

*State of New York*  
*Office of the State Comptroller*  
*Division of Management Audit*

**DEPARTMENT OF HEALTH**

**ADMINISTRATION OF EMERGENCY  
MEDICAL SERVICES**

**REPORT 95-S-56**



*H. Carl McCall*  
*Comptroller*



# State of New York Office of the State Comptroller

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**Division of Management Audit**

**Report 95-S-56**

Barbara Ann DeBuono, M.D., M.P.H.  
Commissioner  
Department of Health  
Corning Tower Building  
Empire State Plaza  
Albany, New York 12237

Dear Dr. DeBuono:

The following is our audit report on the Department of Health's administration of the emergency medical services program.

This audit was performed pursuant to the State Comptroller's authority as set forth in Section 1, Article V of the State Constitution and Section 8, Article 2 of the State Finance Law. Major contributors to this report are listed in Appendix A.

*Office of the State Comptroller  
Division of Management Audit*

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# Executive Summary

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## Department of Health

### Administration of Emergency Medical Services

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#### Scope of Audit

Prior to 1975, ambulance services operating in New York State were not subject to regulation or oversight. Effective September 1, 1975, new ambulance services were subject to a certificate of need process that ensured that a proposed service was needed. In addition, all voluntary and municipal services had to register with the Department of Health (Department). Further, municipal services serving populations in excess of 1 million persons and all commercial ambulance services were required to become certified. All ambulance services, existing before 1975, were automatically registered based on an assumed need as a result of their prior service in their communities. As a result of State legislation in 1992, by the year 2000, all New York's ambulance services must be certified.

In New York State, emergency medical services are provided by 1,172 local ambulance services, which are overseen by the Department. About 37 percent of these ambulance services are not certified, and 83 percent of the services are voluntary. For an ambulance service to be certified, it must meet certain requirements, such as having a certified emergency medical technician (EMT) present on all emergency calls. For the year ended March 31, 1996, the Department was appropriated \$16 million to administer emergency medical services. The Department certifies ambulance services and EMTs, and funds relevant training programs.

Our audit addressed the following questions about the Department's administration of emergency medical services:

- ! Can the Department ensure that all ambulance services will be certified by the year 2000?
- ! Does the Department certify EMTs in accordance with law and regulations?
- ! To what extent does the Department assess the timeliness and quality of New York's emergency medical services?

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#### Audit Observations and Conclusions

We found that improvements are needed in Department practices to provide better assurance that all ambulance services will be certified by the year 2000 and EMTs are certified in accordance with law. We also found that the Department does not systematically assess the timeliness and quality of New York's emergency medical services.

For an ambulance service to be certified, it must meet certain requirements with respect to its vehicles, equipment and staffing. In its efforts to ensure that

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all ambulance services meet these requirements by the year 2000, the Department works closely with several statewide and regional administrative organizations that were created by the Public Health Law to help oversee ambulance services in New York State. We believe New York's ambulance services are more likely to meet these requirements by the year 2000 if formal plans are developed describing the actions that will be taken by the Department and the other organizations in ensuring that the requirements are met. At the time of our audit, no such plans had been developed. Department officials agree that such plans would be helpful and told us that they intend to meet with officials from the other organizations for the purpose of developing such plans. (pp. 5-6)

According to the Public Health Law and Department regulations, an individual must receive certain training and pass certain tests in order to be certified as an EMT. We found that the Department's internal controls provide adequate assurance that individuals are certified as EMTs only if they receive this training and pass these tests. (p. 5)

According to the Public Health Law, individuals who have been convicted of, or are charged with, certain crimes cannot be certified as EMTs unless they are found by the Department to present no risk to public safety. The Department relies on a signed statement on the EMT application form to identify individuals with criminal histories. However, when we compared Department records to records maintained by the Division of Criminal Justice Services, we found that the Department may not be aware that many certified EMTs may have been convicted of serious crimes, including sexual abuse. We recommend that the Department follow up on our comparison of records and strengthen its procedures for identifying EMTs with criminal histories. (pp. 6-7)

The Department seeks to ensure that all New Yorkers have timely access to high quality emergency medical services. However, we found that the Department does not systematically evaluate the timeliness and quality of these services. The Department has collected data that could be used in such an evaluation, but due to administrative problems, this data has yet to be analyzed. In the absence of such analysis, the Department does not know whether ambulance services are in fact timely or of high quality. (pp. 9-13)

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**Comments of  
Department of  
Health Officials**

Department officials agree with our recommendations and indicate that actions are being taken to implement them.

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<b>Appendix A</b>	Major Contributors to This Report
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<b>Appendix B</b>	Comments of Department of Health Officials
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The comments of Agency Officials are not available in an electronic format. Please contact our Office if you would like us to mail you a copy of the report that contains their comments.

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# Introduction

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## Background

Prior to 1975 ambulance services operating in New York State were not subject to regulation or oversight. Effective September 1, 1975, new ambulance services were subject to a certificate of need process that ensured that a proposed service was needed. In addition, all voluntary and municipal services had to register with the Department of Health (Department). Further, municipal ambulance services serving populations in excess of 1 million persons and all commercial ambulance services were required to become certified. All ambulance services, existing before 1975, were automatically registered based on an assumed need as a result of their prior service in their communities. As a result of State legislation in 1992, by the year 2000, all New York's ambulance services must be certified.

The provision of emergency medical services is accepted as an integral part of the health care system. Emergency medical services consist of ambulance services, in which a sick or injured person is provided with emergency medical care and transported to a hospital. In New York State, these services are provided by 1,172 ambulance services. These ambulance services may be voluntary organizations, commercial organizations or municipal organizations. Regardless of the type of organization, all ambulance services in New York State are registered or certified by the Department.

The Department's goal is to ensure that every New Yorker has timely access to high quality emergency medical services. To meet this goal, the Department registers and certifies ambulance services, certifies emergency medical technicians (EMTs), and administers emergency medical service training programs. In order to be certified, an ambulance service must meet certain requirements with respect to its vehicles, equipment and staffing, and an EMT must meet certain educational requirements as well as pass periodic examinations. At the time of our audit, there were 734 certified ambulance services and more than 53,000 certified EMTs in New York.

Ambulance services have traditionally relied on volunteers. Nationwide, more than 65 percent of the emergency medical services workforce is voluntary; in New York State, 83 percent of the ambulance services are voluntary. In 1992, to ensure the quality of New York's emergency medical services, the State Legislature amended Article 30 of the Public Health Law so that, by the year 2000, all ambulance services must be certified and a certified EMT must be present on each emergency call. For the present, a certified EMT must be present on certified ambulance services only. Until this change in the law, New York is one of only six states with no minimum staffing and qualification standards for voluntary ambulance services.

In administering the emergency medical services program, the Department relies on a network of administrative organizations that were created by the

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Public Health Law and are generally funded by the Department. The responsibilities of these organizations are closely interrelated with the responsibilities of the Department, as follows:

- ! The State Emergency Medical Services Council (State Council), with concurrence of the Department, establishes operating regulations for the ambulance services. The State Council also coordinates the requests for State funds from the other administrative organizations. The State Council is assisted by 17 Regional Emergency Medical Services Councils (Regional Councils), which assess the need for new ambulance services in areas. Regional Councils also coordinate training programs.
- ! The State Emergency Medical Advisory Committee (Advisory Committee) provides technical assistance to the State Council by recommending medical standards and operating guidelines. In addition, 12 Regional Emergency Medical Advisory Committees (Regional Committees) apply the standards and guidelines to local conditions.
- ! The Western Regional Emergency Medical Services, the Central New York Hospital Association, the Regional Emergency Medical Organization (for Eastern New York), and the New York City Health and Hospital Corporation are contracted by Regional Councils and the Department to conduct training programs and perform other support activities. Along with nine of the Regional Councils that also perform these functions, these organizations are referred to as the program agencies.

For the State fiscal year ended March 31, 1996, the Department was appropriated \$16 million for the emergency medical services program, which is a significant increase from the \$3.8 million that was appropriated two years earlier. The appropriation was increased to enable the Department to meet the new requirements in the Public Health Law concerning certified ambulance services and certified EMTs. The appropriation funds training programs, the administrative organizations, and 35 Department staff.

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## **Audit Scope, Objectives and Methodology**

We audited the Department's administration of the emergency medical services program for the period January 1, 1993 through June 30, 1995. The objectives of our performance audit were to evaluate the Department's ability to (1) ensure that all ambulance services are certified and all emergency calls are made with at least one certified EMT by the year 2000, (2) ensure that EMTs are certified and recertified in accordance with the Public Health Law and Department regulations, and (3) assess the performance of the local ambulance services.

To accomplish our objectives, we reviewed applicable statutes, rules and regulations, and Department policies and procedures. We interviewed responsible officials at the Department, the State and Regional Councils, the program agencies, local ambulance services, and certain Department contractors. We also reviewed Department goals and objectives, EMT certification records, other related Department records, State and Regional Council training plans, and program agency contract records. In addition, we contacted officials at the National Highway, Traffic and Safety Administration as well as officials in six other states to determine how they evaluate the effectiveness of ambulance services. Finally, in conjunction with the New York State Division of Criminal Justice Services (DCJS) matched the Department's list of certified EMTs and the record of criminal convictions maintained by DCJS.

We conducted our audit in accordance with generally accepted government auditing standards. Such standards require that we plan and perform our audit to adequately assess those operations of the Department which are included within the audit scope. Further, these standards require that we understand the Department's internal control structure and compliance with those laws, rules and regulations that are relevant to the operations which are included in our audit scope. An audit includes examining, on a test basis, evidence supporting transactions recorded in the accounting and operating records and applying such other auditing procedures as we consider necessary in the circumstances. An audit also includes assessing the estimates, judgments and decisions made by management. We believe that our audit provides a reasonable basis for our findings, conclusions and recommendations.

We use a risk-based approach to select activities for audit. We therefore focus our audit efforts on those activities we have identified through a preliminary survey as having the greatest probability for needing improvement. Consequently, by design, we use finite audit resources to identify where and how improvements can be made. We devote little audit effort reviewing operations that may be relatively efficient or effective. As a result, we prepare our audit reports on an "exception basis." This report, therefore, highlights those areas needing improvement and does not address activities that may be functioning properly.

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## **Response of Department Officials to Audit**

Draft copies of this report were provided to Department officials for their review and comment. Their comments have been considered in preparing this draft report and are included as Appendix B.

In addition to the matters discussed in this report, we have provided Department officials with detailed comments concerning another matter related to emergency medical services training programs. Although this matter is of lesser significance, our recommendation relating to this matter should be implemented to improve controls.

Within 90 days after final release of this report, as required by Section 170 of the Executive Law, the Commissioner of the Department of Health shall report to the Governor, the State Comptroller and the leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons therefor.

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# Compliance With the Public Health Law

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We found that the Department's internal control system provides adequate assurance that EMTs are certified or recertified as required by the Public Health Law. However, Department officials may need to take proactive steps to insure that they are aware of any criminal histories of EMTs in accordance with the provisions of the Public Health Law. We also noted that the new certification requirements in the Public Health Law are more likely to be met if formal plans are developed for meeting the requirements.

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## Meeting the New Certification Requirements by the Year 2000

All ambulance services operating in the State must be registered with the Department. In addition, ambulance services can be certified by the Department which means that the services meet additional requirements. As of February 1, 1995, 63 percent of the ambulance services in New York State (734 of 1,172) had met these requirements and were certified.

According to the Public Health Law, by the year 2000, all ambulance services in New York State must be certified. The Public Health Law also requires that, by the year 2000, an EMT be present on every emergency and non-emergency call made by an ambulance service. Department officials believe these requirements will be met. However, we believe the requirements are more likely to be met if formal plans are developed describing the actions that will be taken by the Department, the State Council, the Regional Councils and the program agencies to ensure that the requirements are met. At the time of our audit, no such plans had been developed.

Without a formal plan, we believe the Department may not fulfill the ambulance service certification requirements. For example, the Department reported 290 full service inspections during the five years ended December 31, 1994. Based on this past performance, we are concerned that the Department may only be able to certify all of the remaining 443 ambulance services that need to be certified by the year 2000. In addition, to meet the requirements of Section 3005 of the Public Health Law, the Department must also complete biennial recertifications of ambulance services.

Department officials agree that such plans would be helpful. They told us that they intend to meet with officials from the State Council, the Regional Councils and the program agencies for the purpose of developing such plans.

In response to our draft report, Department officials stated they anticipate that the vast majority of all services will be certified by the year 2000 (90-95 percent), although some rural areas of the State which are covered only by volunteer systems, may not have the necessary manpower resources to meet the standard despite available training and technical assistance of the Department. They stated the Department will work to quickly identify those services and

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work with local Emergency Medical Services (EMS) organizations and others in reaching possible solutions.

### **Recommendations**

1. Work with the State Council, the Regional Councils and the program agencies to develop and implement a plan for ensuring that all ambulance services can be certified and at least one EMT can be present on all emergency calls by the year 2000.

(Department officials agreed with this recommendation and stated that a formal plan will be written by January 1, 1996.)

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## **Criminal Histories of EMTs**

Section 3012 of the Public Health Law prohibits any individual who has been convicted for, or is currently charged with, assault, embezzlement, fraud, murder, manslaughter, robbery, the sale of drugs, drug abuse, sexual abuse, or theft from obtaining EMT certification or recertification unless the Department finds that the individual does not present a risk or danger to patients and the public. If the Department determines that a person has been convicted of or charged with such crimes, it may suspend, revoke or annul the person's EMT certification. To determine whether an applicant for EMT certification has been convicted of or charged with these crimes, the Department relies on a signed statement on the candidate's application form.

To determine whether any certified EMTs may have criminal convictions that are not known to the Department, we obtained the assistance of the New York State Division of Criminal Justice Services (DCJS) in performing a computerized match between DCJS's records of criminal convictions and the Department's records of certified EMTs. We attempted to match the name, date of birth, and social security number of the EMTs to similar information in names, birth dates and social security numbers of the individuals included in the DCJS records who had been convicted of the crimes mentioned in the Public Health Law. DCJS officials cautioned us that a match of this information would not positively confirm an individual's identity but would only indicate a possibility that an EMT may have been convicted of one of the crimes mentioned in the Public Health Law.

As of April 24, 1995, Department records listed 53,637 certified EMTs. Our match indicated that the name, date of birth or social security number of 8,329 of these EMTs tentatively matched similar information in names, date of birth and social security number of someone in the DCJS records. DCJS officials estimated that 90 percent of the potential matches were probably not genuine matches. When they reviewed the potential matches for likely genuine

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matches based on exact or close social security numbers, their cursory review identified 358 such matches.

We selected 50 of the 358 EMTs where the name, social security number and birth date closely matched and reviewed Department EMT certification application records to determine whether any of these EMTs had acknowledged criminal convictions. We found that 48 of the EMTs had not acknowledged such convictions. The other two EMTs did acknowledge a conviction, were screened by the Department and subsequently received certification. The possible match for one of the 48 EMTs shows a sexual assault conviction after the date shown for certification. We note that since 1991 the Department has investigated six EMTs for allegedly committing sexual abuse, two of which were committed against patients. We provided Department officials with the results of our match and asked that they follow up on these potential matches.

We believe our examination shows the Department may need to consider taking more proactive steps to identify such criminal histories.

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## **Certification and Recertification of EMTs**

EMTs administer or supervise the initial emergency medical care given to sick and injured people, and transport these people to a hospital. According to Department regulations, to be certified in New York State, an EMT must meet certain educational requirements and be tested every three years in both knowledge and practical skills. The educational courses must be provided by an authorized sponsor and the recertification tests are conducted by the Department.

We examined the Department's internal control system for certifying and recertifying EMTs. We believe that the internal control system is sufficient to ensure that EMTs are trained and tested as required. To verify the effectiveness of the internal control system, we reviewed Department records relating to a random sample of 25 certified EMTs. We found that all 25 EMTs had been certified or recertified in compliance with Department regulations and the Public Health Law. While our testing was not sufficient to make any projection to the entire population, nothing came to our attention that would lead us to believe that the internal control system is not functioning effectively.

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### **Recommendations**

2. Follow up on the EMTs who closely match DCJS records and determine whether they have criminal convictions.
3. Work with DCJS to develop a method for identifying EMT candidates and EMTs with criminal histories.

(Department officials agreed with these recommendations and stated they will follow-up to determine whether they are cost-beneficial.)

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# Assessing the Effectiveness of Ambulance Services

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The Department seeks to ensure that all New Yorkers have timely access to high quality emergency medical services. We examined the actions taken by the Department in assessing the timeliness and quality of these services. We found that the actions have not been sufficient to enable such an assessment to be made. In the absence of such an assessment, the Department cannot be assured that the services are in fact timely and of high quality.

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## Analyzing Prehospital Care Reports

The Public Health Law requires that ambulance services submit a prehospital care report (PCR) for every service call. The PCR records the ambulance's response time and the nature of the emergency care provided to the patient. A copy of the PCR is submitted to the hospital. The hospital is to make the PCR part of the patient's medical record. The Department is to use the information on the PCR to help evaluate the effectiveness of the ambulance services to ensure that the services are timely and of high quality. The Department received information contained on about 1 million PCRs for the 1994 calendar year. During the four years ended March 31, 1995, the cost of printing, processing and providing training in the use of PCRs cost an estimated \$1.9 million.

We examined the Department's use of the PCRs and found that they have not been analyzed since 1990. Department officials told us the PCRs have not been analyzed because additional staff could not be hired for this purpose, the information on the PCRs was not accurately transferred from the forms by data entering contractors, and inappropriate forms were used by some of the ambulance services. As a result, the Department has not been able to make use of the information from the PCRs in assessing ambulance service effectiveness. This information could have been used to evaluate response times, determine the extent to which medical care was provided by qualified individuals only, and determine the extent to which the medical care provided matched the care required in the circumstances.

We also conclude the full benefit was not realized from the \$1.9 million that was spent on PCRs. Department officials told us the primary purpose of the PCR is to provide information for the patient's medical record, and this purpose has been accomplished. However, the PCR is also intended to be of use in analyzing ambulance service effectiveness, and this purpose has not been accomplished.

We attempted to analyze the information from the PCRs for 1994 in terms of ambulance service effectiveness, but could conduct only limited analysis because of various data entry errors. However, our limited analysis did indicate that, contrary to the Public Health Law, 68 ambulance services may not have submitted any PCRs for 1994 and, contrary to Department regula-

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tions, some certified ambulance services may not have had at least one certified EMT on every service call.

We also examined the controls over the distribution and collection of PCRs. The Department contracts with the program agencies to distribute prenumbered PCRs to the ambulance services. The ambulance services return the completed PCRs to the program agencies, and the agencies forward the completed forms to a contractor for data entry. The contractor compiles the data onto computer tapes and sends the tapes to the Department for analysis.

To ensure that all completed PCRs are returned to the Department for analysis, the Department should reconcile the number of PCRs distributed to the number returned and follow up on any apparent omissions. However, we found that the Department performs no such reconciliation. As a result, the Department cannot be assured that all completed PCRs are returned for analysis. For example, for one program agency alone, about 5,000 PCRs for 1994 could not be accounted for, 2,000 PCRs were not sent to the contractor for data entry in a timely manner and 9,000 PCRs had not been sent to the data entry contractor.

The ambulance services are also allowed to electronically transmit the information included on the PCRs directly to the Department. According to Department officials, New York City and an ambulance service from Buffalo submit their PCR information in this way. We are concerned that because the PCRs are not adequately accounted for, the Department cannot be assured that all the information included on these PCRs has been transmitted to the Department.

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### **Recommendations**

4. Establish a process that identifies and corrects PCR data entry errors.
5. Use the information from the PCRs to evaluate the effectiveness of the ambulance services and recommend improvements in ambulance service operations on the basis of this evaluation.
6. Periodically reconcile the number of PCRs distributed to the number returned and follow up on any unreturned PCRs.

(Department officials agreed with these recommendations and stated that steps have already been taken to implement them.)

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## **Using Performance Indicators**

Performance indicators are measurements that are used to evaluate some aspect of an organization's performance. For example, the percentage of customers that are repeat customers can be used to measure customer satisfaction for a commercial service organization. Performance indicators allow an organization to systematically and objectively assess its performance. As a result, such indicators are widely used by both commercial and government organizations. In fact, the use of performance indicators is recommended by the Governmental Accounting Standards Board and the United States General Accounting Office.

We examined the extent to which performance indicators are used by Department management to assess the timeliness and quality of ambulance services. We found that the Department has not used performance indicators for this purpose. We believe the use of performance indicators would greatly facilitate any assessment of timeliness and service quality. For example, timeliness could be expressed in terms of the time taken by an ambulance service to respond to an emergency call. The Commission on the Accreditation of Ambulance Services recommends that this response time be eight minutes. For cardiac emergencies, the American Heart Association recommends a response time of no more than three to four minutes. Moreover, some of New York State's larger commercial ambulance services have already established guidelines for response time.

Department officials told us they have not established response time guidelines because of variations in the areas served by the ambulance services. Such variations include geographical differences, differences in the adequacy of the transportation systems, and differences in the number of ambulance services in

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an area. They told us that they have encouraged the Regional Councils and ambulance services to establish standards for response time, but according to the Public Health Law, they cannot require the Regional Councils or the ambulance services to establish such standards. We commend the Department's efforts in encouraging the development of these standards, but believe additional action is needed. If Department staff were to analyze the response time data included on the PCRs, they could work with the Regional Councils and the ambulance services to develop standards that are appropriate for local conditions. Moreover, an analysis of response times would enable the Department to identify lengthy response times that may require corrective action.

Due to the localized development that characterizes ambulance services nationwide, little systematic information is available anywhere about the effectiveness of ambulance services. (When we contacted officials in six other states to determine how they measure the effectiveness of ambulance services, we found that the measurement systems range from limited to sophisticated.) However, Department officials agree that their oversight of ambulance services would be facilitated by the use of performance indicators. They told us that they plan to use indicators to measure response time, the number of ambulance services submitting PCRs, the extent to which emergency calls are handled by certified or uncertified individuals, the extent to which medical care is provided by qualified individuals, and the extent to which the medical care provided matches the care required in the circumstances.

### **Recommendations**

7. Use performance indicators for assessing the timeliness and quality of ambulance services.

(Department officials agreed and stated they have already begun a process of establishing a Quality Improvement system that all ambulance services are mandated to participate in by 1997. In conjunction with this project, the Department plans to work with the various regional organizations to establish appropriate performance indicators.)

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## **Other Means of Assessing the Effectiveness of Ambulance Services**

While the Department does not analyze PCR data or use performance indicators, it does use other means to assess the effectiveness of ambulance services. For example, the Department investigates specific incidents, inspects ambulance services for certification, conducts periodic inspections of certified ambulance services, and participates in periodic meetings with the State and

Regional Councils. We acknowledge the usefulness of these activities, but note where certain improvements can be made:

- ! Eleven of the Department staff who oversee emergency medical services are deployed in regional offices. The central office does not routinely collect information about the activities of these staff. Such information would enable the central office to better assess the program's effectiveness.
- ! Goals have not been set for conducting periodic inspections of certified ambulance services. For the five years ended December 31, 1994, complete inspections were not conducted at 267 of the 734 certified ambulance services (36 percent). (Less comprehensive spot checks were conducted at some of these ambulance services.) Department officials note that only ten staff are available to perform these inspections. We did not perform a detailed analysis of the Department's staff activities to determine actual staffing for this activity. We believe that the Department needs such an analysis in order to establish goals for performing inspections. We acknowledge the Department's limited staffing for this activity, but believe better inspection coverage could be provided if inspection goals were established.

### **Recommendations**

- 8. More closely monitor the activities of the regional staff.
- 9. Establish goals for conducting periodic inspections of certified ambulance services.

(Department officials agreed and stated that specific inspection criteria and goals for the regions will be established by December 31, 1995. They also indicated that reporting will be revised so that regional activity can be monitored.)

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## Major Contributors to This Report

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David DeStefano  
Frank Houston  
William Nealon  
Richard Sturm  
William Hughes  
Robert Russell  
Michael Wright  
Thomas Osborne  
Dana Newhouse