Volume 12 | Issue 3 | Commentary

AUSTRALASIAN JOURNAL OF **PARAMEDICINE**

Freedom House and paramedic programs then and now

Peter O'Meara
La Trobe University, Melbourne

Commentary

Freedom House and paramedic programs then and now

Peter O'Meara, BHA, MPP, PhD, Professor of Rural and Regional Paramedicine School Graduate Research
Co-ordinator La Trobe Rural Health School¹

Affiliation:

¹College of Science, Health & Engineering, La Trobe University, Bendigo, Victoria

Corresponding Author: Peter O'Meara, p.omeara@latrobe.edu.au

Dr Brett Williams' interview with George McCary, one of the early Freedom House paramedics, is a fascinating account of an important chapter in the development of paramedicine as a discipline during the late 1960s to the mid-1970s. The establishment of the Freedom House paramedicine program, combined with other early programs in Dublin, Melbourne, Brighton and other locations set the scene for the development of our clinically focused paramedic programs that bring care to the patient before transport to hospitals and other medical settings (1-4). Unlike these other pioneer paramedic programs, Freedom House was dismantled and largely forgotten.

One of the features of Freedom House program was that it gave local members of the community the opportunity to both contribute to the well-being of their local population and to undertake training and employment that would enable many of them to go on and have long-term and fulfilling paramedic careers throughout the United States. My frequent experiences interacting with paramedics and paramedic services from around the world remind me of the value of this and why similar initiatives to open our profession to diverse populations remain important. This objective is probably even more challenging than ever in those parts of the world where paramedic education programs have moved into the university-sector that sometimes battles to respond to issues of access and equity for minority groups. Efforts to have relatively open admission to paramedic programs and scholarship support remain important social goals for the profession, providers and educators.

Even less known than the original Freedom House program is the re-establishment of the Freedom House program in Minnesota that continues to have these aspirations to provide opportunities for minority groups to enter the paramedic profession and to serve their local communities (5). This is one example of continuing efforts to educate and employ paramedics from the full range of minority groups who can sometimes appear to be missing from the paramedic workforce (6).

The story that George McCary tells is that of his local community in Pittsburgh encompassing the Hill District, Oakland and parts of the Downtown area, along with the contributions of a few visionaries who had the capacity and enthusiasm to make it happen. Amongst those visionaries were two very famous pioneers in resuscitation and paramedic education, Dr Peter Safar (7) who needs no introduction and Nancy Caroline who contributed so much to our profession across the world through her famous textbooks (8). These personal and professional links make it even more surprising that Freedom House is largely unknown to many current paramedics in the United States and to history itself. Maybe if the film documentary about Freedom House had been more widely distributed its story would sit alongside those fictional accounts of the early paramedic systems that are strangely given credit for the progress of our profession (www.freedomhousedoc.com/main_page.html).

From George McCary's account it is apparent that the road to recognition was a difficult and in some ways a brutal path, with police and other service providers initially lacking an understanding of the vision for the development of a mobile intensive care system. While this was unsurprising at this time when paramedics were globally described as 'drivers', 'stretcher bearers' and other less flattering titles (9), the interplay of race and class during the late-1960s clearly added an additional layer of prejudice that many of us can never fully appreciate or understand. It is a credit to all of involved that a high level of mutual respect grew between Freedom House, the local police force and health services.

Apart from the recruitment of potential paramedics from the disadvantaged, one of the key features of the Freedom House paramedic program was the establishment of a structured curriculum that is amazingly similar to the vocational paramedic programs that sprang to life all over the world. Even in those countries where entry-level paramedic education is now located within the higher education sector, the move from this type of didactic vocational training program of several months followed by field experience was the mainstay of training until relatively recently. Like today's students and graduates, the Freedom House participants clearly developed a love of learning that we would describe today as 'life-long learning'.

Despite the lack of recognition in the history books, the Freedom House program has created its own legacy through those who went out into other paramedic services in leadership roles, its contribution to the development of paramedicine curricula, and the inspiration that it provided to the pioneers of the paramedic system in the United States and beyond. As important as any of these legacies are, the vision that a paramedic system can be created and sustained that combines clinical excellence with access and equity for our communities and the people who work in paramedic systems remains a key lesson today and into the future.

References

1. Sloman JG, Blosfelds J, Luxton MR. The training of Mobile Intensive Care Ambulance Officers in the Management of Cardiac Emergencies. In: Baskett P, editor. Immediate Prehospital Care. Brighton, 1981.
2. Mackintosh A, Crabb ME, Granger R, Williams J, Chamberlain D. The Brighton resuscitation ambulances: review of 40 consecutive survivors of out-of-hospital cardiac arrest. *Br Med J* 1978;1(6120):1115–8.
3. Stewart RD. Prehospital emergency care: historical foundations. *Adv Emerg Nurs J* 1979;1(2):11–6.
4. Pantridge J. Mobile coronary care. *Chest* 1970;58(3):229–34.
5. Keyes C, Page D, Corry M. How Freedom House has been reborn. *JEMS* 2013;38(3):70–5.
6. Ishaq M, Hussain A. Race and recruitment from a uniformed services' perspective: the Scottish dimension. *Policy Studies* 2001;22(3-4):217–32.
7. Mosesso VN, Paris PM. A tribute to Peter Safar, MD: physician, researcher, mentor, visionary, humanist. *Prehosp Emerg Care* 2004;8(1):76–9.
8. Caroline NL. *Emergency care in the streets*. 5th edn, Little Brown & Co, Boston, 1995.
9. Willis E, McCarthy L. From first aid to paramedical: ambulance officers in the health division of labour. *Community Health Stud* 1986;10(1):57–67.