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THURSDAY EVENING SPECIAL Italian Candle Light Spaghetti Dinner SERVED WITH SPICED MEAT BALLS AND SAUCE Parmesan Cheese - Tossed Green Salad Choice of Salad Dressing - Hot Garlic Bread Tea or Coffee		
FRIDAY EVENING SPECIAL BREADED FISH FILET w/TARTAR SAUCE Cole Slaw Hush Puppies Choice of one vegetable Roll or Corn Bread & Butter Tea or Coffee	SATURDAY NOON and EVENING SPECIAL Chicken & Dumplings Tossed Salad Choice of one vegetable Roll or Corn Bread & Butter Tea or Coffee	SUNDAY SPECIAL NOON and EVENING ROAST TURKEY DINNER Served with Cranberry Sauce Cornbread Dressing Roll or Corn Bread - Butter - Coffee or Tea Giblet Gravy And your choice of any One vegetable

"Quality First"

Traffic, HEW programs

Feds improve ambulances

By SCOTT PENDLETON
Battalion Staff

"You called, we hauled, that's all." That was the way one official described the kind of service the nation's ambulances rendered a decade ago. Until the mid-sixties all an ambulance provided was taxi service from an accident to the hospital.

Half of the ambulance services were run by funeral homes. Their hearses could carry the dead or injured equally well, since the attendants didn't provide active care during transportation.

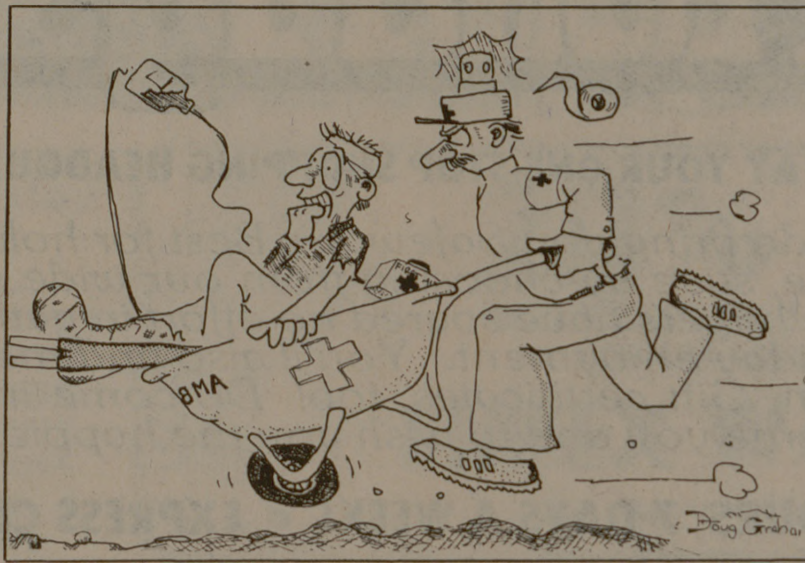
Two publications focused national attention on the need for better emergency medical service. The final report of the President's Committee for Traffic Safety in 1965 cited the deficiency of emergency care and transport of the sick and injured.

In 1966, the National Academy of Science published a booklet entitled "Accidental Death and Disability: The Neglected Disease of Modern Society." It identified the epidemic proportions of accidental deaths — 6.5 million since 1903 — and the inadequacy of ambulance services to prevent unnecessary loss of life.

The Department of Transportation and HEW have been working to improve that situation by developing and implementing the concept of emergency medical service. This includes transportation, care at the scene and in transit, and radio communication with the hospital.

The Highway Safety Act of 1966 assigned the task of improving traffic safety, including emergency medical services, to the Department of Transportation.

In 1968, DOT published 18 Highway Safety Program Standards on topics ranging from "Driver Education" to "Debris Hazard Control



and Cleanup."

Congress appropriates funds (\$172 million in fiscal 1978) to help the states implement those standards. Texas received \$8.6 million in 1978.

The National Highway Traffic Safety Administration (NHTSA), created in 1966 under DOT, administers the funds. It reviews a state's annual Highway Safety Plan, which explains how the funds will be spent.

Emergency medical service comes under Standard 11, whose stated purpose is "to provide an emergency care system that will:

I. Provide quick identification and response to accidents.

II. Sustain and prolong life through proper first aid measures, both at the scene and in transit.

III. Provide the coordination, transportation, and communication necessary to bring the injured and definitive medical care together in the shortest practicable time, without simultaneously creating additional hazards."

To accomplish this purpose, Standard 11 says that "each state ... shall have a program to ensure that persons involved in highway accidents receive prompt medical care..."

This program must include "training, licensing, and related requirements" for ambulance service per-

sonnel, as well as for the vehicles and their operation.

In 1968 federal funding under the Highway Safety Act began. Ten years later, emergency medical services are still "in the building process," says Leo Schwartz, chief of DOT's Emergency Medical Services branch.

A number of things have mitigated the impact of DOT on the nation's emergency medical services.

Ten years isn't much time considering the "deplorable" state of those services in 1968, officials say.

And despite the firm language of the safety standards, DOT lacks real authority to force compliance.

"We don't have much pressure available to us," Schwartz said. "Congress took most of that away from us."

He cited the motorcycle helmet law as an example. Under Standard 3 (Motorcycle Safety), DOT had said that any state without a mandatory helmet law would be disqualified from certain federal funds.

Congress overruled that decision because most states passed a helmet law just to get the funds.

Robert Wetzler of the Region 6 NHTSA office (which has jurisdiction over Texas) said, "Congress pulled the rug from under our feet" because it wanted "progress and partnership" from the NHTSA and the states instead of an adversary relationship.

As a result, "We don't regulate," Wetzler said. "We have not drawn battle lines and said, 'Thou shalt.'"

DOT's concern with achieving overall highway safety, and not just Standard 11, also weakens its impact on emergency medical services.

"We require the states to take a look at the entire spectrum with an eye to reducing accidents," Wetzler said. "Emergency medical service is only one of 18 areas."

The NHTSA reviews emergency medical service projects in light of their potential to reduce deaths and injuries, Wetzler said. It compares the projects' potential to that of other ways to reduce accidents, such as selective law enforcement or engineering projects.

"Greasing the squeaky wheel" is another way DOT establishes priorities among the 18 standards, Schwartz said.

"Congress has emphasized the 55 MPH speed limit program," he said. Therefore the NHTSA is giving that a high priority since that is "where the most noise is coming from."

A state doesn't necessarily have to use any of the DOT money for emergency medical services, Schwartz said.

But Texas has spent \$4.3 million of DOT funds on emergency medical service since 1967. From 1967-1972, DOT spent one-half to three-quarters of a million dollars of "seed

money" to start and operate Emergency Medical Services division of the Texas Department of Health.

When it proved its worth, EMS division was established officially by the 63rd Texas Legislature. The state began to provide the vision's funding.

Now the EMS division uses DOT funds, \$217,000 in fiscal 1978, for response data program and an accident investigation program.

The response data program compiles ambulance activity reports submitted by participating ambulance services. The information is computed to give average response times and other data useful for planning purposes.

HEW works more directly with DOT to establish emergency medical services.

Under the Emergency Medical Services Act of 1973, HEW offers grants to regions within a state.

The funds can be used for programming from feasibility studies, expansion and improvement of emergency medical services.

In fiscal 1978, Congress appropriated \$36 million for emergency medical service grants.

A Texas community can grant two ways. The first is a straight to the HEW regional office to work out an application.

Since HEW wants the grant to develop regional systems of emergency medical services, the application would have to address much more than just the community's own needs.

The second way for a community to seek a grant is through its County of Government (COG). Texas is divided into 24 multi-county COGs, for which the COG plans kinds of assistance projects. The Brazos Valley Development Council is the COG for Brazos County.

The COG makes up a grant application that addresses all aspects of emergency medical service systems which it sends to the EMS division. All the COG applications are combined into a state application which the EMS division sends to the regional HEW office.

HEW reviews the state and independent applications and determines which ones to grant. In 1978, HEW received requests for over \$11 million in grants from the five-state region 6, but was only budgeted \$3.6 million.

It grants the funds on a matching basis, or, in poor areas, 25-75. All the funds go to the EMS division, which acts as a manager over the projects.

Texas received \$1.5 million HEW grants for emergency medical service projects in fiscal 1978, a large portion of that money spent on systems for ambulances and hospital radio communication.

Despite federal aid, some communities shy away from the expense of an emergency medical service. And they are expensive.

A modular ambulance, which almost an emergency room on wheels, costs from \$16,000 for a basic model to \$35,000 for a fully equipped one.

"Fully equipped" includes \$6,000 device that monitors a patient's vital signs and transmits them to the hospital. To receive and monitor the patient's vital signs, the hospital needs a base station with a visual terminal costing \$15,000.

HEW funds are used only as "seed money" to get emergency medical services started. The community must support the service once established.

No community is encouraged to develop a service more advanced than it can support later.

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