

Pioneering Houston EMS: Answering the Call

By La’Nora Jefferson, James Thornock, and Paulina De Paz

In the wee hours of the morning, dispatcher Bill Hausinger’s voice crackled over the radio at Station 19. “Okay, I got a woman about to have a baby at 1818 Brackenridge,” he said, quickly dispatching Glen Morris and Otis Owens to the woman’s home. “You got it? You got it? Okay,” Hausinger confirmed before asking, “What? What?” and then replying with urgency, “Time is 0-0-30. All right. I’ll give you the time later! Just get to 1818 Brackenridge!” With that order, the call ended, marking the birth of Houston Emergency Medical Services (EMS) thirty minutes after midnight on April 10, 1971.¹



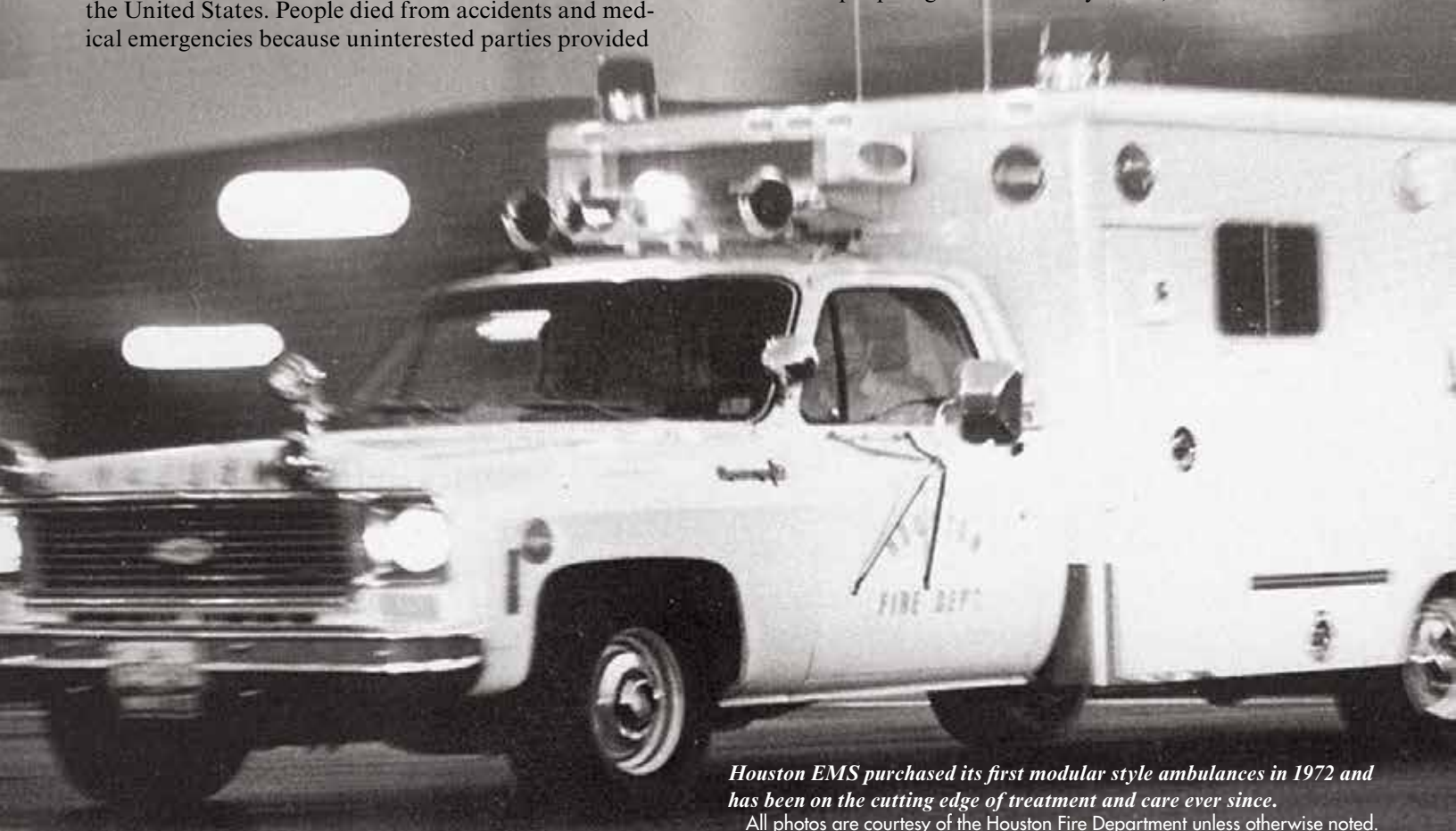
Houston EMS personnel recall stories of an auto accident on a Houston roadway, most likely on Westheimer near its current intersection with Loop 610. Two ambulances arrived at the scene to find one person dead and another badly injured. The two men who worked for separate private companies, believed to be funeral homes, fought over who would take which victim. The winner emerged with the corpse and the loser took the injured.²

Less than fifty years ago, this scenario characterized emergency care in Houston and in many cities across the United States. People died from accidents and medical emergencies because uninterested parties provided

half-hearted emergency care in the field without proper training or equipment. By the late 1960s and early 1970s, however, consolidated emergency medical services, often run by local government agencies, emerged as a solution to the problem. With city leaders supporting the implementation of emergency care under the Houston Fire Department (HFD), Houston soon became a national leader in setting protocols and in quality of care, a distinction it continues to hold today.

“THE NEGLECTED DISEASE”

In 1966 the Committee of Trauma and Committee on Shock in the Division of Medical Sciences of the National Academy of Sciences National Research Council (NAS) released a white paper, “Accidental Death and Disability: The Neglected Disease of Modern Society,” which drew attention to accidental death as a national health crisis. It reported, “In 1965, 52 million accidental injuries killed 107,000, temporarily disabled 10 million, and permanently impaired 400,000 American citizens at a cost of approximately \$18 billion.” Accidental injuries ranked as the fourth highest cause of U.S. fatalities overall and as the leading cause of death in people aged one to thirty-seven, with motor vehicle



Houston EMS purchased its first modular style ambulances in 1972 and has been on the cutting edge of treatment and care ever since.

All photos are courtesy of the Houston Fire Department unless otherwise noted.

accidents accounting for about forty-five percent of the deaths. Despite these statistics, the public had little awareness of this health threat, and only 0.3 percent of the dollars spent on medical research went to studying trauma care.³

The NAS suggested changes that included establishing a nationwide emergency phone number that everyone could easily remember, a national committee to address accident prevention, and improved ambulance and emergency medical services. Further, it addressed the government's role in responding to these issues, saying, "Adequate ambulance services are as much a municipal responsibility as firefighting and police services."⁴ Eventually most government agencies, medical communities, and ambulance programs followed the NAS recommendations.



Some fire stations had to add on to accommodate an ambulance.

In Houston during the early 1960s ambulances were a shadow of the EMS vehicles seen today. Eighteen private companies provided emergency services, and morticians owned about half of the vans or station wagons converted for use as ambulances, which carried limited medical supplies. Drivers had minimal if any medical training and few incentives to transport live patients to hospitals given that their employers profited from deceased victims. People usually waited about an hour for an ambulance to arrive on the scene. Dr. Kenneth Mattox, a professor at Baylor College of Medicine and Chief of Staff and Surgeon-in-chief at Ben Taub Hospital, compares ambulances then to the way multiple tow trucks arrive at auto accidents today.⁵

Regardless of how many ambulances arrived, it did not guarantee everyone was transported. Writer, photographer, and veteran Ken Levin recalls an incident in 1961 when he heard a crash at Fannin and McGowen, just outside his office. As he made his way to the accident, his neighborhood policeman began attending the injured in the more severely damaged car. Levin assisted the other car's driver, a middle-aged African American woman, who appeared to be in shock. After the first ambulance departed, a second arrived intent on taking Levin. The policeman let the driver know the woman was the victim, at which time Levin says the driver blurted out, "Ain't no *niggers* ridin' in my ambulance." Levin adds, "I looked in disbelief, thinking, I'll . . . take her. But, again I watched in disbelief as . . . my neighborhood cop, slowly unhooked the flap on his big black holster, lifted the flap with his left hand and, with his right hand, pulled out a rather imposing pistol, pointed it at the

forehead of the ambulance driver, and said, 'One of you is going to Ben Taub in this ambulance!'" As the ambulance departed with the patient, Levin asked the officer if the woman would be alright, and he explained that he knew the driver and there would be no trouble.⁶

In addition to facing transportation issues, the sick and injured found little room available at local hospitals. Victims of car accidents occupied one in eight beds nationally, and non-emergency cases taxed overburdened hospital "accident rooms," precursors to emergency rooms, which lacked experienced staff. Mattox explains that the doctors assigned to accident areas of hospitals were usually new recruits or those who were being punished by supervisors.⁷

ESTABLISHING HOUSTON EMS

The earliest medical treatise on trauma care based on scientific principles, the Edwin Smith Papyrus, dates to 1500 BCE; but battlefield medicine adopted by innovators like Jean Dominique Larrey (1766-1842), surgeon to the Napoleonic armies, and Major Jonathan Letterman (1824-1872), a surgeon who established an Ambulance Corps for the Union Army after Second Manassas, demonstrated the life-saving benefits of expeditiously transporting patients in the field. Many of the modern-day U.S. emergency care pioneers also had experience with military trauma care. A leader in the field, Seattle, Washington native Dr. Michael Copass served in the U.S. Army Medical Corps during the Vietnam War. Former EMS Assistant Chief Mike Ivy points out that Copass's research conclusively demonstrated that the only way to maximize someone's life expectancy in an emergency situation was to start physician-level care in the field before the patient reached a hospital.⁸

Houston doctors who also served in the military took notice of Copass's findings. Renowned heart surgeon Dr. Michael DeBakey, who helped develop the Mobile Army Surgery Hospital (MASH) program, led the way. His count-



George Prazak and Mike Owin show off a new modular ambulance in 1973. Owin became one of the first EMS Supervisor, Paramedic Senior Captains with Mike Eckhardt and Cliff Kregle (1180).

less hours of service in the battlefield prepared him for performing up to seventy trauma surgeries a day with his team at Houston's Ben Taub Hospital. After observing Copass start an ambulance program in Seattle, Dr. Ken Mattox, joined by Drs. William "Bill" Kolter, Peter B. Fisher, and James "Red" Duke, helped make the case for EMS as a city service and implementation of the program once adopted. Kolter saw firsthand the city's need for timely emergency care when his mother Jennie Katharine Kolter died tragically in a bombing at Poe Elementary School on September 15, 1959.⁹

Houston experienced exponential growth between 1950 and 1960, almost doubling in population to 938,219 and more than doubling in area to 328.1 square miles. Dr. Mattox observed that the survival rates of those who relied on the private ambulance system was approximately twenty-five percent at that time. From early 1969 through early 1971, citizens as well as the Harris County Medical Society, Baylor Medical School, and the Greater Houston Hospital Council began putting pressure on the city to improve its emergency services.¹⁰ Seeing a political opportunity, Mayor Louie Welch, elected in 1963, worked with the Harris County Medical Society to develop an emergency care plan for Houston. A group of local doctors visited Baltimore, Maryland, and Miami, Florida, to observe different types of operations and meet with emergency room doctors there before making a recommendation.¹¹

Involved from the beginning, Kolter indicates that he and Fisher designed a "system using communications already in place and an ambulance distribution system which could be altered when the need arose and required no additional facilities." In contrast to the level of emergency care then, they wanted responsible, "intelligent attendants" who would remain in the program.¹²

Although key players discussed whether to place the new emergency service under the police department or create a new entity, Houston City Council members passed ordinance 70-1518 to place emergency care under the Houston Fire Department on September 16, 1970, noting that the time it takes to transport a patient and the care received at the emergency scene could be essential to the health and life of the patient. The law outlined standards for manning ambulances, training, continuing education, vehicle inspec-



One of Houston's early EMTs takes care of a patient.

tions, and more. In addition, it stipulated that HFD could not refuse emergency ambulance assistance to the indigent for inability to pay.¹³

HFD was a logical choice since it already had a system in place to receive calls for fire emergencies. It had fire stations positioned throughout Houston that could house ambulances, an average response time to any location of three to five minutes, vehicle maintenance facilities, and personnel trained in crisis situations who were "devoted to helping people." HFD control of the ambulance program also guaranteed the highest quality of care for firefighters injured on



Fire Chief C. R. "Jake" Cook.

the job. In 1968 Welch appointed Chief C. R. "Jake" Cook to head HFD, and Cook selected District Chief L. O. "Whitey" Martin to lead the new ambulance division. Retired Senior Captain and Paramedic Tom McDonald called Martin the "right man at the right time for the job." For the first fifteen years of the program, Martin was out on the street responding to calls. McDonald

remembers frequently hearing his radio call number, "1100, I'll be responding."¹⁴

To ensure the protection of citizens in the communities surrounding Houston, the EMS organizers included training for private operators in Harris County with help from the Red Cross and state and city health departments. Martin worked extensively with local media to raise awareness for the ambulance program and later gave assistance to other cities starting their ambulance programs. Assistant Fire Chief Dennis Holder is credited with coining the term "Emergency Medical Services" (EMS) that came to mean "physician-supervised, pre-hospital ambulance services."¹⁵

Although some local doctors were willing to assist the new ambulance program, others argued against it. Fearful of paramedics or EMTs trying to "play doctor" in the field, they worried that the old adage "a little knowledge is a dangerous thing" would prove true. Retired paramedic and Junior Captain Richard Sadler remembers Bill Kolter and Peter Fischer helping to minimize resistance from doctors. Negativity also came from funeral homes, which stood to lose income; hospitals, which initially saw the government ambulance program as competition rather than cooperation; and even firefighters, many of whom wanted to focus on firefighting. The private ambulance services even formed a non-profit to plead its case for a city contract to provide ambulance service, promising to improve their services and keep costs low. Initially some fire chiefs argued that having EMS in HFD would occupy phone time and valuable space in fire stations, change the structure of the department, and redefine what it meant to be a firefighter. Success of the ambulance service depended upon a coordinated effort by different government and private entities to change attitudes, develop training, and implement the new city-wide EMS program. As Sadler explains, "Whenever the fire department started this ambulance program it wasn't just the fire department, it involved the whole city."¹⁶

IMPLEMENTING THE PROGRAM

During the 1960s ninety-five percent of firefighters' training involved fire suppression. Firefighters already received the required first-aid training, but this new generation of responders needed more than that, such as cardio pulmonary resuscitation (CPR). In 1969 just before Houston began its EMS program, the U.S. Department of Transportation developed a basic EMT course. Although some paramedic programs had already begun to give their personnel more advanced training, official curriculum for the EMT-paramedic level was not released until the early 1970s.¹⁷

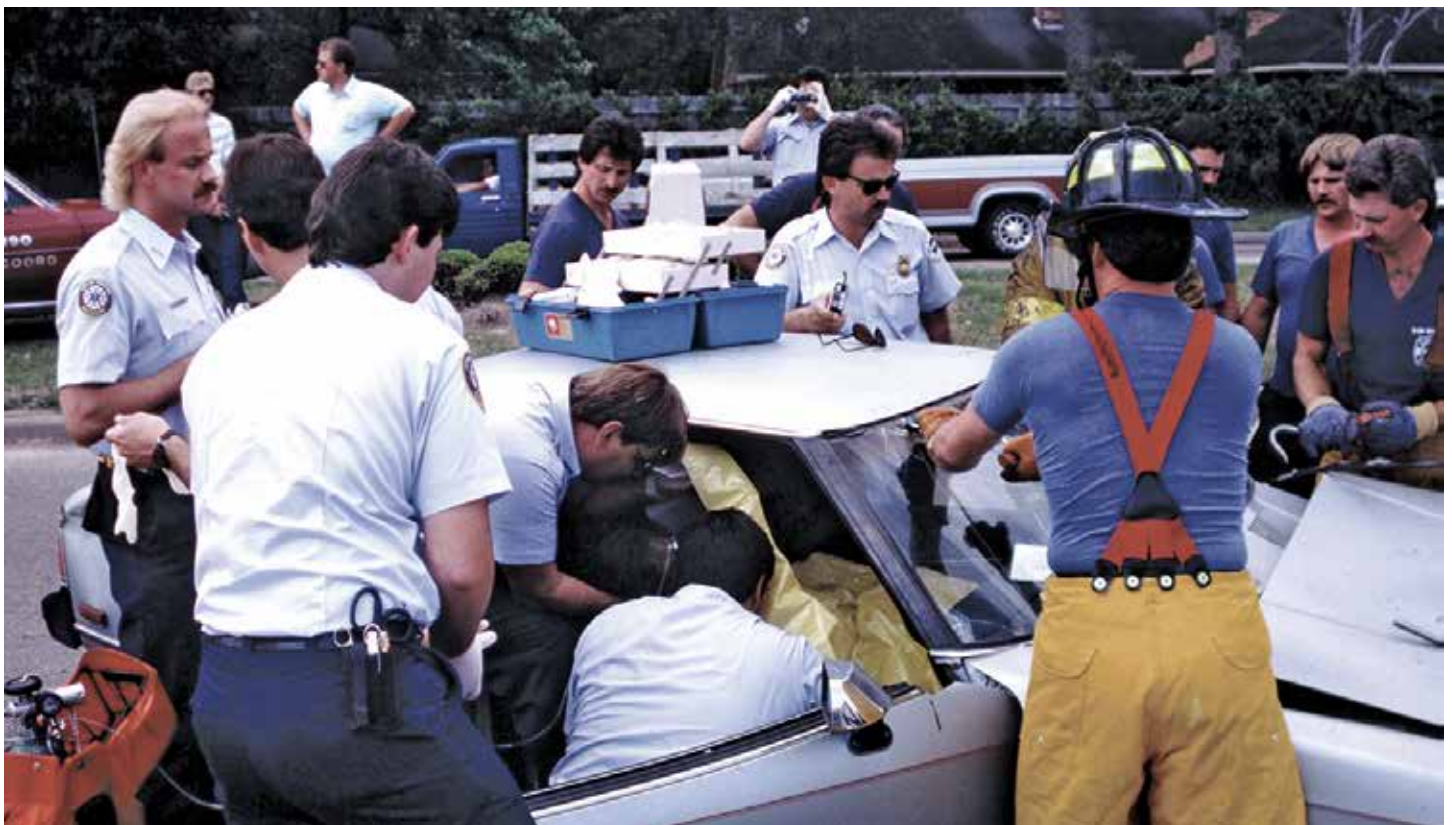
The State of Texas certified the curriculum, and EMS enlisted Houston's most accomplished trauma surgeons to assist with training, including Drs. Ken Mattox and Red Duke. From the birth of Houston EMS in 1971 through 1983, the Ambulance Advisory Committee, which consisted of the fire chief, the city health director, and the chairman of the Harris County Medical Society Committee on Emergency Medical Services, established the formal policies of the paramedic program. In 1983 the Allied Health division provided paramedic training at a local medical school using the standard U.S. Department of Transportation curriculum. On September 1, 1989, the State of Texas Emergency Medical Services Act ordered all paramedic training in Texas be supervised and certified by the state Department of Health. Initially the former City of Houston License Department handled the licensing of ambulances, but the Houston Health Department soon assumed responsibility for oversight. It mandated the city follow federal recommendations for ambulance equipment and EMT training.¹⁸



EMS Physician Director Dr. David Persse, EMS Assistant Chief Mike Ivy, former Houston mayor Louie Welch, and retired Asst. Chief Whitey Martin received a mayoral proclamation commemorating the thirtieth anniversary for Houston EMS.

Photo courtesy of Tom McDonald.

When HFD initiated EMS, the program obtained twenty-one Dodge Tradesman cargo vans from other city departments that were converted to ambulances, each equipped with a small stretcher, a first aid kit and, in some cases, radiation monitors to address Cold War fears. Chief Martin chose 126 men, who volunteered and were ranked as pipe-men and laddermen. They received 120 hours of EMT training over a three-week period. In retrospect, this offered little improvement in comparison to private services, but HFD EMS improved response times dramatically, averaging five



Paramedics and other HFD members attend a patient at an accident. Motor vehicle accidents remain the most frequent reason people call 9-1-1.

Photo courtesy of David Almaguer.

minutes to pick up the patient and twenty minutes to deliver them to the hospital. HFD EMS experienced its only line of duty death less than one month in, on May 3, 1971, when Ambulance 51, which was transporting a patient during morning rush hour, was struck by a passenger vehicle and overturned at Chimney Rock and Westheimer, killing twenty-six-year-old James Louis Walls. EMT Howard Cannon and the patient sustained minor injuries.¹⁹

The van ambulances soon proved inadequate, and in the fall of 1971, the department purchased twenty-two new modular vehicles, with the boxy look that characterizes ambulances today.²⁰ Over the years, ambulance equipment has evolved, and HFD has updated its vehicular fleet to respond to various types of emergencies in a variety of locations, including waterways, airports, and high rises.

Houston paramedic classes began between 1974 and 1975 at the Health Department in the Texas Medical Center. Richard Sadler, his son Richard Sadler III, and forty-eight others enrolled in one of the first HFD EMS paramedic training classes, which Sadler remembers being told no one would fail. Sadler chuckles as he reflects on what they learned, such as how to insert butterfly needles for IVs, which they practiced on one another, causing the “grown men” to react with everything from tears to laughter. In



Paramedic Tom McDonald (bottom left), EMS Supervisor Capt. Mike Eckhardt (top left), Mike Allen (performing CPR), and Paramedic George Beutell (right) care for a woman in cardiac arrest at a wedding on May 24, 1986. Below Beutell and Eckhardt are reunited with her and her family.

Photo courtesy of George Beutell.



his earlier training, they also practiced CPR on one another, or on carpet cut outs, because they did not yet have the Resusci-Anne mannequins. Although Sadler did not originally want to enter the program, once he began, he thoroughly enjoyed it, saying, “It was the greatest thing that happened in my life.”²¹ This sentiment was echoed in all of the interviews conducted for this project, from those who are long retired and those still serving the city. (See “On Call by Choice” in this issue.)

When HFD completed its first paramedic training class, the State of Texas presented Chief Whitey Martin with state paramedic patches for the graduates. EMS Assistant Chief David Almaguer remembers Martin throwing them in the trash because Houston had its own patches, saying, “We’re the Houston Fire Department, we’re Houston paramedics, we’re better than just Texas.” To this day, Houston paramedics only wear the HFD paramedic patch.²²



Chief Whitey Martin rejected the State of Texas paramedic patches in favor of the HFD paramedic patch.

Photo courtesy of the Houston Fire Department.

By the end of the twentieth century, emergency care had changed dramatically from the days when private ambulance services fought to take deceased victims to funeral homes rather than the living to hospitals. Houston’s EMS service grew in response to the needs of a burgeoning metropolis and as part of a national trend to reduce the unnecessary loss of life caused by poor emergency medical care.



The two men who answered Houston’s first EMS call, Glen Morris and Otis Owens, volunteered to enter the EMT program when it first began. They recall hoping that their station would not be the one to answer Houston’s first EMS call. They assumed that the first call would be a car accident and found it amusing that after their intensive training to treat major injuries, they were called instead to assist an expecting mother. The delivery was successful, and Owens and Morris, now retired, went on to deliver more than fifty babies over a ten-year period and to help save countless others during their rewarding careers.²³ Looking back, though, it seems fitting that the birth of Houston EMS in 1971 was marked not by responding to a trauma, as the new EMTs expected, but rather by bringing a new life into this world.

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