John and Rod,

On its own, the attached copy of the 1997 IAFF report does not frame the issues I was trying to raise at the last meeting. It was but a part of a much bigger picture. Let me briefly state what I think our task, in shaping the RFP, is:

While some see this as simply an RFP for prehospital transport services, we do not.

We do not see the task as simply creating an RFP to continue what we have been doing for many, many years.

We see this as an opportunity, in a progressive County, to set a new and better paradigm for pre-hospital response and care.

We see the task as creating an RFP that boldly redefines the mission of 9-1-1 response to cover the needs of all of the people in all of the county — including the many rural areas that are currently underserved.

We see this as an opportunity to expand the 24/7 all risk coverage our residents and visitors need with rapid response times and redundant resources; we will do this with a proper mixture of multiple and single resource responders.

We see this as an opportunity to build a safety net for all areas of the County using ALL of the revenue generated for the benefit of the people we serve.

To set this new paradigm in the RFP, we need to build a foundation of knowledge that includes some of the following:

1. How much revenue is in the system — the gross revenue? One cannot go shopping for the best system without knowing how much money is in one's wallet. The public providers' information is all public. Either the private providers should make theirs public or the County will have to do a study to approximate it. One does not go shopping without a budget.

2. What are the services we seek to provide and how do we best provide them? It is here that the 1997 paper plays a role; it explains that in the present systems, much of the heavy lifting — the extrications, and rescues, etc.— is done by the public providers while the private providers take the lucrative transports. We have the opportunity to design a system where that transport revenue is used to underwrite the entire prehospital mission, not just the transport portion of it.

3. There was some discussion of "response times", and how they can be "relaxed" without harm to patient care. We challenge the concept. We do not denigrate the fine work done by the private provider staffs. We do challenge the idea that anything short of a rapid response is good patient care. Response times matter. When a private company determines how many "unit hours" it needs on the streets to meet the response times, it is looking at profitability, not patient care; the fewer the unit hours the more the profits. The public providers operate on a completely different matrix — one that is built upon rapid response times as the cornerstone of good care.

Once more, I respectfully request that those who will make the response time argument provide us with the "studies" they have been mentioning so that we can vet them for content and context.

I trust this will help move the ball forward.

Respectfully Submitted,

Steve Herzberg
Assistant Fire Chief, Bodega Bay Fire Protection District
sjh