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Freedom House: a rich history and a continuing legacy: An interview with George McCary

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Interview

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Abstract

This interview with George McCary was conducted by Associate Professor Brett Williams in 2014.

I first came to learn about Freedom House from one of my US colleagues Dave Page. I guess what struck me most about this amazing story was that it seemed very little was known about the early work of Freedom House and how this played a part in the professionalisation of the US pre-hospital system. In many ways, it is these types of historical examples that are critical in understanding our discipline as we forge towards becoming a legitimate health care profession. I wonder if there are other similar examples in Australia or other parts in the world?

I would like to acknowledge Dave Page for allowing me to meet a number of the original members of Freedom House and being able to arrange an interview with George McCary while I was in Pittsburgh.

This interview will be followed by invited commentaries from Professor Walt Stoy, University of Pittsburgh and Professor Peter O'Meara, La Trobe University.

Keywords

Emergency Medical Services; Emergency Medical Technicians; Freedom House

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Brett: So George, can you tell me what is Freedom House?

George: Freedom House basically was a food kitchen distributing things to the community, helping them for better living. It was a strong time back in the sixties with Freedom House. Freedom House was an area that helped people to get nourished, and food, and things of that nature. That's what Freedom House was.

The way they took it into the community was through Freedom House, the paramedic unit, the emergency medical ambulance, the mobile intensive care unit. Freedom House. That's when it became a community-based foundation behind the fact that the ambulance not only helped people, but it distributed the name to more people because of the fact that it was - Freedom House was stable. When they put it in an ambulance, it was mobile. More active.

Brett: What year was that?

George: That was 1967, is when Peter Safar, the chief anaesthesiologist, decided to entertain the thought of helping people from the existence of the injury or the existence of the collapse, or whatever it may be to the individual. They would start getting some kind of treatment right of the time of the EMTs' arrival. Basically, when the EMTs would arrive, with the training they had, the emergency was definitely gone because of the fact that the ABCs - the airway, breathing and circulation.

Brett: So before Freedom House in both incarnations, what type of EMS care would you be provided in Pittsburgh? Was there an ambulance service? Was there a formal EMS here?

George: No. Basically, what it was - you either got a police paddy wagon and two police officers, or you got a funeral hearse director and his helper. Basically, what they had was a first aid kit, necessities, oxygen, maintained to and from the hospital. To the hospital, basically. That thing was speed and support.

Brett: As I said to you at the start, most EMTs around the world, paramedics included, will know really nothing about Freedom House. So to be clear, before Freedom House, if you were suffering from a diabetic emergency or an AMI what would happen to you?

George: Well, there were a lot of individuals being arrested because they thought they were drunk and alcoholic, and they found out they were a sugar diabetic and they were actually dying in the police chambers because of the fact that they were not being treated, they were being treated for the wrong situation. It's something to have an eye for and something not to have an eye for.

One minute, they're looking like they're doing something, the next minute they're in convulsions or whatever. That was the big issue back then, back in the day, too. Not knowing. The unawareness. But with Dr Safar, the way he implemented us was the fact that we went through an eight-month course, and for eight hours a day you study anatomy and physiology. The functions and the systems of the human body, and you get the chance to get more and more structured with the functions of it, and the systems.

It gave you a stronger vision of knowing who or what this person was about to do. Looking at their colour and perfusion and the pulses, and different things that you learnt from the classroom settings. It gives you a lot of visual experience than hands-on experience. Eight hours a day with a person drumming to you this system, that system, this system, this function and that function.

Then once you got a chance to put it together for understanding, it gave a lot because you went through that strenuous course for eight hours a day of learning anatomy and physiology, then you went through the clinical stages into the morgue, where you actually had hands on.

As a young person, me not being - having the mindset to want to even be into that structured thing, but by being there, I took time out to study what was going on. Either I got it or I missed it, but I more or less got it because the interest is there. Think about the first time that - me, putting a guy into a body bag. It was a strong thing in my life to even get that close to a corpse, but to be able to go in as a first responder, or last responder, and taking him out - as a young man, being there, never ever done that before in my child life, it was a big - wide-opening eyes, to have that sight, the first time.

Brett: Fascinating. How old were you when you started?

George: 20 years old.

Yes. It was one of those things that I'll never forget being - the kind of guy I was, I didn't want to go back to school. I didn't want a job. I just wanted to hang out with the groups in the community. My grandmother told me that I had to leave because I had too many women coming by looking for me! They weren't looking for her, they were looking for me. I went back to my childhood sweetheart and she says, "These people are coming out too often, and one of them was starting to go into my refrigerator and wanted to cook my food!!"

She said, "You got to go." I said, "Well, where am I supposed to go?" She said, "Well, it don't matter. You got to go. Either get a job or go to school." So I called my relative up, he says, "Hey, I'll tell her what I'm doing. I'm going to school and I'm getting the job." She says, "You need a place to stay and study." So she said, "As long as you study. As long as you do it." I told her, I said, "I'm not going to do this for me, I'm going to do this to show you I can do it." I did it. I went through the whole course.

I went through the whole level, and like I said, after we went through the morgue, we went into the intensive care unit. We sat there for eight hours a day, watching these EKG strips, and you had to know every square, every line, and all the measurements and what it meant. This is part of the course.

From there you went into the recovery room, where you - all day long, you did vitals on this one and vitals on that one, talking about it to each other. You couldn't diagnose anything, so basically you were doing the vitals. So from there you went into the emergency room where they just gave you a stall. Someone comes in, we put them in here, this is yours. You'd learn how to do your emergency wraps. You learn how to do your vitals, and you learn how to more or less chart an individual.

From there, you went into the mobile intensive care unit, where you actually went out in the field and service to people that you were taught to service. The ABC, the airways, the breathing, the circulation. Just the knowledge of vitals.

Brett: It's a really great story. Eight hours a day for eight months. Was that in one whole block?

George: No breaks.

Brett: No? So eight months straight in class.

George: Yes. There wasn't no breaks.

Brett: So eight hours a day?

George: Five days a week.

Brett: Five days a week. Then, after eight months, you were on the ambulance?

George: No. After eight months, then you went into the clinical stages. You went to the morgue.

Brett: So eight months of classroom, some hospital placements. So about 12 months, and then on the road?

George: Well, you did a practice first before you were basically hired to be on the road unit. Then all of a sudden, now you were in. After you did on the job training for a while. You had to do some training on the vehicle before you were just elected to go.

Brett: Did you get paid for training; for the eight months?

George: Yes, \$4 a day.

Brett: \$4 a day.

George: Yes.

Brett: Did you have to wear a uniform?

George: Yes. You wore a white shirt and blue pants.

Brett: Any badges or anything like that?

George: Yes, you had your nametag.

Brett: But no EMT, EMS badge?

George: Not until you completed your course.

Brett: Yes. Okay, so you were 20, looking for not a paramedic job, but a paramedic job came to you.

George: My grandmother told me I had to get out.

Brett: Yes.

George: It was a shock. Where am I going to go? She says, "Well, you go to school or get a job." I talked to my relative and he says, "Well, I'm going to school now." He was in the first class. He was in the class of '67. Soon as they stopped in '67 and started the next class in '68, they immediately put me in the class. Right. So from '68, that's when I started to learn anatomy and physiology. On a steady basis. On a regular basis, which I'd had no awareness from the beginning that I even wanted to conceive anything, and no direction to know that this was going into such a great technique of helping someone save - help them save their life. I had no idea. I just did it for the fact that I was getting put out the house and my grandmother said, "Either get a job or go to school." Then I became interested. The more you find things that are good, the more you develop the betterments of yourself, and that's what I did.

Brett: Did you go into the classroom with notes, or a textbook?

George: Yes.

Brett: Or was it on the chalkboard? How did you learn?

George: You had Peter Safar's manual called 'Emergency Care'.

There was a textbook. Peter Safar wrote the book, a manual, on emergency care. It's a published book.

Brett: Was that purely for Freedom House paramedics, or was that used elsewhere in the United States?

George: We were the only one studying using it as far as I know.

Brett: So no one else outside of Pittsburgh?

George: No one else was studying it. We were the only ones that had the publication.

Brett: So in terms of your own personal background, George, and perhaps others were - other people like yourself, well educated or in the same situation as you. So, "I was never intending to be a paramedic, this just came along." Were there high school graduates? How did this really come about?

George: It came about through this Dr Safar wanting to help people that were marked unemployable. Help people that they said couldn't be helped. Helped people to change their life around and give them a change. He went into drug clinics. He went into alcoholic abuse clinics and he told these people - and domestic areas - he told them that, "I'll give you a technique, I'll give you a reason to turn your life around. I will give you a way to get back in society." A lot of these guys and women, then never really had jobs. It was the '60s.

Steel mills were still going on. There were a lot of things going on in the community. There was supporting other people that they could feel comfortable in doing. They were getting money. Money pays bills. Once your money pays bills, what else is it? If you can do it for a long enough period of time, what else is it? You understand what I'm trying to say? I mean, I wasn't with these people. I didn't know anything about these people. I was just getting out of high school. But these were people that were older than myself that were involved, and I'm studying with older people than myself.

Brett: If it's okay, tell us about what you saw around that time, because folks in Australia would have little idea of the prejudice and the racism and how you would be seen treating white people. What was it like back through that time?

George: Understanding me and my frame of mind, I didn't have a white-black frame of mind. I had a situation frame of mind. I didn't come in with, in fact, "I got a white guy laying here not breathing." No. "I got a patient here not breathing." I didn't go into who or what he was. I went through the ABCs. My chart was ABCs. After that we're looking for fractures and we're looking for blood, anything of that nature. That wasn't my forte. You know what I'm saying?

Brett: Yes.

George: Because if it came to anything belligerent, to me, the police came in right away. You didn't come here to know me. I didn't come here to know you. I come here to do my job. My job was to come in, immediately go into the ABCs. Airway, breathing and circulation. Once you got that established, you knew that at least you can get them to the hospital. And then you got into your vitals. Then you got into your - like I said, the extremities.

Brett: More broadly, what was the public's perception of Freedom House?

George: Well, they didn't understand. Like I said, the first conception for the police was, "You're blocking traffic. Move out the way. Get the traffic out the way." While you're trying to establish your primary care, your stabilisation, and going over what you know, then they want, basically - especially if somebody's in the street or something, they want traffic to go. They didn't understand the concept, until as time went on; they gradually start understanding more of the concept.

Once the concept got more vigorous with the area, then they knew their job. Their displacement wasn't to have me rush this guy off the scene. It was to stabilise him, and I'll do the traffic.

Brett: Was the relationship with the police good?

George: It was pretty good. Because they were unaware, you understand what I'm saying? It's like bringing something new onto somebody who's already established. They didn't - they weren't doing none of the things that we were doing. So my system with them wasn't direct. I was the one that they - when the phone rang, somebody else answered and gave the message to me, see?

When we got to the scene, generally there was, if there weren't police - a lot of the time there weren't even police. They didn't even show up on the scene. We just did our thing. Now if we call, they would be there like an army. We got a man down, we got trouble. Boom, they would be there on the scene. It wasn't like that. This is the concept that I was getting, that I got. I only had trouble once, if that. You know, people. When I'm doing the job, get back. Let me work.

George: As I grew into the system I got more and more ways to get respect when I was doing my job, because now I'm not a rookie no more. Now I'm into the system. Now I know my position in the system. I know where my calling is once I get there. If you get in my way, I know how to treat you, and you if you stay in my way, I know how to treat that. So basically, like I said - and constantly bringing this to the awareness - my first job was ABC.

So being an EMT, practically, you wanted to go into any situation like that. That way you lessen the situation as far emergency. Now that that's gone, that link of emergency is gone. Let's get it to the next stabilisation, and the next stabilisation, until something prevails where he stops breathing or everything changes. Now you have to go into - now your ABCs are strong advice because you are already prepared for that particular point. You see what I'm saying? To me, it was so gratifying, and then.

Brett: So back in '67, '68, if I fell on the ground north side near, how would Freedom House be called?

George: Freedom House wouldn't go to the north side.

Brett: Why not?

George: Freedom House lived and developed in the City of Bridges, and never crossed one bridge.

They never crossed a bridge.

Brett: So for our international readers, on the south side? Yes?

George: They stayed in the Hill District.

Oakland, and Downtown.

George: Never crossed a bridge.

Brett: Because?

George: That was the district that they were giving us. Never crossed a bridge. We never went to the south side. We never went to the north side. We never went to Bluefield. For emergencies, we stayed right in our area, and it was so unique that we never had to cross a bridge. We were stationed at Presbyterian University Hospital and Mercy Hospital, so we divided from Presbyterian Hospital.

See, now, I wasn't into the political thing or area thing. I was into you take your unit down to Mercy, no questions asked. You keep your unit in Presbyterian, no questions asked. I never said why wouldn't cross the bridge. I never knew why the territory was like that. I wasn't administration. I was more or less service on the vehicles.

Brett: Like a service delivery. Was the class of people different on the different sides of the river?

George: No, it was just the fact that they didn't give it to us. They didn't give us the territory to go. They didn't give us the authorisation to service that emergency area. The area that they gave us was the Hill District, Oakland, and parts of Downtown.

Brett: What sort of jobs did you go to? Was it heart, respiratory, trauma? What sort of jobs did you go to?

George: You'd get a lot of epileptics. You did a lot of - some heart attacks. You did some shootings, you did some stabbings, you did domestics. Basically, the worst was always the epileptics that went off, and trying to aspirate. The sugar diabetic thing was strong. Then you got into the drugs guys that were shooting dope and what's going on on the dope levels. We tried to do what we can for them, then they started with the narcane.

That's mainly where that was at. You didn't - can't say what kind of calls you were going to get, because you'll either get a domestic that starts out nice, and all of a sudden it's nasty. You got a lot of people that were routine. Really wasn't nothing wrong with them; they just wanted to talk to somebody and just went off the handle and called them. But the trauma, you dealt with the trauma.

- George: You dealt with - they had a thing where if the bone was broken, you tried to deal with the splints. So they decided to come up with an air splint where you didn't have to try to mobilise - stabilise just by putting the air split on and blowing it up to a certain degree where it's all stable, and now you can move it more freely because it's already in one stable area and blown tight.
- Brett: Did you guys develop or adapt any equipment during that time? Did you develop your own suction kits for example?
- George: They developed everything. I used it. I used what they gave me.
- Brett: Who's they?
- George: Peter Safar and his boys. They were the guys that administered the different changes to the vehicles, changes to the bag pouch that we had. We used the bag mask valve, Laerdal Unit. We had the chair stretcher which was unique after a while because we were having problems bringing people down from the second and third floor, and so the chair stretcher - you could get it around the corners much better, and me and the other two release it at any given time to lay it flat to open the airway if necessary.
- The air splint, as I said, was another genius thing that they gave us to make it easier for people that were having problems, and the back brace, the neck brace that they put on and they had in the back board that they put on, the way we stable them down. Comfort level to get them to the hospital. As an EMT you can only do so much.
- Brett: Did you administer any drugs?
- George: As an EMT, you can only do so much. Only whenever you got into the next level was Nancy Caroline, and she started with the intravenous fluids, showing you the tracheal intubations. EMTs, mind you, can only do so much. You can't go beyond ABCs. You couldn't go beyond defibrillation and we had not had medical command at the time. We didn't do any diagnostic nothing. We couldn't even pronounce that the person's dead. You're the EMT.
- Brett: So where did Nancy Caroline fit into Freedom House?
- George: Yes, she fit in very vivid and very good by Dr Safar. His advisory to bring her in to upgrade the establishment of what we needed to take it to the next level, and she actually went out on the vehicles and rolled with us and sat in the office and waited on the phone to ring, and chartered things that we were doing and how we were doing, and gave us a medical command to do things because she was there, and actually did it and showed us in the field how to do things, and then we talked about it in classrooms. This particular thing and that particular thing and the way she did it, and on and on. Then we got into the - they didn't have simulators but they had some kind of simulator, like a Resusci Anne and the plastic type arm.
- They didn't have the whole thing. They might have had just the arm that you did the IVs in, then you did it with a partner, and those kinds of things, then the intravenous thing, the tracheal intubation thing. You went to the morgue and you watched them do it at the morgue, and you went to different labs and things of that nature. Like I said, they give you the insight as to what to do in certain situations.
- Brett: It sounds like the training's still with you after so many years.
- George: Yes. Like I said -
- Right. It was a product that I did not have in mindset. So when it got in there, it was like a tree. It just kept growing in me, growing in me, growing in me. Growing in me, fulfilling my day.
- Brett: So, I'm clear, how long was Freedom House in service for? 1967 till 1975?
- George: The Freedom House Ambulance Service was from '67 to '75.
- The name Freedom House was a soup line before, in a stable area. It didn't go mobile. It was there. It was there. If you didn't know how to get to Freedom House, they'd come to you.

- Brett: What year was that?
- George: I don't know. It was before me.
- Brett: How many people were involved Freedom House Ambulance?
- George: Two.
- George: Two EMTs. The driver's an EMT and the guy in the back was an EMT.
- Brett: How many ambulances were on shift?
- George: It was actually four, but it started out with two and then four.
- Brett: How were you received by the nursing and medical staff in hospitals?
- George: Okay, the way it was done was it was a dispatch, and once you got the patient secure, you would tell dispatch which hospital you were coming to. You would read out the vitals and you would read out the situation, area, and the degree. She would in turn call the emergency room, have them on standby that we have a patient coming in in the next three minutes, and he's in this situation and that situation, and we would pull to the dock, they would be right there waiting for us to come in and they would continue treatment spontaneously.
- Brett: Good. So clear continue of care, and you were generally well respected.
- George: Once we pulled in a lot of times, if it was detrimental, they would call downstairs and say, "How did the patient get here?" They'd say, "Well, Freedom House got here. Freedom House got there. Leave them here till we get there." He's the anaesthesiologist, telling, "Leave them and ventilate, or leave them and do compressions until we get there." This is the kind of degree that they have as far as us as we establish ourselves would bring a person in. This is the kind of the degree they were giving us, the respect that we were getting. They were saying, "Leave them there until we get there."
- Brett: Okay. Last question, and main reason for the interview - how do you feel about the history of the Freedom House Ambulance not being part of mainstream EMS historical literature?
- George: When you say history, how do I feel about the people that made the classrooms, because they're the ones that extended the history. Had they not - had they failed from the beginning, the individuals, the women, the men, that manned these vehicles, that suffered through the corrections, those are the ones that I say really lost on the mission of where it was going, you know what I mean?
- Because they were the ones that first came in and sat down with the classrooms. They were the ones that suffered through all the mistakes that were corrected. Myself, as well. But those people are lost in these interviews because you're talking about the EMS system and I'm talking about the people that actually put forth the effort to go out on these vehicles to -
- Brett: I am intrigued to know why you think so very little is known about Freedom House Ambulance.
- George: Because of the fact that, like I said, people that were involved were first of all marked unemployable and the people that were involved were first of all marked not able to complete the tasks that they've completed.
- They actually learnt. We actually had a civil conversation about anatomy and physiology, where actually - not only going through the wrong discussion but we're having a right discussion with these folks now because of the fact that this doctor implemented EMTs. If had have went to the universities, he would have never implemented EMTs, he would have went straight into EMTs next degree. But it didn't happen that way. It happened the way that he planned it.

- George: He went into the community and the community was blessed with the fact that this individual was caring enough to take them out of one low-interest and taking them to a high-interest of understanding and actually giving them the fact of a job-set and mindset that they did not have. They did not have it. All they had was hustling or things that they were doing that was making them money, but yet it was making them enough money, they didn't care.
- Brett: Yes but why isn't this Freedom House Ambulance part of a national curriculum?
- George: Because of the fact that it was put together through individuals who didn't care about the way Safar did it, but they cared that Safar did it. You understand what I'm saying? When they came in from areas that weren't this area, they didn't care about us. They already had their mission; they've come to take over. They didn't come to train us. They didn't come to do anything but take what we had. Once they did, you see what they established. The ones that established out of Freedom House, they call themselves Freedom House, and the ones that wanted to - the public safeties and what have you that's come out of Freedom House.
- None of them came out of Freedom House. They did, and once they got into the new guys, it was us instead of them, because they're not here to talk for themselves. They're gone. You'll never meet them again. It just so happened this guy came up with this documentary. If he hadn't come up with this documentary, you wouldn't be here to talk to be either. You wouldn't have cared about me. You wouldn't have -
- Brett: Do you think that the history of Freedom House Ambulance should be part of U.S. EMS curriculum somewhere?
- George: Exactly.
- Brett: It should be.
- George: I think it should be. Because, number one, how can you grow a tree without a seed? You can't do it. Unless you perpetrate and say, "Okay, I'll just start from x instead of starting from a."
- Brett: This is all part of the history. George.
- George: Brett.
- Brett: Brilliant. Wonderful.
- George: Thank you.

Abbreviations

ABC	Airway, breathing and circulation
AMI	Acute myocardial infarction
IV	Intravenous
EKG	Electrocardiogram
EMS	Emergency Medical Service
EMT	Emergency Medical Technician