

From: [Jim Scheppke](#)
To: [CityRecorder](#)
Cc: [citycouncil](#)
Subject: Testimony on Agenda Item 6d at the 9/26 Council Meeting
Date: Friday, September 23, 2022 7:29:45 PM

Dear Salem City Council:

Before you accept the “Business as Usual” arguments of the Salem Fire Department you need to at least get a second opinion.

As you know we have a structural deficit in the Salem General Fund that threatens future funding for parks, libraries and other city services that are vital to our quality of life in Salem. The Salem Fire Department currently spends one out of every four General Fund dollars and the Chief seems to want an even bigger share according to his report to you.

It is time you had a work session to look at alternatives to throwing more money at the Fire Department. Fortunately, we have an expert just up the road — our former Oregon Secretary of State, Phil Keisling, who could share some best practices from other cities that have been able to reform their emergency response services to cost less, not more.

Please read this article that appeared in *Governing* magazine a few years ago and consider inviting Mr. Keisling to share his research and expertise with you.

Jim

Why We Need to Take the ‘Fire’ Out of ‘Fire Department’

Firefighters don't actually fight that many fires these days. It's time to re-think how we deliver costly emergency services.

June 26, 2015 • [Phil Keisling](#)

It's arguably the best known, least acknowledged and most inconvenient truth in local government: "Fire departments" -- in the precise meaning of that label -- no longer exist anywhere in America.

Thousands of official entities bear this or a similar moniker. But given what

they and their employees actually do, "Emergency Medical, Incident Response and Every-Once-in-a-While-an-Actual-Fire Department" would be far more accurate.

In 1980, according to the National Fire Protection Association, the nation's 30,000 fire departments responded to 10.8 million emergency calls. About 3 million were classified as fires. By 2013, total calls had nearly tripled to 31.6 million, while fire calls had plummeted to 1.24 million, of which just 500,000 of were actual structure fires. For America's 1.14 million career and volunteer firefighters, that works out to an average of just one structure fire every other year.

In my own community of Portland, Ore., the Fire and Rescue department's 500-plus fulltime fire professionals respond to more than 70,000 911 calls each year. About 70 percent are medical calls, a typical proportion for most jurisdictions. Just 700 annual calls involve burning buildings

Let's be clear at the outset: The volunteers and career professionals in this field routinely risk their lives in service to their communities. Real and potential fires pose genuine hazards, and people skilled in fire suppression will always be needed, as will expensive, sophisticated fire equipment.

Firefighters often are very busy; one San Francisco fire engine company responds to 40 calls a day. But most calls are either medical emergencies or involve non-life-threatening requests (including false alarms) that plague fire departments everywhere.

In Portland, San Francisco, and many other communities, the typical 911 call results in the dispatch of both a fire truck and an ambulance. The result is an increasingly familiar tableau: Five or six gear-laden firefighters and/or ambulance personnel arriving on the scene, regardless of whether there's a fire, stroke, or a heart attack in progress -- or a passed-out homeless person on the sidewalk, or a motorist slightly dazed in a fender bender. (While cat-in-tree rescues are more urban myth than reality, they still happen.).

Fire officials vehemently defend their existing protocols. Firefighters, they say, need the extra time to suit up and board big rigs in case they must re-deploy to a real fire during a medical call. And they note that firefighters often save lives

when they arrive first on the scene.

However, such "medical saves" aren't primarily the result of firefighters' superior medical-intervention skills. They're far more a function of the fact that too few paramedics and ambulances -- and still so many fire trucks and fire stations -- dot our urban and suburban landscapes, as many elected officials who've unsuccessfully tried to close a fire station know.

Most firefighters, at best, have only an Emergency Medical Technical certification. Although more certified paramedics are being hired, they still comprise less than 30 percent of many cities' forces. Paramedics also cost more -- a handy rationale for continuing to hire for the past, not the future -- and are increasingly hard to recruit and keep amidst job requirements that they also fight the occasional fire.

While firefighters' working realities have changed profoundly in recent decades, their government structures and operating protocols remain largely frozen in bureaucratic amber. Add to this mix near-universal citizen approval, tradition and powerful unions, and incremental improvements, when they happen at all, are often contentious and add even more costs.

In 2012, the city of Toronto, over the Fire Department's objections, changed protocols to deploy ambulances (from a separate government unit) instead of EMT-staffed fire trucks for more than 50 types of medical emergencies. The next year, after city staff recommended a budget that would close four fire stations and cut 84 firefighting jobs--while adding 56 paramedics--firefighter-funded TV ads alleged that the cuts would "put lives at risk."

This isn't just a big-city problem. In 2013, a faculty-led research team for Portland State University's Center for Public Service (which I direct) [analyzed two years of 911 calls](#) for three small cities collectively contracting with a nearby city's fire/EMS department. Known medical calls comprised 75 percent of these incidents.

Our team identified a number of lower-cost operating alternatives, such as adding many more ambulances or specially-designed Rapid Response Vehicles (RRVs) to produce faster response times. We learned of one jurisdiction that had strategically purchased a three-bedroom house in a high 911-call

generating area near a nursing home for an ambulance and its crew.

Vastly increasing the number of pre-positioned ambulances and adding RRVs aren't the only potential innovations. One veteran firefighter I know suggests motorcycle-riding paramedics, especially during rush-hour traffic jams, equipped with basic medical kits including heart defibrillators.

Unnecessarily high operating costs are the most visible result of clinging to an expensive, "just-in-case" delivery model for this core public service. Another is the unnecessary wear and tear on expensive fire trucks, which can easily cost \$1 million or more. (Last year, 4,000 new ones were purchased across the country.).

Perhaps the biggest cost of the status quo is the least discussed. When scarce fire/emergency medical personnel are routinely dispatched for non-emergencies -- and then a bona fide, "every-minute-counts" emergency does occur, especially near a now-vacated station -- it's cold comfort when a 10-minute response time from a backup crew is a few minutes too slow to save a 65-year-old in sudden cardiac arrest, or a 7-year-old suffering a severe allergic reaction.

While reforms are slowly happening, the standard response by fire departments and firefighter unions to too-slow response times is still more fire stations, fire trucks and firefighters. That isn't just an unrealistic non-starter for most cash-strapped local governments, especially as America's rapidly aging population generates even more non-fire 911 calls. It's also a doubling down on a long-outdated delivery model that requires a fundamental re-thinking.

Jim Scheppke, Ward 2
jscheppke@comcast.net