



# THE REVIEW

Central Arizona Fire and Medical - 8603 E. Eastridge Dr., Prescott Valley, AZ 86314 – **April 7, 2023**

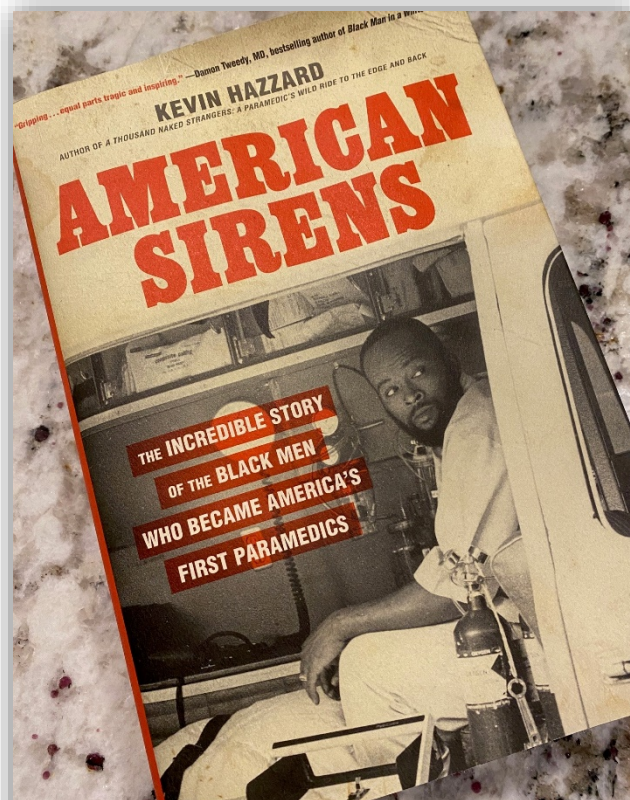
## **This Edition:**

The Chief's Desk .....Page 2  
5 stresses firefighters deal with that others don't  
know about .....Page 3  
March Response Reports .....Page 4

**"That people do not learn very much from  
the lessons of history is the most important  
lessons that history has to teach."**

**Aldous Huxley**

**[The CAFMA Connect YouTube Channel](#) – Like, Subscribe, Watch, and Learn**



Well worth the time: [Freedom House Ambulance Documentary](#)

---

## The Chief's Desk

Friends of mine recently read a book that takes a deep dive into the history of paramedics in the United States; they enjoyed it so much that they bought me a copy. I have to say, it's been a long time since I picked up a book that I could not put down. While I'm not through it entirely, I'm fascinated with the story. It's called *American Sirens: The Incredible Story of the Black Men Who Became America's First Paramedics* by Kevin Hazzard.

Most organized medical treatment and transport has its origins on the battlefields of various wars throughout the centuries. Despite strides forward on battlefields, e.g., triage, treatment, and transport, the concepts never seemed to take hold in the civilian world. There were attempts through hospitals in some early cities to use surgeons riding in a horse-drawn wagon to provide street level advanced medical care; however, most of these faded over time giving way to what were known as "meat wagons." They had ambulance drivers, usually two per unit, but no attendants or real training. No treatment or triage was provided in those days. As you can imagine, most people succumbed to their illness or injury.

It wasn't until 1968 - '69 in a low-income community called The Hill in Pittsburgh that there was a push to move advanced care from the hospital to the field, and it all started in the most unlikely way. The Hill was an African American community largely lost to the rest of Pittsburgh. The folks who lived there were mostly unemployed, with little hope for a life removed from poverty, drugs, and crime.

So, how did a community in the depths of despair become the birthplace of modern EMS? Let's start with a brief look at Dr. Peter Safar. Dr. Safar was born in Vienna, Austria. His parents were both physicians who spent a lot of time with their children introducing them to culture, history, and a good education... that was until the Nazi invasion and the start of World War II.

Around 1948, Dr. Safar moved to America to study medicine at Yale University and, upon graduation, he went to work at a hospital in Baltimore. He's credited with starting the first Intensive Care Unit in the United States while there. Dr. Safar was an anesthesiologist by training, however at the time, anesthesiology was a new discipline, so his actual background and expertise included a wider array of medical training.

**Cont. Page 3**

---

### Upcoming Events:

April 10 – Policy Meeting, CFSI  
Pre Planning meeting with  
WFCA, Evening meeting  
April 11 – DFFM and AFCA to  
meet in Phoenix  
April 12 – SOG meeting, Record  
Podcast, Lunch meeting, Baby  
Box Information Meeting  
April 13 – AFSI Meeting, PV  
Department Head Meeting,  
Meet with AZ ECO  
Development

---

### Board Meeting:

April 17: Joint Budget  
Workshop 1300-1500  
Board Meeting: April 24  
CVFD – 1600-1630  
CYFD – 1630-1700  
CAFMA – 1700-1830

---

## **5 stresses firefighters deal with that others don't know about**

**By: Michael Morse**

We love this job and thank the good fortune that was bestowed upon us that we are firefighters.

And what's not to love? We eat like kings, occasionally get paid to sleep and watch TV, have a home away from home and form friendships like no other. It's as good a life as anybody could expect. We proudly display our union stickers on our cars, and most of us have a few fire department T-shirts in our wardrobe. The public respects us, and we have earned it. We know this, and believe in ourselves for the most part, but nothing in our lives is absolutely perfect.

There is always the chance that something will happen that we have no control over. And it's those fears that keep us up at night.

Every firefighter holds a few secrets that they typically keep to themselves.

### **1. THE WEIGHT OF RESPONSIBILITY THAT WE BEAR IS CRUSHING**

Maintaining the illusion of an aloof but invincible know-it-all, can-do firefighter is work. Believe it or not, we do it not for ourselves, but for those who depend on us.

Firefighters are always on duty. There is no down time. The mind is never at rest. People depend on us to know what to do when they don't. There are a million things that could go wrong at any second, and firefighters are expected to perform. We keep this knowledge buried for the most part, but it is always there.

[firerescue1.com](http://firerescue1.com)

---

## **The Chief's Desk Cont.**

In 1956, Dr. Safar was evaluating life saving techniques used in the field for patients who were found not breathing. At the time, the accepted method to attempt resuscitation was to turn the patient on their stomach, put the rescuer's knee into the patient's back, put the patient's arms above their head, and then move the arms back and forth – kinda like a turkey flapping its wings. Dr. Safar was convinced that this method not only didn't work, but that it actually made the patient's condition worse. After reading a study that concluded a human exhales more oxygen than they use, he developed a new rescue method. He called it cardiopulmonary resuscitation (CPR).

He eventually contacted a doll maker in Norway named Asmund Laerdal and convinced him to develop manikins that could be used to train people in CPR. I think we all know how that story ends, given a large majority of medical equipment and training supplies today carry the Laerdal name.

Dr. Safar eventually moved to Presby Hospital in The Hill area of Pittsburgh. Never one to sit still and always looking for ways to improve health care delivery to communities, he started developing a plan to

provide intensive care level services outside the hospital. Rather than meat wagons, he felt he could train laypeople to provide advanced care under the direction of a physician. But how, and who, were the questions.

In 1966, Dr. Safar's 12-year-old daughter died of a significant asthma attack while enroute to the hospital. He felt that if someone with advanced training had been able to render aid, including intubation, his daughter may have lived. Dr. Safar had ideas, but no financial backing or source for trainees to get the concepts off the ground.

Enter Phil Hallen and Moe Coleman, a former ambulance driver and owner of Freedom House Enterprises, respectively. Hallen thought produce vans could be equipped to safely transport patients, and Coleman had a passion for lifting Hill community members out of poverty by creating and supporting black-owned businesses. By 1967, Dr. Safar and Freedom House had developed the first true paramedic training program in the country. In 1968, the first class of all black students graduated and were on the street serving Hill residents. The program was nine months long and consisted of 300 hours of intensive training. It wasn't long before the program proved a significant success with data to support claims that paramedics in the field changed the outcome for thousands of patients.

The Freedom House Ambulance service is credited with saving the first patient outside of a hospital environment by using a defibrillator and advanced cardiac life support drugs. Dr. Safar was also the first physician to provide Narcan outside the surgical suite for paramedic use in the field. Again, Freedom House being the pioneers of paramedicine were the first paramedics in the country to save an overdose patient using Narcan. This was in the early 1970s during the early years of the heroin epidemic. Freedom House paramedics were also the first in the country to intubate a patient in the field. Dr. Safar and his colleagues also created the National Registry System still in use today.

I've only scratched the service. If you want to know more, grab the book. Personally, as a former paramedic of 24 years, reading this makes me wish that my license would've transferred from MO. Had it transferred, I wouldn't have dropped my cert. I loved my job as a paramedic and if I had to go back, I'd do it all over again.

My first fire department, City of St. Charles, boasted the first paramedics in MO in 1974. I obtained my license just 20 years later in 1994. Until now, it never hit me that in many ways, paramedicine was still in its infancy when I graduated. My focus was being a Firefighter/Paramedic, so I looked more at the hundreds of years of Fire Service tradition instead of the 20 years of true EMS delivery. Today, I'm grateful to have been part of the ongoing development of EMS delivery in St. Charles – even if I didn't realize it until now.

There's one part of the book I'm just getting to that reminds me of our struggles in the State of Arizona today. It seems politics has played a central role over the years in either providing for quality care and transport in U.S. communities, or it has played a central role in preventing it. In Pittsburgh during the early 1970s, politics were changing and challenging delivery of medical services by trained paramedics. The argument? Public entities had no business disrupting private enterprises, even if the private enterprises were not actually providing services. Fifty years later, we're still battling the same shortsightedness that plagued EMS in its infancy.

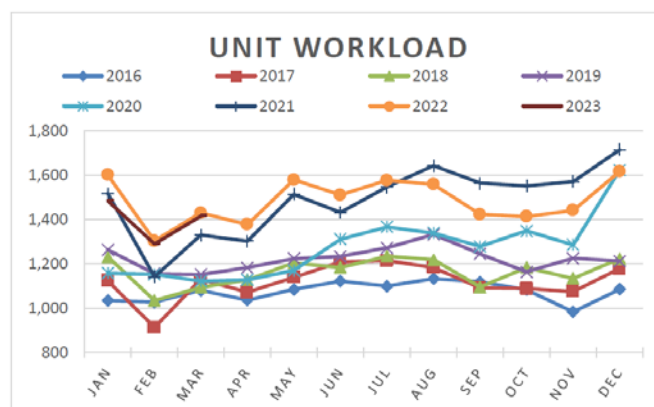
The upside is that through pure grit and commitment, the patient finally became the priority over profit and politics in Pittsburgh and other places across the country. So, we still have a fight ahead, but rest assured our push to put the patient first will win over the shortsightedness we see from bureaucrats at the State and some other private interests. We're not Dr. Safar, nor are we those that fought alongside Freedom House for the best interest of the patients, but we have a very similar drive and determination to ensure our constituents receive quality EMS care and transport.

Don't forget to apply for paramedic school. I'm telling you from my own experience, it was one of the best decisions I ever made.

## March Response Reports

By: GIS/Statistician Michael Freeman

Unit Workload History								
(RESPONSES BY TYPE-1 ENGINES)								
	2016	2017	2018	2019	2020	2021	2022	2023
Jan	1,034	1,123	1,231	1,263	1,157	1,516	1,600	<b>1,483</b>
Feb	1,026	913	1,034	1,155	1,152	1,141	1,303	1,289
Mar	1,080	1,128	1,093	1,151	1,121	1,328	1,428	1,415
Apr	1,036	1,071	1,127	1,182	1,127	1,302	1,376	
May	1,084	1,138	1,203	1,223	1,169	1,512	1,577	
Jun	1,121	1,208	1,183	1,233	1,310	1,431	1,509	
Jul	1,099	<b>1,214</b>	<b>1,234</b>	1,271	1,366	1,546	1,575	
Aug	<b>1,132</b>	1,183	1,218	<b>1,332</b>	1,338	1,641	1,557	
Sep	1,118	1,091	1,095	1,245	1,277	1,563	1,422	
Oct	1,083	1,088	1,183	1,163	1,348	1,551	1,413	
Nov	983	1,074	1,134	1,224	1,285	1,570	1,440	
Dec	1,085	1,177	1,222	1,211	<b>1,622</b>	<b>1,713</b>	<b>1,615</b>	
AVG	<i>1,073</i>	<i>1,117</i>	<i>1,163</i>	<i>1,221</i>	<i>1,273</i>	<i>1,485</i>	<i>1,485</i>	<i>1,396</i>
<b>TOTAL</b>	<b>12,881</b>	<b>13,408</b>	<b>13,957</b>	<b>14,653</b>	<b>15,272</b>	<b>17,814</b>	<b>17,815</b>	<b>4,187</b>





# March Response Report - 2023

Land Area: 369 sq. miles    Population: ≈106,500    Fire Stations: 10 Full-Staffed

## Responses in District

TOTAL FIRE INCIDENTS	14
STRUCTURE FIRE	0
STRUCTURE FIRE; CONFINED	3
MOBILE HOME/PORTABLE BLDG	4
VEHICLE FIRE	1
BRUSH/GRASS/WILDLAND FIRE	4
TRASH FIRE/OTHER	2

**Fire is 1.19% of call volume**

TOTAL RESCUE & EMS	837
--------------------	-----

**EMS is 70.99% of call volume**

OVERPRESSURE / OVERHEAT	0
HAZARDOUS CONDITION	12
SERVICE CALL	188
GOOD INTENT	92
FALSE ALARM/OTHER	36

**Other is 27.82% of call volume**

TOTAL INCIDENTS IN DISTRICT	1,179
INCIDENT RESPONSES BY CAFMA	1,312
TYPE-1 UNIT RESPONSES BY CAFMA	1,415

## Fire Loss Summary

Residential Fire Loss	\$83,000
Commercial Fire Loss	\$0
Vehicle Fire Loss	\$1,500

### Top 5 Call Types

772	EMS
115	Assist Invalid
53	Cancelled en Route
49	Public Service
28	Medical Assist

Average total # of calls per day	38.03
Average fire calls per day	0.45
Average EMS calls per day	27.00
Average all other calls per day	10.58

### Call Volume at PRCC

	Month	Year-to-Date
PFD	857	2,519
CAFMA	1,179	3,493
GCFD	9	31
OD	17	32
WKFD	1	4

### Unit Responses

	Unit	District	Total	Move Up
TYPE-1 ENGINES	E50	143	156	29
	E51	26	181	30
	E53	190	196	9
	E540	38	39	24
	E54	125	125	0
	E57	60	61	9
	E58	145	147	0
	E59	145	157	5
	E61	116	124	8
	E62	141	145	2
	E63	69	80	32
	TR50	1	3	0
	B3	40	47	0
	B6	29	34	0
	Rescues	25	27	0

### Calls by Municipality

Calls in Town of Chino Valley	207
Calls in Town of Prescott Valley	590
Calls in Town of Dewey-Humboldt	39
Calls in District, Unincorporated Areas	343
Calls Out of District	15

### Aid Agreement Summary

Aid Given to Prescott	160
Aid Received from Prescott	78
Aid Given to WVFD	0
Aid Received from WVFD	5
Mutual Aid Given	0
Mutual Aid Received	0