

Fayetteville and Cumberland County Ambulance Service and Rescue Squad History

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Before 1960

1950 – Sanborn Map summary of the **Fayetteville Fire Department** listed their equipment as including “one LaSalle ambulance¹ equipped with first aid and medical equipment, boat and outboard motor.”

1954, Nov 1 – **Fayetteville Rescue Squad**² cited in news story, as having responded to a drowning in Hope Mills the day before. [Robesonian, 11/1/54]

1954-1955 - City directory listings for ambulance service:

- **L. E. Garris Funeral Home**, 121 Hillsboro
- **Warren Jernigan Funeral Home**, 206 Gillespie

1956, circa - **Ambulance Medical Service** started operation, taking over for the four funeral homes who were providing ambulance service. The owner was Wayman C. “Wimpy” McCorquodale. He started with three used ambulances and then added a new 1957 Pontiac. The company had five or six people and were based at an old house on Ramsey Street. [FO, 12/15/08]

1957, Jun 20 – Fayetteville-based ambulance service operated by Lee Warren, cited in a newspaper story. Name TBD. [N&O, 6/20/57]

1960 to 1969

1960 – **Cumberland County Rescue Squad** established, first rescue squad in county. [FO, 7/21/97] The first vehicle was a used Merita Bread truck. Later, George Purvis, who founded the LaFayette Ford dealership in town, donated a new 1964 Ford station wagon to the squad. Reese Albert Faulkner helped establish the squad. He had been a driver for Jernigan-Warren Ambulance Service. [FO, 12/15/08]

¹ The ambulance may have been retired by 1953, as it isn't listed in a detailed report on the fire department's equipment by the National Board of Fire Underwriters.

² Guessing this was a fire department unit.

1960 – City directory listings for ambulance service:

- **Ambulance Medical Service Inc.**, 213 Gillespie Street.
- **Lee-MacIntyre Funeral Home**, 343 Person.

1965, Jun 2 - Ambulances rolled again in Fayetteville after 16 hours without them. W.C. McCorquodale, owner of Medical Ambulance Service, parked his fleet and went out of business at midnight on a Monday. On Tuesday, following a hurriedly called conference call with governing officials, McCorquodale orders the ambulances back on call. [FO, 5/30/15]

1965, Oct – Snapshot of Fayetteville ambulance services:

- Ambulance Medical Service, with six ambulances.
- Three more ambulances operated by funeral homes. [N&O, 10/28/65]

1966, by – **Spring Lake Ambulance Service** operated by this time. [N&O, 11/23/66]

1966, Nov 23 – **Ambulance Aid Service**, a new provider, was licensed by the city last week. [N&O, 11/23/66]

1966, Nov 23 – **Ambulance Medical Service** had closed, the owner said Tuesday. He had plans to liquidate his equipment. This followed a Monday night announcement by county commissioners that three ambulance firms were being considered for county service: AMS, Ambulance Aid Service, and Spring Lake Ambulance Service. AMS owner W. C. McCorquodale had operated his service for nine years and had previously asked commissioners to limit the number of ambulances that served the county. [N&O, 11/23/66]

1966, Dec 10 – On Thursday night, county commissioners limited the number of ambulances serving the county to a maximum of eight. This action came after Ambulance Medical Service had requested the board limit the number of providers after the city licensed a new firm, Ambulance Aid Service. Currently seven ambulances operated in Fayetteville, along with two in Spring Lake. Excluded from the ruling was Hamilton-Porter Funeral Home in Hope Mills, which could continue service on “routine sick calls and transporting nursing home patients.” The board did not rule which particular ambulances must cease operation. [N&O, 12/10/66]

1968, Jul 20 – Ambulance collision on Highway 401, nine miles north of Fayetteville. The nighttime accident was caused by a car driven by a 29 year-old woman from Raleigh who had apparently stopped in the roadway, upon seeing the flashing lights of an oncoming ambulance operated by Ambulance Medical Service. A second car behind her, driven by a 19 year-old male, rear-ended the first car. The first car was pushed into the path of the ambulance, which brushed the side of the first car. The woman driving the first car was

killed. The ambulance was carrying two people from another ambulance, neither were injured. The ambulance driver was Waymon C. McCorquodale. [N&O, 7/22/68]

1969 – City directory listings for ambulance service:

Ambulance Medical Service Inc., 213 Gillespie Street.

1970 to 1979

1970, April 23 – **Fayetteville Medical Ambulance** cited in a newspaper article. (N&O, 4/23/70)

1973, Nov 6 – **Cumberland County Ambulance Service** operating by this time, in a story about bids being accepted on three new ambulances. [Herald-Sun, 11/6/73]

1973 or 1974 – Fayetteville Fire Department placed first responder units in service, Mobile 8 and Mobile 9 at Stations 1 and 4, respectively. The designations were later changed to Fire Medic and the units were housed at Stations 1, 3, 4, and 5. Their vehicles included ambulances. [MJL]³

1976, Jun 17 – Last non-Fayetteville newspaper citation for Spring Lake Ambulance Service. [Bladen Journal, 6/17/76]

1980 to 1989

1980s – During the decade, a half-dozen rescue squads operated in the county, many operated by volunteer fire departments.

1980, Nov 12 – **LaFayette Ambulance Service, Inc.** incorporation papers filed. Registered office address was 5318 Murchison Road, Fayetteville.

1985, summer – County’s first attempt at a paramedic program. Suspended after four months, when the medics began leaving for jobs in other counties. Alternate time frame 1986, with five paramedics on the roster. [FO, 3/29/89]

1988, Jul 3 – County purchased eight new ambulances by this time. Built by Excellence Inc., of Mobile, AL. Several already in service. Purchase was approved last year, for purpose of replacing most of the vehicles that had been in service for years. New modular design, replaced older “van type.” And with ability to remount body on newer chassis, when

³ On February 12, 1973, city council approved 14,234.41 low bid from Murphy Manufacturing Company for a rescue unit, subject to approval of Governor’s Highway Safety Program. The company, located in Wilson, built ambulance and rescue truck bodies. On September 13, 1976, city council approved filing for federal grant money for the purchase of another rescue ambulance vehicle. [MJL]

needed. [FO, 7/3/88] Also, new ambulance bodies allow medics to work on a patient on both sides, instead of just one side, in the older van-type bodies. [FO, 7/26/88]

1988, Jul 26 – County EMTs had progressed to intermediate level by this time, could perform new treatments. New protocols started July 15, 1988. With 21 of 27 ambulance crew members trained to administer drugs and use defibrillators. [FO, 7/26/88]

1989, January/February (?) – During a session on setting goals, the county board discussed merging the county rescue squad (privately operated) and the county ambulance service. They also discussed merging the fire departments and emergency communications services. [FO, 3/15/90]

1989, Feb 14. Cumberland County Rescue Squad now had four members who were Advanced Intermediate EMTs. Five more members starting training soon. Squad wanted to have all full-time members completing both advanced intermediate and paramedic within a year or so. Also, squad is awaiting delivery of new radio system that will include ability to transmit telemetry.

1989, Feb - Cumberland County Rescue Squad snapshot.

- Twelve first-out vehicles.
- Seven bases:
 - Cedar Creek Road
 - Stedman
 - Wade
 - Westarea VFD
 - Yadkin Road VFD
 - Hope Mills
 - Headquarters at Cape Fear Valley Medical Center, with two first-out units and a heavy rescue.
- Twelve full-time EMTs and about 45 volunteers
- Answered about 6,000 emergency calls a year, with about three-quarters medical related. [FO, 2/14/89]

1989, March – Snapshot – County ambulance service:

- Twelve ambulances.
- Annual budget of about \$2.1M.
- In addition to full-time staff, had 17 part-time EMTs.
- Responded to about 18,500 calls annually, and more than two-thirds are emergency. [FO, 3/29/89]

1989, Mar 23 – Fayetteville had five fire-medical units, noted a profile of the new Chief of Department. [FO, 3/23/89]

1989, Mar 29 – County ambulance services director wanted paramedic responding on every call by end of year. Currently had eight on staff, but at least 20 were needed. And 16 of 35 of their full-time EMTs were attending a training program from Fayetteville Technical Community College and Cape Fear Valley Medical Center, which would move them from advanced intermediate to paramedic. [FO, 3/29/89]

1989, Aug 7 – By this time, Cape Fear Valley Medical Center was subsidizing the county ambulance service. They were the only hospital in the state subsidizing an ambulance service. [FO, 8/7/89]

1989, Sep 1 – County ambulance charge raised from \$97 to \$142 per run. [FO, 8/7/89]

1989, Oct 14 – News story on 33rd Annual Convention of the North Carolina Association of Rescue and Emergency Medical Services, held on Friday and Saturday (and Sunday?) at the Bordeaux Inn and sponsored by CCRS. [FO, 10/14/89]

1990 to 1999

1990, Feb 13 – CCAS started operating at paramedic level on Monday, after three years of classes and training. The system had 22 paramedics and plans to place one on each ambulance. Among the new protocols were their ability to administer more medications than EMT-Advance Intermediates, including for “irregular heartbeats, congestive heart failure, alcoholism, shock, heart attacks, allergic reactions, and breathing problems.” They could also start IV without direct orders from the hospital. The units also have better equipment, including portable radios that can transmit telemetry. [FO, 2/13/90]

1990, Feb 20 – County commissioners on Monday approved the consolidation of CCRS and CCAS. The goal date was set as May 15.

They also rejected a staff recommendation that the board spend \$49,850 to hire a Virginia-based consultant to study the merger and create a roadmap for consolidation, including how the combined agency would operate with city fire rescue units and the volunteer fire departments.

They also appointed Rescue Squad Supervisor Reese Faulkner as the director of a consolidation committee. He had more than 30 years of experience in emergency services.

Notes on the two agencies:

- CCRS controlled by board of directors.

- CCRS provides “first aid and rescue operations” for some areas of the county, except for the city and fire districts with their own “rescue teams.”
- CCAS has paid employees who are supervised by a CFVMC official. [FO/5/8/90]
- CCAS provides transport services for both the city and the county (or just county areas served by CCRS.) [FO, 2/20/90]

1990, May 8 – County commissioners approved the completed merger⁴ of CCRS and CCAS, voting 4-1. The merger created three new positions: Emergency Services Director, Deputy Director, and Executive Secretary. Later this summer, state officials were expected to study the consolidated system and make recommendations in the fall on suggested changes. [FO, 5/8/90]

1990, May 8 – **Cumberland County EMS created** [correct date?]

1990, May 31 – Newspaper citation of LaFayette Ambulance Service, apparently still operating.⁵ The owners of the company pleaded guilty in Cumberland County Superior Court to transported elderly patients to doctors’ offices, but charging the government for hospital rides. [News-Herald, 5/31/90]

1991, December – County board of commissioners received a study of the county EMS system. They had requested the study earlier in the year. The free study was conducted by Fred Hardy, an official with the state office of EMS. It listed numerous recommendations, listed below. The study was not initially widely distributed, because the county emergency services director had been recovering from a stroke. No action had been taken as of March 1992.

Findings, from newspaper story:

- Len-Care Rest Home & Retirement Center on Cedar Creek Road is about 100 yards from a volunteer county rescue squad station. But if there’s a medical emergency at the facility, a city fire-medical unit is dispatched from downtown, about 3.5 miles away, because the facility is located in the city. And if the patient needs to be transported, a county ambulance responds.
- However, city officials refuted this example, noting that the facility got used to calling the city for a response, because the county rescue squad was not manned by paid employees 24-hours a day. But squad officials say things different, because they could not respond to the facility behind their own station, or other nearby city locations. “Squad members cannot run emergency calls within the city, but squad

⁴ TBD on the exact nature of the merger. Did the private-owned rescue squad become a county department?

⁵ From state corporation records, the corporation filed for dissolution on October 13, 1993.

members provide standby coverage at football games at schools in the city because city firefighters do not provide such coverage.”

- Another example is Owen Drive and Village Drive in the city. There’s a city fire station at the intersection with a fire-medical crew. One block away is the county rescue squad at the hospital. But if a car wrecks at the intersection and the fire-medical crew is not available, the county rescue squad cannot respond, and instead, another fire unit is sent from farther away.
- This lack of coordinated and closest-unit responses can cause longer response times and, thus, have impacts on patient care.
- Also, the current system usually does not allow county rescue squad first-responder vehicles to enter the city limits. City officials disagreed, and said the county can send rescue squads to city emergencies, though the city will also dispatch a fire-medical unit. They cited a November 27, 1989, memo from an assistant city manager to an assistant county manager, that said “the city has never had any objection to the dispatch of county rescue units and advanced life support units within the Fayetteville city limits” and added “in fact, we believe it is a service provided by Cumberland County to which city residents are entitled as county taxpayers” and “please initiate whatever actions are necessary to remove any barriers to the closest advanced life support unit being dispatched upon request within the city limits.” But said the fire chief, in most cases, city fire-medical units should only respond to emergencies inside the city, because it would be unfair for city taxpayers to fund services that respond outside the city on a daily basis.

Summary of recommendations:

- Determine areas that need more “first responders.” First responders are fire medics and rescue squad members who give initial care in medical emergencies.
- Develop county and city procedures so the county Emergency Operations Center can send the closest available unit to an emergency.
- Educate people on where to call for emergencies in case a single communications center cannot be set up.
- Consider including more county fire departments in the emergency medical system so that some firefighters can care for the sick and injured until an ambulance arrives.
- Establish a county emergency medical services council to advise the county Board of Commissioners and Fayetteville City Council. The council would discuss problems and improve the system.

- Ensure that a physician serves as the county emergency medical services director. An emergency physician now supervises paramedics and intermediate emergency medical technicians with the county ambulance service. He also directs some rescue squad members. But he does not supervise basic emergency medical technicians, such as the Fayetteville fire medics and many county rescue squad members.
- Consider bringing government and volunteer emergency services agencies under one manager.
- Consider putting paid employees of the rescue squad under management of the county ambulance service. The rescue squad and ambulance service merged more than a year ago, but the squad has its own board of directors.
- Review and update the county franchise ordinance, which governs how emergency medical services operate.
- Establish a county emergency medical services training committee with ambulance and rescue squad crews represented.
- Train all first responders to operate a defibrillator. A defibrillator can deliver an electric shock to start someone's heart.
- Consider establishing a non-emergency transport section. This would free emergency vehicles to respond to more serious cases.
- Require first responders to keep formal records of patient care.
- Review operational policies and develop new policies and procedures as needed.
- Develop procedures for more effective use of resources. This would include sending the closest available unit to an emergency and establishing a non-emergency transport section.
- Require emergency medical system dispatchers to be trained emergency medical dispatchers. County dispatchers are trained emergency medical technicians and emergency medical dispatchers. City dispatchers generally are not.
- Require emergency medical service dispatchers to meet regularly to discuss ways to improve communications.
- Establish a training subcommittee that would oversee training of first responders and report to the advisory council.
- Educate local officials on elements of an effective emergency medical services system.
- Support basic first aid and cardiopulmonary resuscitation training for residents.
- Support the completion of an enhanced 911 system. By 1995, everyone in the county will be able to use the system, which will electronically route all emergency

calls, regardless of jurisdiction. Under the new system, the address and phone number of a caller will appear on the dispatcher's monitor.

- Support Cape Fear Valley Medical Center's efforts to become a regional trauma center.
- Review patient care and operations regularly.
- Develop an annual emergency medical services plan with objectives identified by the advisory council. The plan should be approved by the county commissioners and the council. A master plan also should be made.
- Write county disaster plan outlining emergency medical services roles.
- Write agreements between county and emergency medical services providers. The agreements should define responsibilities.
- Define patient referral and transfer practices.
- Ensure that emergency medical technicians are certified and periodically recertified to meet standards. Training instructors should meet standards. Administrators and managers should be trained.

Source: FO, 3/15/92

1992, March – Five agencies provided emergency care in the county:

- Cumberland County Ambulance Service – With six stations
- Fayetteville Fire Department
- Cumberland County Rescue Squad – With seven stations
- Vander Fire Department
- Westarea Fire Department.

1992, Mar 10 – Town of Spring Lake Fire Department had stopped providing rescue services because their only rescue vehicle was out of service. The squad was operated by fire department volunteers and they responded to between 60 and 80 calls a month for both fire and EMS. Town officials delayed action on the next step, such as repairing the truck or buying a newer, smaller one. [FO, 3/10/92]

1992 – CCRS added their first paid director. [FO, 3/26/94]

1994 – Fire departments started responding as first responders.

1994 – Cape Fear Valley Health System took over ambulance service from county. [FO, 2/4/04]

1996, Feb 8 – On Sunday, county EMS services expanded to 24/7 service. Previously, volunteer squads filled the gaps on weeknights and weekends. [FO, 2/8/96]

1997, July 21 – On Sunday, the new rescue squad building was dedicated. Located at Gillespie and Southern. [FO, 7/21/97] Dedicated for Reese Faulkner, first paid director of the Cumberland County Rescue Squad, and first director of county EMS. [FO, 3/26/94]

2000 to Present

2000 - Cape Fear Valley Health System studied whether the county should allow private ambulance companies to provide non-emergency services. Mid-South Medical Transport and Fayetteville Non-Emergency Transport asked the county for franchises.

2003, Mar – CFVHS president announced he was considering a plan to turn over ambulance service to a private company, to save money. Some fire chiefs started discussing taking over the service at the time. [FO, 6/12/03]

2003-04 – Hospital system put ambulance service up to bid, but only one bid was received. It was rejected and the hospital system continued to operate the ambulance service. In FY02, the system lost \$2.7M operating the system. [FO, 2/4/04]

2004, Nov 11 – County fire chief's association sought to have state certification for all ten fire departments with medium-duty rescue trucks. [FO, 11/27/04]

2005, Dec 19 – CFVMC would be adding air ambulance service in partnership with UNC Hospitals in January. [FO, 12/19/05]

2008, Dec – Three-part series in Fayetteville Observer about long response times. They analyzed more than 36,660 calls between August 2007 and July 2008. They found that county ambulances took up to 18 minutes to arrive for 86 percent of the highest priority 911 calls. Incoming calls are classified from Alpha to Echo, by priority. Among the details:

- Ambulance locations:
 - Headquarters on Gillespie Street
 - Boonie Donne FD
 - Eastover FD
 - Fayetteville Fire Station 11
 - Hope Mills FD and Cotton FD, rotation
 - Linden FD (their own ambulance, not in use)
 - Vander FD (their own ambulance, not in use)
- CCEMS quick-response vehicle locations:
 - Headquarters on Gillespie Street
 - Spring Lake FD
 - Stedman FD
- CCEMS operational notes:

- 26 ambulances total
 - During slow periods, during some nights from midnight to 5:00 a.m., number of ambulances in service can drop to seven.
- CCEMS annual totals:
 - 29,334 calls in 1999.
 - 39,590 calls in 2006.
- Fleet has grown from 22 to 26 ambulances in past three years.
- Last week, the medical dispatch center adopted a policy where callers who have waited ten or more minutes for an ambulance may receive a higher priority, even for routine calls.
- Stoney Point Fire Chief and president of county fire chief's association says county doesn't have enough ambulances for population it serves, which should be one for every 10,000 residents. Cumberland has less than 1 per 10,000. Forsyth has 1.4 and New Hanover has 1.3, two of the best ratios in the state.
- Service also answers non-emergency/convalescent calls, which comprise 350 to 400 calls a month. There is no other ambulance transport service in the county.
- Service gets no funding from county, unlike Wake and Mecklenburg, for example, that subsidize at least 60 percent of ambulance system costs. Durham County pays 26 percent.

[FO, 12/14, 12/15, 12/16/08]