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D.C. EMS faces review in death of girl, 2

By Theola Labbé-DeBose
Washington Post Staff Writer
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D.C. Fire and Emergency Medical Services has opened a review into the death last month of a 2-year-old District girl who was having breathing problems and was not immediately taken to a hospital.

Emergency responders went to the 800 block of Southern Avenue SE shortly before 5 a.m. on Feb. 10, department spokesman Pete Piringer said. Paramedics arrived minutes later, and the toddler was evaluated but not taken to a hospital, Piringer said.

About nine hours later, a 911 call was received from the same address for a child with breathing problems.

The child was taken to Children's National Medical Center, where she died the next day. The inquiry was opened after a hospital social worker alerted department officials to the paramedics' earlier visit to the house.

Several emergency workers who responded to the call have been placed on administrative leave while the review is underway, Piringer said. He did not know how many or what types of emergency workers were affected.

Kenneth Lyons, president of the union that represents single-role paramedics in the department, could not be immediately reached for comment.

The department came under fire after retired New York Times reporter David E. Rosenbaum was mugged and beaten in 2006 and paramedics, assuming that he was drunk, did not rush him to a hospital. He later died. As part of a settlement with Rosenbaum's family, Mayor Adrian M. Fenty (D) promised better training and other reforms.

In December 2008, Edward L. Givens, 38, died after complaining of chest pains. Paramedics who went to Givens's Northeast Washington home ran tests and then left after a stay of about 12 minutes, according to an internal department report. Givens died hours later of a heart attack.

A death that was inevitable

Monday, March 8, 2010; A12

The most recent incident of misjudgment by D.C. Fire and Emergency Medical Services personnel in the case of a 2-year-old child points to how little progress has been made in improving the agency's level of service as was promised in the aftermath of [the tragic David Rosenbaum case in 2006](#) ["D.C. EMS faces review in death of girl, 2," Metro, March 4]. The scope of practice for emergency responders does not include making independent transport decisions based on presumptive diagnoses. The decision not to immediately transport a 2-year-old with respiratory symptoms is inexcusable.

As a pediatric emergency physician, EMS medical director and advocate for quality emergency medical services for children, I have stated often for the public record before the D.C. Council Committee on Public Safety and the Judiciary just how little attention D.C. Fire and EMS has paid to preparing its workforce in the care of children. It was only a matter of time before a pediatric Rosenbaum case surfaced.

Joseph Wright, Upper Marlboro

The writer is senior vice president of Children's National Medical Center in Washington.

The Washington Post

Serious flaws in D.C.'s paramedic system

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"THE DECISION not to immediately transport a 2-year-old with respiratory symptoms is inexcusable." That judgment by Joseph Wright, senior vice president of Children's National Medical Center, is troubling testimony of the problems that -- four years after the David Rosenbaum case -- still exist in the D.C. Fire and Emergency Medical Services. City officials are appropriately examining [the case of Stephanie Stephens](#), a Southeast toddler who died last month after emergency personnel decided against taking her to a hospital. They need to determine why more progress hasn't been made in fixing the systematic deficiencies first identified in Mr. Rosenbaum's case -- which, tragically, appear to be a factor in the death of this small child.

Responding to a call of a child with trouble breathing, emergency personnel went to Stephanie's home on Feb. 10. But instead of taking her to a hospital, they advised her mother to run a hot shower to clear the child's congested lungs. Less than 24 hours later, after another 911 call, she was dead, reportedly from complications of pneumonia. The similarities of her case to that of Mr. Rosenbaum were pinpointed by [Dr. Wright in an outraged letter he recently wrote to this page](#): "The scope of practice for emergency responders does not include making independent transport decisions based on presumptive diagnoses."

The faulty presumption in the 2006 Rosenbaum case was that the retired journalist was drunk and not, as was the case, the victim of a mugging and in need of urgent care for injuries that caused his death. Yet another problematic case was that of Edward L. Givens, who died in December 2008 after complaining of chest pains and being advised by emergency medical personnel to take Pepto-Bismol for what was likely acid reflux.

Mayor Adrian M. Fenty wasn't in office when the Rosenbaum case was bungled, but once elected he reached out to the Rosenbaum family with promises to do better. [The family dropped a multimillion-dollar lawsuit, and a task force was formed](#); the result was some commendable improvements, such as toughening of qualifications for new hires. But it is clear that progress has stalled. Medical providers have yet to be fully integrated into a department that clings to a culture where firefighters are valued over emergency medical personnel. The No. 1 recommendation of the Rosenbaum task force was to provide equivalent pay and benefits for medical personnel and unify operations. But Mr. Fenty and the D.C. City Council have been at an impasse over how to accomplish this. There has been a revolving door of people serving in the critical role of medical director. Training, as Dr. Wright's letter pointed out, is inadequate -- a complaint that echoes the [findings of an investigation last year by the Washington Times](#), which revealed the failure of D.C. paramedics to meet minimum national standards.

It's encouraging that Mr. Fenty has ordered an investigation, involving Attorney General Peter Nickles, into the circumstances of Stephanie's case; personnel directly involved have been reassigned to administrative duty pending the outcome. But it is premature, and wrong, to conclude, as Fire Chief Dennis L. Rubin told Fox News this month, that current procedures are adequate. One need only look to Stephanie's case or listen to stories across the city of 911 calls gone wrong to know that Mr. Fenty must renew the reform of this department. We would urge him to reconvene the Rosenbaum task force to assess the department's progress and plot where it still needs to go.