administering medications. They respond to calls in "Mobile 25," which *The Washington Post* touted as a paramedic unit "just like TV." In fact it's a glorified ambulance. Since it doesn't have communications with the hospital, it doesn't even carry drugs, intravenous fluids, or a defibrillator.

he 17 paramedics-enough to staff one unit 24 hours a day-are angry and demoralized. "Nobody wants to tell us what's happening, one says. "It's 'We'll worry about it and you just do it' from all the brass. What's going to happen is another Sirica, and then all of a sudden we'll be running around two days later." The situation is especially galling to the paramedics because most of them have extensive experience in the procedures they're not allowed to perform. Many were military corpsmen with field experience; others have worked as cardiac technicians or licensed practical nurses in hospitals.

Pay is another continuing problem. Trained paramedics are in tremendous demand nationwide. In neighboring Montgomery County, a paramedic starts at \$12,000; a D. C. fireman starts at \$12,300. But some D.C. paramedics, who are civilians rather than firefighters, are classified as GS-4 and GS-5 civil service employees, earning less than \$9,000 a year. "You can train a gorilla to hold a hose," department battalion Fire chief Joseph Shelton says. "I think skilled paramedics deserve at least as much money."

Unless D.C. boosts their salary and develops a career ladder for paramedics, many say they will quit when their nine-month commitment expires. The District, unwilling to spend its own money to pay them adequately, is still expecting to sponge off DOT. "DOT's not going to let their program fall flat on its face," Dr.

Hyatt says. "They're taking a paternal interest in it." Shelton says the fire department needs to develop a job classification for paramedics before it can increase their salaries, and admits he doesn't know where the money would come from.

There are still a lot of problems the District hasn't even begun to grapple with. The system still lacks a full-time director with the medical credentials and political skill to push it through. The number of paramedic units now in the city's ambulance service, and their operating budget, are still uncertain. The fire department also hasn't yet decided how many paramedic units it will have, where they will be stationed, what calls they'll respond to, and what hospitals will supervise them. Fire engines still don't respond to life-threatening emergencies, so ambulances and paramedics will usually arrive too late. And the District hasn't even begun to consider an educational campaign like Seattle's, so its system will probably have a save rate of about five per cent, rather than Seattle's 25 per cent.

This all sounds like a horror story, but Washington is not an exception. It has some special problems, but the country and officials at HEW say the bureaucratic delays, regional politics, and financial troubles that have delayed its system are similar to the problems in many other regions.

Statistically, Washington is actually ahead of most of the country. In its annual report on the emergency medical services program, HEW said that 65 regions aren't receiving any money because they haven't begun their programs; 125 have received small planning grants; 74 are upgrading their ordinary ambulance service; and 36 have begun paramedic programs.

"In a small town it's so simple," Shelton says. "You buy some equipment, make some arrangements with the hospital, train your people, go to the drugstore and buy some drugs, and go out and operate.

"It seems so simple—and then it all gets muddied up."

## A Harvard Man Discovers Free Enterprise

## by James K.Glassman

You probably wouldn't be surprised if I told you that the people I went to school with—the ones who marched on the Pentagon, sat in against Dow Chemical recruiters, and took over college administration buildings—didn't grow up to become small businessmen.

It's a shame they didn't, too, because, as a sit-in veteran and small businessman myself, I'm convinced that entrepreneurship is the last refuge of the trouble-making individual—or, if you prefer, the creative individual, the person outside the established

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order of big business, big government, and big foundations. I'm convinced that the kid who was taking over buildings in 1969 has a lot more in common with someone who started his own pizza stand than he does with lawyers, corporate managers, and bureaucrats.

But lawyers, corporate managers, and bureaucrats are what the overwhelming majority of my Harvard classmates have become: what they're doing is serving, basically as consultants to whoever will pay for their advice, the same leviathan they railed against in college. In a way, you can't blame them. Many of them never understood that they could still achieve, be creative and productive,

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