

Hunting and fishing in the State of Tennessee is a multimillion dollar business, so let's look at the game and fish enforcement program from a dollar and cents standpoint. Thousands of businesses benefit from the very fact that we have an abundance of both hunting and fishing. Let's assume that we all wake up tomorrow and suddenly find we have no fish in the streams and rivers and no game left upon the land. What would happen? Of course, we know several businesses dependent on their hunting and fishing customers for a livelihood and these would have to close their doors and go out of business. There are many industries operating in the state that make hunting and fishing equipment; either they would have to change to a different type of product or face bankruptcy. Then from a national and international standpoint there are many suppliers to these hunting and fishing product industries such as steel and plastics that would have to cancel shipments and stop production of materials made for these industries. By looking at it from this standpoint, we can readily see we have a part as big as anyone else in keeping the national economy solid. By our efforts and the efforts of others, we are helping to keep a good economic condition both locally and state wide.

To sum up my feelings as a young Officer, I would say, "I hope I am always blessed with the health and spirit I now have so that it may be possible for me to continue in this type work until I retire. At that time I think I will be able to look back over my life and not have a lot of second thoughts and regrets, but instead have contentment and fulfillment in my heart." What else could a young man ask for?

THE NEED FOR IMPROVING EMERGENCY CARE OF VICTIMS OF ACCIDENTS OR SUDDEN ILLNESS— THE NEGLECTED DISEASE OF MODERN SOCIETY

By ARNOLD WINKENHOFER

IMAGINE

Walking into the Rose Bowl in Pasadena on January 1, 1970 and instead of finding a multitude of exuberant football fans, you found a dead person propped up in each seat and fourteen thousand more piled up on the playing field. That would be a rather shocking experience, don't you think? I wonder what the headlines would say and how much time TV would devote to such a situation? I wonder what would be the reaction of the general public? These dead people, 114,000, equals the annual accidental death toll in this country.

IMAGINE

Going into Nashville and Davidson County, Tennessee, or Mobile and Mobile County, Alabama, and finding that every person living there had a permanent disability of some sort such as the loss of an arm, eye, leg, hand, both arms, hands, eyes, legs, etc. What would you think? Well, accidents permanently disable 400,000 plus persons each year in this country and that just about equals the total population of the places just mentioned.

IMAGINE

Going into the states of South Carolina, Mississippi, Kentucky, and Georgia and finding that every person living there during the past year had lost a half day or more from work because of accidental injury. The population of these states approximates the 10,900,000 people temporarily disabled annually in this country.

How Critical is the Situation?

The Division of Medical Sciences, National Academy of Sciences National Research Council states, "The neglected disease of modern society is accidental death and disability."

The American Medical Association within one year held two national conferences concerned with "Improving Emergency Medical Services."

The Federal Government, alarmed about the waste of human life due to auto accidents, passed a Federal Highway Safety Act of 1966 requiring states to develop state-wide plans for improving emergency care of highway accident victims.

The Federal Government is now in its fourth year of Mission Safety—70, a program designed to cut down accidents by one-third in federal agencies.

Accidents are the leading cause of death for the age group one through thirty-seven and the fourth leading cause for all ages, exceeded only by heart disease, cancer, and stroke.

Accidents' costs annually run about twenty-one billion plus dollars, about the same amount of money appropriated by legislatures for a two-year period of expenditure in Alabama, Tennessee, Florida, North Carolina, Mississippi, and Arkansas.

It was estimated that in 1965 more than 2,000,000 victims of accidental injury occupied 65,000 hospital beds for 22,000,000 bed days and received the services of 88,000 hospital personnel.

This *exceeds* the number of bed days required to care for four million babies born each year or for all heart patients *and* is more than four times greater than required for all cancer patients.

What is Being Done About It?

To improve emergency care of victims of accidents and sudden illnesses, steps are being taken. They are:

1. To improve emergency hospital facilities and services. Is there a need for such? Let's see.

The National Research Council report states—"For decades the 'Emergency' facilities of most hospitals have consisted only of 'accident rooms', poorly equipped, inadequately manned, and ordinarily used for limited numbers of seriously ill persons or for charity victims of disease or injury."

This situation is well illustrated in the report on the American Medical Association Conference on Emergency Care. "A physician was sewing up a laceration, the waiting room was crowded, one of the patients had been waiting for over an hour. A 54-year-old man felt extremely uncomfortable, felt the need for air, and gotten up and walked around the block. He returned, felt nauseated, and then fainted. The physician after completing the suturing decided he had to make an effort to determine who needed his services most and walked around the room. A woman sitting next to the man alerted the doctor and said she thought he was dead. He was, in fact, dead."

Throughout the country hospitals are updating their emergency rooms, special emergency room staff are being selected and trained and plans for handling emergencies are being developed, and ever so often the plan is put into effect for practice.

2. To adequately train ambulance personnel, rescue squads, key persons in the utility industry, police and firemen.

Is there a need for this step? The AMA report on the Emergency Medical Conference states: "The total lack of proper training of ambulance personnel in sometimes even basic first aid becomes a glaring fact when one observes the condition of patients arriving at the emergency room of many hospitals. But an even greater problem faces us today when you consider that many of the people

who have for many years rendered some type of transportation to accident victims are now in the process of terminating this service.

"Experts have estimated that approximately 50% of the country's ambulance services are provided by some 12,000 morticians. In the short time of one year since that statement was made, it is safe to say that probably one-third of these have ceased functioning or will in the near future."

State legislation is now requiring adequate training of ambulance personnel. Morticians are now being replaced by commercial and governmental agency ambulance services. Plans for improving communication between hospitals and ambulance services are being put into effect, but the progress is slow. Throughout the country the American Academy of Orthopaedic Surgeons, Committee on Injuries is sponsoring advance practical courses on "Initial Emergency Care". These courses are for ambulance personnel, firemen, policemen, emergency squads, nurses, and volunteer rescue squads.

3. To alert the general public to the problem and to saturate the public with first aid training. Let's see what the Research Council report has to say about this.

"The general public is insensitive to the magnitude of the problem of accidental death and injury.

"Medical and health-related organizations have failed to join forces to apply knowledge already available to advance the treatment of trauma, or to educate the public and inform the Congress.

"Beyond the fifth grade of elementary school every American citizen should be trained in basic First Aid."

Now, let me throw in a personal observation. Even if all hospitals had up-to-date emergency rooms; even if all ambulance personnel and rescue squads were well trained in emergency care; who in the vast majority of cases will be the first person on the scene? Will he be trained in basic first aid and prepared to take the necessary and immediate step in a life-saving situation or the steps that would prevent further injury or damage to the accident victim? Not the staff of a well organized emergency room, nor a well trained attendant of an ambulance service, etc.—the first person usually will be just a member of "John Q. Public" just plain, ordinary, common people—your folks and my folks that's who.

My visit with you today is one little example of what is being done to alert the general public to the situation. I hope to God it is not a wasted visit.

And now we come to you the Conservation Officer—Do you fit into this picture and, if so, what should be your role?

Well, the very nature of your job takes you into all kinds of situations where you are vulnerable to accidental injury and in many instances possible loss of your life. How well are you prepared to take care of the most important person on earth—you? Then that brings up the question if you are not prepared to help yourself just how in the world can you help someone else? Yet one of your job requirements is to help other people. The most wonderful and beautiful thing in the world is human life; it should be preserved and cared for.

Not too many years ago you were known as game wardens and political appointees. Your status was not too high. That situation has changed. You have status in the eyes of the public. You are respected for what you know, and you are very knowledgeable. Public relations is one of your strong points and it has helped enable you to have entree to all segments of the community. You are people that will be listened to.

Your assistance is needed in helping to alert the general public to the fact that the Neglected Disease of Modern Society is Accidental Death and Disability. This you can do as you address conservation groups, youth organizations, civic clubs, etc.

In your own community you might well be the person who puts in motion the beginnings of what the Research Council says is needed—the organization of a Community Council concerned with improving the emergency care of victims of accidents and sudden illness. Someone has to take the initial action, and until that is done nothing will be done toward accomplishing it. If the spirit should move any of you into action—write Employers Insurance of Wausau, Wausau, Wisconsin 54401, and ask for their free loan film—"Before the Emergency"—the story of a small community getting itself organized.

This is an excellent film to show to civic clubs, conservation clubs, home demonstration clubs, PTA's, Business and Professional Women, and other civic and community organizations. Why not start by showing it to a club with which you are affiliated. What would the situation be in your community if a school bus loaded to capacity was involved in an accident? Suppose all were injured and many of them were in serious condition. Would there be pandemonium, or would an already planned and practical plan of procedure be put into action?

All of you drive a state-owned vehicle and many of you also drive a state-owned boat. It would be nice if each of you, and I hope you do, could have a minimum amount of first aid equipment, such as a 24-unit first aid kit, and improvised splint or splints and a blanket. These rolled up into a blanket would not take up much space. This equipment, plus your first aid training, would truly enable you to become a good samaritan at the scene of an accident.

If per chance any of you doubt the value and/or importance of doing the right thing immediately at the scene of the accident, listen to what the Research Council says:

"One of the serious problems today in both lay and the professional areas is the broad gap between knowledge and application. Expert consultants returning from both Korea and Vietnam have publicly stated that if seriously wounded, their chances of survival would be better in the combat zone than on the average city street."

The AMA proceedings have more to say on this—

"People are still bleeding to death because no one knows how to help or perhaps they did not want to become involved. Accident victims are brought to hospitals in ambulances with no attention given to severely bleeding wounds, obstructed airways and unsplinted fractures."

Dr. Robert Kennedy in a presentation to the National Safety Congress stated—

"Some one has said that improved first aid ambulance care and emergency department treatment would possibly save 20,000 lives annually of the 100,000 who die as the result of accidents."

Your first aid training plus a minimum of equipment in your vehicle plus your unhesitating willingness to put it to good use immediately at the scene of an accident can become a very valuable and useful combination.

Now forgive me for a little commercial at this point. We in Red Cross would dearly love to do in each state what we have recently done in North Carolina—namely, enter into a Red Cross Highway Emergency First Aid Mobile Unit Agreement with the commission for both motor vehicles and boats involved. I would just dearly love to discuss this with those of you who are interested.

I hope I have aroused your curiosity about—The Most Neglected Disease of Modern Society—Accidental Death and Injury.

I hope you will throw your full support to working in behalf of Improving Emergency Care of Victims of Accidents and Sudden Illness.

You just might be one of those who will be the beneficiary. It is in the interest of conserving and preserving the most wonderful and beautiful thing in the world—human life.

It will help you fulfill the greatest responsibility you and I have—making the world a little bit better than we found it.

And now for just one parting shot—suppose since the beginning of man—and that was a long, long time ago—no one had ever done anything to make this world of ours a little better than he found it.

THE ADVANTAGES OF A REGIONAL HEADQUARTERS TO LAW ENFORCEMENT

By JAMES L. WEEMS

Regional Manager Southern Region

Protection and regulation in the State of Maryland of our important natural resources, fish and wildlife, received little or no attention until the late 1700's. The initial law was ratified in 1785 by the General Assemblies of Maryland and Virginia and was known as "The Potomac River Compact" for the protection of fisheries, but upland game and wildlife continued without protection. It was not until 1842 that either of these two resources received recognition of their importance, and that year, the first law pertaining to wildfowl was enacted by the General Assembly of Maryland. Approximately twenty-two years later, in 1864, the first law protecting upland game was enacted, but it pertained to only one county in the state.

The ensuing years up to 1890 found almost every session of the General Assembly of the State enacting legislation applying to local county wildlife problems; however, in that year the first unification of these many local laws was placed on the statute books covering eight counties, which was a step forward in providing uniformity for open seasons in these counties. These laws were repealed from time to time and more adequate legislation enacted.

In 1896 the sportsmen throughout the State began to realize that some regulatory control was necessary for the protection of wildlife, for themselves and for its preservation for future generations. Through their endless efforts, on April 4, 1896, a law was passed empowering the Governor to appoint an officer to be known as the "State Game Warden." This officer in turn had the authority to appoint Deputy Game Wardens in the counties, without a salary, to assist him in enforcing the local game laws. This was a good beginning, but it took another fourteen years to make a major breakthrough in systematic statewide control. For it was not until 1910 that the first commission, to be known as the Maryland Conservation Commission, was formed and uniformity of the laws for the entire state was considered. That year, a uniform state-wide waterfowl law was enacted, to be followed in 1912 with the first state-wide upland game season law, which abolished many of the prior local regulations.

But the determined sportsmen, still not satisfied with the limited protection of our wildlife resources, were instrumental in 1918 in getting the first hunting license law passed. Shortly thereafter, a law was enacted which created the position of "Salaried Deputy Game Warden" with one to be assigned to each county. This was the beginning of state-wide enforcement of laws protecting game and fish.

The Maryland Conservation Commission continued its operation without major changes until 1939. At that time it was completely revised—all control of fisheries in tidewater was placed under a newly created