

Good morning Ladies and Gentlemen,

My name is Andrew Thomas I am the President of IAFF Local #22 Firefighters and Paramedics Union. We are the Labor union that represents all of the nearly 2500 uniformed personnel that make up the Philadelphia Fire Department.

Our members are the backbone of our city's emergency services. Our Fire Department responds to an average of 700 emergency response calls per day. And, now that we are moving into the Summer months that number will rise dramatically and in some instances we will respond to over a thousand calls a day. The brave men and women that make up our department are well aware that some weeks the only easy day was yesterday. Despite the call volume and the limited turnaround time our members show up day in and day out to do their very best for the citizens and visitors of Philadelphia. The reason we are here today is to ask the city and state to do the same for us.

So the problem that brings me before you today is two-fold. First, we have an issue of how our Fire Service Paramedics and Fire Service EMTs are viewed by individuals at the city and state levels; and secondly, we have a gaping hole in the proper medical coverage these two groups of individuals, the FSP's and FS-EMTs, receive when they are injured in the line of duty. I want to address both of these issues, because they are directly correlated with each other. As long as our Paramedics and EMTs are viewed as something other than a firefighter they will continue to be treated as second class citizens.

First let me give you a little history on how the city of Philadelphia has targeted these positions and has systematically attempted to marginalize their profession, its importance and

their ability to maintain a healthy and safe work environment. In 2011, in support of the Paramedics, the Philadelphia City Council passed an ordinance further declaring that **ALL** uniformed Fire personnel are authorized and required to act as fire personnel. Also that year the Commonwealth court ruled that Paramedics were by definition Firefighters for the purposes of Act 111. The following excerpt from their decision leaves no doubt as to the courts' beliefs, "The interrelated duties performed by firefighters and FSPs are equally necessary and appropriate in the firefighting effort; they work together to accomplish the same overall goals of saving lives and property, surely the person who monitors the health of the other responders at the scene is just as important to the firefighting effort as the person who runs into the building with a hose. It would be patently unfair to say that FSP's [Fire Service Paramedics] do not "fight fires" when in fact, they are present at fire scenes, they monitor the health of those members who are doing the physical battle with the fire, and, when needed, they are called upon to do physical battle with fire themselves. To conclude otherwise ignores the reality of a large metropolitan fire department in which specialization of activities allowing for greater efficiency." In addition to this statement, it should be noted that not only do FSP's monitor the health of the firefighting units, they assist in the removal of patients from the hazardous area and render emergency medical treatment to the victims of fire. So by the courts definition and for contractual purposes paramedics, and subsequently EMTS, are legally recognized and classified as firefighters.

Much of the state legislation passed over the years includes Police Officers and Firefighters with the intent of clearly meaning uniformed first responders. This becomes readily apparent when you consider that the position of Paramedic has only truly been in existence for

approximately 30 years. As you know, much of the state legislation involving Police and Fire was passed prior to the inception of this position. And, prior to the creation of paramedics, the emergency medical responsibilities were performed by firefighters. Consequently, to date, the legislation passed by the state of Pennsylvania involving our front line emergency services typically identifies Police Officers and Firefighters; to further point out the antiquity of the language in some of these statutes', some of the older legislation actually uses the terms Policeman and Fireman.

The Heart and Lung issue brings a broader problem to light. For the last several years, As I have stated the City of Philadelphia has fought the inclusion of Paramedics as firefighters when considering state legislation, particularly the Heart and Lung Act. And although You, the State Legislator, and the Commonwealth Court have ruled that their jobs are not different, and firefighters, paramedics and EMTS in Philadelphia are to be considered identical for the purposes of State Legislation the City of Philadelphia **HAS NOT**.

The reasoning behind your decision to see them as such is due, in part, because of the fact that, although the responsibilities are not identical, Philadelphia Firefighters, Paramedics and Emergency Medical Technicians work side by side on nearly every type of emergency scene. Additionally, prior to the implementation of Fire Service Paramedics, Firefighters were required to perform the functions of a Paramedic, but at a lower skill level. Of course these Firefighters were still considered firefighters even though they were performing EMS functions. Even now, when a Firefighter is injured while working in a Medic Unit with a Paramedic, the Firefighter is covered under the Heart and Lung Act. In Philadelphia, Paramedics and EMTS are

equipped with the same bunker gear and SCBA equipment as Firefighters should they need to enter a hazardous environment to assist in saving a civilian or an injured Firefighter. Paramedics and EMTS receive firefighting training at the Fire Academy to enable them to fulfill this requirement. Paramedics are now required to enter buildings with the police in the event of a mass casualty, active shooter incident. Our Paramedics and EMTS respond to shootings, stabbings, assaults, motor vehicle accidents and many other traumatic and medical emergencies. Yet despite all of this overwhelming evidence to support the decision to classify and treat Paramedics and EMT the same as firefighter, the city of Philadelphia contends they should not be classified as firefighters. There can be no dispute that the job of the Paramedic and EMT is nearly as dangerous as that of a Firefighter and possibly even more stressful.

As you may know, Paramedics and EMTS are an integral part of any Firefighting operation. Philadelphia Paramedics and EMTS respond to every working fire in Philadelphia. They are required to wear their firefighting gear upon arrival on scene, in case they are pressed into service. In motor vehicle accidents, our Paramedics and EMTS have perhaps the most dangerous job on the incident; they are tasked to go into the vehicle and stabilize the patient as the firefighters are working to extricate the injured victim. Paramedics and EMTS are an integral asset to the operation on an emergency scene whom are responsible for all life-saving care, excluding them would be equivalent to excluding the pump operator or Chief in charge of the fire scene, citing the same reasoning, "they aren't spraying the water".

The treatment of our injured Paramedics and EMTS can only be described as reprehensible. Paramedics and EMTS are routinely refused necessary treatment through work health and are forced back to work before they are fully healed for duty.

As you now know, In the City of Philadelphia our members are split into five categories: Firefighters, Firefighter-EMT, Firefighter-Paramedic, Fire Service Paramedic, And fire Service Emergency Medical Technicians. We believe and feel strongly that all of our members should be included under the Heart & Lung ACT. To separate and classify our members into sub-categories not worthy of fair protection and care, despite the hard work and long hours of dedicated service is tantamount to discrimination and or negligence, either of which is not the spirit in which the Heart & Lung Act was created to protect these special individuals called into a life of service to the community.

So why is this Heart & Lung Act crucial to our members? The Heart & Lung Act is intended to provide vital Public Safety personnel with full compensation while temporarily disabled from an injury in the performance of their duties. Currently, when a member is injured in the line of duty, or injured on duty -what we call IOD- they follow the protocol set forth by our department. They are transported to the Emergency room via Fire Department Medic Unit, they are treated by the emergency room and released and are required to follow up with the City sub-contracted third party physician at work health the next business day. Often times our members are more inclined to return to full duty with aches and pains, because the idea of missing any time is not in their nature. However, after they report to the city's sub-contracted doctors they are rarely given any further tests to adequately diagnose their injuries. And are

immediately given a prescription for Physical Therapy for 3 times a week. This is the standard practice. Physical Therapy before diagnosis. The idea of having a patient perform any type of therapy before fully diagnosing their injury flies in the face of their oath "To Do No Harm". Often the therapy is harmful and in some instances extremely detrimental to the member's health and ability to ever return to work. The time delay in proper diagnosis causes improper healing, continued pain, lost time and added expense for the employer. Under the Heart & Lung Act Firefighters are able to seek out a second opinion from another physician that is not contracted by the city. This is often the first time they will get the care and treatment they require and deserve. Once the transfer of care is established with a doctor that is not beholden to the city this is usually when the correct diagnostic tests are ordered and the patient begins on the proper road to recovery.

I have here six instances with which to paint a picture of what it is like for our membership as they navigate their health and welfare through this broken system. **We have omitted their names for their privacy and their protection.**

Firefighter #1 - Facial burn

This FF sustained 2nd degree burns to his face and the work health doctor took pictures and instructed him to return to full duty with a Band-Aid over an open wound on his face. The FF thereafter submitted a *Transfer of Care* to a Heart & Lung doctor, and his wound took a very long to heal. The nurse case manager for the city contacted the firefighter and wanted to know why he did not return to work. The Heart & Lung doctor intervened and was adamant that the wound was open and not healing and that he had concerns about infection. At least 3 of the

most recent firefighters who have sustained burns have contracted MRSA.

Firefighter #2 - Facial burn and severe leg burns

This FF was transported to the Emergency Room and immediately transferred his care to a Heart & Lung doctor. Upon evaluation the Dr. determined he suffered 3rd degree burns to his legs and he was immediately referred to The Burn Center. At the Burn Center he underwent skin grafts and returned to work in a timely manner because of being properly evaluated.

Fire Service Paramedic #1 - Torn ligaments in knee –

This Paramedic was walking around the Medic Unit to provide care to a victim of a motor vehicle accident, and another vehicle hit the Medic Unit, which in turn hit the paramedic's back. The IOD work health doctor immediately returned the Paramedic to light duty; the Paramedic then transferred care to another IOD doctor who placed him in a no duty status. Also the Paramedic underwent an MRI which revealed tears in his knee. This incident shows the varying level of care within the contracted IOD doctors. To say that the level of care is inconsistent and subpar is an understatement.

Fire Service Paramedic #2 - Torn ligaments in knee –

This Paramedic was injured in 2009 while working in the Medic Unit lifting a patient on the stretcher. The IOD work health doctor immediately returned the Paramedic to light duty and denied the Paramedic an MRI. The member has worked in pain for over 6 years and has utilized all accumulated leave time and has been dropped from pay status. The member contacted Rothman institute and is currently utilizing Union health benefits. The member had

an MRI and was informed that in order to make the necessary reconstructive repairs to the knee, new ligaments will have to be grown in a laboratory setting and surgery performed to make the corrective repairs. The case has been and will be a significant time loss and cost for the City.

Fire Service Paramedic #3 – Foot Injury –

In 2013 this Fire Service Paramedic exited the Medic Unit in order to assist the driver in backing up the unit in accordance with standard operating procedure. The member's left foot and ankle was injured upon stepping in a pothole. The member felt immediate pain and a tear. The member was treated at work health for a sprained ankle, after physical therapy and a reevaluation the member has since had four surgeries and is scheduled for another procedure. The member currently has a drop foot, severe nerve damage and is tied to a medication for pain that is taken every six hours. The member is still off duty after 3 years of horrific medical treatment by work health doctors that could have easily been diagnosed with an MRI. The member is available with this panel to answer any questions.

Fire Lieutenant #1- Fractured Sternum-

This Fire Lieutenant was hit in the chest with a charged 3" large diameter hose line. He continued to treat with the IOD work health doctors and underwent 3 CT scans and multiple X-rays. The 1st CT scan 11/30/15 was of his thorax which was read as normal. Chest x-rays 12/15/15, noting the Patient is suffering with pain, but the chest x-ray found no evidence of fracture. Chest x-ray 12/18/15 was read as normal, and indicates it was ordered due to chest pain. 3/31/16 CT scan and chest x-ray showing no active disease. After numerous studies

finding no abnormal findings, a CT scan was ordered on 5/20/16 focusing on the sternum, and this study noted a "chronic sternum fracture." This finding was made 6 months post injury and after the FF had participated in aggressive physical therapy prescribed by the IOD-work health doctors, which he stated was very painful. Why did it take so long for the work health doctors to make the correct diagnosis or order the appropriate test? This Firefighter Lieutenant has since requested a *Transfer of Care* to a Heart & Lung doctor and they are exploring surgical options to remedy his fracture.

This last firefighter simply wanted to do the right thing and not make any waves and chose to stay with the city's doctors. His case represents the only level of care the paramedics get except after six months of shoddy treatment he had the opportunity under the Heart & Lung Act to seek out that *Transfer of Care*. I bet if you asked him today would he have transferred his care to a Heart & Lung doctor sooner he would answer you with an emphatic yes.

In summation I want to impress upon you that what we are asking for here is not something extraordinary. It is simply to amend the current language of a long standing important piece of legislation. We are asking this so that those individuals that were meant to be included within the spirit in which this legislation was written are included. Our legislation is comprised of living documents that must grow and reflect with the changing of the times while still meeting the spirit and intention with which they were written. I ask you to have this Bill reflect the current times and include our Paramedics and our EMTS into the Heart & Lung Act so that no entity or municipal government, now or in the future, can attempt to mistreat those

brave men and women that put on a uniform day in and day out and provide the emergency response and care they are called upon to deliver. Let us right this wrong and protect those that protect us. Thank You that completes my testimony and our panel would be happy to answer any questions you may have at this time.

Respectfully,

Andrew Thomas

President IAFF Local 22 Firefighters and Paramedics Union