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Volunteer Rescuers on Guard

All parts of New Jersey are covered by well trained first aid squads, each equipped with its ambulance.

By **GLENDON A. SCHUBERT, JR.,** and **MAJOR R. MARLING***

WHEN, on February 6, 1951, a Pennsylvania Railroad commuter train left the tracks while crossing a temporary wooden trestle at Woodbridge, New Jersey, killing 83 and injuring over 300 passengers, the volunteer first aid and rescue squads of that and nearby communities were on the scene within minutes. Although ambulances and medical aid from all over the area finally reached the disaster, the immediate burden was borne by these units.

New Jersey is the only state which provides free statewide ambulance, first aid and rescue services. This has been accomplished with a minimum burden to the taxpayers. There are 347 first aid and rescue squads in its 21 counties, practically all of them equipped with one or more ambulances.

The current emphasis on civil defense makes particularly relevant this experiment in democratic self-help. In a state not otherwise known for nonpartisanship it has been conspicuous for its freedom from political influence and made possible almost exclusively by the volunteer efforts and money of several hundred thousand citizens.

*Dr. Schubert, chairman of the Department of Political Science at Franklin and Marshall College, was until this fall lecturer in political science at Rutgers University. Mr. Marling, recently graduated from Rutgers, was a major in political science and a student of Dr. Schubert.

In most of the country people are living under frontier conditions so far as the availability of ambulance, first aid and rescue service is concerned. Only in cities of 10,000 or over does there normally exist, through public or private agencies, the organization and fiscal support to provide them. In such cities rescue work is usually a responsibility of police or fire departments, first aid service may be furnished by ambulance attendants in addition to the police and firemen; and ambulance transportation, generally on a fee basis, by both public and private hospitals. In some places one or more ambulances are operated by the police or fire departments; in others, private enterprise has moved into the vacuum.

In Syracuse, New York, and Memphis, Tennessee, the morticians have dual-purpose hearses which double as ambulances. The first hearse to the scene of an accident transports the case and, of course, if the patient should die, that company has an obvious tactical advantage over competitors in the offering of funeral services. In Los Angeles and Philadelphia there are commercial ambulance corporations whose business is exclusively devoted to transporting patients. They also furnish some emergency first aid service, such as oxygen en route.

The fee charged for ambulance service, except in the case of tax-supported police and fire departments

and public hospitals for indigent patients, is usually from \$5 to \$25 per call, tending to be nearer the higher figure.

Setup in Middlesex

New Jersey's Middlesex County, with 24 squads serving its 25 municipalities, will receive particular attention here. This county is within the New York metropolitan district with an area of 324 square miles and 265,000 people. The northern third is industrial and the rest agricultural. There are three cities, eleven boroughs and eleven townships. The northern third is separated from the southern part by the Raritan River, which can be crossed by vehicular traffic only near the cities of New Brunswick, and Perth Amboy and South Amboy, located on the western and eastern borders, respectively.

All four of the county's hospitals are private institutions, two of them in New Brunswick and one in each of the Amboys. Middlesex squads provide routine emergency service to five hospitals in the bordering counties of Mercer, Somerset, Monmouth and Union as well, since nine squads are closer to one of these than to any of the hospitals in the county. This emphasizes the now commonplace fact that political boundaries are irrelevant so far as the existence of service needs and the planning of efficient and economical administrative areas are concerned.

During 1934-38, when eleven new squads were organized in Middlesex, the volunteer ambulances discovered that non-county hospitals would not accept emergency indigent cases who were county residents. The Middlesex

County hospitals adhered to the same policy and rejected non-paying non-resident cases even though they were brought in by a Middlesex squad. This situation no longer prevails. Any hospital in the state will receive, treat and hospitalize an emergency case until arrangements for transfer or payment can be made between county welfare authorities.

It is not uncommon for squads to transport patients resident within their area from their homes or nearby hospitals to hospitals in New York City or Philadelphia. This service is also without charge to the patient.

To a considerable extent political boundaries have been ignored in setting the areal jurisdiction of the squads. The fact that there are 25 municipalities and 24 squads is completely coincidental, despite the fact that New Brunswick, uniquely, does not maintain a squad, but depends upon its fire department, which operates a publicly owned ambulance. Squads in Perth Amboy and in six boroughs limit their services to their political jurisdictions. The settlement of Arbor squad covers all of Piscataway Township; Raritan Township has a single safety council which supports three squads, each responsible for covering one of the three administrative districts into which the township is divided.

In all other cases, settlements or boroughs share in a complicated co-operative system which provides complete coverage. The squad of South Amboy, for instance, serves the eastern half of rural Sayreville Township; the western half is covered by the settlement of Sayreville.

In the industrial township of

Woodbridge optimum coverage is furnished by four squads from as many settlements; in fact, overcoverage with its attendant disadvantages of added costs and inefficiency may well materialize if the proposed organization of two additional units takes place. On the other hand, four of the smallest and least well financed squads do their best to provide service for the southern third of the county, which includes only 15 per cent of the population and a much less adequate road network. One of the southernmost townships, Cranbury, is not served by any of the units in Middlesex; it is more readily accessible to the squad from neighboring Hightstown in Mercer County.

In a number of instances an older squad has been primarily responsible for formation of a new one—for example, Raritan Squad Number 3, which took over an area formerly shared by the two older squads in the township. Middlesex, the older squad, has helped the South Plainfield unit in many ways. Another recently organized unit, the Iselin First Aid Squad, was started by volunteer firemen assisted by the Fords First Aid Squad, which donated an ambulance and sent one of its instructors to train the new members.

Usually the founders of the older squads have been volunteer firemen. These men came to realize the need for more adequate first aid equipment and better trained personnel in first aid work. Frequently, the catalyst which transformed thought into action was a local tragedy. The Arbor squad, first to be formed in the county in 1930, was organized after an accident in which eight lives were lost by drowning.

The Highland Park squad was almost forced into being two years ago when the mayor of New Brunswick told the mayor of Highland Park that the pressure of serving both communities was too much for his city's ambulance. Mayor Cole of Highland Park sought the aid of two well known citizens to organize a first aid squad. A public-spirited couple donated an ambulance and the squad was in service. A new building has been erected and is being equipped by donations of materials, money and labor.

Squad Organization

Excepting one township which has three squads under a common safety council, all are similarly organized, with line officers—captain, assistant captain and two lieutenants; administrative officers—president, vice president, secretary and treasurer; and three committees to screen new applicants, supervise fund raising and audit expenditures. An advantage of this system is that almost every member serves in some official capacity while, at the same time, all officers function as line personnel, so that the gap in understanding between those who manage and authorize the expenditure of funds and those who serve has no opportunity to creep in.

There is little problem in attracting recruits except in sparsely settled townships and the rate of personnel turnover is low, averaging less than $\frac{1}{2}$ of 1 per cent a year. One squad has doubled the number of its potential applicants by admitting women to membership and insured a continuing supply of trained, fresh young blood by maintaining a cadet corps of young men and women between the ages of 15 and 25.

All candidates are subject to meticulous pre-entry examination which emphasizes character and seriousness of interest as well as physical, mental and emotional fitness. All members hold standard and advanced Red Cross first aid cards and are given additional instruction since they may be called upon to give emergency treatment beyond the scope of what is normally considered first aid work.

Since 24-hour service must be provided most squads have all their personnel on call all the time. Calls are usually received at the local police headquarters or by the local telephone operator who either notifies the captain and a member assigned to phone duty or sounds an alarm device such as a siren, factory whistle or the fire alarm—in which case a special code is used to distinguish first aid alarms. Then the first two or, in the case of some squads, three members to reach headquarters drive the ambulance to the scene of the accident or pick up the patient in the case of transportation calls. If an accident, other members may proceed directly to the scene in their own automobiles. Where cadets are used, they must be accompanied by three regular members and are not permitted to go out on calls after 11 P.M.

Some squads assign members to particular duty days and hours according to a roster. All such arrangements differ, according to the needs and personnel of the units concerned. Work load, of course, varies considerably, with some squads making up to 90 per cent of their calls for highway accidents, others having a high proportion of industrial accidents

and some handling mostly transportation calls. The first would find its peak load on weekends, the second during the week and the third would have little variation in its frequency of calls.

Displacement Coverage

The squads cooperate by agreements to provide displacement coverage. As in fire department operations, when a squad is called into service the problem of providing standby protection arises. It is met by giving immediate notice to a neighboring unit. This system works well for ordinary operations but has broken down more than once in the face of major disasters because of the absence of effective coordinating authority and the very real independence, in both law and practice, of the squads.

In the Woodbridge disaster, for instance, the Spotswood First Aid Squad rushed off with all its equipment just as soon as it heard the news on the radio. Meanwhile nearby Jamesburg radioed a police liaison office in Monmouth County before acting, and was directed to send one vehicle but to keep the other on call. Shortly thereafter this stand-by vehicle had to go to Spotswood to pick up an emergency hemorrhage case and until it returned from the hospital, three boroughs, all of one township and part of another were left without protection. There was no way under the past system either to prevent such things from happening or to discipline responsible squads.

This was obviously an area into which the State Civil Defense agency could and should move. As a matter of fact, this is being done. On May 17, 1951, a "mobilization plan for

Raritan area" was agreed upon by the chairman of the second district of the New Jersey First Aid Council, the chairman of the Middlesex County Association of First Aid Squads and the director of the medical, health and welfare division of the Raritan area civil defense. Administrative control over first aid units in Middlesex County is now in the hands of the civil defense area control center in the case of any accident beyond the competence of the local squad, its first five cover-up squads and neighboring squads within a five-mile radius of the scene.

Therefore, although minor accidents, defined in terms of the number of victims, will continue to be handled under the old system of squad operational autonomy and interjurisdictional cooperation, any future disaster, atomic or otherwise, will be under the jurisdiction of an elaborate county-wide administrative control center. This center includes factors beyond the control of first aid squads, such as police and fire departments, medical personnel and mobile first aid stations, at the same time tying in with a statewide organization with even greater reserves of personnel, equipment and hospital facilities.

The legal status of all first aid squads is that of private corporations. Slightly more than half in the state have joined the New Jersey State First Aid Council, Inc., a cooperative nonprofit volunteer organization founded in 1929. Sixteen Middlesex County squads are members of District Number 2 of the state council; eight are members of the rival

Middlesex County Association of First Aid Squads, Inc.

The essentially public character of the squads has found legal recognition in legislation and other concessions obtained through the state council, including the municipality contribution act of 1932 and its revision of 1951,¹ exemption from fee for ambulance license plates and from New York Port Authority tolls on ambulance trips to New York.

State Organization

The executive committee of the state organization and the district councils meet monthly and a semi-annual state convention is held as a means of coordinating activities and exchanging ideas. There is a monthly publication, *The Gold Cross*, but it is unfortunately devoted mostly to personal news and equipment advertisements and does not approach the professional standards which would make it effective for the interchange of technical information. Neither the state council nor the county association has any effective control over member squads.

The principle of the municipality contribution legislation might well be extended in two ways. If the state legislature were to appropriate an annual sum of \$50,000 to the State First Aid Council and the county

¹Raising from \$1,000 to \$3,000 the amount that any municipality or county may legally contribute to any squad serving in its area. Last year Middlesex County contributed nothing, thirteen units received the maximum contribution from the municipalities in which they were located (but not from the others they served), three received less than \$200 and the rest from \$500 to \$800.

appropriation of \$3,000 were made mandatory, a number of advantages would follow.

In the first place, the state council could then afford to employ a full-time, paid, professionally qualified director to expand existing services, for example, by formulating standards for purchasing and other administrative procedures and in such critical areas as communications.

Second, the state council and the counties could share in supplementing the inadequate financing of the squads serving areas of greatest need through a system of equalization grants-in-aid. One squad covering what is essentially a rural area, for instance, answered 375 calls last year; 75 of these involved local residents, the rest were motor vehicle accidents on state and federal highways. Such a plan would insure sufficient local squad autonomy to keep the interest of the volunteer citizens without whose whole-hearted cooperation no system such as this could exist. At the same time, a few thousand dollars more distributed among the squads in rural areas, to overcome the burdens of inadequate staff, financing and equipment, would make possible the attainment of basic standards.

The potential as well as the actual significance of the work of these citizen first aid squads to their communities and to the public at large is inestimable. For the value received, the cost is small. Other states, and particularly their smaller municipalities, might well give consideration to the experience and example of New Jersey.

A COUNCILMAN'S PIPE DREAM

(Continued from page 526)

There was a fire in the old warehouse down on Eighteenth Street. Six engine companies and two aeriels were working on it. The mayor was calling a nearby city for another aerial ladder and two heavyweight pumpers. All the reserve firemen and all the off-duty policemen had been called. It was touch and go to save the adjacent block of old fire-trap buildings.

John's pipe dream had vanished into the hard realities of a bad fire on a cold and snarling night. He went fumbling around to find his hat and coat. He slithered the city reports and resolutions to the floor. He called upstairs to his wife "Bad fire; be back in an hour." Outside it was raw and blustery. The snow had stopped falling. His car motor was still warm. When he pressed the starter, the engine roared into action. John puffed on his pipe and shifted the car into reverse. Soon he was headed downtown again. In the sky he could see a dull red glow.

EDITOR'S NOTE:—Had the councilman's dream not been rudely interrupted by the telephone, he might have been able to find out also how the city, with its modern council-manager charter, had financed the new city hall and civic center as well as other improvements. It might have been general obligation bonds, paid out of economies resulting from the efficient manner in which the city was run. Or, if the system had been in effect long enough, it might even have been done on a pay-as-you-go basis.