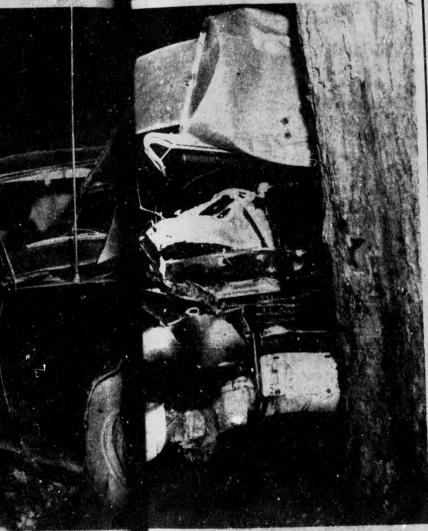
bridge. It takes clear the bridge s. If people want they put down e to have five and ve different location . That would con r year."

ion is that ambul nts. Both driver in first aid, but reat the patients. udents accompany they are not dock

hem (accident victims) on the site, to keep hem warm and covered. It is hard to lift person out of the back of a car. I remember n accident at Fredericton Junction where wo cars were racing and they both went off he road. When I got there, the Mounties had poked after the patients. They were wellnmoblized and covered. The Mounties saw he sense of leaving them there."

Ambulances do not only function as emgency vehicles, but also as ambulance taxis. what is called an "elective" case, a nonnd treat. Some par mergency patient - an old person, an invalid, a coronory patient - can call for an amulance to take them to the hospital. The



close calls when car crashes have occurred. idequate ambulance ser

than apply first aid. portant at the scene ocker, "is knowing of two people wh were ruined by hand ccident. In one case, ured vertebrae. He and made to sit up spital. He arrived tob her case, a man was e fractured his neck. peeder and hauled in was no attempt to could have tied him . When he arrived he ed - poor fellow -

scene of an accident continued. "They do it's much better to le

irvival were nil."

nbulance is booked to pick up the patient a certain time, usually close to the shifts ange, so the second shift driver can come an hour earlier and provide back-up while e first ambulance is away picking up the tient.

The ambulances will also transfer patients om the hospital to the airport for flights other hospitals, and also make trips to e Saint John General Hospital, at a cost to patient of \$85.00. A return trip to Saint hn ties up an ambulance for four hours.

Stocker would like to see more of these elective" transfers handled by the Saint hn Ambulance Brigade here in Fredericton. ne Brigade does do this kind of work, and s been of much assistance to the hospital. They have been a good service to a number people," commented Stocker. Although e Brigade does not charge for its services, it hopes for and expects a donation from the

Mr. Stocker also mentioned that he-would like to see a volunteer ambulance set up at the university campus. A big station wagon or panel truck could be outfitted with a special rig in back which would enable it to take stretchers. As well, a Saint John Ambulance course would qualify students to operate the ambulance. Duty rosters could be set up so that students man the ambulance centre between classes. Having an ambulance right on campus would save between 15 and 20 minutes in the delivery of an accident victim to the hospital from the campus, and could be instrumental in saving someone's life.

False alarms hinder the operation of the ambulance, as well as faulty communications. Both of these result in delay in the dispatching of an ambulance to the scene of an actual accident. People often over-react at the scene of an accident, and consequently, call for an ambulance when one is not really needed. This is one reason why the hospital prefers people to call the police rather than the ambulance. The police arrive very quickly at the scene of an accident, and are able to provide the hospital with the information it needs much more quickly than a witness. In addition, they are trained to react responsibly in emergency situations, and should be much less likely to call in a false alarm.

Said Stocker, "It's happened that the police have called for an ambulance and we go out and when we get there, there's nothing. Sometimes they decide that they can't wait for the ambulance, and bring the patient in themselves. When I started (as hospital administrator) I was second ambulance in my station wagon. There was a special rig in the back for the patients. I had three false alarms in one year. If the vehicles were radioequipped we could recall them. But for every single service the public wants, there is a price tag. If there is an increase in demand, one orderly will have to be on permanent ambulance service. This would be extremely costly. Once the Provincial government is persuaded to take it on, the public will want an ambulance five minutes after the telephone is put down." But the indications are that the government will not touch the ambulance service with a ten foot pole.

Mr. Robin Kilburn, a city councillor, is currently doing his best to improve the ambulance service, especially in regards to the communications problem. "Up to now, the radio communications from the communications centre have not been broad enough," he stated in an interview. "The coverage has to be extended. The police radio coverage only covers Fredericton. We have been trying to extend coverage to the extent you have for anyone with a phone in a car. We would like to install radios in ambulances. They could hook into the police net and would receive communications directly, instead of having to return to the hospital. If the telephone company puts up an extra antennae on the tower, coverage could be extended for

covering Upper Hainsville to Harvey Station, Blissfield, Gagetown, Taymouth, Minto-all the Greater Fredericton area.

Mr. Kilburn also discussed false alarms. "Eighteen percent of calls are non-productive. This is one of the reasons that it is so hard to get an ambulance quickly," he said. "So many calls are not legitimate. Smart alecs can use the name Robin Kilburn and call for an ambulance. They intend it as a joke, but there could be an accident while the ambulance is away covering this false alarm."

Mr. Kilburn also commented on the government's responsibility for the patient. "The hospital or government has no responsibility to you until you get inside the door on your own", he stated. You don't change the hospital service - you change governments. We did that two years ago, and it doesn't seemed to have changed things."

"The Ontario government assumed responsibility for the ambulance service in that province recently," he continued. "The costs for one year were astronomical. At Health Service meetings, Ontario has advised us,-'Don't get into the ambulance service. You don't know where it's going! 'You've got the cat by the tail and it's getting bigger and you don't dare let go. That's what caused Garvie to say N.B. would have nothing to do with it. The provincial government is scared to death of it. I can't see them considering it for another two years."

Kilburn noted that the government had not even included provisions for an ambulance entrance or garage at the new hospital to be constructed in the next few years. "There is no ambulance entrance for the new hospital," he said. "There is an emergency entrance, but there is no place to park or house an ambulance. They should make provisions for it even if they are not going to operate an ambulance. But the hospital is so far from being designedthere are no real plans at all. There seems to be no hurry - they have five to ten years.

They did let out a steel contract, but there were no specifications given. They contracted on a tonnage basis. There will be no erection. That will be another bid. But the government had to make a show. They had to beat the Liberals who started it. There is a cornerstone up in the middle of the field, but there is no foundation. The only contract let out was for blasting knolls and overburden. It's just ridiculous! "

Kilburn sees a greater use of the police as a partial solution to the ambulance problem.

"The police have two emergency vehiclestwo station wagons equipped with stretchers and a first aid kit. The Saint John Ambulance has given courses to the city police, and currently, there are 16 of them qualified in First Aid. The aim is to have the police go first to the scene. Rather than have them radio in for an ambulance, if they knew enough about moving you, they could put you on a stretcher and take you to the hospital. There is a twenty minute delay for the ambulance."

Continued to page 14