

Transcript of Oral History Interview with Retired EMS Captain Chris Zervas

[Highlighted text represents clarifications and edits made by the Narrator, Retired EMS Captain Chris Zervas,
after the interview.]

00:14**Amy Mauro**

My name is Amy Mauro. I'm Executive Director of the DC fire and EMS Foundation. I'm here on Friday, September 6th at the Palisades Library at around 1:20 p.m. and I'm with Chris Zervas. Chris, can you introduce yourself and spell your last name?

00:00:31**Chris Zervas**

Hi. Yes. Chris Zervas. I retired ten years ago, in 2014 as an EMS Captain after a little over 36 years of service.

00:00:54**Amy Mauro**

Well, thanks for joining me today. And we can just start from the beginning, if you could tell me where you were born and raised, and then we can get closer to your decision to get into EMS. But let's start from the beginning.

00:01:10**Chris Zervas**

Okay. There is one photo that I want to share with you of my early years. [Pointing to photo on his phone] That's 1972, 52 years ago. That was taken in New York City. I was **BORN ON** Long Island, moved to Brooklyn, the same year the Brooklyn Dodgers moved to LA. And I took that very personally.



00:01:52**Amy Mauro**

The worst year of my father's life **was** when they moved. He was from Brooklyn as well.

00:01:59**Chris Zervas**

And when I say, where **I'm from,** I don't say New York **City;** I say Brooklyn. Do you remember where your father grew up?

00:02:06**Amy Mauro**

Oh, yeah. He grew up in Midwood. I was telling someone this the other day. East Fifth and I can't remember the cross street, which is unusual. Maybe it was Avenue J. It was near Ocean Parkway. My mother grew up in Bensonhurst on West 6th and Avenue P.

00:02:26**Chris Zervas**

I was raised in Bay Ridge, where the Verrazano Bridge is and before it was even constructed. Bensonhurst? I dated many girls from Bensonhurst.

00:02:40**Amy Mauro**

And people always think I'm from New York because I've taken on my parents Italian-American New York sort of persona. But born and raised in D.C., very proud. They came down here for my father to go to Georgetown Law School.

00:02:57**Chris Zervas**

He went to Georgetown.

00:02:58 Amy Mauro

Yes. But anyway, we're here about you. So you arrived in Brooklyn the year the Dodgers left, which, of course, is a tragedy.

00:03:06 Chris Zervas

Yes, it was. It was a very, very interesting era. I have nothing but good memories of Brooklyn. When I was in the Army, my military occupational specialty was photographer for military intelligence, but I did more public relations photography than I did imagery interpretation, which was supposed to be my main mission.

00:03:50 Amy Mauro

Did you go straight into the military from high school?

00:03:53 Chris Zervas

No, not from high school. The lottery was just raised, and my number was 45. I was activated in '70. There were three semesters during which I went to SUNY, State University of New York. When I was released from the Army, I briefly had a job as a photojournalist for a local newspaper. Your mother may remember it. It was called The Home Reporter -- Sunset News - which had a circulation of about 390,00. It was back in the early '70s. My beat was public safety, so I was assigned to cover NYPD, FDNY, and EMS. EMS, back then in New York City, was a third service EMS, and I got to know everybody. I quickly realized that their pay and their benefits were quite different from what I was earning. For reasons of economy, I applied to each. The police and the fire academy had long waiting lists and a very long process. I was offered a position in the New York City EMS system, without any medical experience. They were desperate. We even had tow truck drivers becoming ambulance drivers. There was a position for an MVO, a/k/a, an ambulance driver, or an ambulance attendant. I chose Ambulance Driver, because, as I recall, it paid \$0.40 more an hour. Back then, you were either a driver of the vehicle or an attendant, although you each had patient care responsibilities. The job descriptions were different. Your division of labor was very defined.

00:06:19 Amy Mauro

And what year was that?

00:06:20 Chris Zervas

'72. After about four years, I had a choice. I was involved in labor management issues, and I became a union delegate. I was encouraged to become a labor lawyer. I could have chosen to go to New York City's first paramedic class taught at a hospital in the Bronx or continue to pursue my bachelor's degree and then go on to law school. I chose the latter, transferred my associates degree to American University, and went full time to the School of Government and Public Administration. I came down to D.C. with my girlfriend who soon became my wife of, now, 47 years. I needed to take two jobs. I taught high school students and senior citizens how to drive as a driving instructor. At the same time, I worked for Tourmobile, so I learned the city and the history of the city, since I was a tour guide. I also drove a 90-passenger tram for them. I don't know if you remember the blue and white trams that circulated around the Mall. I needed to have a commercial driver's license to do that. My neighbor... I was living on

29th Street right off Military Road... was a nurse at Children's Hospital, and she knew my background. She said, "You know, D.C. is hiring and is desperate to hire EMTs", so I applied.

Backing up a little to '72, when I was in New York City, and a brand-new employee, my union delegate asked how I liked the job. I said, "It's okay." He asked whether I wanted to be a MET. I said that I loved baseball, but I wouldn't make the cut. He corrected me and said that he meant a medical emergency technician. MET was what EMTs were called back then. I asked what that was, and he answered that either I would become one or lose my job, since I was in my probationary year. I and about a dozen of my coworkers went to the first EMT class that was held in lower Manhattan at Beekman-Downtown Hospital and sponsored by New York State. We trained and became New-York-State-certified EMTs. We learned how to do such, to us, miraculous things as take blood pressure and pulse, vitalize patients, really basic stuff. It was a certification process. So, I became an EMT. That is, it was eventually called EMT, and I was what they called a 'pre-number', because later they issued certifications with numbers. I was part of the first couple of classes, which didn't have numbers assigned to their certification.

Going forward, I had to choose between becoming a paramedic in New York City or pursuing what I thought I would do, namely, finish college and then law school. Once I finished my undergraduate degree, I had to get a job. I applied to D. C. and was hired in July of '78. There was a class of about 15 of us. We were about the fourth or fifth EMT class.

The first D.C. EMT class occurred in October of '74. I provided that history to you, which I worked on with Jim Embry.

00:10:11 Amy Mauro

Yeah. Oh, that one. Yes.

00:10:14 Chris Zervas

That was the first class, and I showed you the photograph of that one. We were hired and, granted reciprocity three days later. Because D.C. was so desperate to staff its ambulances, anybody who had State certification from anywhere in the United States was deployed right away. There were about five of us. I had mine from New York and others had certification from New Orleans and Maryland. On the fourth day, we found ourselves assigned to the unit where I was stationed.



First DC EMT Class

00:10:59 Amy Mauro

No training.

00:11:00 Chris Zervas

No training. Well, we did get a little orientation on how the streets ran. The training was mostly OJT, on the job training. I was assigned to Engine 21, Ambulance 2. Donny Mathew was the captain at the time. We ran as a third-person for one week or two, similar to what occurred in New York City. In New York, we ran seizures all the time, which were grand mal or epileptic; they weren't alcoholic seizures. In D.C., the seizures were DTs, delirium tremens.

00:11:44 Amy Mauro

Can I pause for a second? So this is the very beginning of EMS in the country, right? I'm familiar with the Pittsburgh story, which I think starts in the late 60s. And so I'm curious, you mentioned both New York and DC. They're

desperate for EMTs. But for a while, there were none. So what's your recollection of how that suddenly changed? What was the impetus, do you think, for these two cities to start building up their EMS system? And nationwide?

00:12:21 **Chris Zervas**

It was what we call the White Paper. Are you familiar with the White Paper?

00:12:25 **Amy Mauro**

Yeah, but please tell us.

00:12:27 **Chris Zervas**

The White Paper was written under the Lyndon B. Johnson (LBJ) administration. In it, they recognized that motor vehicle accidents and other injuries were the dominant need for care. I believe the statistic was that more than 25% of patients transported by ambulances back then, worsened. The conclusion of the paper was that victims became disabled as a result of first responders' not knowing how to treat them well. The report identified a lack of regulation or standards for ambulance operations or provider training.

The report made several recommendations for the prevention and management of accidental injuries, including the standardization of emergency training for "rescue squad personnel, policemen, firemen and ambulance attendants." This standardization led to the first nationally recognized curriculum for EMS—emergency medical technician, published in 1969. Many consider this document to be the birth of modern EMS.

It was the impetus. Then, in '71, the national registry of EMTs was started, I think, in Ohio. That had a rocky road. Progress advanced very, very incrementally. Pittsburgh, Los Angeles County, and others on the West Coast were some of what I call the vanguards of modern EMS. Pittsburgh had Dr. Nancy Caroline, who authored probably the first, definitive, paramedic curriculum textbook. The EMS system, because its inception was driven by auto accidents, ended up being officed in the Department of Transportation.



00:14:16 **Amy Mauro**

Where it still sits.

00:14:16 **Chris Zervas**

Today. Yes, it still sits in that Department today.

00:14:18 **Amy Mauro**

And it's.

00:14:19 **Chris Zervas**

As ironic as that is, it does.

00:14:20 **Amy Mauro**

It's an interesting perspective coming from DC, of course, where, yes, auto accidents are a part of EMS, but it's mostly not. So I think that's an interesting thing to point out. So back to your story.

00:14:35Chris Zervas

Another an impetus in DC was Judge Sirica's heart attack in 1976. I recall that I have it all written down in the history. This is from memory. It was the treatment he received that highlighted the desperate need for advanced life support.

00:15:00Amy Mauro

I don't know that story. Judge Sirica?

00:15:03Chris Zervas

It's part of that history that Jim and I did. I concentrated on the ambulance section. He thought of me as the ambulance historian. He was very much THE fire historian. And, a hell of a nice guy. John Sirica was a Federal Judge who suffered a severe heart attack while at a speaking engagement on February 5, 1976. Within the same year as his heart attack -- it was probably just a few months later -- the department rushed to establish the first paramedic class which was held at Georgetown University Hospital. There were about three or four firefighters, and the others were newly hired EMTs. I think there were about 19 in the class. That became the first paramedic class. They were taught the Paramedic 15-module curriculum. It was a national standard of 15 modules that were required to become a certified paramedic. Then we had a rapid successions of EMT classes every four months or so. However, the attrition rate was incredible. We lost one of every four people we hired. They just resigned.



00:16:35Chris Zervas

I was hired in July. In October of the same year, a newly promoted battalion fire chief, Ramon Granados, took command of EMS. Back then, it was EAS (Emergency Ambulance Service). Over the years, there were several iterations of the title for EMS -- EAD, EAB, EMS Bureau. The top job was a battalion chief. Chief Granados recognized the need for advanced training and more structured training. He arranged to have every EAS member become a nationally registered EMT.



Again, the first class was very rushed. It was a Ceremony

BFC Granados Swearing in

poorly organized, and it was very frustrating for us trainees and Chief Granados. Frankly, he was livid about it. He was so frustrated that he insisted on talking with the executive director of the of the National Registry, Rocco Mirando. He asked me and two other trainees, who were certified in other jurisdictions, to speak on and highlight the shortcomings, explaining why the class was poorly conducted. Chief Granados was impressed by how well we were able to articulate the ... I used the word shortcomings euphemistically. During that conversation, all three of us said that were planning to resign. I told him that, once I graduated from American University in May, I would resign. He said that he was also graduating from Maryland University in June. Back then, very, very few people in the Department had a college degree. You could possibly count them on two hands.

00:19:00Chris Zervas

He asked why I was leaving. I told him that the pay was poor. He agreed and said that he knew that meter maids were paid more than EMTs. He had looked into it. I also said that the schedule was horrendous and destructive, and it was. We worked eight-hour shifts - two days, 8 am to 4 pm; then two nights, midnight to 8 a.m; and then two evenings, 4 p.m. to midnight. We then had two days off. It was just wreaking havoc; we couldn't have a life. I told him that. Plus, I said that there was no career advancement potential, no career ladder. He asked what I thought could be done about it. I said that I was a trained position classification specialist when I was an intern with the Department of Agriculture. I indicated that OPM, which used to be called the Civil Service Commission, CSC --It became the Federal Office of Personnel Management -- had developed a new, different method of classifying all Federal GS employees known as the FES - Factor Evaluation System. I was trained on that. I guess I impressed my supervisors back then, and then I became a trainer to train trainers on how to utilize the Factor Evaluation System. It replaced the strictly narrative format with a quantitative format in which you quantified the skills involved in a particular position. KSAs, that is, knowledge, skills, and abilities. It was very well received. After I told Chief Granados about that, he explained that D.C.'s Personnel Department was decentralized. Every city department had their own personnel officer and staff. It wasn't centralized until, I think, in 1980 or, maybe, in '81. He asked what I could do, and I answered that the Department needed to reclassify the EMS positions. The EAS positions were in a single-step integral job. The entry level was a four. Based on time in grade, one advanced to a five, then to a six, seven, eight and so on. And I said, you know what you're describing is a *driver*, transportation. And that function is a small fraction of the job. I reclassified every position ... except the Director, the battalion fire chief. No firefighter, or fire officer, or fire chief officer had a written position description.. You were appointed a battalion fire chief. The department had a competitive process to be an officer to the captain rank. But once you became a captain, you were available for any rank thereafter.

00:22:38Amy Mauro

And for the EMS system that you helped develop. Was it just EMTs and paramedics, or did you create supervisor positions as well?

00:22:48Chris Zervas

I changed the classification. EMS positions had been placed in the 699 series. The 600 series was for the medical field positions. Anything prefixed with six was medically oriented. We were 699, which was known as the catchall, such as if a position couldn't fit into any other classification, such as a nurse which was a 610, or a physician which was a 601. I described using the 603 class, which was designed to describe a physician's assistant's work. In addition to that, what needed to be done was to have created what's called a single-agency standard, because the EMS occupation was so unique that it required a specific standard to be developed. That process was fairly commonplace in the federal system. I authored all the positions and moved them into the entry level which was, back then, called GS, later it became DS. Grade 6 was the entry level, and then journeyman level was a DS 8, and a master's level which became the paramedic level 9; the supervisory grade was 10. The career ladder and the organization I helped to develop had a Chief Supervisor who reported to the Deputy Director, one Training Coordinator, and a Program Officer at the DS 11 level, and the Deputy Director was at DS 12. Those positions reported to the EAS Director/BFC. That was the career ladder, short as it was.

00:24:34Chris Zervas

I indicated that the Service needed at least three, preferably four supervisors, per shift. At that time, there was one supervisor who was responsible for all 69 square miles of the city and who was also responsible for staffing all the units. It was a nearly impossible job. It was rare that anyone in the field actually saw a supervisor on the street in a meaningful way, because by the time the units were staffed, there was very little time to actually supervise the personnel on the field units. The 69 square miles was what we called our "first due area."

I also recognized that someone needed to develop a performance evaluation process on which to base one's job performance. Back then, the city used a form which applied throughout the government. The same form was used whether you were a clerk, or a nurse, or a scientist, or an administrator. I indicated that EMS needed to have a job-specific form, so I was tasked to develop one. It became a nine-page, scalable performance evaluation form. Also, we developed a skills center. At the brand-newly-built engine house at 6th street and F, NW – E-2. We had every employee interviewed by critical care nurses and some doctors. Everyone had to submit a curriculum vitae or a resume. Some were several pages long; others were half a page. We used E-2's second floor to conduct the evaluation process. People were tested by the nurses and doctors. We relied on the company officers to evaluate their performance using the new form. As a result, there was some formality and some structure to the assignment of grades. Eighty-five of the 109 EAS employees received a grade increase. For example, there were some paramedics who were working at the GS 5 or 6 grade level and became GS 9s. The attrition rate dropped to zero.

I then worked on revising the work schedule. On the corner of 17th and Mass Avenue NW, was the national headquarters for airline pilots. There, they were very heavily involved in scheduling research. From them, I learned about circadian rhythms as standards to use. I also spoke with flight attendants to help devise a reasonable schedule. It was a 12-hour schedule - 12 hours per day, four days on and four days off. I needed to come up with calculations to justify the expense for hours over 40 per week. That was quite a time-consuming undertaking. The union got involved, and they maintained that that schedule was not fair, because if someone worked after 6 p.m., they were entitled to a 10% pay differential. Working a Sunday added a 25% pay premium.

00:28:07 Amy Mauro

Which union was this?

00:28:10 Chris Zervas

3721. That's who we negotiated with.

00:28:13 Amy Mauro

The American Federation of Government Employees.

00:28:16 Chris Zervas

Yes, Local 3721. The president back then was a mechanic. Jim Chaney, I believe, was his name. Nice guy. The vice president was an EMT, Bill something. They wanted a balance, and I fought to keep it a healthy schedule, that is, to keep the hours consistent.

00:28:36 Amy Mauro

They wanted to keep that differential.

00:28:39 Chris Zervas

After we negotiated, we ended up with two days on, two nights on, and four days off - the 2, 2 and 4 schedule. That schedule lasted well into the 2000s. I recall it took effect, I think, in January of '82. The effects of the reclassification, the new schedule, and the improved career potential resulted in the attrition rate of virtually zero for quite some time.

00:29:03Amy Mauro

And so you personally, this didn't all happen in a couple of months before you graduated. So what changed in your plans during that time because it sounds like you stayed on, obviously, past June.

00:29:15Chris Zervas

That's right. My "detail" started on April 9th of '79. It was scheduled to be a 90-day detail. If a detail extended longer than 90 days, you had to be promoted. Detailing was commonplace. My detail lasted 18 months. During those 18 months, I did those three main things. During those 18 months, I also started working on what ended up being the first ambulance billing program in the D.C. Metro area, mostly because the federal grants were running out, and the once available money for EMS was dwindling.

00:29:56Amy Mauro

To pay for EMS. So the grants were federal grants for EMS in DC, maybe nationwide.

00:30:04Chris Zervas

All Systems had to compete for the grants. We were able to do so, and we had to do it, because, otherwise, we would not have been able to put a much needed new unit in service. We had to justify each unit number increase to the City Council and to the mayor. Marion Barry was the mayor at that time. I believe it was in January of '79 that he became Mayor. To get funding, we had to justify the expense. In later years, that stopped. What we had in 1979, we now know as peak-load scheduling. However, it wasn't truly peak load scheduling. It was economy driven. It was said that EAS didn't need a unit at particular time, because why pay somebody to sleep? When the demand wasn't there, we didn't staff. So that wasn't, for EMS, a supply/demand issue. It was an economic issue. The EAS had 24-hour units; we had 16-hour units, and we had eight-hour units. It was very logical and justifiable for other reasons. But, I'm losing my train of thought. Back on the subject of billing, I worked with the city administrator's office. We negotiated our first contract to conduct ambulance billing. At the time, the company we chose said that the form we were using to record patient care was abysmal. It was. It was silly. It contained not much more than the patient's name, address, social security number, phone number, what the ambulance odometer reading was when the call was received, and what the odometer reading was when you left the hospital. To record patient care, there were at times narratives said "sick old lady." One way we addressed the inadequate record of the call was with what we affectionately call the bubble sheet. There have been three iterations of this sheet. The one I am showing you was not the first one. This is the third one. You can see the list of hospitals down here. We had 15 hospitals back then. The city has about seven now, I believe.

00:32:33Amy Mauro

Fewer? Yes.

00:32:35Chris Zervas

Even fewer.

00:32:36Amy Mauro

No, I mean fewer than 15. I don't have an exact number now.

00:32:42Chris Zervas

When I came on the job, we had a hospital called Doctors Hospital on 19th Street NW. The crew used an elevator to take their patient to the ER on the second floor! That was the first hospital to close. A year later, MedStar Trauma Center opened.

We clearly had to come up with a more sophisticated form. I was big into data collection. We didn't do much with data back then, and we really didn't for the first two decades. For instance, we did not record the ages of patients we treated and transported. For example, we did not know how many pediatric patients we had, or how many geriatric patients, or how many heart attack or trauma patients. We did not collect even rudimentary statistics that would allow data-driven analysis.

Another contribution I helped to make was this. We spent a lot of time handling complaints and special reports. Company officers required that you type a special report if you were late for duty, or if you were deemed surly, or if you wore white socks. The on-duty officer charged the employee. Then the captain had to endorse it. Then the battalion chief had to endorse it, and sometimes the deputy fire chief needed to endorse it. I recall when we had three DFCs, one for each platoon, the endorsement stated, "The DFCs, in concert, ...". This was back in the onionskin, carbon copy days, and the Special Report took days to 'make the rounds'. Finally, the report came over to the EAS supervisors, and we had to investigate the circumstances. As a result, I came up with a counseling form, because many of the endorsements said "recommend counseling." The form was called the 169. To this day I believe it's still in use.

00:34:16 Amy Mauro

Still used - the 169.

00:34:18 Chris Zervas

I developed the 169 for EMS, but it became department wide.

During that same time, the DCFD Communications Division was at McMillan Drive, and I worked on their schedule. The Dispatchers ended up with the same work schedule as the EAS had and the same pay scale.

00:34:40 Amy Mauro

Who staffed the communications division? Was it civilians or firefighters or what?

00:34:45 Chris Zervas

It was both. It was just like EMS back then. Prior to '74, it was exclusively firefighters, usually right after probation, a firefighter was assigned, detailed, to the CD or worked there on POD.

For EMS after one's probationary year, firefighters were usually assigned and had a year of riding the "roach coach" or the "puss bus." They typically did not enjoy their EMS time, but it was recognized as a great way to learn your district and/or work overtime.

00:35:10 Amy Mauro

Those were nicknames for ambulances?

00:35:15 Chris Zervas

Yes, but not broadly. As I said, it was a great way to learn the District and local alarm area... but it was not about caring for people. They didn't care to touch patients' bodily fluids and deal with sick or drunk patients. It was not

what they signed up to do. I'm speaking now about most firefighters. However, there were some firefighters who just gravitated to the job, and they stayed on for years, some for their entire career.

Starting in '74, we transitioned slowly away from needing to use firefighters to staff ambulances. At the time, we were referred to, usually disparagingly, as *civilians*. We were referred to as civilians, or the same way as was a member of the public who knocked on the door of the station house to ask for directions or who needed the restroom, they, too, were called civilians. EMSers were viewed no differently. We were non uniform

;

00:36:05 Amy Mauro

So you said you weren't wearing uniforms, but you did wear a uniform.

00:36:08 Chris Zervas

Oh, yes. We were issued and wore the same uniform. Non uniform meant non-sworn officer.

00:36:12 Amy Mauro

And so there was this verbal differentiation between the two groups of employees. And the EMS folks were called civilians.

0:36:23 Chris Zervas

To call it disenfranchised and disrespected is mild. It was a schism between the services.

00:36:34 Amy Mauro

It was a decision to hire civilians. Was it because of the ever increasing EMS call volume? Was it because firefighters didn't want to do the work?

00:36:41 Chris Zervas

No, that decision was driven by economic considerations. The Chief Administrative Officer whose name was Edgar Eberhardt – a nice guy -- was the highest non-uniformed person in the Department. He had an assistant, Frank Maphis. Edgar Eberhardt authored the position descriptions back in '74, and he recognized that the Department could hire GS fours and fives at probably 60% of what a firefighter was making. Also, there was an influx of Vietnam veterans. It was an economy-driven decision to go civilian.

00:38:05 Chris Zervas

Back to the subject of communications, they had the same work schedule, the same pay, and the same lack of career structure as EMS had had. The director at that time had probably been the director for decades. I only remember him as he was called, Old Man Flynn. He retired.

00:38:40 Amy Mauro

On the radio?

00:38:41 Chris Zervas

Here are some examples of what dispatchers said on the radio: “You’re transporting to what hospital? Oh, okay. Listen, on the way there, pick up this patient, K. We just got another call around the corner.” There were times, and fairly frequently, when we were asked to transport two or three patients going to the same hospital. It was just atrocious. There were invasions of patients’ privacy, to say the least. Those were some of the reasons why Old Man Flynn called it quits. The first fire officer, Gary Palmer, became a battalion fire chief and took over Communications. He heard about what was going on with EAS and asked whether I could do the same thing for dispatchers. He assessed that Communications’ operations needed improvement. Battalion Fire Chief Bob Bingham who was DCFD’s Director of Program Planning and Management, PPM. By this time, BFC Bingham and I were working at 614 H Street which was fire headquarters. Bob Bingham worked a bit down the hall from me. He went to Chief Granados and said that he would handle the changes to Communications, but that he did not know what to do with the salary. He asked whether I could help. Chief Granados agreed. I indicated that the two services, EMS and Dispatch, were integral. That is, they were first responders as much as we were, without being in the streets. Therefore, I did the same thing for Communications as I had for EMS, but instead of using the 603 series, which was for a physician assistant, I used several other standards, and I relied heavily on federal series standards for air traffic controllers. The air traffic controllers had very similar responsibilities, like the controlling dynamics, air traffic controllers for flights, dispatchers for emergency ground responses. I used that to justify classifying them in the six, eight, nine, ten grades. The work schedules also corresponded.

At this point, Personnel, DCOP, which had been tasked with developing the single-agency standard for EMS and CD, but had not done so, wanted me to take over that responsibility. Chief Granados said absolutely no - that it was Personnel’s job. In the end, it was never done. The single-agency standard was essential, and it was critical. It was the linchpin to having proper classification. It never happened.

00:41:57 **Chris Zervas**

Okay. Moving on. Chief Granados retired and soon became the Fire Chief of Montgomery County, Maryland. They weren’t called fire chiefs back then. They were called fire directors. The person who replaced him in D.C. EAS didn’t understand why we had 16-hour units and eight-hour units, and he didn’t understand why we weren’t ambulance drivers, so he set about undoing a lot of the work thus far accomplished. I became a supervisor in October of ‘80. He sought downgrades or demotions, but he only succeeded in downgrading three supervisors’ positions, that was three people’s positions. I was one of the three.

00:43:09 **Amy Mauro**

What two supervisors for EMS citywide?

00:43:13 **Chris Zervas**

Two per shift - that’s it. I had recommended that we must have three supervisors per shift and justified having three, but the economics would not work, so we went from one to two. We split the city using, more or less, New York Avenue as a dividing line. A supervisor was either in charge of sector one or sector two. However, in practice, much of the time it really didn’t work that way. It was more a matter of what was documented. Staffing was so critical and so time-consuming that one supervisor usually stayed in the office and concentrated on that, while the other one covered the whole city.

After a time, we did an analysis of what the administrative aspects of the city were, and we were able to convince the administration to have supervisors’ aides, so that they could concentrate on staffing, call taking, and call making to free up supervisors to be more in the field. That was also established early in the ‘80s.

00:44:19 **Amy Mauro**

Can we take a pause on some of the administrative issues and can you tell me more about the job? So you ended up staying with the department. What was it like being an EMT in DC in the late 70s, early 80s? And when did you decide to become a paramedic?

00:44:45Chris Zervas

I became a supervisor in October of '80. In the spring and summer of '81, we started training intermediate paramedics. Instead of 15 modules which the NREMT required for paramedics, we taught them 11 or 12 of the 15 most critical modules. It was a more accelerated curriculum. I was part of that class. In the 70's and 80's, DC was and we remained the busiest urban EMS system per capita in the nation. Certainly, Chicago, L.A., and New York had more runs, but DC was known as the busiest *per capita*. That was probably true for many years. You're familiar with unit-hour utilization. That concept was part of my master's thesis. System Status Management became popular in locations like Tulsa and in the Midwest cities. Again, that model was driven by the economic situation. Nevertheless, data supported the concept of deploying by time of day, day of week, peak loads, supply, and demand, thus, DUR - dynamic unit redeployment. That was another project that I handled.

00:46:30Chris Zervas

Concerning the patient care aspects of the work, that was influenced by the number of runs. We were in and out of service. We called them the "in-and-out days." Of course, we transported to a hospital where, often, nurses had trouble finding a bed, the drop-time was long. I did an analysis of our time-on-task from the moment when the 911 call was received to the time when the call taker sent it to a dispatcher, then to the time when the dispatch was made, to the time when the unit arrived on the scene. Time on the scene. Time to the hospital. Time at the hospital. We started routinely doing all that data analysis, starting in the early '80s with low-tech systems by today's standards. As a result, we began to understand how to handle the mechanics of runs, but we were not taught how to handle such things as how to handle the impacts on individuals, to recognize what was in many cases the worst day in someone's life, whether it was illness, or coming in at 2:00 in the morning and seeing a 70-some-odd-year old person lying next to their dead spouse. We were never taught how to handle that on an emotional or psychological level. We just pronounced them dead. You know, it was easy if the situation was an 'incompatible with life'. Medical protocols came more into existence with ALS and paramedics. It was a slow evolution. ER doctors started to get more and more concerned and involved. The medical directors of each of the emergency rooms formed what was called the Paramedic Review Committee, and they started to drive things.

00:48:46Amy Mauro

So it was this effort to transition from just transportation to actual medical care.

00:48:52Chris Zervas

Yes. If you read my position description, you would see that there was only one mention. It said "unit travels to scene." I recall that was the only mention.

00:49:02Amy Mauro

That was the first one you had. That's all it said.

00:49:04Chris Zervas

"Travels to scene." The new position descriptions only mentioned transportation once. At first, it was only a matter of knowing how to navigate. The new 603 position description concentrated on the medical aspects. That's why we

were able to put our positions under the physician assistant standard.

00:49:23 Amy Mauro

Do you know when our first medical director worked for the department.

00:49:27 Chris Zervas

It was in the mid-80's. The first medical director was Victoria Contee. She was called the "medical officer" back then. She was graded a DS 13, which was the highest grade in the EAB. She was a resident of Howard University Hospital. She stayed on for maybe two years or two and a half years. She found the job very frustrating, because of the attitude that she encountered was "it's all that doctor stuff."

00:50:00 Amy Mauro

What was she frustrated about?

00:50:02 Chris Zervas

She was dealing with the fact that this is a medical occupation, but the administration talked about things like tires or repairs and the cost of vehicles, and she wanted concentration on medical concerns and needs.

For administrators, it was more a question of career advancement. The EMS Director positions were steppingstones. They did their time. Soon after Chief Granados left the position as a Battalion Chief, it became a Deputy position. EAS became the EAD - Division. At that time, there were no stated qualifications required to become an EMS Deputy Chief. The Fire Chief merely assigned positions. So, EMS had deputy fire chiefs. Do not misunderstand what I'm saying. They were great firemen. There was nothing wrong with them, but they were just fish out of water. Some lasted three months. In fact, in one year, we had four EAD directors. Three of them lasted 90 days each. There was no consistency or stability in the Directors' office.

After Victoria Contee left, we had to get one of the other medical directors from an emergency room to assume the role part time. We didn't really get a serious Medical Director until Doctor Bass. Robert Bass came from North Carolina, and he became the Executive Director/Medical Director. That was in 1991. He stayed two and a half years. He was under the Alfred administration. Shawn Pratt Kelly was Mayor. When money was spent in to buy new fire apparatus, the money had been allocated to EMS, but it suddenly disappeared. There was no or too little accounting. No one that I was aware of kept track of the disposition of allocated funds.

When Dr. Bass went on to become the director of MIEMS in Maryland, we had another succession of medical directors. I believe, during my time there, EMS had 15 medical directors. Since 1974, there were 19 EMS directors. The position kept getting higher in rank. When Tom Tippet came on, he made Bill Mould the Assistant Chief of EMS. Tom Tippet and I knew each other because he was an officer at a busy house, and he got to know me. He asked Bill Mould what he thought about Zervas being his deputy. I remember it very vividly. On my son's eleventh birthday, I got a call, and Bill said something along the lines of: "I don't know if you want this, but it's yours if you want it." I became Deputy Chief of EMS.

00:53:41 Amy Mauro

You were the first paramedic to hold that role. And this was in - Tippet became fire chief in 1999, 2000.

00:53:50Chris Zervas

Right. It was in December of '99. My effective date was December 19th.

00:54:00Amy Mauro

So 20, 25 years into the birth of EMS in the District, we have a paramedic as the Deputy Chief for the first time.

00:54:08Chris Zervas

Right. Tippett recognized that I was attending the Center for Excellence in Municipal Management, CEMM. Do you know the program?

00:54:20Amy Mauro

Yes.

00:54:20Chris Zervas

I was part of the fifth cohort, and my capstone was on data management in EMS. Tippett heard about it and was impressed. That was probably one of the reasons why he selected me. He thought EMS needed someone like that. ... Do you know Doctor Wright? Joe Wright?

00:54:41Amy Mauro

Yes.

00:54:42Chris Zervas

He and I collaborated. I really would encourage you to read this document. This was the beginning of the Office of Program Evaluation. He soon became D.C.'s Pediatric Medical Director. We could talk for hours on that subject alone. That was the origin of OPE, the Office of Program Evaluation.

00:55:19Amy Mauro

Within the fire department.

00:55:20Chris Zervas

It was the EMS's program evaluation. In fact, I think the form says this. This is part of the 151 form. The program seeking continuous quality improvement was established. CQI handled the clinical aspects of program evaluation. OPE handled the operational and administrative aspects, including billing.

Thank you very much for finding this Special Order. I drafted this. Every word was approved.

00:56:18Amy Mauro

Can you explain to our listeners what you're talking about?

00:56:22Chris Zervas

This is what is known as a Special Order, effective March 26th, 2000, entitled EMS redeployment. This is what I view as the written transformative document creating the merger of EMS into Fire. The name of the Department changed from DCFD to DC Fire and EMS in '92. [Editor's note: the name was actually changed in 1990]. However, EMS functioned that way primarily in name only. Chief Tippett put out this Special Order, and it was a very transformative point in time. For example, the original numbering of the EMS units was haphazard. There was no rhyme or reason to it. After the Order, ambulance two, for instance, became Ambulance 21, because it ran out of 21 Engine. An ambulance unit's number coincided with the station from which it operated whether it was a medic unit or a basic unit. If the vehicle had a bar underneath the number, that meant it was a medic unit. It was printed on the unit itself to differentiate between the types of unit. We increased the number of supervisors, such that we had sector supervisors, one supervisor supervising two battalions. When I came on, we had eight battalions. We started at eight. We went to six in the '90s. So, instead of saying EMS 1, 2 or 3, you were EMS 45, responsible for Battalion 4 and 5's EMS units, EMS 16 had Battalions 1 and 6 units, and EMS 23 covered Battalion 2 & 3 units. This brought about a division of labor, a more structured approach. Peak load scheduling was emphasized. Patient care was paramount. More attention was given to proper documentation.

Also, we had a pilot project which began in August of '96 called the Rapid Response Program. It was the first non-transport program wherein we had two paramedics staffing a Suburban, as a non-transport vehicle, with all the supplies needed to handle ALS calls. If an incident didn't require treatment and transportation, the Rapid Response Unit freed up transporting units to handle other calls. If the patient did not need ALS care, they delegated it appropriately to a Basic Unit. The concept of PECs - paramedic engine companies -- started and ended the pilot Rapid Response Program. It lasted for approximately four years. I believe it was established to be a 90-day pilot program. When we started paramedic engine companies, we put EMS paramedics aboard engine companies. That was the origin of the paramedic engine company.

00:59:52Amy Mauro

Let's talk about why that decision was made. I mean what was the driver ... I have my theories, but you were there, so you were a part of those conversations. Why did the department feel like it would be beneficial to put paramedics on engine companies?

01:00:11Chris Zervas

Early on in the '70s and '80s, structural fires were diminishing in number nationwide. EMS was growing. There was demand for EMS. There were different models of EMS. There were third services, public utility models, hospital-based models, private-ambulance models, and hybrids. D.C.'s infrastructure was with the Fire Department. If a service was already a third service and had developed as a third service, like Boston, Pittsburgh, and New Orleans, they had developed infrastructures. The infrastructure in some jurisdictions was with the police department. I recall that Durham, NC had what they called public safety officers who were firefighters and police officers. Also, the concept of dual-role members was developing at that time, but the infrastructure of that existed - the communications, the stations, the repair shops - was what drove the decision. If it was under the fire department, the concept of merging developed. In New York City, for example, EMS was a third service up until '96. Then the N.Y. City Fire Department, under Mayor Giuliani, merged with EMS. It was called an assimilation. EMS was assimilated in '96 and New York EMS became fire-based. That really shook the nation and caused some jurisdictions to decide that it was okay to be fire-based.

01:02:15Chris Zervas

Tippett's Special Order spelled out the mission to accomplish, and it was going to take years. I said it was going to take the better part of a generation to accomplish. It was a slowly evolving model culturally, merging the missions. Firefighters came on to fight fires. Paramedics came on to treat patients. We were trying to combine them. It wasn't easy. It was very tumultuous at times. It was hard fought and very, very contentious. Back then, we had three unions. We had the CWA - Communication Workers Union -- with the dispatchers. We had the AFGE, Local 3127 with EMS, which also has secretaries and mechanics under their jurisdiction [Editor's note: this was the American Federation of Government Employees]. We also had Local 36 with firefighters, which was a superb union. They were politically savvy. They were really well structured, and they were dominant; whereas the other two unions, especially the EMS union, were struggling to advance their cause, their mission. It was a losing battle to try and go third service.

The Rosenbaum task force solidified that. This Special Order back in 2000 was the first step toward the idea of merging, of grandfathering EMSers. It was intended to convey that there was a differentiation between the missions, but also an amalgamation which needed to occur. The message was supposed to be that it wasn't a hostile takeover. The attempt was to encourage working together. The fire service has a centuries-long history in the United States and around the world. EMS was mostly third service in other countries like England, Canada, Australia, and other European countries. I believe even Israel has a third service, because they built it from scratch. They designed their organization specific to patient care. In the United States, it wasn't that way. It was haphazard. The expression went: "When you've see one EMS system, you've see one EMS system."

01:05:18 Amy Mauro

Well, thank you for explaining that. The significance of this decision by Chief Tippett in 2000. I think, though, there were signs of ... moving towards embracing EMS before then. When was the year that the department decided you had to be a firefighter and an EMT ?

01:05:43 Chris Zervas

I think it was in '92.

01:05:44 Amy Mauro

Right. So when you say, okay, so that's when we added EMS to the name of the department and said, if you're going to work for our department, you have to be an EMT.


01:05:52 Chris Zervas

At least when new recruits were hired, they went through fire training, which was, possibly, for six months. Then, they had to under go EMT training for three or four weeks. To become an EMT was more difficult for many than becoming a trained firefighter. People spent all that time and were not able to become a firefighter-EMT, because they couldn't pass the EMT class. Therefore, they decided to front load it and put the EMT class first.

01:06:21 Amy Mauro

And then do fire training.

01:06:22 Chris Zervas

And then do the fire training. There was also the accelerator, the ARC program, the accelerated recruitment class. 

01:06:30 Amy Mauro

So that happens in 92.

01:06:34 Chris Zervas

Very gradually, by the way. One wasn't required to become an EMT. We were required to be hired as a firefighter-EMT.

01:06:44 Amy Mauro

And so, of course, as you say, it doesn't happen overnight. And so the significance in 2000 is you have actually a fire chief who's embracing this idea.

01:06:56 Chris Zervas

Chief Don Edwards is a good example of one who embraced the idea. Otis Latin was an example of that, too. He came from Seattle.

01:07:08 Amy Mauro

Houston. I think Chief Edwards told me.

01:07:10 Chris Zervas

Yes. Right. Dean came from Seattle. Latin came from Houston. Rubin came from Atlanta, and Few came from Georgia. I don't remember the city he came from.

01:07:30 Amy Mauro

Augusta - how could you forget?

01:07:32 Chris Zervas

Few brought three of his people with him. He made one of them an Assistant Chief of EMS. His resume mentioned that he reorganized the department's EMS supply room. That was his accomplishment in EMS. He was another fish out of water.

01:07:56 Amy Mauro

It's a kind phrase.

01:07:57 Chris Zervas

There were always many instances of one-step forward and two back, or two forward and one back. It was extremely frustrating. I lived it. I saw it from the inside. I was attending the fire chief's staff meetings, wearing a short sleeved blue shirt and a tie. After the Assistant Fire Chief of Ops read my work on the position descriptions, he came into my office, and he dropped the papers down. He asked whether it was mine. I said it was. He said "excellent" and walked away. He was a man of few words. His name was Jack Devine. Next week, I was in a white

shirt, which was, as you know, a big move. When I was attending Fire Chief staff meetings, I got to know most of the chief officers rather well. That gave me a tighter perspective of things.

At some point at around this time, I thought that I could improve peoples' lives one patient at a time, or I could improve the system so that a mass of people could be helped by improvement of the operation. I chose the latter. Therefore, my clinical days more or less ended in the mid '90s, and, from then on, I concentrated on the administrative end of things. Then, for a short time, I became Deputy. It encouraged me to go forward. I think there's a sentence here [in the Tippet Special Order] that really sums it up. It says we are the fire and EMS Department. What we do over the next few months and years will make us function that way, not merely bear the name. None of us can let our attitudes - cherished, or old and comfortable or even justified - stand in the way of the mission. That idea really shook things up. It was a quantum leap into the concept, but the change was gradual. It was back and forth. But, this paper articulated the goal very clearly.

01:10:42 Amy Mauro

I have so many questions. Did you have mentors in the department?

01:10:52 Chris Zervas

As I said, I was headquartered at 614 H, which was on the fourth floor and part of the third floor, but mostly the whole fourth floor. I got to know Fire Marshals. I got to know the Deputy Fire Chief of Apparatus, the program planning, and management. Public Affairs was right next door to the EAS office. I remember one guy who didn't want to be detailed there; he used to answer the phone: "Public affairs - Can I interest you in one?" The diversity of people on the job was incredible. I mean, there were pranksters; there were intellectuals; there were tradespeople; it was so diverse. I was very impressed. It was like a microcosm of the world.

I can't let this go. On the EMS side, we were extremely diverse. We were 50/50, roughly, black and white. We were roughly 50 percent female and 50 percent male. We had some Hispanic and Asian members; whereas, the Fire Department was primarily white male. Bea Rudder, who came on the job just before I did, was the first female firefighter. When Chief Tippet became Fire Chief, he made her Deputy Fire Chief of Training. She was an excellent choice. The subsequent Fire Chief wanted to undo all the promotions. The only one he was able to undo was mine because of the different personnel systems.

01:13:04 Amy Mauro

Are there any individual mentors that you wanted to speak about?

01:13:07 Chris Zervas

Chief Granados. Chief Bingham. Donny Mayhew is a Fleming. Eberhard. I mentioned earlier. Really, there were so many over a span of 36 years. I know I'm leaving people out who should be mentioned. They were mentors. I also mentored them in EMS. You know, a lot of them ended up saying, "I'm not going to take that EMS job unless I can have Zervas in here." Some others became directors, and they needed to learn the buzzwords. In other words, "Tell me how I can sound like I know what I'm talking about." For example, one Ambulance Chief was interviewed early in the '80s because of some incident. I don't recall what. He was asked by a TV reporter, "Chief, what's the mission of your service?" The Chief said, "Let me tell you, it's you call - we haul." That was the extent of it. Five years later, he was an Assistant Chief, and he still had the same attitude: You Call - We Haul. That was how he saw EMS, that was in the late '80s. That's why I describe our progress in the merger process as two steps forward and three back or one forward. It really was a struggle. It was difficult.

01:14:47 Chris Zervas

You asked about incidents. In '86, I was one of the people who started the critical incident stress debriefing program. The prevailing culture made it difficult. If a run upset you, you were considered not good enough to do the job, so PTSD was ignored. It was viewed as the equivalent of weakness. We've had a couple suicides due to PTSD. It was rough. I'd rather not talk about it further.

01:15:55 Amy Mauro

I understand. I do want to share with you that, we've come a long way on that. We have a very strong peer support team in the agency now ... who our members feel able to contact for help, and the support is growing. And for me, during the eight years I was there, what was most encouraging - because management can always say, "oh, of course it's a priority and we're going to get you help." But what to me was encouraging was that members were openly talking about their struggles and having PTSD and needing help and going to therapy and for people, for the members to finally be verbalizing it and to not be judging each other, is a sea change. So I want you to know that, you know, I know there was a lot of suffering in the past. They continue to struggle, but I think we're doing much better now than we did.

01:17:01 Chris Zervas

I'm delighted to hear that because, again, we've had a number of suicides even after one retired.

01:17:08 Amy Mauro

Yeah. And in fact, yes, I've talked to the Retired Firefighters Association because the foundation has an emergency fund for employees who are struggling. And I do hear that it gets even harder after retirement. So, yeah, if you talk to the community ...

01:17:27 Chris Zervas

To this day, I'm part of a PTSD group of police officers, correctional officers, firefighters, [redacted]. We meet every once in a while, not often. We take care of those who are on the verge. We still do that.

The evolution of EMS from when I came on the job to 5 years later when I retired was slow and steady. Medically speaking, the progress has been remarkable since I retired. I think there have been some quantum leaps. I think that we always strive to be what was called a high-performance EMS system. At one time, that was mostly response-time driven. Now, I don't really follow the medical advancements.

When I retired, I was appointed a Fire & Emergency Services Commissioner in Montgomery County. Since I moved to Howard County, I have served on a strategic planning task force concentrating on response capabilities. I'm still somewhat involved, and I follow the industry, but less and less so. Also, I have contact with some of the firefighters and some of the paramedics still on the job. What they tell me about the medical advancements is just incredible. I really feel that now D.C. is really close to cutting edge, and it's wonderful.

01:19:14 Amy Mauro

It is. And the pathway started a long time ago. So I think we were... On the timeline, we stopped at Tippett. So is there anything notable over about the last 14 years you were on the job that you want to?

01:19:30 Chris Zervas

Well, after Tippitt, we took a couple steps backward. We had fire chiefs who shouldn't have been D.C. fire chiefs at all. Some that had egos the satisfaction of which was their priority, and their swagger and bluster were too

important. They talked the talk, and they went through motions. Five years after this, I realized it was backing up. I suggested that possibly the Service should consider third service again. Then, suddenly, Rosenbaum happened in January of 2000. I think it was on January 6th, 2000.

01:20:23 Amy Mauro

It was 2006.

01:20:25 Chris Zervas

Yes, January 2006. I was in Arizona at a management conference when I got a phone call about it. I came back, and it was really hitting the fan. You can probably speak to it a lot more than I can from an external perspective. It shook what needed to be shaken. Unfortunately, the changes didn't follow through on the Tippett Special Order. The change was not a merger – it was more like a hostile takeover. It was meant to be an attempt to merge, respect each other's occupations, and meld them as much as possible. We were to understand the differences and embrace them. What ended up happening was more of a forced merger. Fortunately, the supervisors were made captains with fire captains pay, but it stopped there. That was an appropriate first step. Why didn't the rest follow suit? EMSers had an incredible job, a difficult job. I was on Ambulance 5 when I was demoted from supervisor back into the field. I was assigned to the busiest unit in the city. As it turned out, they were the busiest units in the nation. We had more runs than there were hours in the year. Our utilization rate was .02. In other words, we ran more runs than there were hours in the year when the acceptable best standard and best practice was not to exceed point 0.42. Also, the response time was an eight-minute response time. When's the timing was started and when it stopped was very manipulated. That is, it was manipulated to look good, not manage the work load. Clinically, things are greatly improved. I think the fire-based concept is the accepted process with exceptions and for good reason. But I think that the smart move was to keep it to fire-based operation. It was practical. It was just a matter of how it was done.

01:23:25 Amy Mauro

Can you talk about some of the great clinicians during your time as a clinician? Because, you know, there so much struggle and strife and back and forth and progress and then regression. But that whole time there were great people doing great work. And so I don't want that to be lost sight of. So in your memory, who were the great paramedics and EMTs? Who were your peers?

01:23:53 Chris Zervas

I'm sorry. I will have to start from the 30,000 foot level. We were using EOAs, instead of intubating. All the surrounding jurisdictions were intubating their patients.

01:24:18 Amy Mauro

I am, but not everybody is so okay.

01:24:21 Chris Zervas

An EOA was a tube which was placed into the esophagus with a balloon, so the air would go down the trachea rather than intubating the trachea.

01:24:32 Amy Mauro

It was easier.

01:24:34Chris Zervas

It was, but it was not necessarily. Successful. Sometimes it went down the trachea. Did the EOA cause a death? Yes, it did. There were stories about that too. We were lagging there. Another example is that we were doing three-lead EKGs when almost everybody was doing 12-lead EKGs. They were doing IOs when we were still doing IVs.

01:25:16Amy Mauro

We're doing 12 leads. IO's. Yes. Intubations with the latest technology.

01:25:21Chris Zervas

Transfusions, and pharmacologic advancements. We were struggling because of economic constraints. The Department preferred to put on a brand new hazmat unit, which was perfectly justifiable, except for the fact that it was funded from EMS funds many times. EMS still held second class status. It was the red-haired orphan, if you will. It was a justification to keep the manning level of the Department constant, in fact, growing, even when the need for firefighting was dwindling. There are certain things I feel must be mentioned. One of the things which Chief Granados and I worked on was recognizing the diminishing need for firefighting. What we came up with together is what I called the medical box alarm. He said it wouldn't fly. Instead, we called it a medical local. The concept of medical locals started back in 1980. It justified the maintenance of the size of the workforce, but it was not well received overall. To this day, there are the engine companies and truck companies running more medical locals than they are fire-related calls. As I said back in 2000, it will take a full generation or the better part of a generation for that correction to occur through attrition more than anything else. That is because, as the Department brings recruits on, they are brought on with the recognition and understanding of what the job is and what the mission is.

01:28:12Chris Zervas

As clinicians, there are so many remarkable ones in D.C.'s EMS history. I was awed by some of the patient care that I was involved in or witnessed - traumas, mass casualties, dealing with auto accidents with cars wrapped around a pole or crushed, starting an IV upside down, 16-gauge double lines. In my career, I did 12 emergency childbirths - seven in New York City and five in DC. Those were the times when you could pat yourself on the back. You helped bring the first breath into someone's body. Too frequently, you witnessed the last breath. The expression is, "I saved the few, and I lost way too many." The save-rate takes its toll. There certainly were excellent clinicians. There were also mediocre ones.

From day one, there were paramedic shortages. I don't know whether it still exists, but there was always a struggle to retain paramedics. We got paramedics, and they left after a year or two, because they had the equivalent of five to seven years of experience to bring to the next jurisdiction where they were hired. Because of the D.C. system's variety and the number of calls, they came in as neophytes, and they left as veterans after two or three years. It was a trial by fire. Some met expectations; some excelled, and some didn't. There were too many over the span of decades to highlight just a few.

01:30:52Amy Mauro

Well, I like your description of the job. It's very vivid and compelling. So thank you for that.

01:31:00Chris Zervas

For the good and bad of it.

01:31:02 Amy Mauro

What else? What else should we talk about? What else are in your notes?

01:31:07 Chris Zervas

I'll tell you some of this. There's so much to cover. I think we covered half of it.

01:31:14 Amy Mauro

That's okay. We can keep talking. I'm going to look at my notes.

01:31:38 Chris Zervas

I'd like to mention another, what I call accomplishment or contribution. That was that I was the Department's representative to the Safe Kids program, which is a national program. I was quite involved in EMSC. I chaired the pediatric injury prevention program out of Children's Hospital. I worked very closely with Doctor Joe Wright when he was at Children's. He left Children's and went to Howard University Hospital, I think, after I retired. He was a top-notch guy. You asked for the name of a top clinician. His name is one that that I'm proud to have been associated with.

01:32:36 Amy Mauro

Doctor Wright. He is now. I can't remember - for most of his career. Was he at Children's or Howard? Children's.

01:32:47 Chris Zervas

Children's.

01:32:48 Amy Mauro

So now he's at Howard as the pediatric chair.

01:32:52 Chris Zervas

He was a vice president at Children's National Medical Center. He was a mover and shaker, too. Nationwide. I supported his grant programs. He recognized my advocacy for data-driven analysis/management. There was one small \$25,000 grant, and it was to purchase the third version of the form 151 "bubble sheet" run sheet and an optical scan viewer. That was the first of what I called mid-tech advancement in data analysis. The concept was to get one scan viewer as a pilot and then to have six more, one for each battalion to have their own so that, at the end of a shift, crews could scan their run sheets. But the department's decision was not to proceed due to lack of funding. That one single scan viewer had to deal with well over 100,000 sheets. Without adequate staff, it was an impossible task, but it proved that, if we got funded, we could begin to get data, which was the underlying idea. We needed to obtain fundamental data - such as, how many calls ended with a person transported; how many calls were dispatched at one priority level and ended up being transported at different level, lower or higher. . . We called it risk/waste analysis. We needed all kinds of demographic and geopolitical data, so that we could for example, provide to any Council Member how many and the nature of the runs which were made in their Ward; what specific types of run

they were; their frequency; not only in a zip code, but by the census track. These were also ways that we could justify and increase our funding. I planned for Eric Johnson's training to help become a GIS specialist. He was a driving force in the EMS Office of Program Evaluation, throughout his tenure.

01:35:25 Amy Mauro

Eric Johnson.

01:35:26 Chris Zervas

I believe he's still on the job. He came on the job in, I think, October, '88. Now, he probably has more years on the job than I had when I left. The Department is very fortunate to have his dedication and quality of work.

A fact that I would like to mention is that as the EMS billing contract officer, or COTR, for the Department's billing program, I was successful in negotiating a competitive contract wherein the prevailing contractor was required to supply us with a certain number of mobile data terminals, the software, and a professional instructor to train trainers. I think it was \$3.2 million worth of value added. Aspects of the contract ended up being what we have now. The Safety Pad program. I don't know if the department still uses Safety Pad as the electronic patient care report.

01:36:33 Amy Mauro

We switched. We had to. Safety [redacted] was retired. Um, so I can't remember the new system, but the data all gets transmitted electronically now, so we don't have to deal with paper and fax machines.

01:36:48 Chris Zervas

That contract was what enabled us to start using the electronic ePCR which replaced the bubble sheet.

01:36:55 Amy Mauro

That's right.

01:36:59 Chris Zervas

That was in 2005 or '6. I think I sent you the contract for which I chaired the contract evaluation panel - what was it, OCTO? Yeah. OCTO. I've forgotten his name, Mark something ... and EJ was on the panel, The procurement contract officer was on it also.

For many years, we had a contract with Lockheed-Martin, up until 1999. Then we had another, smaller contractor do an even better job. Then our contract demand superseded their capability, so we ended up going with a big operation, a nation-wide operation. I remained the billing contract administrator, and I was also the logistical coordinator to equip all departmental apparatus with an MDT, mobile data terminal. It involved equipping all EMS vehicles with the mobile data terminal capabilities in the vehicle's mount and the teaching of the crews the new ePCR program. That was one of my last ...

01:38:27 Amy Mauro

Is that the one you were looking for? Motorola?

01:38:30Chris Zervas

No. ADPI was the new billing contractor.

Everything I have mentioned, I can support with documentation. I can corroborate everything I've said, or, at least 90 percent of what I've said. I have filing cabinets at home with drafts and actual programs.

This [the Tippet Special Order] was the only copy, I had drafts of this, but I was never able to find the official one until you did it for me. I really appreciate your finding it, and I hope you see it as a keystone in where we ended up.

I was also the first Learning Management System (LMS) administrator with Target Safety. Now the name is Target Solution. I think now they're called Vector Solutions or something.

01:39:21Amy Mauro

Something I would always say it wrong. So don't ask me.

01:39:24Chris Zervas

I retired as the LMS administrator. I worked under Chief Vlasopoulos. I'd be quite remiss if I didn't mention Jim Vlasopoulos. Did you get to know Jim?

01:39:40Amy Mauro

Yes.

01:39:40Chris Zervas

He retired a year before I did, in 2013. I nominated him for the annual Cafritz CEMM award. He became one of five finalists, and I was very proud to nominate him for his accomplishments in the Department. I've lost contact with Jim. We remained in contact for quite a while. He left D.C. and became a contractor for Montgomery County Fire & Rescue Service. A top-notch guy. A landsman, Dimitrios Vasilopoulos. I'm a first generation Greek-American.

Amy, there are so many interesting, comical, memorable times that I experienced and memorable people. I'll send you something more. I just don't think that the story is complete with an oral interview. Let me support it with some other documents. For instance, that one document that Joe Wright and I wrote, is worth a read. I printed it out in the edited form. I'll get you a better copy, a more readable copy, or I'll send it to you electronically.

01:41:07Amy Mauro

So I always have two questions that I ask.

01:41:12SPEAKER_S3

I'll give you one. Okay.

01:41:13Amy Mauro

The first is how does your service in EMS continue to influence you today?

01:41:20Chris Zervas

How **does it influence** me? Yes. Well, to say that I have **a greater** appreciation of life is **an understatement.** As exhausting as it is, you live **life** as though **this minute** could be your **last, because** you never know. I've seen death and suffering much too **much, so** I appreciate what life can be. I recognize that **the** technology, the information age is just transformative.

I'm a kid from Brooklyn, playing stickball in the streets, **who became** able to accomplish things. I **take** some pride in that. **I'd like to believe** I left the Department in better shape.

I also captured the individuals in the Trailblazer video. I'm proud of producing that. **That includes the** story of the fire on Military Road **with Scotty.**

01:42:47**Amy Mauro**

Missouri avenue.

01:42:49**Chris Zervas**

I Right. Missouri. Military changed at that point.

01:42:52**Amy Mauro**

Will be prominently featured on our website.

01:42:57**Chris Zervas**

And I don't know if you can use the video, but it's Trailblazers.

01:43:03**Amy Mauro**

Yeah. I think if we take the music off, we can. Because of the copyright.

01:43:08**Chris Zervas**

Try to replace it with something **that's...** I worked hard to get the appropriate sync with the music, **“What a Wonderful World: and “Rescue Me.”**

01:43:25**Amy Mauro**

All right. I'll do some research.

01:43:28**Chris Zervas**



In your spare time.

01:43:31**Amy Mauro**

I'll do some copyright research. And the second question is for people coming to our website to learn about the department. What do you want them to know? What do you think is important for them to know about the DC fire and EMS Department?

01:43:47  Chris Zervas


Are we talking about the general public?

I hope they walk away from it with some inspiration, some acknowledgement of what a public servant is, whether it's Fire, or it's EMS; or whether it's any public safety professional. What goes into that work is either unnoticed or taken for granted.  definitely get a sense that you're going to highlight that. If someone walks away without grasping that, then I would say they must be too obtuse or closed minded. I think you're trying to capture. . . What? It's not a day in the life of a public servant, but a career.  what it takes. The sacrifices, the survivability, the perseverance. If they don't walk away with that, I'd be not only surprised, but greatly disappointed.

01:45:20 Amy Mauro

Anything else you want to share? And if you think of things later, we can get back together on Zoom. We're not limited to in-person. You may have thoughts and things you want to include. And we can do that too.

01:45:37 Chris Zervas

I think the written word is more sustainable. There are some pivotal documents  the position descriptions for example. I have the originals, the ink pen, because they were going to trash them, so, I took them.

01:46:01 Amy Mauro

I would like to see the one that says respond to the location. Do you have that one?

01:46:05 Chris Zervas

What do you mean, travel?


01:46:07 Amy Mauro

Oh excuse me. Travel.

01:46:08 Chris Zervas

Travel. Right.

01:46:09 Amy Mauro

Do you have that one? 

01:46:10Chris Zervas

Yes. Oh, I have all of them.

01:46:12Amy Mauro

I would love to see.

01:46:13Chris Zervas

The PDs lasted. They used it in their vacancy announcements. They used excerpts from the reclassification on the vacancy announcements. That redescription of the job lasted virtually untouched for 30 years. I'd be surprised if it's still not used in some form or fashion. There are some crown jewels in one's career. That's one of mine, that is, being able to describe the actual job when it was typically viewed almost 100 percent as an ambulance driver.

01:47:08Amy Mauro

Well, thank you for your not only your time, but for your service, for the incredible hard work you did on behalf of the residents and visitors to the District and EMS and all of your contributions.

01:47:22Chris Zervas

It was, believe me a team effort There's always a champion of this or that, but it takes a team to accomplish goals. There's persuasion, the ability to influence, the ability to demonstrate. None of that is easy. If you don't have an open mind, it's not possible.

01:48:00Chris Zervas

This is a nationwide survey for EMS back in 2005 which was made when we were putting in for an increase in transport fees [hands over chart for survey].

01:48:11Amy Mauro

You get what you pay for, right?

01:48:13Chris Zervas

Yep, that's right. That was in 2005 or 2007. I forget when it was.

01:48:23 **Amy Mauro**

Which one is this?

01:48:24 **Chris Zervas**

Oh yeah. That's the back of the Runsheet. That was the narrative side where we used SOAP – The SOAP method is a way for most healthcare workers to document patient contacts in a structured and organized way Subjective, Objective Assessment, Plan - rather than writing down “sick old lady” or “seizure.” You had to document it. We taught crews to write it as though a judge or jury was going to read it.

01:48:41 **Amy Mauro**

Absolutely, yes. Anything else there for me.

01:48:47 **Chris Zervas**

Or too much? Okay.

01:48:49 **Amy Mauro**

All right. Well. Thank you