



REUTERS/STEPHEN HIRD

Terrorists Strike London

Four explosions rock the city, wounding 700

As this issue goes to press, London police officials confirm that more than 50 people died and 700 were injured in multiple bombings July 7. “This was a callous attack designed to kill purely innocent members of the public,” Detective Assistant Commissioner Brian Paddick of the Metropolitan Police Service told reporters during a press briefing that afternoon.

The coordinated attacks occurred on the first day of the G8 meeting in Scotland. According to Paddick, 1,500 officers had been deployed to the meeting, leaving 31,000 officers in London. No off-duty police officers were recalled to duty in light of the bombings. “We are content that the security level [which was at the second highest level] was appropriate,” said Paddick. “We’ve been rehearsing and planning for exactly this sort of scenario.”

Preparation was a theme repeated by others during the briefing. “Very sadly, all

the practice we’ve put in, all the plans we’ve made, had to be used today,” said DCC Andy Trotter of the Transportation Police Service.

The facts: At 8:51 a.m., an explosion occurred on a circle train approximately 100 yards into the tunnel approaching the Liverpool Street station, resulting in seven confirmed fatalities.

At 8:56, a second underground explosion occurred in a train carriage between King’s Cross and Russell Square stations, resulting in 21 confirmed deaths.

At 9:17, a third explosion occurred in a subway train at Edgware Road, resulting in seven confirmed fatalities. The explosion blew through the tunnel wall. Three trains were reportedly involved in this incident.

At 9:47, an explosion occurred on a double-decker bus at Upper Woburn Square junction with Tavistock Place, resulting in 13 confirmed fatalities.

Following the initial explosion, circuits in the London Underground were tripped, causing blackouts. Transportation officials initially believed the circuits were being thrown by power surges, and that’s what many passengers were told. However, there were no power surges.

When officials realized what was happening, they called a Code Amber, moving all trains into stations as quickly as possible to aid in evacuation. The public didn’t panic, said Tim O Toole, managing director of the London Underground. “People just got on with it.”

On a typical day, 500 trains run through the London Underground system, transporting 3 million people. Each train would be carrying between 700 and 900 passengers during rush hour.

EMS response: During the press briefing, Chief Ambulance Officer Russell Smith, London Ambulance Service, confirmed that the service had treated and provided emergency transport for 44 victims with serious or critical injuries, including burns, amputations, chest and blast injuries, and fractures. A few died in the hospital.

Smith indicated that another 300 victims were treated for “minor” injuries, includ-



Above: Police direct pedestrians in central London. Left: Emergency personnel move a wounded woman into an ambulance at Kings Cross Train Station.

AP/WIDE WORLD PHOTOS/SERGIO DIONISIO



REUTERS/HO—STAFF PHOTOGRAPHER



AP/WIDE WORLD PHOTOS/JANE MINGAY



AP/WIDE WORLD PHOTOS PA POOL



AP/WIDE WORLD PHOTOS/JANE MINGAY

Clockwise from top: A casualty at London's King's Cross Train Station is being moved by stretcher. Emergency personnel stage at Edgware Road Tube Station. Chris Randall, who was injured in the Edgware Road explosion, is treated at St. Mary's Hospital, Paddington. Injured tube passengers are escorted away from the Edgware Road Tube Station.

ing lacerations, smoke inhalation, shock, cuts and bruises. Many of these patients were treated on scene and transported to the hospital by non-emergency medical staff, voluntary aid agency ambulances and public buses. The EMS response included more than 100 ambulances and 250 staff.

Later that day, the London Metropolitan Police Web site reported that another 350 people had self-transported to area hospitals.

One victim, who was transported to the hospital by bus, told the BBC that the bus had one "copper" assigned to it who kept jumping off and trying to clear the way. When the victim first arrived at the hospital, he didn't see any doctors, but all of sudden there was a "queue of white coats" waiting to care for the next patient. The man suffered facial burns and penetrating eye injuries.

Fire-rescue response: According to

London Fire Commissioner Ken Knight, the London Fire Brigade—along with the ambulance and police services—has been training, equipping and preparing for such an incident for the past three years. That training paid off in the response to the bombings. "The Fire Brigade performed magnificently in the face of that challenge," said Knight.

More than 200 firefighters on 40 engines and specialist equipment responded to the various sites. According to Knight, the firefighters were deployed in normal rescue mode. They were also equipped to deal with fire, which proved unnecessary. Dust and dirt in the air were complicating factors.

Police investigation: According to Paddick, the police received no advance warning and, as of press time, had not received any direct claims of responsibility. "There is no indication that this was anything other than conventional explosives,"

he said. "Members of the anti-terrorist squad are involved in the investigation."

According to Deputy Assistant Commissioner Peter Clarke, police have identified four suspects, indicating that they were suicide bombers. The bombs were likely high-explosive packages weighing less than 10 lbs. each.

U.S. response: In the United States, the Department of Homeland Security raised the threat level to orange—the second highest U.S. level—for the nation's mass transit systems, including regional and inter-city passenger rail, subways and metropolitan bus systems. "Obviously we're concerned about the possibility of a copycat attack," said Homeland Security Secretary Michael Chertoff.

Rep. Christopher Cox (R-Calif.), who chairs the Homeland Security Committee, issued the following statement: "The barbaric murder of scores of civilians in the center of London is a chilling reminder that the terrorist attacks of 9/11 were not isolated. ... [W]e ... must redouble our efforts to prepare for terrorist attacks."

Back in London, Trotter said, "The public needs to remain vigilant. We don't know if this is over yet." —*Keri Losavio*

PRO BONO Interfacility Transport Billing

If your ambulance service transports patients between health-care facilities—that is, transports between origins and destinations that include such facilities as hospitals, skilled nursing facilities or critical access hospitals (CAHs)—then it's important to understand the proper rules on who gets billed for the service. Whenever you transport a Medicare beneficiary between health-care facilities, the payment rules require that your ambulance service sometimes must look to the facility for payment, and other times you will be permitted to bill Medicare. Knowing when to bill which party is important both for your organization's cash flow and overall compliance with Medicare laws and regulations.

You must apply a three-part test, in sequence, to determine who to bill in interfacility transport situations. First, determine if both the origin and destination facilities have the same Medicare provider number. (The facility administration should be able to tell you this.) Sometimes different facilities owned by the same health-care system will be operated under the same provider number. If the provider numbers of the two facilities are different, then the ambulance service may bill the transport to Medicare (assuming, of course, that the transport meets all other coverage criteria, such as medical necessity). If the provider numbers of the origin and destination facilities are the same, then you must move to part 2 of the test: the "campus" determination.

The "campus" determination means you must determine if the



AAA Joins Jems at EMS Today

The American Ambulance Association (AAA) and Jems Communications have teamed up for the 2006 EMS Today Conference & Exposition in Baltimore. The AAA will sponsor a track at the 24th annual conference focusing on the best practices of ambulance service management. Topics will include financial management strategies, third-party reimbursement and employee development skills.

"Our members are the owners, chief executive officers and executive leadership of ambulance services," says Bob Garner, president of the

two facilities with identical provider numbers are on the same campus or on different campuses. A campus is defined as "the physical area immediately adjacent to the provider's main buildings, other areas and structures that are not strictly contiguous to the main buildings, but are located within 250 yards of the main buildings." If the facilities are on the same campus, the transport must be billed to the facility and not to Medicare. If the facilities are on different campuses, then you must move to the third and final part of the test: inpatient vs. outpatient.

When the interfacility transport is between two facilities on different campuses but under the same Medicare provider number, you must determine whether the patient was an inpatient or an outpatient at the times the transport originated and terminated. If the patient was an inpatient at both ends of the transport, it must be billed to the facility. Any other combination (e.g., outpatient-to-inpatient, outpatient-to-outpatient and inpatient-to-outpatient) is billable to Medicare, provided, of course, that medical necessity and other coverage criteria are met.

Example: Transporting a patient from an emergency department at

AAA. "The association is uniquely qualified to lend its expertise and provide resources that will complement the current education sessions available at EMS Today."

In 2005, the EMS Today Conference & Exposition attracted more than 3,500 industry professionals and more than 215 exhibitors. The event offers EMS personnel the opportunity to network and gain insight and knowledge, as well as engage in a dialog about key industry issues. It includes continuing education courses for all levels of emergency medical personnel.

The conference will be held March 21–25, 2006, in Baltimore. For more information, contact Erika Davis, AAA manager of meetings and education, at 703/245-8045 or visit www.emstodayconference.com.

hospital A to an inpatient bed at hospital B where the hospitals were under the same provider numbers but on different campuses would ordinarily be billable by the ambulance service to Medicare Part B. In contrast, a transport of a Medicare beneficiary from an inpatient bed at hospital A to an inpatient bed at hospital B where the facilities are under the same provider number and on the same campus or on different campuses would have to be billed to the facility.

If a hospital—or an ambulance service—desires proof of these Medicare policies, check out Chapter 10 of the *Medicare Benefit Policy Manual*, section 10.3.3.

—This tip provided by Page, Wolfberg & Wirth LLC (www.pwwemslaw.com), a national EMS, ambulance and medical transportation industry law firm, and written by attorneys Doug Wolfberg and Steve Wirth, both of whom have extensive EMS field and management experience.

Marque Buys McCoy Miller

An affiliate of Marque Inc. acquired ambulance manufacturer McCoy Miller in May. Previously, McCoy Miller was a division of the VSV Group, which filed for Chapter 11 bankruptcy the same

EMS Magazine Sold

Cygnus Business Media announced July 5 that it had acquired *EMS Magazine* and EMS Expo from Summer Communications, Van Nuys, Calif. Cygnus publishes *Firehouse Magazine*, offers two annual fire service conferences and produces the www.firehouse.com Web site.

month. According to Marque, this acquisition makes the company the largest privately held, American-owned ambulance manufacturer in the country.

“We think that for homeland security, it is important to maintain a base of U.S.-owned ambulance manufacturers,” says Marque owner Chris Graff. “Additionally, I believe a family-owned entrepreneurial company provides the greatest opportunity for innovation and allows for quick and proactive management.”

Marque Director of Sales Development Tom Goggan says, “At Marque, we have positioned ourselves to compete with the higher end builders on quality and features, while maintaining a value pricing strategy. We’ve been growing steadily on our own, and this acquisition could cre-

ate some exciting opportunities down the road.”

McCoy Miller will now operate under the name McCoy Miller LLC. Marque will retain 98% of McCoy Miller’s employees and projects manufacturing between 600 and 650 ambulances over the next year, with as much as 20% of sales for export.

Dick McCoy and Lester Miller founded McCoy Miller and started making ambulances and light-rescue vehicles in 1974. In recent years, the company has produced 500–700 modular and van-type ambulances annually. The company earned Ford’s QVM (Quality Vehicle Modification) certification in 2003.

Marque, founded in 1990 by Graff, specializes in custom-built modular ambulances.

—Ann-Marie Lindstrom

N.Y. State Museum Features Ambulance Exhibit

It’s rare to find a fleet of beautifully restored ambulances in a museum. But for a limited time, the N.Y. State Museum in Albany has 15 of these historic vehicles on display. The “Help Is Here: EMS in New York” exhibit contains ambulances on loan from private collectors, corporations, museums, fire departments and ambulance services, dating back to 1911.

In addition to the ambulances, scores of vintage photographs and more than 100 pieces of historic medical equipment, uniforms, training aids and ambulance agency memorabilia are on display.

This outstanding free exhibit will be open until Sept. 11 and is a must-see. For those not able to see the classic ambulances in person, we decided to give you a first-hand look at these EMS workhorses of days gone by.

Admission is free; however, donations are encouraged. For more information, including location and directions, call 518/474-5877 or visit www.nysm.nysed.gov/exhibits. To view additional photos from the exhibit, visit www.jems.com/nyambulances.

—Myron Gittell, Geoffrey N. Stein & A.J. Heightman

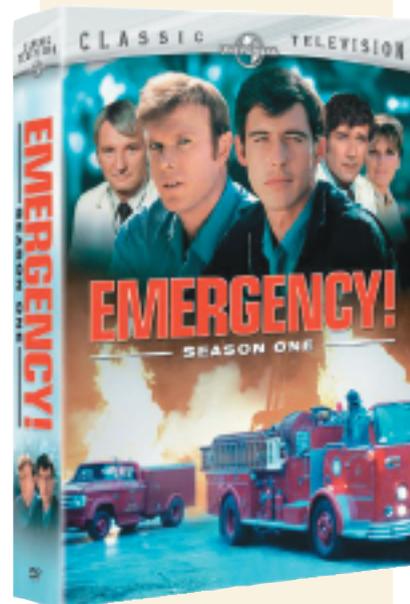


1911 Cunningham Horse-Drawn Ambulance

This vehicle, delivered to W.E. Byham Funeral Home in Meadville, Pa., in January 1911, is equipped with a gong, two interior lanterns, a battery-powered dome light and “suspended Chicago cot with rubber-tired wheels.” This vehicle still has its original light, silk grey paint and gold lettering. On loan from Jane M. Day.

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BLAST FROM THE PAST *Emergency!* on DVD



Emergency!, the TV series that portrayed the earliest days of EMS, was instrumental in spreading the concept of EMS across the country. Those who remember the series fondly, as well as those too young to have viewed it when the series first aired in the 1970s, can catch it this time around. The show’s first season will be available on DVD on Aug. 23.

The two-DVD set includes the pilot and 11 episodes of the adventures of Johnny and Roy. The County of Los Angeles Fire Museum’s Third Alarm Fire Shop is accepting advance orders. Proceeds from the DVD set sales will help maintain the original Squad 51. As if that weren’t enough, you’ll get Randolph Mantooth’s autograph on the DVD set cover.

Order *Emergency!* on DVD at www.ThirdAlarmFireShop.com.

—AML



1926 Cunningham

The Bar Harbor (Maine) Fire Department operated this 1926 Cunningham ambulance until the 1950s. It was a gift to the department. On loan from Peter H. Cunningham.



1969 Ford, Horton Emergency Vehicles Co.

The first ambulance built by Horton Emergency Vehicles Co., this vehicle was built on a 1969 Econoline van for the Prairie Township (Ohio) Fire Department. On loan from Horton.

1957 Cadillac, Miller-Meteor

In the 1950s, Bangs Ambulance Service operated a Cadillac ambulance similar to this one. On loan from Bangs Ambulance Service, Ithaca, N.Y.



1974 Cadillac, Miller-Meteor

The West Webster Fire Department used this ambulance to respond to approximately 6,000 calls over a 12-year period. On loan from the FASNY (Fire Association, State of New York) Museum of Firefighting.



PHOTOS COURTESY NEW YORK STATE MUSEUM

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IN MEMORIAM ...

FDNY EMT Dies from 9/11-Related Causes

Fire Department of New York EMT **Tim Keller**, 41, died on June 23. Preliminary medical reports cited the cause of death as extreme pulmonary distress, according to union officials. Marianne Pizzatola, pension coordinator for Uniformed EMTs and Paramedics of the FDNY Local 2057, says Keller's doctor told him in September 2004 that his lung problems were connected to the terrorist attacks of Sept. 11, 2001.

Keller's death reaches beyond those who knew him. He's the first EMS provider whose death is attributed to the aftereffects of working at Ground Zero.

Arriving on scene just after the second plane hit the World Trade Center, Keller was one of the early responders and stayed on site until late into the night, helping survivors out of the wreckage. Pizzatola says Keller was

close enough to one of the buildings that he "surely saved his captain's life" by pulling her out of the path of debris from the collapse.

Although Keller didn't retire from the department until November 2004, Pizzatola says his health began to fail soon after 9/11. Immediately after his time at Ground Zero, he started coughing up debris he had inhaled. "He coughed up actual gravel," she says. His condition deteriorated to the point that he suffered hypoxic seizures and slept with a BiPAP.

Pizzatola worked with Keller to get his "three-quarter disability" pension. FDNY approved the pension in late 2004, but the board that actually awards the money had not yet begun sending him the checks. His workers' compensation claim was denied—with some confusion over whether the denial originated from FDNY or the insurance carrier. He was also denied benefits from the 9/11 victims' fund.

Pizzatola says one of the prob-

lems she encountered while trying help Keller get compensation was that he hadn't filled out an "exposure report," normally required to file a claim for a line-of-duty injury. Many responders on 9/11 were told a generic exposure report would be created later and entered in all their records. Pizzatola says the EMS division is just now finishing that report.

Attempts to contact FDNY for comment went unanswered.

Keller is survived by his ex-wife and two sons. —**AML**

Long-Time EMS Leader Dies

EMS lost another pioneer on June 29. C. Earl Gettinger, 69, died in Erie, Pa. Gettinger began his EMS career as an ambulance volunteer in the 1950s. He was a regional EMS director in California and New York, state EMS director for Vermont and ambulance director for Natrona County Hospital in Wyoming. He served as the original

CEO of EmergyCare—the first ambulance service licensed in Pennsylvania—for 12 years, then was a bureau director in the Pennsylvania Department of Health, overseeing the state’s EMS system. He won the state EMS Leadership Award in 1991.

Stephen Wirth, of Page, Wolfberg & Wirth LLC, worked with Gettinger at EmergyCare and delivered a eulogy at his funeral. In part, Wirth said, “EMS has lost another trailblazer, an innovator, a visionary and, most importantly, a person who cared about doing what was right, not just what was popular, to get the job done. ... In everything Earl did for EMS ... he always put the patient first. ... Earl’s hands-on leadership and ability to communicate a vision of excellence in providing EMS care to the public not only helped grow EmergyCare, it was the hallmark of his life.”
—**AML**

DHS to Split FEMA & Create New Chief Medical Officer

Jeff Runge, MD, administrator of the National Highway Traffic Safety Administration and a former EMT, will leave NHTSA by the end of August to become chief medical officer (CMO) for the Department of Homeland Security (DHS). Homeland Security Secretary Michael Chertoff announced the creation of the new position July 13 when he unveiled plans to revamp DHS. He said, “This position will be filled by an outstanding physician who will be my principal advisor on medical preparedness and a high-level DHS representative to coordinate with our partners at the Department of Health and Human Services, the Department of Agriculture and state governments... [to create] comprehensive plans... to prevent and mitigate biologically based attacks on human health and our food supply.” The announcement that Runge would fill the position came a day later.

In May, The George Washington University Homeland Security Policy Institute published a report calling for the creation of a U.S. EMS Administration within DHS and igniting a controversy (see “Who’s on the Mark?” June *JEMS*). Some people insisted it would be inappropriate because DHS has no medical components. But with a new CMO (and office) within DHS, some members of the EMS community began speculating that this office just might become a natural home for a new USEMSA.

The DHS reorganization plan contained other news for EMS as well. FEMA will be moved out of its current position in the Emergency Preparedness and Response Directorate to become a stand-alone entity within DHS. In the process, FEMA will be stripped of both its preparedness role and the U.S. Fire Administration (USFA) and refocused to concentrate on disaster recovery and response. USFA and the Office of State and Local Government Cooperation and Preparedness (which distributes DHS grant money for state and local preparedness) will move into a new Preparedness Directorate.

Chertoff still appears unaware of EMS. When announcing the reorganization, he said, “We must draw on the strength of our considerable network of assets, functioning as seamlessly as possible with state and local leadership, law enforcement, emergency management personnel, firefighters, the private sector, our international partners and certainly the general public.” EMS was conspicuously absent from the list. It remains to be seen how Runge will address EMS issues as the new DHS CMO; however, *JEMS* is pleased to see that Chertoff selected a CMO who is intimately familiar with EMS. JEMS
—**Mannie Garza**