Public Comment for the Rosenbaum Commission on DC Fire Dept. and EMS Failures

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My name is Daniel Wolkoff, I restore antique stained glass. I live and work near Providence Hospi ambulances descend on my home, sirens blaring every few minutes day and night. I moved here 5 from NW and went into shock. I could not understand drivers blaring sirens all night on empty stre the drivers were viscious and violated FD procedures that respect the community. Actually the DC requires them to use a hideous, disturbing, powerful siren all the time . A siren over 120DB, 30 DI harmful level. All EMS personnel will experience hearing loss before they leave the service accord Martin.. It is the DC govt. that must stop this bedlam and return our city to a healthy level of peace The people give license for a FD to use sirens , or police to search, license to help truely critical ne reiceve help, our people do not understand how that license is being abused.

The DC law says to use sirens "as may be reasonably necessary" but the law has been fudged so th avoid responsibility for simple negligence (minor car accidents), this saves some amount of money Stopping the incredible waste in DC.gov would save a lot of money each year.. Does the peace and neighborhoods have no value at all?

Each screaming ambulance that invades my home I ask,,, why? 80% of all EMS transport does not hospital. Eric Gaul says only 3% to 5% are critical. Something very wrong with our own govt. tran stable 95% in maximum hysteria! 10% of all transport comes from the same 12 residences. We wo our right to peace and quiet for high priced taxi rides. A system of triage like in Md., people are tol require an ambulance and a simple system to reimburse real taxis to the clinic .We need to be hun each other and work this insanity out before we become robots with technology heads. Councilmar 's new bill would allow EMS transport to urgent care facilities . a flexible response. The situation i get worse, with Greater SE collapsing and even PG General closing soon. the shutting down of DC without setting up a fallback shows the miserable planning we suffer with.

The sirens are medically harmful, and neurologically devastating. The continual bombardment of p sirens has given me a gastro-intestinal illness, with potentially fatal symptoms, which I never had b alarm causes adrenalin to increase, resulting in heart disease, strokes, anxiety disorders, asthma anc disabilities. NPR reported that firefighters have a 100 times greater risk of heart attack, the sirens ? ambulances, sirens pulsing and blaring pass the pre-school on 12stNE continually, within 15 feet o including infants. The Brookland elementary school is ringed with ambulances, all day as they con Providence and are then diverted elsewhere, back and forth. No one in this room and no FD officia effects this might have, as they themselves grew up in normal places, quiter places. The siren itsel unacceptable and certainly cannot be used with no discrimnination at all. The DC govt. is producin noise and disturbance possible.This is counter productive and harmful.

Ken Lyons, EMT, transported a psychiatric patient who asked to go without the siren, they said it them harm. He made the proper medical decision to proceed lights no siren and his supervisor thre

with suspension.
Sarah Meharg in Adams Morgan emailed me
"I couldn't agree more with your statements. The DC EMS systems is a complete mess. In January, I had an epileptic seizure and was rushed to the hospital by ambulance. As anyone familiar with this disorder knows, it is not life threatening and rushing across town in a dangerous manner is the only deadly aspect. The EMS personnel were completely aware of what had happened. Thanks for the noise and the flashing lights during the evening guys, really helpful to an epileptic. They're lucky I didn't have another one right there in the ambulance.

I have private insurance and received a bill 5 months later (!!!) for the tune of $950. My insurance only covered $700 - and I have an employer sponsored PPO. This was going from Metro Center to GWU Hospital. I can't even imagine what they charge publicly funded health care.

GWU is another disaster. It took me a month to schedule an EEG and I finally gave up and went to a private Dr. I was misdiagnosed and mistreated. Recently I spent an evening in their emergency room with a friend who was violently ill and throwing up blood. She waited for over 6 hours. In hindsight, I should have called an ambulance and she would have been seen immediately. This could be another factor driving ambulance requests and 911 calls. They wouldn't let her lay down in the Chapel, despite needing the respite, and nearly threw me out of the hospital when I insisted if she couldn't even lay on the floor, they must provide an alternative. They threatened to call the police so I got my own cell phone and insisted they do exactly that. Finally they brought a chair, after over 3 hours, telling me that I didn't have to make a scene to get it. Clearly I did. The woman signing people in was busy shopping online at the Home Shopping Network.

Once in a room, it was clear that nearly every room was filled by a drunk homeless person or college student. They seemed to be using the rooms as a place to sleep it off. I've cared for many a drunk before and it isn't too difficult. Roll them on their side and give them a bucket. That hardly takes a medical professional to prescribe. Clearly none were being treated for blood alcohol poisoning.

The DC EMS system mirrors the American health care system in its incompetency. I recently severely sprained my foot and did the best thing I could think of - headed out to Arlington to the Inova urgent care system."

Theresa Shanklin, EMT Trainer explained to me that pregnant women with eclancia are pushed into seizure eclancia by lights and sirens. Patients are harmed by the scary furious rush sirens blaring and it is not necessary much of the time. The option to use a horn or a siren when road conditions require it will remain. She has 20 years in the system and also explained that the driver is stressed by the incident , and the siren adds stress, adrenain rises and they speed more, cars swreve all over. The legal speed limit for ambulances is 25 mph, this is slow and safe If it's not safe enough then it should be reduced.. Why are we revving up people and contributing to accidents.?.12 hour shifts must be brain racking with over twenty responses. EMS persnnel reported to a special FD meeting in Tenly that they can't even take bathroom breaks.. The FD and the EMS tension is a real concern. EMS personnel are treated like garbage, FD derisively call the ambulances "meat wagons" Our EMT's want to serve but the current set-up is proving to be failing. The FD did not know which hydrants were working , this is intolerable. It is by sheer luck that the Georgetown fire did not kill and critically burn adults and children. The sme leadership that did not know if hydrants worked should listen to us, The siren is too powerful cannot bwe adjusted as is.
Cheif Grigler of Bethesda Chevy chase Rescue squad told me that the siren is the worst thing for the heart atack victim. They are already terrified and the siren adds more fear. they should be calmed and brought quuickly, calmly to the ER. The day we talked he had 4 transports without sirens including an 85 year old.Daniel:
Ljiljana lives close to the busiest Fire House in the country ,probably the world she sent me this email

Thank you so much for taking the time to write this letter. I live very close to both N. Capitol and Florida Ave. and am living with CONSTANT noise of sirens, day and night. I also have a small baby that has been awake at night numerous times due to sirens. Due to having to take care of the baby I am in no position to write a detailed letter about this issue, but I strongly agree with every argument and question below. What can be done about this issue? Thanks.

Ljiljana

This neighbor lives across the street from Providence Hospital and they remember it was not a hideous presence years ago. another woman said her children grew up just fine in the house, but her grandchildren jump and are adjitated by the loud sirens. We are packed too close together ftohave this imposed on us day and night.

Joyce Howard emailed last week.

Thank you Daniel ---

I am sick and tired of having to endure the senseless, inconsiderate behavior from the ambulance drivers in our area. I'm across from Providence Hospital and just like you it has become a nuisance. At one time you weren't even allowed to honk your horn within a hospital zone. Why in the world does an ambulance have to have a siren blaring at certain times of the night. Every evening around 10:00pm and all through the night and early morning hours. I am awaken from a sound sleep because the ambulances are, is coming down 12th Street, to the sound of blaring sirens.

Why do the drivers need to have a siren on after the sun goes down anyway and not only that at 1:00, 2:00 and 3:00am in the morning when there's not anyone on the streets at those times. I know that something can be done because, it's not allowed in Georgetown and other areas, why are we tolerating this **nuisance**? Do we need to petition in order for us to remedy this situation. I'm for getting back some peace and tranquility in Brookland. **We need to do something and quick.**

Thanks again --

The State of Maryland has sensible protocals, DC protocals don't really say anything about appropriate transport. State of Maryland EMS Protocals priority 1 and 2 "Emergency" (real Emergency) states "If the patient's condition has been stabilized on the scene, the EMT or Paramedic in Charge of patient care may determine that the patient may be transported in a routine mode" Lights no siren. Appropriate response to the situation, the opposite of DC's one size fits all.. We treat people like robots they will act like robots. that is what happened to David Rosenbaum and so many other botched cases., disguntled personnel.
I have no medical training whatsoever and on reading the IG report, I immediately thought trauma to the head from his symptoms. Where were the 60 ambulances in the dc squad when no one was closer to Gramercy St.to respond, Were 6 ambulances at Providence hospital busy giving "bus rides"..? Everyone must read the Inspector Generals report , to believe what happened in this incident! Maryland is a quieter place, with the sensible protocals. I would really like to see Cheif Rubin impose DC'c shreiking bedlam on the residents of Bethesda for a week, or Patomac. Of course 85% of the FD live outside of the district, their kids don't get bombarded all day.
The assault on our health by the excessive use of this siren must end, this is CRAZY. The city officials responsible need to beome more human and less robot.I have pleaded with almost every official in the Fire Dept. and City Council. They are polite and listen,they hav ea rationqalization for everything but do not hear and are inaccessable. There are sirens in europe, diffeent electronics, volume controls, proper protocals, our personnel need a healthy elationship or to seperate.. Directional sirens realy locate the intersection, don't radiate over 1/2 mile around , people, mtorists can't even tell where the siren is coming from., made by 3M. Bill Carlson the DOT consultant installs "traffic premption devices" that control the traffic lights and escorts the ambulance with green lights and a safe right of way. Why should DC ambulances sirens blasting into an elementery school dodge the traffic ,illegally speeding, and running red lights at 12th and Michigan or on your corner when they don't have to risk everyones safety.
We must moderate, balance, change, and work toward a safe and much quieter city. We must get rid of a far too

powerful siren, disturbing programs and replace it with variable levels, a HUMANE SIREN. NOT OBNOXIOUS, If the Dc govt wants to run sirens all the time , make it humane, like a moderated running signal. And use it when "REASONABLY NECESSARY"

Citizens like me, Eric Gaul ,Bill Carlson, Phil Mendelson working with a creative, flexible innovative leadership can accomplish this. DC cannot go on as an intolerable bedlam of destructive noisy sirens for ever, let's change now.

During the writing of this commentary DC ambulance sirens disturbed my home and the entire neighborhood at 5:38,6:05AM6:24AM,8:51AM,8:53(all hell broke loose) 9:55AM, 10:09AM, 10:56AM, 12:45PM A LIGHT MORNING!!!!!!!!!!!!!

Daniel Goldon Wolkoff

CODE OF DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS
CDCR TITLE 18. VEHICLES AND TRAFFIC
CHAPTER 7. MOTOR VEHICLE EQUIPMENT

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712. AUDIBLE AND VISUAL SIGNALS

712.1 The Director may register as an authorized emergency vehicle the vehicles of any fire or police department, any ambulance, and any other official government-owned vehicle used for the emergency care or preservation of life, health, and property.

712.2 Each authorized emergency vehicle shall, in addition to any other equipment and distinctive markings required by these regulations, be equipped with a **siren,** exhaust whistle, or bell capable of giving a signal audible under normal conditions from a distance of not less than five hundred feet (500 ft.) and of a type approved by the Director; and with at least one (1) lighted lamp displaying a red light capable of flashing alternately and visible under normal atmospheric conditions from a distance of five hundred feet (500 ft.) to the front of the vehicle.

712.3 A police vehicle, when used as an authorized emergency vehicle, may (but need not) be equipped with at least one (1) lighted lamp displaying a red light as specified in this section.

712.4 Whenever an emergency vehicle is equipped with a **siren,** the **siren** shall not be used except when the vehicle is being operated in response to an emergency call; or in the immediate pursuit of an actual or suspected violator of the law, in which case, the driver of the vehicle shall sound the **siren** when necessary to warn pedestrians and other drivers of the approach of the vehicle.

712.5 Each school bus registered in the District of Columbia shall be equipped with red flashing signal lamps. The lamps shall be mounted as high and as widely spaced laterally as practicable, and shall be capable of displaying to the front two (2) alternately flashing red lights located at the same level and to the rear two (2) alternately flashing red lights located at the same level.

712.6 School buses designed to carry fifteen (15) or fewer passengers shall have the lamps mounted on the roof; Provided, that any school bus which, prior to February 14, 1971, was in compliance with then existing requirements shall not be required to change the location of the lamps.

712.7 Flashing red lights on school buses shall have sufficient intensity to be visible when flashing at five hundred feet (500 ft.) in normal sunlight.

SOURCE: Regulation No. 72-13 effective June 30, 1972, 32 DCRR §6.216, Special Edition; as amended by Regulation 74-17 effective June 29, 1974.

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Md. EMS Protocals

III. Patient Transport. Upon arrival at the scene, the EMT-A or Paramedic in Charge will classify the patient as being in one of the categories below.

A. Emergency. This category meets Priority 1 and 2 criteria of the Maryland Medical Protocols for CRTs and EMT-Ps. These patients should be transported to the closest appropriate hospital-based emergency department, designated trauma center, or designated specialty referral center capable of handling the patient's condition. If his/her condition is stable and the patient and/or the physician prefer a hospital that is ten minutes or less in additional transportation time, the patient may be transported to that hospital, provided operational resources are not compromised. The EMT-A or paramedic will make the final decision to transport to a more distant hospital. Patients fitting specialty referral center criteria may bypass the closest hospital and be transported to a specialty referral center.

Transport patients who have been classified as "emergency" to the appropriate medical facility in emergency mode. If the patient's condition has been stabilized on the scene, the EMT or Paramedic in Charge of patient care may determine that the patient may be transported in a routine mode.

B. Necessary. This category meets Priority 3 criteria of the Maryland Medical Protocols for CRTs and EMT-Ps. This patient requires prompt medical attention for non-life threatening conditions. Unless otherwise determined by the officer in charge, transport patients classified "necessary" to the hospital in routine mode.

C. Non-Urgent (Unnecessary). This category meets Priority 4 criteria of the Maryland Medical Protocols for CRTs and EMT-Ps. This patient does not require emergency transport service because the disorder is not acute or does not warrant immediate medical attention (i.e., colds, admission for elective surgery, clinic appointment, appointments for laboratory or x-ray studies). Advise patients who have been classified as "non-urgent" (unnecessary) that their condition does not warrant the use of an emergency medical vehicle. The EMT or Paramedic in Charge must thoroughly document on the EMS 100 report the reason for classifying the patient as "non-urgent" and advise ECC that this was a "non-urgent" incident.

If an individual who was refused transport under the provisions of this section calls 911 a second time, ECC will advise him/her that their problem was determined not to warrant the use of an emergency medical vehicle, unless their condition has changed. If the individual reaffirms the need for emergency