

## Recalling the Birth of Emergency Medical Services in North Carolina

*George Johnson Jr., MD, April 6, 1926–May 15, 2007*

In 1972 a legislative committee was formed to study emergency medical services in North Carolina with Senator O’Neil Jones as chairman. The committee included doctors, legislators, and everyday citizens who were concerned with emergency medical services (EMS) in the state.

At that time, most of the people needing emergency care were transported by hearse. There were many problems with this system of emergency transportation. We had a hearse arrive at an emergency room with no patient in the back—they’d either driven off without them or lost the person on the way. In another instance, a woman gave birth and the hearse attendants never took her underpants off. The baby died.

The members of the legislative committee wanted to improve emergency care across the state; we felt emergency services should be as good in Chinquapin as they were in Raleigh. Martin Hines from the Department of Public Health was very interested in emergency medical services and helped us in many ways. There was interest in a centralized system based in Raleigh, but we recognized that a one-man show would not work. We engaged a group in Tennessee, and they suggested dividing the state into several trauma center areas—regionalization of services was a big trend at the time.

The Regional Medical Program was in full-swing, and we were on the verge of setting up the North Carolina Area Health Education Centers (AHEC) program. We didn’t think a regionalized trauma system would work for emergency services because of the proximity of the medical centers at Duke University, the University of North Carolina at Chapel Hill, and Wake Forest University. We did think that we ought to upgrade the whole system, and we pushed for a new office to

coordinate training and organization. We helped set up a trauma center classification system that worked well with the American College of Surgeons system. That led to the creation of a trauma system database that we still use to track cases through the system.

Legislation was passed in the North Carolina General Assembly that created an Office of Emergency Medical Services (OEMS) within the Department of Human Resources. Jim Page from Los Angeles, who was a paramedic

and wrote a television program about EMS, was the first chief of the OEMS. An advisory committee was formed to advise the OEMS. It was emphasized that this was an advisory committee and had no authority. The members were emergency department personnel, members of the North Carolina College of Surgeons

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**George Johnson Jr., MD**, widely regarded as the father of modern EMS systems in North Carolina, passed away in May of 2007 shortly after contributing his recollections of the development of EMS in North Carolina. Johnson was a distinguished, nationally prominent surgeon serving on the faculty of the University of North Carolina at Chapel Hill School of Medicine and on the staff of UNC Hospitals from 1959 until shortly before his death. In recognition of his seminal contributions to emergency care in the state, the North Carolina Office of Emergency Medical Services established the George Johnson Award for Emergency Medical Services for individuals who have made significant impact on EMS in the state.

Trauma Committee, and other personnel interested in emergency medical care. These members were included to contribute based on their expertise in emergency medicine.

Although there have been several efforts to move OEMS out of the Department of Human Resources (DHR), thankfully this could not be done. We felt emergency personnel ought to be linked closely to health, and we advised that they stay in DHR. The OEMS worked with rescue squads, EMS training programs, pediatricians, hospital personnel, physicians involved in emergency medical care, and the NC Board of Medical Examiners. Standards were set up in order to deliver

emergency medical care that was uniform throughout the state.

All this worked well enough, but there were bumps along the way. Several areas wanted exemptions to the statewide rules because they thought they already had superior emergency care; this was not allowed. The firemen and rescue squads were in a different department of the state and had their own training. It was difficult to get them to abide by the standards of the OEMS, but eventually they came on board. The OEMS was able to make great use of the community colleges to train personnel; this was a great success and it continues today. **NCMJ**

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