

To the Mayor And Council of the City of Berlin,

Greetings,

I write this letter not so much as an objection but as concern as to the future of not only emergency medical services but also general ambulance transport for the city of Berlin.

My first concern is the units recently purchased. I question whether the vehicles will be “fully” equipped. These vehicles, I believe, have already been idle for a year and still will not be used for another year. How much will be spent on replacing expired equipment. Also there is also certain pieces of equipment that will satisfy the list of state required equipment but as a provider I would wish a better quality than the bare minimum. An example of this is a stair chair. The ones I have used on board 911 trucks (and not only in Berlin) have a caterpillar attachment as opposed to the basic chair which is much less safe to use in bringing a patient down the stairs. The caterpillar type may or may not be on board, I do not know. In addition there may be high cost equipment that may be requested to enhance care of patients by the staff these may include a Lucas device which used for cardiac compressions and, in a few years, ultrasound machines. Finally, no person can guarantee the actions of another and in a few years when a new fire chief comes along, the new chief may propose that these trucks are not useable and the department needs 2 new units which today would be priced at the very least \$200,000 plus each (or the equivalent of a single year’s contract with the current service.)

My next concern is staffing. If the Chief is able to hire all the additional personnel, he wishes too, that would be great. But in addition to my concern that he won’t be able to get all he desires, is the retention factor. How many new hirings will leave for southern New Hampshire within a few years because the grass is greener down there. Keep in mind none of these positions have a vast labor pool available these days.

Next is the non 911 operations. Just like the firefighter the role of pre hospital providers have expanded. Firefighters used to just fight fires, now they are expected to be able to handle haz mat situations, extrications, and rescue operations in all types of terrain and situations in addition to the EMS role. With the demise of mom & pops (the Dubey’s, Ross of Littleton, Kiesman of North Conway, Tri-town in Paris Maine ect.) many of the operations that they performed are now in a void. These were the local non 911 transports and interfacility transfers as well as coverage details. This is where the mom and pops made their money. Right now the current provider is performing these services but if they lose the contract and, if all remains the same, they are ceasing operations in Berlin due to profitability and these services would not be covered. This would leave the local runs such as transports from the hospital to nursing homes, invalids requiring transport home after being evaluated when they were transported to the hospital via a 911 truck to the hospital, and Grandma going home as a hospice patient to have death with dignity, with no available transport. There would also be no coverage for interfacility transfers such as the 28 week pregnant lady who is being transferred to Dartmouth for a complicated childbirth, the head bleed patient, or the person with a massive heart attack who is well known to the crew. In this case not only would the patient be affected but the providers as well because they would know that a year or two ago their friend or relative who may die would have been transported to another facility in a very timely fashion but now could be delayed for hours waiting for an out of town service to provide that service. Anyone who has a scanner and listens to Gorham Fire can attest to this fact: Memorial Hospital who, I believe, has no contracts with any service are frequently requesting Gorham and other out of area services as far north as Colebrook for non 911 service transports (some of them even for the local runs.) I for one do not want to be sitting for approximately 2 days with a heart attack at the hospital while they search for a unit to transport me to Dartmouth or Catholic Medical like what happened to some poor patient at Memorial recently.

Now is the city responsible for these services, technically **no**, however what public perception is **yes** especially since it is provided by the same service who currently provides 911 and has done so since I have been here. Is the city morally obligated to cover this especially if the city gets the same contract with the hospital as the current service, that is up to you the members of the council for you will be the ones being questioned why this is happening. All I know is this, a couple of weeks ago I did 5 late night interfacility transports some of which were extremely critical and if transport was not provided quickly for some of these patients, they would have died. If this happens after the current service ceases it

operation there will be a lot of finger pointing and wailing going on between the organizations including the current service and the city but the bottom line is dead is still dead.

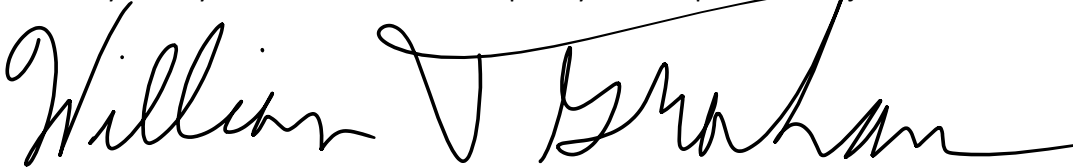
There is also another aspect in prehospital medicine that is in its infancy but in 5 years will come into play and that is community paramedicine. I do not know enough how much it will affect out of hospital care but suspect it will impact the way care is provided in the city in the future.

I also urge to council to proceed with caution and research what happened and is going on with the local world of 911 EMS. In particular I urge you to look at what is currently going on with the town of Conway, the village of Conway Water Department and the operations of Conway Fire; what happened a few years back with small towns in the lower portion of the Mount Washington Valley between those towns and a private service; also between the town of Littleton and a third service a few years back; Brattleboro, Vermont; and the current situation in Cheshire County.

Finally, I am also a little upset with how this was handled. Prior to this, in the past 37 years when talks of mergers or take overs by the Fire Department it was always freely discussed with the ambulance service. Also long term employees of the ambulance service were always slated to be hired in some capacity with the city of Berlin. Also I remembered the Dubey's and even Scott Lees 2 or 3 years ago being allowed to speak at budget session. This year all this seemed to me, as a citizen, being conducted as a secret squirrel operation with all keeping information close to their chest. Also, I was informed the CEO of the current service was planning to come and speak and then canceled coming up here after the service contacted the city manager's office. What's up with that?

As a final word, I have served the people of Berlin for the past 37 years in the EMS world in a private capacity. I have also taught CPR and pre-hospital medical courses to many people in Berlin and that includes city departments with the last being CPR for the police department in February and last September voluntarily assisting a firefighter in recertifying his EMR (and would do so again if necessary despite all that is going on) a few days before his expiration. I also have been guaranteed work by the current ambulance service even if they leave the area, so this letter is not a "Oh please let me keep my job type" appeal and in fact have hold no malice toward the Chief or working with him in the field. This letter's primary purpose is what I perceive as best for the people of Berlin in relation to ambulance service. The only goal I have is that the residents of the city of Berlin are provided with the best possible service in all aspects of pre hospital care. As I stated previously this is my goal whether that be provided by the Fire Department, the current service, another service, or even a non profit regional EMS Service. I would welcome this goal even if I was not a part of it. I also, if it helps in obtaining this goal, be willing to work for the fire department full time as an IFT person and also in an education capacity.

Thank you for your consideration and hopefully reflect upon this and just not dismiss it out of hand

A handwritten signature in black ink, reading "William T. Graham". The signature is fluid and cursive, with a large, stylized "W" and "G".

William T. Graham

589 Cheshire Street