

Answering The Call:
The History Of The
Port Washington Volunteer Fire Department

Transcript Of Oral History Interview With

Jane Weiss
Fire Medic Company No. 1

conducted in association with the
Port Washington Public Library Local History Center

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pertaining to the subject being discussed

Q: Today is April 25th, 2006. This is an interview with Jane Weiss. My name is Sally Olds.
The interview is taking place at the Port Washington Public Library. Can you please say your name.

Jane Weiss: Jane Weiss.

Q: And which company are you a member of?

JW: Fire Medic Company Number One.

Q: How long have you lived in Port Washington?

JW: I don't live in Port Washington.

Q: Oh (laughs).

JW: I live in Old Westbury, and have lived there all my life in the same area.

Q: So, how did you happen to join the Port Washington Fire Medics?

JW: When my second son was born, when he was approximately fifteen months old, he had

seizures, and I was not home for it, thank God. And I was not in the medical field at all. I came home one night, and my mother said that they had to rush him to the hospital, to go over there. Which I did. And they tested him, and they said it was febrile seizures and hopefully, eventually, he would outgrow it and he would be okay, just put him on medication, which was phenobarbital, which we did. The next time it happened, I was at a friend's picnic, and he was playing with all the children, and he kind of walked over to me and said, "Mommy, come up." And I sat him on my lap, and he just leaned back and went into seizures. And I had no idea what to do, so I stood up, and I literally threw him at the first fireman that I saw, which was in Westbury. And they took him in, and they cooled him down, and we took him back into the hospital. And I said now I have to learn how to take care of this child, because this just isn't working. I can't watch him go through this. A friend of mine was watching a TV show, and they saw EMTs [Emergency Medical Technicians] needed in New York. And she said, "Oh, you know, this would be something that you would be interested in. It's all about medical." So, we happened to get into a class in Nassau County, and they started bringing out oxygen tanks and all sorts of equipment. And I walked up to the instructor, and I said, you know, "What is this all about?" And he said, "Well, aren't you in the fire department?" And I said, "No, I came here to learn how to take care of my son; he has seizures." And he says, "No, no, no. You're not supposed to be in this class." And I said, "Well," you know, "you pre-certed me and I'm in. I paid the money." And he said, "Well, I think it's time for you to get into a fire department, if that's what you want to do." So, I said, "Do you have any suggestions?" So, he asked me what town I lived in, and I told him in

Westbury, and he said Westbury doesn't have an EMS service. But if you're considering EMS, I would highly recommend Port Washington, because they have a twenty-four-hour in-house service, and they take out-of-town members, because they do actual duty in the building. So, I went down there and was interviewed by one of the members and joined in September of 1984.. And have been there ever since. And it worked out quite well for me (laughs), and I did learn how to take care of my son.

Q: How is he now?

JW: ...He did outgrow the seizures ...

Q: Oh, good.

JW: ... at the age of five, yes.

Q: And do you remember who interviewed you?

JW: I do. Philip--oh, what was his name? The person that I was most impressed with was Philip Poullado.

Q: Okay. So, when you first joined, do you remember who the Company's captain was?

JW: It was Glen DeMeo.

Q: And, so, can you tell me more about the training? Was that course the only course you took?

JW: That was an EMT course for EMT certification in New York State. I was already a technician prior to being voted into Fire Medics, which is very unusual, because usually you are voted into the company and the company sponsors you to go to the class. So, I was an EMT, started out with that certification. And I went back two years later to become an AEMT [Advanced Emergency Medical Technician], which is now called an EMTCC--Critical Care Technician.

Q: What surprised you most about your training, besides (laughs) the fact that ...

JW: What surprised me?

Q: Yes.

JW: How in-depth it was as far as learning all the medical in the field. Working at St. Francis Hospital there in their own environment in the emergency room. As much training as emergency room people have, they don't have out-in-the-field training, and it's quite impressive, because we take care of the patient prior to them coming to the emergency

room where they have a team. And you could be the only person out on a call on the ambulance, and then when you go into the hospital, a team comes in. So, the excitement of being out there doing your own thing and saving a patient is probably the most exciting of all.

Q: So when you say "out in the field training," what do you mean exactly?

JW: Well, we have to make what's available to us out in the field. All right, so when we go in, we're the first person to come upon this patient. You have family members that could be crying and screaming, and, you know, you have to be able to just work on your patient, to be able to block them out and find out what's going on here prior to--and you have to pass off to the emergency room people. As, for instance, I did go to Avianca, the plane crash in Oyster Bay. There was all the equipment in the world, but not enough to help all these patients. And there were little IV bags hanging off of tree branches, and whatever you could find to compensate for the equipment that you needed, you did. And, you know, that's the type of thing that happens in the field. You don't always have what you need there, and you make what good you can.

Q: So, can you tell me, say, exactly what you did at Avianca, you know, with a particular person, maybe, or ...

JW: It was treating any patients that came--that the medical staff were able to pull out of the

plane crash, and basically they would bring them to a staging area. And, depending on who was available, you just took the next patient in line. Once you started your IV [intravenous feed] and you got them stabilized, you wait for the next person to come in. And that's pretty much how that worked. There were hundreds of people there working on the plane crash.

Q: And which emergencies--which other emergencies stand out in your mind particularly?

JW: The one that stands out--I happened to bring a letter from North Shore University Hospital, and I'm just going to read you a paragraph of it, because I thought it was very impressive that the hospital would take the time to write a letter to all the technicians that were on this call, including myself. And it happened to be a motor vehicle accident on Roslyn West Shore Road where this woman had--let me just find the area. The patient sustained major face trauma, lower extremity trauma, and was in traumatic arrest. And the woman was saved due to the efforts of the team that I worked with, which was myself, Mr. Schaeffer, Mr. Cosola, and Ed Oldak. And the letter was written to the Chief of the Port Washington Fire Department.

Q: ... [INTERRUPTION] ... So you were saying ...

JW: One of the organizations in town had her come to one of their meetings, and we also received an award for it. And she was there, and it was quite impressive to see somebody

that was that hurt walking up to the stage. It was very impressive.

Q: So that must give you ...

JW: That probably is my most rewarding--you know, I've had life saves before. A lot of them don't stand out. I'm not the type of person that needs a pat on the back to be recognized. I get self gratification on what I do. And she just happens to be that one person that really stood out. The other call was the death of one of our fellow members that was killed on Roslyn West Shore Road. Ingrid Sowle. And I was on that call, and we transported--it was a motor vehicle accident by someone else. We packaged that woman up and started out of Port Washington when the call came over that she was struck, that our member was struck on Roslyn West Shore Road. We diverted back again. We took out another ambulance and put the original patient in that ambulance, and we took Ingrid Sowle--Ingrid Sowle in the back of the ambulance and worked on her all the way to the hospital. And, unfortunately, she did not make it. That was quite an upsetting situation.

Q: Do you have specific skills as a Fire Medic? Are there, you know, is there a specialty that you work or ...

JW: My certification in New York State is EMTCC, which is a technician that's able to push numerous medications prior to arriving at the hospitals, the receiving hospitals. We're allowed to defibrillate patients and start IVs, and we have a lot of standing orders that we

can just do without even having to call Medical Control to get authorization to do this.

Q: What kinds of standing orders?

JW: Your medications and your defibrillations, as far as a cardiac arrest. You're allowed to push your medications prior to calling Medical Control. When you have an overdose, you're allowed to give medications for that. It depends on the problem that the patient's having. If there's a medication that is in question, then we can call Medical Control, and they will direct us to push the medication.

Q: Now when you say "push the medication," you mean ...

JW: To give the medication and put an IV or, you know, subcutaneous shot in the arm-- whichever it may be, depending on the patient.

Q: And what exactly is Medical Control?

JW: Medical Control is, it's Nassau County. It's made up of County-authorized technicians that has a medical director over them, oversees them. And you call them in. It would just be like calling 9-1-1 and saying, "I need assistance on how to do something," and they will direct you. They have protocols right in front of them. We're governed by the protocols in Nassau County. And they have protocols in front of them and what we're

allowed to--medications we're allowed to administer, or medications that Medical Control has to approve for us to administer.

Q: So, when you call Medical Control, you're not necessarily speaking to a doctor.

JW: No, no. He is off--he is standing in the wings in case there's something that has to be approved by him. Otherwise, we just follow the protocols of Nassau County. And, again, even though we have protocols that tell us what we can do, some of the medications that have to be administered are through his authorization. So, Medical Control will tell us which ones to give, if they're not standing orders.

Q: Can you tell me about some of the offices that you've held in the company?

JW: Oh, sure. I was voted into membership in September of two thou--1984. In 1985 into end of 1986, I was appointed financial secretary at Fire Medics. From ...

Q: ... [INTERRUPTION] ... Okay.

JW: All right. In January 1986 to December 1987, I became elected into the Treasurer of Fire Medics. In January '88 to December '89, I was elected into the position as President of Fire Medics.

Q: Okay. Can you tell me--can you stop there a little bit and tell me what your responsibilities were as President?

JW: Sure. The President of Fire Medics is responsible for all of the administrative work-- daily work. There is a Board of Directors, and they oversee the Board of Directors and all the committees of the company. So it's mostly all administrative, as far as the President.

Q: And were there any issues that came up during that time? Any controversial issues or particularly challenging ones?

JW: Probably the most challenging when I was President was -- we were in the process of--I did all the research and finally signed the papers for the first building that Fire Medics owned. Because we were running out of Department Headquarters on 423 Port Washington Boulevard in the basement. We had two bedrooms and a little kitchen, and just one big kind of open area. And when we were ready to expand because we were getting so many members to come in, it was time for us to find something that was in the middle of town that would be in our best response area. And at that time, it was on Harbor Road, and that's where we are existing right now. And I was able to sign the papers, which was quite gratifying to be able to get our first building. And that's my best accomplishment that really stood out, as far as when I was President. You have your daily problems within the company, you know, that you solve with members and

whatnot. And it just--it was a very rewarding two years for me, as President. We got a lot accomplished.

Q: What kinds of things?

JW: It was just the daily--you had to spend most of your time up there in order to solve problems of what went on every day. It takes a lot of time out of your life. At home, it was role reversal, because my husband was from the city and never really could understand the fire department. And it's usually men that are involved in the fire department. And I used to get the "You're never home," "You're always at the firehouse," you know. But when you're going to go for a position that high, you have to be able to spend the time there, and it's a daily thing. You have to be there every single day to solve the problems of just the company. It's not just even political things with when we purchased the building, it was moving telephone poles just every day--things that went on, troubleshooting.

Q: And when you're spending time, were you sleeping at the firehouse?

JW: At that time? Yes. I was--they have--Fire Medics is a twenty-four hour in-house service, and we do basically duty slots. We have reduced them due to the economy and people having to work two jobs these days. But when I originally joined, and right up until a few years ago, we basically did four-hour duty slots. It would be six o'clock in the

morning--six to nine, nine to two, two to five, five to nine, and then overnight. And we work off of a point system. So, every hour you're in the building doing duty, you were getting points for it and calls and so you were able to accumulate them. But, yes, I've done my share of overnights, but that's finished now (laughs).

Q: Oh, you don't do that now?

JW: No, not overnights anymore. No, no.

Q: So, aside from your husband saying, you know, "You're never home," how did things go at home during that period? You had one child and ...

JW: No, I had three. Things went well. My mother lived next door, so the children did a lot of back and forth next door. But even though my husband thought I was never home, he was a very good caretaker for the children, so he was able to fill in when I wasn't there. And, you know, children, of course, love the fire department, so I would take them with me as long as I wasn't going out on calls and whatnot. But we have a very good group of camaraderie there. And if there were other women there--and even some of the men--they would watch the kids if somebody went out on a call. So, it all worked out.

Q: So the kids handled it well, right?

JW: Yes. The kids handled it fine.

Q: And how old are your children?

JW: Now? They're--now they're twenty-four, twenty-six, twenty-eight, and I adopted a child that's fifteen.

Q: And how old were they when you first went to work for Fire Medics?

JW: Seven, five, and three. So, they were little, but they enjoyed it.

Q: What made you decide to adopt?

JW: I became a foster parent in '85, and I've had thirteen children in my house, that my mother and I--my mother was the official babysitter. She was certified in New York State. I happened to be watching Phil Donahue one day, and they were begging for people to come forward and take children that were living in hospitals--to foster care. And I got certified in New York City. And I took in eleven children, with the stipulation that if any of them became available, I would probably adopt. And Emilio is my son now--Emilio Frometa. F-R-O-M-E-T-A. And he came into my foster care when he was six months. He left when he was two years. He went back to his grandmother at two years, and his mother decided that she just couldn't handle him anymore. So, she called

me when he was just before four years old and asked me to remove him from the household. And I had to go back into the whole system again in order to get him back, because he had been cleared to live with the grandmother. And he came back to me when he was four, and I adopted him when he was six. So, it all worked out.

Q: Well ... they say if you want something done, ask a busy person. And you certainly have been busy.

JW: I know. I also have an ex-foster son who is graduating his first year of college in May. And I had him from six months old, and he went back to his grandmother. She adopted him. And he comes every Christmas, and he lives all summer with me. And he's been with me since he's been basically--when he went back to grandma at five, he started these visits, and he's now in college--his first year of college. So, that was an accomplishment (laughs)

Q: Okay. Can we go back to the fire story now?

JW: Sure.

Q: Was there anything else about your term as President that you feel was significant?

JW: No. It ran very smoothly. The Captain that worked with me was Philip Spinnato. He is

one of my best friends in the company right now. He is Captain again now, and the two of us work hand in hand, and probably the best President-Captain team that has been in Fire Medics--and I'm not trying to brag, but (laughs) ...

Usually the Captain and the President don't see eye to eye all the time. But the two of us handled problems. We would sit behind closed doors, and whatever came thrown at us, we handled. So it worked out very well for us.

Q: Had you worked together before?

JW: No, I met Philip before. I think he was in two years prior to me joining. And he was an Engineer when I joined. And we just remained friends from there.

Q: So, is he, then, Captain of the Fire Medics?

JW: Yes.

Q: Yes.

JW: Yes.

Q: And he's been in the Fire Medics department or company?

JW: Right. Two years--yes, two years longer than me.

Q: Okay. Okay, so then, after your term as President ...

JW: After term as President, after the term as President, I was appointed as the Treasurer of the Port Washington Fire Department, and I stayed there from January 1990 till March of '98. They restructured the directors and representatives from each of the companies because we had five department directors and four members from each company. So that was sixteen more. And we couldn't make decisions (laughs). It was very hard to get a unanimous vote on anything. So, the department as a whole went back--which includes the four companies--and they voted to restructure the department as far as their directors. And they dwindled it down to a director from each company and the Chief. So, right now, we have a member from Atlantics, Protection, Flower Hill, and Fire Medics, and then the Chief. So, the five of us sit down and we can make decisions a little easier than twenty-one people (laughs). And that's where I am currently serving there, and in 2000 and 2001, I was Chairperson of the department, as the director. We rotate our terms.

Q: Chairperson of ...

JW: The Port Washington Fire Department.

Q: Port Washington Fire Department.

JW: And I am the only existing original director left. Everyone else has resigned or moved on. And I'm still there (laughs).

Q: Is it a very challenging position? Is that why so many left?

JW: It's very challenging, because now, at that point, there are four companies that question what's going on in the Department versus just your own company. So it is challenging. And when you need something done, all four companies have to vote on it.

Q: So what kinds of issues have you been working on?

JW: What kind of issues? Well, issues can be anything as far as moving sirens from one area to another, to all the budget--all the budget process comes through us. We now are--we do all the insurance. All the companies are insured under the Port Washington Fire Department policy versus having their own. Anything to do with the maintenance, we have maintenance men now that work for us, and we do the maintenance on any of the buildings and whatnot--whatever the Chief approves. So, all that stuff has to come up to the department, and we get out all of the turnout coats and gear for the firemen. All the uniforms in our department, all the radios in our department. And it all used to be part of the company's. So, we're starting to try to kind of unify ourself into a smaller--and all

those decisions have to be made through the Department, not the companies. So it's a-- it's a big--big nut to crack (laughs), to say the least.

Q: Yes. Do you feel there is any issue in terms of your being a woman in a largely male department, making these decisions?

JW: Not at all. Not at all. Fire Medics is probably made up of--right now, probably is fifty-fifty. I am fully fire trained, so I have gone out to Bethpage and gone through all the courses that they have, so I understand, you know, their firefighting techniques and what goes on in that area, which I think is a plus for me, being at Department Headquarters. Because, you know, all the Chiefs come out of the fire companies. There is no chief from Fire Medics.

Q: Is that in the by-laws of the department, or is that just how it's ...

JW: Is it in the by--no, it's in the by-laws, because the Chief has to be completely fire trained. So--and he has to be able to make the decisions on a fire ground, which Fire Medics doesn't do. Even being fire trained, I would never--they would--the Chief would never expect me to go into a burning building. I'm fire trained in case, God forbid, there was a collapse, and I had to go in to help someone. But they would normally bring the patients out to us if there was somebody in a burning building, and we would take care of them there. But just the fact of, even going to the--your first course is Essentials of

Firefighting--just to learn why firemen do what they do and why they pull, you know, their hoses off the trucks in big loops. And it is something that everyone should go through, but Fire Medics does ...

Q: Why do they?

JW: Because they take their links--they're all folded evenly back and forth, back and forth--and they take their links, and as they pull out the links just drop. You do not have to be fire trained at all in Fire Medics. So, that's a plus for those people that don't want to get fire trained.

Q: Have you worked at fires?

JW: Yes, yes. I have been--right now, as a matter of fact, I will, if there is a fire, I am the photographer if I'm there. Again, if you're in the fire scene, you have to be fully geared up. I will put on turnout gear, and then I will take pictures of everything. After the fact, I will usually go into the building and take pictures of what has gone on in the building.

Q: So, you have to wear the turnout gear yourself?

JW: Yes. If you're in the fire scene, yes. Uh huh, yes.

Q: Can you tell me about some of the fires that you've gone to, which ones may stand out in your mind?

JW: Well, the first one that stands out in my mind is when we were--I guess it was two thousand--maybe 2003 or '4. We were all getting ready for our work-night Christmas party, which is just to go to one of the firehouses, and we just have some drinks and hors d'oeuvres and whatnot. And just as we were ready to get to the firehouse, a call came over in Sands Point for a working house fire. And luckily there weren't--there were people home, but they were able to get out. They heard the crackling in the garage, and the electrical box had started on fire. And, unfortunately, that family basically lost the whole house. We were there for hours. And that stands out most in my head, because it was so, so serious to have those people--to think that those people were in the house when this was all going on and hearing the crackle and not knowing what it was. And it was probably one of the most recent. Another one was when Bullitt's had a fire--J.T.. Bullitt's in town. And the Chief was Geoff Cole who is, I have been told, afraid of heights. And he was literally with his men walking along the edge of the building, and I was absolutely surprised that this man who is afraid of heights was up there and had really, basically no clue he was even up there. He had a job to do, and his men were there. And it just was absolutely amazing. I will say that there was one time when my husband came with me into town, because he had no idea what I did. And this is probably the only time he ever saw me. We were at The Library having lunch, and there was a motor vehicle accident right outside of the Library. And, you know, I ran out to

see what was going on. And I guess he must have walked out of the restaurant, and I was the first on scene and I started treating the patients. And we got them out of the car, and we started immobilizing them and medically treating them. And when the call was finished and I walked back, because I did not ride the ambulance--I just basically secured the patient and handed them off to the ambulance--I walked back and I sat down to start to eat, and he looked at me and said, "Are you kidding me?" And I said, "What?" He said, "I can't believe what you just did." And I said, "I don't understand what you mean." And he goes, "You just ran out into the street and started treating people," he said, "and when that ambulance arrived, everybody started doing something." And I said, "Of course. That's how we work." And he said, "Everybody knew what they were doing. Like one person got the immobilization; one person put the head bed [?] on; and one per ... " he goes, "and you all just worked as a team." I said, "That's what it's all about--working as a team." And that was the only time he ever saw, and he was absolutely amazed that it all falls into place, you know. You can get five people, you know, come out of an ambulance, and everybody has their own little--like if I'm doing something, this next person knows they're supposed to do something else, and everybody just falls into place. It's quite amazing.

Q: And all this work that you do is completely volunteer, or have any of the positions been paid positions?

JW: No, what we do at Fire Medics is completely volunteer. Department Headquarters has an

executive assistant which does all the daytime answering of mail, and she does the books right now. And we just recently took on maintenance men, which help, you know, with snow removal, they take care, maintain the trucks if they have to go out for repairs. They do a little bit of cleaning. You know, they fill the air bottles. They do a lot of the check and balances of the Fire Department right now. And they will, if the ambulance doesn't get out from Fire Medics, we have recently put one up at department headquarters because we have three working ambulances, and they will take one of them from there and go to the scene. And then when the Fire Medics show up, the maintenance men will hand the call off to Fire Medics, and we'll take the patient to the hospital.

Q: Where is the third ambulance?

JW: We have two down at 65 Harbor Road, and then the other one is up at department headquarters. If one of those ambulances goes out for service, then the department ambulance will come down to Fire Medics. There's always two running out of Fire Medics.

Q: And which hospitals do you take people to?

JW: St. Francis Hospital is our major receiving hospital. Right now, North Shore is a stroke hospital and our pediatric hospital--St. Francis does not do pediatrics--and head trauma. If we have a major burn patient, we will travel over to NCMC [Nassau County Medical

Center], because that is the burn unit, if they need that. But, probably eighty percent of the patients go to St. Francis. St. Francis has really expanded themselves as far as their patient care, so that they can pretty much treat everything now.

Q: Okay. Did you have more there [referring to the paper she was holding], or different?

JW: Yes, the certifications that I was holding were in '87, I became the--was an EMT. I took the Essentials of Firefighting, which is, you know, the beginning of your fire training, in '88. In '91, I became an EMTCC. I worked as a lab instructor for EMS in September '89. And, due to my busy schedule, I ended up, when I started at St. Francis, I did that for a while, but I just found it--it was very rewarding. I just found it overwhelming as far as my working hours. But ...

Q: And that's as a lab instructor?

JW: As a lab instructor in New York State ...

Q: Was that at St. Francis?

JW: No. That was at the Fire Service Academy. I am currently a CPR [cardiopulmonary resuscitation] instructor since 1992. I hold a card, since '93, for assistant fire inspector. Since '92, like I said, I was--I have been qualified as an interior structure firefighter. The

department put me through to be a notary. So, I carry certification for that (laughs).

Q: Have you had to use it?

JW: All day long, I do at St. Francis, thank you to the department. And, yes, I do. I do most of the notarizing for all of the contracts for the villages and the Town of North Hempstead. So, that worked out well. I think there's only like two of us in the department, and I'm the only one left at St. Francis. So, that--that was quite rewarding, I have to say. You're always looking for a notary, for some reason (laughs).

Q: What would you say was your best day as a Fire Medic?

JW: I would have to say my best and rewarding day is the woman down on Roslyn West Shore Road that we saved. That was probably my most rewarding call. Seeing her, you know, you can have a life saving of a cardiac arrest, which doesn't happen that often. But you basically never see those people again. You know, they go into the hospital. You can check up on them, you know, later on, but you forget. You go on so many calls it just is mind-boggling. That's probably my most rewarding one.

Q: How about your worst day?

JW: My worst day was Ingrid Sowle on that one.

Q: And how do you deal with a traumatic situation like that? I mean, personally, how do you process it?

JW: Usually, how the process works is after a very disturbing call, usually the crew will go back to the firehouse and just sit around and have a roundtable discussion. And that will vent out all of the mishaps you might have and disappointments of possibly losing a patient. But they do have a critical stress team that can come in. They did that for Ingrid Sowle. And it's a group roundtable that they have a professional come in, and you're there to vent any problems that you had.

Q: And have you taken part in some of those sessions?

JW: I took part in the Ingrid Sowle, I think, because the most emotional part of losing Ingrid was she was responding to the call after the ambulance had left. And she came down to Roslyn West Shore Road and parked her car at the top of the hill, over near Beacon Hill. And everyone was walking back to their cars at that point, and she was walking down to see--she didn't realize, because you have to have radios to know when the call is over--and basically the members don't carry radios. So she had no idea the call was finished. Everybody was picking up; the ambulance had left. And she came out and was walking down the side of the street when a drunk driver came and hit her. As a matter of fact, when he hit her, she bounced off of one of another member's car, and we had to--that

member had to get rid of that car. She could never drive it again, you know, due to the fact. And that's probably the most upsetting part of the call, to think that it didn't have to happen, if she would have known that the call was over.

Q: And do you still not carry radios?

JW: Members do not carry--members have pagers that, if you listen to them, they will come over and tell you that a call is on a "signal 13," which means it's over. But very rarely would you listen to that, even though you carry the pager. Because what happens is your pager is set for a call on one frequency, and if you don't switch your pager to the next frequency, you would not know that that call is still in session. Because you want to hear the next call coming in, so you leave it on the scan on that one. And it's just unfortunate. We don't all carry radios. We can't--we have radios when we get to the scene as the crew in charge, but not getting to the scene. We carry a lot of Nextels now, especially officers. So we are able to at least key up and find out where you are, you know: "I'll be responding to the firehouse; if you can get the ambulance, you can go to the call." So we can kind of talk to each other that way.

Q: What is a Nextel?

JW: A Nextel is a cell phone. And most of all the companies' officers and all the department officers have cell phones, which are Nextel walkie-talkies. So you can communicate that

way.

Q: When you say "key up," what do you mean?

JW: You just push a button, and I can put my phone into you and you'll hear it beep, and you'll pick up and just answer me.

Q: So you--I mean, how does it work? Could you call a particular person or ...

JW: I can call a particular person. Yes, yes. We haven't gotten into group pages yet, but I can call you, and you'll hear a beep go off and you'll look in your phone, and it'll say Jane, all right. And then you key me up and say "What's up?"

Q: And how would you say what you have learned through your training and through your experience as a Fire Medic has helped you in other areas of your life, both personally and professionally?

JW: Professional helped me in many ways because, originally, when my children were first born, I worked at Hicks Nurseries Garden Center in Westbury up until, well, I was there about twenty years from 1978 to 1995. And then, my husband had a massive coronary, and he was the sole--basically sole financial to the household. And he was self employed, so he carried the medical insurance. Once he had the heart attack, medical

insurance was a necessity. We couldn't just, you know, it's so expensive. So, I just happened to go to St. Francis Hospital and put an application in, because a friend of mine worked at North Shore, and they had technicians in the emergency room. And I called St. Francis and said if you had something like that, I would be interested. And they said, "No, I'm sorry, we don't have positions like that in the emergency room or in the hospital. I think it was maybe three weeks later they called me back, and they said, "You know, we're thinking of starting a pilot program at St. Francis Hospital, and we would be interested in hiring you full-time, seeing you have a New York State certification. Would you like the position?" So, I said, "Sure, I'll try it." And I tried it, and, fortunately, with my certification and my ten years in the field of firefighting, they hired me, and there were only three of us that got hired, and all three of us had to have the certification. And that's what landed me basically at St. Francis, and I've been there for ten years. So, that definitely helped me, and ...

Q: Excuse me. I have to turn over the tape...

JW: No problem ... [END OF SIDE A; BEGIN SIDE B] ...

Q: Okay. And how has your involvement with the Fire Medics affected your personal life?

JW: As far as personal life, I was originally the first person in our family that had some kind of medical training. So, the phone calls would come from all sorts of relatives. You

know, "My child fell and has a cut on his head. Do you think you can come over to see if it needs stitches?" "My child has a fever and he's vomiting; what do you think I should do?" And it basically has gone on since then. My nephew is a diabetic. I've handled him a few times where he has gone into insulin shock and had to call the ambulance when he was completely lethargic and had no idea what he was doing. So, it has worked out. Since then, my niece has become a PA [Physician's Assistant], so she's in the medical field. My son has become a paramedic. He's in the Westbury Fire Department. And he just got hired in New York City. So, now, a lot of the questions are directed to him, because he's home a little bit more often than I am.

Q: Is this the son who had the seizures?

JW: No. This is the oldest one.

Q: What are your children's names?

Q: Kristie--my daughter, twenty-four. Jason. He's twenty-three--I'm sorry, twenty-six. Boy, I wish he was twenty-three again. And Todd is twenty-eight. Emilio is fifteen.

Q: Do you ever carry anything for luck--any kind of lucky charm or anything?

JW: No, I don't. No. My luck is with me wherever I go (laughs) ... [KNOCKS ON WOOD]

... so far.

Q: What about the social aspect of being a member of the fire department. Has that been important to you?

JW: Social aspects. I have a lot of friends in Fire Medics, mostly the old-time members. I enjoy the younger group of people; they kind of keep you young. Probably my right-hand “man” in Fire Medics is Christina Alexander. She has worked with me on numerous occasions. She works with me close as the membership committee. She's the Treasurer right now of Fire Medics. And we're friends inside Fire Medics and outside of Fire Medics. It's a nice group of people. You know, it's--when they say the fire department is brothers, that's exactly what they are--brothers and sisters. You couldn't ask for better.

Q: Which other people have stood out for you over the years?

JW: Geoff Cole happens--Chief Cole -- he happens to be my best friend. He has been--oh, wow, we're going on eighteen years, I think. The first time I met him, he was, I think, a Captain in his company--Flower Hill. We went to a fire board dinner, and I met him there and we just hit it off really well. And he is literally my best friend. Him and his wife and me and my husband used to go away on trips and whatnot. And my husband passed away five years ago. So, we still travel a little bit together. But he was always

there for me for whatever--whether it be fire department or personal, and he still is. So, I would say he is--like I said, he is my best friend in the world (laughs). Not just the fire department--in the world.

Q: What was your husband's name?

JW: Michael. Yes.

Q: And are there other close friends that you have in the Department?

JW: Yes. I have Philip Spinnato who's presently Captain. He has pretty much held the position in Fire Medics since I've known him. Christina Alexander. A lot of the old-time members. Beverly Reese, Lesly Culp, Jen Mandero, Linda Ladislaw.

Q: When did you first feel part of the team?

JW: I have to say you feel part of the team--at least I felt part of the team as soon as I joined, because I was already an EMT. And, you know, Fire Medics has its own qualifications, even though you get state certified and you carry a certificate. They go above and beyond. They have a process that's called Teterization--after Joe Teta, an ex-Captain of Fire Medics. And Teterization is not only do you carry your state certification, but Fire Medics has you ride an ambulance with a qualified technician so that if you're the only

person on that ambulance besides the driver--because there are times when it'll only be a technician and the driver--and you respond to a call, you have to be able to handle that whole call, from scene safety to patient care to making sure that ambulance is safe, the driver is safe, pedestrians are safe. Everybody in that area. And you have to be able to organize yourself. You just can't be able to take care of a patient and learn from a book and say, "Well, I'll treat you." Because you have to be able to handle the whole scene. And that's what they look for. And once you've become a technician and you've ridden the ambulance a few times and whatnot, if you feel capable of handling a scene all by yourself, you would talk to the Captain and the Captain would ride with you and qualify you.

Q: Well, how can you do that? How can you take care of the patient and then take care of the whole scene also?

JW: The first thing you learn in your classes to become a technician is scene safety. So, before you can even start your patient care, you have to be able to make sure that everybody there is safe. From the patient to the crew to the ambulance. Luckily, in Port Washington, I don't think I have ever responded to a call in my twenty-one years that there was not a police officer on the scene. The Port cops are absolutely wonderful. It has happened maybe--I can't even count on one hand--in Manorhaven when, because the County police are there. If they're changing shifts, there is not always a police officer there. But, like I said, I could probably count that on the back of my hand. Once you

have reviewed the area that you're in and your safety for the ambulance crew and the patient is okay, then you can go in and deal with the patient. And usually the police officers--and, by then, you'll have, usually, now, we have chiefs--a chief will really come to a scene. They're really good like that. Years ago, when Fire Medics was first established, we didn't have a lot of department people--firemen or chiefs--responding. Now, again, very rarely do I go that there is not a chief at a scene.

Q: A fire chief?

JW: A fire chief, yes. Yes. So, it's ...

Q: Can you describe to me just how you would secure the site, the area, to ensure that everyone is okay?

JW: Well, once you get out of the ambulance, even pulling up on a scene, you have to be able--say, a motor vehicle accident--as you're pulling up to a scene, you have to completely visualize everything around you. You have to make sure that there are no telephone poles down, that there's any electrical wires hanging. You have to make sure that the car is not on fire or be able to start on fire due to fluids leaking. You have to make sure that if you're starting to go near the car, the car is secure, that it's not going to roll in any way. Once you are capable of making sure that there's scene safety, then you can move in on your patient. If I get hurt, I'm not going to do any good for that patient. So, that's where

it all comes in. It takes seconds to do. And, again, as long as, if there's a chief on the scene, he will direct you where to go, where the ambulance should go, so he will make sure the scene safety is there first, and then you can go right in to your patient. So, it's an asset to have chiefs that we have now, because they're all excellent. It's really incredible.

Q: Can you tell me something about some of the funny things that go on?

JW: Some of the humorous things. Probably one of my most humorous things that happened, that didn't (laughs), thank God, didn't have any effect on the call was being an out-of-town member, when I first joined--I was not very good at the streets. So, another driver and myself were in the ambulance, and he was also an out-of-town member. And we left department headquarters, 423 Port Boulevard, and we were heading toward St. Francis Hospital, because we thought the call was down there. And we turned around and all the trucks are heading in the opposite direction (laughs). So, it was quite embarrassing when the Chief said, "Could you explain to me where you're going?" We realized that maybe we'd better turn around and follow the rest of the trucks to the call. So, usually on fire calls, we wait and let the fire trucks give their signals first to get out, because when the ambulance arrives at a burning scene, seeing they're not fire trained, there's not too much that we can do first. I think the important thing is when an emergency vehicle responds to a call--whether it be a fire or a signal nine, which is a patient--when a family member sees a fire apparatus, they're expecting something from you. So, if a fireman responds to an ambulance call, and they're not a technician, the family member just grabs them, and

they don't know what to do because they're not qualified as EMTs. Same thing as technicians on an ambulance. When you go to a burning building, and you're not qualified as a firefighter, they're expecting you to do something. So, we would usually wait until the chief or the truck gives the signal that they're leaving the firehouse, and then we will respond. So, that's really important. That's why we don't like observers to go to the scenes of a call; they're really supposed to go to the firehouse, because an observer is somebody that just got into the company and really has no medical background at all and doesn't even know how to take a blood pressure. They're just learning the basics before we start training them. They arrive at a scene; there's really not much they can do for a family member. They're in cardiac arrest, we try and get every member of the Fire Department CPR trained. You know, sometimes their certification runs out, that doesn't mean that you can't do CPR. It just means you're not certified. But they're expecting something from you. So, if you have somebody that's in cardiac arrest and that family runs out, they want you to do something for them. So, it's something that has to be thought about.

Q: Do you have a problem in Fire Medics with automatic alarms?

JW: Fire Medics responds to not only ambulance calls; it responds to all fires. So, automatic alarms are a biggie. But, then, again, automatic alarm was the Sands Point Nursing Home. And I was on duty for that one, and the Chief was at the Fire Medics. And we were all having a discussion, and it came over as automatic alarm, and we all stood up

and said, "Not again." And we got in, and just as we rounded near Harbor Homes, we looked up, and the flames were going through the roof. That was also a very interesting call, because you had all of the patients--we all geared up and we went in, and we had to remove all of those patients from the Sands Point Nursing Home. Luckily, it was in the winter, and it was a fairly mild night for the winter. They ended up getting Brower's moving truck, and we put a lot of the patients (laughs) in the moving truck and brought them down to the schools. But that was another very interesting call, because that was a typical automatic alarm that turned into a working fire. So, yes, you do have, but you've got to go. Yes. Got to go.

Q: Were you at all involved in 9/11?

JW: No. I was not involved in 9/11. I was at the hospital when it happened. The hospital geared up in case we needed to bring patients in, but obviously there were no patients to bring in. So, no. Not directly. My son did go into 9/11. He was there for, I think, forty-eight hours, and I thank God that he didn't stay there, because a lot of these guys are coming in now with lung problems. So ...

Q: Did any of the procedures in the Fire Medic department change after that? Did it have any impact on the department?

JW: As far as--yes, we've had extra training on that. On responses, they do have county-wide

drills every once in a while that the city's involved in. Obviously, the chief would know more about it. But I know they just had, recently, had a drill where the city set up to call in specific areas in Nassau County and Suffolk County to respond in, and they did go to prospective firehouses just to back up, as a training session, to see who would come in. So, you know, I think as far as radios, but then again that was a biggie with Bobby Dayton. We lost Bobby Dayton to a fire on Main Street. Unfortunately, he did have radio contact, and they just weren't able to get to him quick enough. But I think radio response has changed a lot in the city and out here.

Q: And what about the issue of recruiting new volunteers? Has this been a problem with Fire Medics?

JW: This is a very big problem. Due to the economy and living on Long Island, the prices of houses, people cannot afford to live here. People are working two jobs. We just sent out a mailing, and I think we've received right now hundreds of donations, and I think, out of all hundreds of donations, we received back one letter from a mother of a fifteen-year-old that was interested in joining our Explorers Program. People just don't want to volunteer. People are amazed when you say you volunteer and "You don't get paid for that?" Fire Medics is just starting--the department has a recruitment committee. Fire Medics has just started this week to do a major recruiting. They were going to go to the churches. Unfortunately, they didn't get permission to go in this week, so they're going to be doing that. We're going to be going into the schools. We lowered our membership from

eighteen to seventeen. There's a problem with that, too. I can say it's my opinion, but it's not my opinion, that seventeen year olds are usually seniors in high school, and they go away to school. So, we put all of our training into getting them trained in the company, and then off they go. Some of them even use it for the recommendation for college. So, we lose a lot --I think out of twenty-five students that came in, I think we retained two. So that's a biggie. But we are going to the schools, we are going to the churches. They're going to be putting flyers in some of the stores in town. I just started--I'm a CPR instructor, but I do most of my instructing with the fire department--Westbury Fire Department and Port Washington. I just recently went to a class and taught a class at St. Francis. And I was overwhelmed with the amount of people that signed up for the class. I think the class was over sixty people, and I didn't realize that that was probably one of the most important areas to put the flyers out. Because these people obviously are learning CPR for a reason, and hopefully their reasons are a little bit medical (laughs). And we got a few bites in there; I haven't heard from them yet, but they they took our business card and whatnot. So we're hoping that we get some members through there.

Q: Is there an upper age limit?

JW: No. As far as being driver qualified, eighteen is the lowest. So, our seventeen-year-olds can ride the ambulances once they have their insurance with the Town of North Hempstead, but they cannot drive. But they can go through the whole driver training program up to the point of driving the ambulance. And our oldest member is--I'm not

going to use any names in case it's not--but (laughs) is definitely over sixty-five. Yes, definitely over sixty-five. So--and, well, she doesn't really drive that much, so she doesn't like to drive. Yet, again, you know, we have different levels of training in Fire Medics--observer being the lowest. Then, you can become a driver, an EMT -- an EMTCC and a paramedic are pretty much on the same level, but there are some people that just don't want to drive the ambulance, so they are just technicians.

Q: Now what about an AMT [Advanced Medical Technician] or is that ...

JW: AMT has been changed. AEMT [Advanced Emergency Medical Technician] has been changed to an EMTCC, Critical Care. Every once in a while, the State changes their names for whatever reason. But that's the latest, yes, AEMT.

Q: What do you think is the most important lesson that you've learned from being a Fire Medic or from being in the department?

JW: My most important thing I have learned in, through my first EMT class is "Never assume." That's the first thing you will learn, and (laughs) it has stuck with me, because, even in the hospital, if something happens and I look at that person and say, "You never should assume that that was going to happen," because (laughs) it just, it ...

Q: Well, like what? Can you give me an example?

JW: Can I give you an example? Well, as far as the medical, by looking at a patient, you can't assume there is nothing wrong with them until you start taking their blood pressure and you start checking them out medically. That's pretty much how the "assume" came about, but, you know, as far as on my job, people will come over and say, "Well, I thought so-and-so," or "I assumed," and I'm like, "No, no, no. You can't assume that." And, you know, it holds true with fire, the fire department, you know. I could come on-- an ambulance could arrive with a crew, and I will come on the scene and I'll take a patient over. If I haven't gotten the full story from the technician that just handed off to me, I can't assume that they did the whole professional work-up on the patient. So, that's where it all comes in. You know, if you want it done right, do it yourself (laughs) type thing. But that's the assume (laughs).

Q: How would you like to be remembered?

JW: How would I like to be remembered? Just as a member of the Port Washington Fire Department. Again, self-gratification is all I need. I don't need to be remembered for any of the, you know, any of these positions held, any of the certifications, committees I'm on. It's a job well done when I finish. When I see that lady walk in behind. When, as an out of town member, I can parade in Port Washington and walk into a store where I don't even reside, and people say, "I remember you. You picked me up on the ambulance." You have no idea who that patient is. Because you go through so many of them, it's, you

know, all the faces don't look familiar at all. But I've gone to banks here and people walk in: "Do you remember me? You took care of me." And I'm like, "Yeah, I remember you!" And that and pretty much the little old people, you know, taking the ambulance and will get out and say, "How much do I owe you for the ambulance?" "You don't owe me anything." "Oh, no, no, no. Please." "You don't owe me anything. This is what we do." "But you don't get paid." "No, we don't get paid," you know. But you'd be surprised at--they're so cute. So cute. You know, that's pretty much it on that.

Q: Okay. Is there anything we haven't talked about that you think is important for people to know?

JW: Yes, there is. Because on this little application, it says, "Do you have a nickname?"

Q: Oh, yes.

JW: And my nickname in the firehouse is "Mama Jane," through the Port Washington Fire Department to the Westbury Fire Department and through St. Francis Hospital. My license plate even says "Mama Jane." My kids got that for me three years ago, and it came about as being a foster mother, because I was not a mother--they didn't call me "Mommy," because I was not their mommy for thirteen children. That's what I was called--Mama Jane--and it has stuck through all the firehouses, and my son, all these grown men--even if--because I will go on calls with my son every once in a while.

Arrive on the scene, and they're like, "Mama Jane's here with her son!" So, I do want that somewhere (laughs).

Q: What do you think the value is of this oral history project?

JW: To me, it's something that I hope someday my children will look back at this book and say, "My mom did that" (laughs). That's a very emotional thought.

Q: And to the community?

JW: To the community, they don't know me. And, again, self-gratification, I think it's more family (laughs).

Q: Okay.

JW: ... [I can't believe I'm going to cry] ... (laughs). It's fine.

Q: Okay, thank you very much. It was wonderful.

JW: It was very nice of you to--I can't believe you did that. ... [INTERRUPTION] ...

Q: Can you tell me about the members of your family who've been in the fire department?

JW: Yes. My father was Chief of Floral Park. And that was Joseph Kammerer. My brother was the Chief of Westbury Fire Department. And that's Robert Kammerer. And my son is a Lieutenant in the Westbury Fire Department, and that's Todd Weiss. And he's also a New York City fireman. And that's it for family.

Q: You were talking about how you felt about saving someone ...

JW: The sel- gratification, but the adrenalin rush that you get when the tones--which is the radios that go overhead--go off and the sirens go off. That--and either you have it in you or you don't. And if you don't, people do not understand how you could go out and get up in the middle of the night just to go either to a fire or to save a life. You know, when I go to sleep, I want to go to sleep. They don't understand we give up our holidays, our Christmas, our parties, and Chief Cole, I have been in the movie theater with him watching a movie that he's paid for (laughs), and he's got a little earpiece. He will literally get up and walk out, with me, and go to a call, and leave the husband and the wife--our spouses--in the movies, watching the movie. And you either have it or you don't. But it's an adrenalin rush and the excitement of the unknown, because you literally--you know, you can call the hospital and tell--we can tell the hospital what we're coming in with and they can be prepared. We are never prepared. We are the excitement of when you get there what you have. Because a person fell, turns into a cardiac arrest, you know. So, an automatic alarm turns into a working Sands Point Nursing Home. And

that's what it's all about. Okey-dokey.