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## Ladies' Home Journal, May 1995

Paula Lyons, consumer editor at WBZ-TV in Boston

### Before You Call 911: Is this emergency number the lifesaver it should be?

It's the kind of real-life drama you see on TV: A man is struck by lightning, his frantic wife dials 911, and a calm, professional dispatcher provides the instruction that pulls the man back from the brink of death.

Lynn and John Endicot, of EL Cajon, California, lived that drama. Early in the evening of September 5, 1991, Lynn heard a thunderstorm approaching just as her husband headed out to walk the dog. Five to ten seconds later, a bright flash and a crash sent her racing outside to find her husband lying in the driveway.

Lynn rushed inside, dialed 911 and was told paramedics were on the way. "I said, What should I do now? I know it will take at least ten minutes." Lynn says she had to ask twice but was soon given step-by-step instructions on how to perform cardiopulmonary resuscitation (CPR). The paramedics arrived in twelve minutes, as Lynn predicted. "Without those initial CPR instructions, if I had just waited for the paramedics, there is no way my husband would have survived."

Lynn and John gratefully reenacted their story for the television series *Rescue 911*, in a segment that aired last summer. Their story is one viewers have come to expect from *Rescue 911*, a program that has probably done more than anything else to raise our expectations of what would happen should we have to call the nationally recognized emergency number.

But the kind of help shown so frequently on these television programs didn't materialize to save Ivette Correa's fourteen-month-old daughter, Brookie. In March 1990, Ivette was at work, and her mother-in-law and thirteen-year-old daughter, Ivonne, were caring for Brookie and her twin sister. Late in the afternoon, Ivonne found Brookie floating in the family's swimming pool in Boca Raton, Florida.

Ivonne frantically called 911, which immediately dispatched a rescue crew. She begged for medical instructions when her baby sister began turning blue, and the dispatcher asked if anyone with her knew CPR. When Ivonne said no, the dispatcher—who wasn't trained to give prearrival instructions—said, "Then all you can do is wait for the rescue crew. They'll be there shortly."

Four to five minutes after the call was made, the rescue crew arrived and took Brookie to the hospital. But it was too late. The lack of oxygen had caused severe brain damage, and after living a year in a vegetative state, the child died.

When Ivette listened to the tape of her daughter's call to 911, she couldn't believe it. "I was like most people," she said. "I expected them to at least give CPR instructions. Ninety percent of the people out there are like I was. They expect this kind of help. They watch *Rescue 911* and see the happy endings, but the reality is that people are dying because there is no intervention before help physically arrives."

Sadly, Ivette's is the more common experience. According to Don Barkas, chairman of the California State Firefighters Association's Emergency Medical Services Committee, only 20 percent of all emergency dispatch centers nationwide provide prearrival instructions, even though the first four to six minutes following cardiac arrest or the cessation of breathing are critical to survival. "If circulation and respiration stop for four to six minutes, the brain usually dies," says Barkas. Since the average response time of emergency crews is also four to six minutes, he adds, failure to intervene leaves little hope.

But refusing to provide emergency instructions is only one way in which the 911 image we see portrayed on TV differs from reality in many communities. Consider the following:

- In August 1992, a woman in Lexington, Massachusetts, stabbed by an attacker, gasped an address to the town's 911 dispatcher approximately five-thirty A.M. The dispatcher couldn't understand it and claims that he reported the call to his supervisor, who dismissed it as a prank. (The supervisor denies being told of the call). A dispatcher on the next shift played back the tape later that morning, understood the address and sent police. By the time the police got there, the woman had died.
- In May 1994, Chicago's Better Government Association, together with a local TV investigative team, went undercover with a hidden camera and caught large numbers of 911 dispatchers asleep on the job.
- In November 1994, ten calls to 911 from panicked Philadelphia residents reported a teenager being beaten by a gang with baseball bats. The callers were met with argumentative and rude response from dispatchers. Forty minutes passed before help was sent. The teenager was beaten to death.

### **A Haphazard system**

How can such things happen? Who is in charge of 911, anyway? The answer depends on the state (and county) that you live in. Contrary to what many people believe, there is no single agency that oversees 911. In fact, the national government's involvement in the system has been rather restricted because it does not have jurisdiction over local communities. In 1967, a U.S. Presidential Commission of Law Enforcement and Administration of Justice suggested that "wherever practical, a single [police emergency] number should be established at least within a metropolitan area and preferably over the entire United States." AT&T, working with the government, announced that the three-digit number 9-1-1 would serve that purpose, and the first 911 system was installed in Haleyville, Alabama, in 1968. Then, in 1973, the White House Office of Telecommunications adopted a policy supporting nationwide use of 911 but left "the responsibility for funding, planning implementation and providing service with local governments."

Unfortunately, the 911 number is the only consistent element in emergency-service systems across the U.S. Says Don Barkas, "The training of dispatchers is not consistent; the equipment is not consistent." Service not only varies from state to state, but also in neighboring counties and cities. And there are still some areas (mostly rural) that have no 911 service at all. (There are safeguards, however: If a person dials 911 in an area not served with this system, she should receive a telephone intercept notifying her to hang up and dial the given seven-digit emergency number or dial the operator.)

Some other variations and inconsistencies: Every state (though not every region in each state) has systems (called enhanced 911) that automatically provide the dispatcher with the caller's phone number and address, through a device similar to caller I.D. Some 911 systems are staffed by volunteers, others by a paid rescue squad. In some big cities, 911 systems are directly linked with police, fire and medical teams; in smaller communities, dispatchers are connected only to a rescue squad. Some towns require extensive telecommunications and emergency medical training of dispatchers, while other may provide only training manuals and quick on-the-job instruction.

Dispatchers' wages vary tremendously as well, depending on the community's budget and its estimate of the job's value. But they are never very high, averaging \$25,900 a year. And, according to Debbie D'Orazio, 911 coordinator for Collier County, Florida, the turnover rate for dispatchers is high-about

every two years-due to burnout. "Generally, Emergency Medical Dispatchers [EMDs] have been the lowest paid and most poorly managed of the emergency medical positions," says Jeff Clawson, M.D., head of Medical Priority Consultants, of Salt Lake City, one of three nationally recognized programs for training dispatchers.

Clawson's program is one of the most widely used and is designed, he says, to help EMDs "send the right thing to the right person in the right way at the right time, and to develop leadership ability, empathy and techniques for calming." His program also includes training in giving prearrival instructions from medically approved, carefully scripted, easy-to-access flip charts or computer screens. Clawson says that prearrival instructions not only are safe when given by trained professionals, they are also "a moral necessity." (Several national organizations, such as the American Society for Testing and Materials, have developed standard practices for EMDs, which include providing the caller with prearrival instructions. However, these standards are voluntary and must be implemented by local communities; hundreds of towns have chose not to do so.)

### **A Deadly Fear**

Why are so many systems reluctant to provide such lifesaving instructions? As Tina Ellis, of Loomis, California, learned, the fear of being sued is a big factor. Her one-year-old daughter fell into a five-gallon bucket and drowned in July 1991. Tina begged the 911 dispatcher for CPR instructions but was told, "I can't give you that information." (This particular county refused to allow its EMDs to give prearrival instructions.) Despite paramedics' efforts, the child was never revived.

Harvard Law School Professor Arthur Miller, appearing on ABC's *Good Morning America* with Ellis, blamed the little girl's death on "litigation psychosis-people petrified because they're afraid of being sued. [This fear] typically prevents human beings, like that dispatcher, from doing the right thing."

Miller added that even if the child had died after the dispatcher instructed her mother in CPR, he could not imagine that a jury would hold the dispatcher or the community liable for simply doing the best they could. He's right. There is not record of a suit every being filed because emergency medical help was given by phone; but there have been at least six major suits filed against emergency dispatch systems because of their failure to provide such help.

Like Miller, Clawson does not believe that people's first impulse is to sue EMDs. "As any lawyer will tell you," he says, "a good-faith effort is better than nothing at all." Yet it's understandable that dispatchers are afraid: Limited immunity-protection for dispatchers who follow medically approved protocol in giving prearrival instructions-is provided only in Utah and Texas.

The California State Firefighters Association's EMS Committee is pushing for legislation to provide limited immunity in their state. Tina Ellis has joined then in that fight, primarily because she doesn't want to see another life lost through the failure to provide emergency medical instructions. "I'm not going to stop until something is done," says Ellis. "It's the one and only way in this world that I can make some sense out of not being able to hold my baby."

Ivette Correa, whose daughter drowned in the family's swimming pool, has founded Parents Against Negligent Dispatch Agencies (800-677-5501) and is working to get legislation passed in Florida that would require 911 agencies to train dispatchers to give prearrival instructions. Ivette firmly believes prearrival instructions will save lives-not all, perhaps, but many-and will ultimately save money, too. "My daughter's medical bills totaled over a million dollars from this accident," says Ivette. "Think of all the savings we could see by instituting this-and all the heartbreak we could avoid."