

**UNIVERSITY OF HOUSTON  
ORAL HISTORY OF HOUSTON PROJECT  
Frank Mettlach**

Interviewee: Frank Mettlach

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**Abstract:**

As a part of a series of EMS Oral Histories, Frank Mettlach discusses basic biographical information and a brief description of his life before becoming a paramedic, taking classes and on the job training at various fire stations. Throughout the interview, Frank compares EMS training and methods from the early years to now, and elaborates on contributions of Medical Directors Dr. Pepe and Dr. Persse to the field. Frank's personal stories and thoughts make up the bulk of the interview and provide insight to the daily experiences of paramedics in Houston. Towards the end Frank talks about the importance of mental health maintenance for EMTs and the emotional strain of the job.

PD: The first questions are just personal information, a little bit of background.

FM: OK.

PD: Can you start with stating your full name?

FM: Frank A Mettlach.

PD: When and where were you born?

FM: Edinburgh, Texas, February 8, 1952.

PD: Can you tell us a little about your life growing up?

FM: Well I grew up on a farm. My dad was a farmer and an alcoholic—no I'm just kidding, I shouldn't say that. I'm sorry. My dad was a farmer and my grandfather was a rancher-farmer and they did trucking and they would take vegetables and fruits from south Texas, Brownsville, McAllen area up to Houston and they made a living that way. During the depression, they were not wealthy but they were well off. My dad, talking about my background, but my dad was in the navy almost went to Iwo Jima and he was a landing craft pilot, which, got turned around on the way because the ship broke down so he didn't have to see any battle, he was at the end of the war. My uncle was with Patton and he did all kinds of things with Patton and he would never talk about it. I was born and I lived in between far.... and Edinburgh, in a farm. Nothing else was around, and just grew up picking cotton when I was younger and then gradually working a little bit at a grocery store. But anyway when I went to college, got a music degree and I started working at a music store after because I got disillusioned with teaching, with kid--- with teaching, the student teaching and then... I worked in a music store a couple of years and then my

brother-in-law in Brownsville, that's where I lived, was the athletic trainer for the Brownsville School District he said "They're starting an EMS in Brownsville if you want to get out, that's where you can get out." I talked to the city manager, they hired me on the spot. The next week I went and we trained at the hospital in Brownsville, there's two. I can't remember which one it was. But the state came down to teach, the... actually the State Health Department, the main guys, to teach, as well as medical students from Matamoros were helping to teach, too. We sat in a classroom and if there was an ambulance run we'd take off, a couple of us, there was 21 of us in a class. We'd take a ride and come back and then finish the class and then we would be on rotation, we would run out of the hospital and work at the E.R. and the other ambulance would be at the other hospital... no, at one of the fire stations. Which we weren't part of the fire department we were third service, and we would make runs here and there and... We really didn't even have a medical director at the time so I got disillusioned again. But I had a disc jockey at the radio station he also played organ at our church and he said "If you want to be a real paramedic, go to Houston." Because he volunteered there a little bit in his younger days

PD: What year was this?

FM: 1976. I was in the first paramedic class in south Texas. We had an attrition of about fifty percent so a few of us made it through. I ended up, even though I wasn't the boss or the manager, I ended up doing the schedule for the whole group because he was doing it not very fair and he was glad to give it up to me. So I was doing the schedule, making runs or working from the hospital. But I found out that it was really political down there, Brownsville, and I didn't like the political part of it so I took a flight to Houston for fifteen dollars round trip. Southwest. No, it was Texas Air at the time, which turned into Southwest Airlines. Applied, dropped back all the

stuff and it was about thirty five pages of a lot of information. I got all that together in a couple months, sent it back, and they called me for a second interview. I did the physical agility test right there on somewhere near downtown, and after that they called me in, they said they were just starting to hire again, there was a long hiatus of no extra people in the fire department, so I got hired. I was already a paramedic so they... In fact, when I came to the interview I wore my lab coat and stethoscope just to make sure they knew I was a paramedic. I was kind of a little strange like that but... When I got hired, I was already a paramedic, went to fire school. Long story short went to Station 29, at that time there were a lot of fires and the refinery, lightning was hitting like crazy. I mean, it was carnage over there. I had to do three months on the pumper and my, when I first went into the station my senior captain told me, "I heard you're a paramedic," I said "Yes sir proud of it, too" and he said, "Expletive those paramedics." Yes. I said "Well, could you show me around the station anyway?" He was a senior captain. He showed me around the station and he reiterated, "'Blank-Blank' those paramedics, you're making a big mistake, if you want to be a paramedic," I said "I'm already a paramedic and I really like to do so, I'm twenty six years old and that's what I want to do." "Well you'll regret it" I never regret it. Anyway did my three months on the pumper, I made a refinery fire where couple people blown up, I protected explosions, that was pretty scary I didn't like the heat so after three months I got to be on the ambulance. The first run that I made was at a grocery store. First run on my own, as a paramedic, an EMT driver (inaudible).

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DH: Can you say?

FM: Sure how does that sound? It'll put in your ear right?

DH: Is that good? Yeah. I don't know what happened.

FM: So I told my senior captain that I was twenty six years old and I make my own decision like that in life and I'm sorry if he didn't like it, but that's too bad. He was mad! He was angry. Now the reason that he was angry because a lot of the junior captains at the time were forced onto ambulances and he was one of those. But he made senior captain after that and he was just mad at the system. I wasn't, I wanted to do some action stuff here in Houston, cause that's why I became an EMS. To go back to the time I got hired with the city of Brownsville, the first day class I knew of was in the right element you know you go through life doing things and trying to find your way, that was it. The first day of class they started talking about kidneys and how they worked how they worked, I thought "This I can like" and I was never afraid of blood and all that, people vomiting. It was no big deal to be but, since I was a child it never really bothered me so. I got a cut on my hand one time, my sister accidentally, I was showing her how to chop cotton and she chopped my hand. I went into the doctor he opened it up, he was doing layers, he was showing me tendons and was doing this, I was fascinated and it was my own body and I was still fascinated. That's the fascination I had with EMS. I got hired I did that and then I got pre-accepted by one of the supervisors, there was only one back then I rode with him, we made, our first run we made it was a hyperventilation and back then you used a paper bag to calm them down and soothingly, just talk to them soothing. Talk them down, how to breathe and pass. I did that and then we got back to the car and he he said what do you think that was? You know, vital signs and everything. And I said "Well, that was hyperventilation." It was pretty clear and it was a young person. He went "Okay, you're in!" That was pretty much it. Then I rode with one of the

senior paramedics for a while it was not like I was in-in. I made a few runs with one of the senior paramedics there at Station 29 and, wow what an adventure. I just made a lot of good quality runs and some ones that weren't so quality but that's the deal 80-20 percent, 90-20, 90-10. Ten quality ones and ninety percent, you just had to deal with holding hands, holding people's hands and being nice saying "It'll be alright," and we take em in. It is good. So I'm gonna stop right there, for can you stop for just a little bit? I wanna...

[End Clip B]

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FM: The training in Brownsville was done at the hospital. We had the state in there, teaching us. We had students from Matamoros which is just right next to Brownsville and all, one particular instructor had a really heavy Spanish accent but I could understand him. He made a lot of sense he was really, really good he was learning at the same time and he was teaching us what he was learning, so we'd go through different systems like the kidneys, the stomach, all that. And really taught well and then we've got our training in clinical areas in the hospital we were training in, so that was nice. The training here... the first, a refresher I got here was at University of Texas and it was pretty good training and then we switched over to HCC and that was excellent. I ended up working for HCC for thirty years after that. I went through a divorce in 1985 which was fine and HCC helped me out and I had to get a live-in maid to help take care of my kids because I was getting divorced but I had the kids, three boys. I went through that, ended up working as an assistant to Dr. Pepe for a year and we... let me go back a little bit when dr. Pepe ... can I slam Dr. Pepe? Before he got here, when he started, when he did get here

and he started lecturing he would tell medical students, because I was with him, when he was doing the lectures, I'd help him pull traction and we'd start teaching the students, medical students how to teach stuff. Anyway he would say there was no cardiac arrest saves before he got there. Well, not true! I saved two before he got there, he got here. One of them was a guy had cardiac arrest and back then we had big, NASA-type defibrillators. They're a big orange box, I don't know if you heard this. It was a big orange box that weighed a lot but it was the same the same monitor that the space program used. The same, exact same one. It had a repeater on there all that stuff. I had set up the repeater to get a hold of medical center really fast if I had a cardiac arrest. You're normally supposed to ask for a channel, go back to the vehicle, set the repeater and then set this and then do it. I said "Heck with that, I'm gonna set it up on a channel and just come up on the channel." So we got called to cardiac arrest, it was a block and a half from southeast memorial and when I got there, sure enough it was cardiac arrest. It was a doctor's wife, the doctor was there from Chicago visiting family. She was in cardiac arrest, she was in her thirties. When I went in the house, he was screaming at me, and he was doing CPR and I said "Look we can take care of this" and so my partner started doing CPR and I got the monitor out and got the paddles to kind of look, to so see what rhythm she was in. Anyway I was taking a look at the rhythm and it was in matriculation so I just flipped the switch on and I said this is, back then it was AMOS 29 and I said "This is AMOS 29 we have a patient here in B Fib, she's 39 years old. I need permission to shock." Because we didn't have guidelines at that time. The doctor on the other end at Ben Taub said "Go ahead and shock." "Okay." I told the doctor, "Get back," he said "No, no, no, no! You don't know what you're doing!" I said "Get back." I shocked her and she bled into a rhythm that was sustainable, established rhythm and then she defibrillated and I

shocked her one more time and then the doctor is steady after me. He said "You don't know what you're doing, you're gonna kill my wife and duhduhduh," and so we moved her to the back of the ambulance and then she started screaming, we had two people screaming. Thank God it was a block and a half from the hospital. I got to the hospital and she was screaming so, what do you do? We got her in the southeast very quick and they took her in, I told them what happened. They didn't believe me, that I had shocked her, but I got a tracing of it, I showed them. "Oh wow, okay." So we got our paperwork together and went back to the ambulance, we're getting ready to leave and that doctor came out and said, "Hey, I need to talk to you," I went "Oh no." He said, "I am so sorry, I yelled at you, I know what you did. I just didn't think you knew what you were doing, obviously you did." And that was my first save in Houston. So when Dr. Pepe in our lectures was saying there were no cardiac arrest resuscitations before he got there, I'd go [clears throat] and he said, "Well, virtually no resuscitations." Anyway. The other save I had was a gentleman, an older gentleman, we were doing CPR right when we got there and the chief drug right at first was \_\_\_\_\_ now its unheard of. But I pushed an amp of \_\_\_\_\_ when I got the IV. We're doing CPR and so when I pushed that he was in a \_\_\_\_\_ and he started having a rhythm. I don't know how that happened because \_\_\_\_\_ **is not**, not the drug to give, it is a \_\_\_\_\_. But he came back and so I had two saves before Dr. Pepe. As far as runs and variety of runs, my God. It, what subject do you want? And I can give you thousands and thousands. I was in the Station 22, we got called to a shooting in the park near the south part of the ship channel area. What happened is a policeman got shot in the head and a little girl got some shrapnel, they witnessed it, there was two Mexican mafia guys there. They shot the cop and then they shot at the family, I think they killed the husband that was in the car and so but he



was dead so we had to take the little girl to the hospital to Ben Taub. It wasn't serious but wow, what, the scene there as crazy. So the two guys of the Mexican mafia took the policeman's hat and were going around the neighborhood bragging that they had shot a cop, which was a big deal to them, I guess. We came back from that run, refueled, and then we got the big call that said "Ok meet at such and such address," probably up Navigation somewhere, and "there's been a policeman that has been shot, another policeman." We rush over there, got there pretty quick there was hundreds of police cars everywhere. There was a clearing in the neighborhood, there was a guy laying there, just kind of laid up against the wall and I looked at him and I went "Oh my god this guy's being shot all up the belly and chest but he is still alive." I started getting things ready to treat him I got pulled from behind and policeman there said "Screw this guy, let's work on our guy, he's the bad guy." And he was about just a few paces over, so I went to the policeman he was shot up pretty bad too, same way. But he was alive. So I started working on him they were telling me this story there were two guys out there, so I looked underneath one of the houses, I looked up and underneath one of the houses, this Hispanic guy crawled out from underneath it. I said "Could that be the guy?" They all looked "OH MY GOD THAT'S HIM," and they ran over there. I got the policeman to the hospital, well, we Life Flight-ed him to the hospital 'cause it was gonna take a while, 'cause there were police cars everywhere. He ended up living, the other guy that got caught was, I think he was sent to Mexico, I'm not sure. But he died later. The people in the jail got him. To follow up with that, about a year or so later I went to another run at this guy same policeman's house that got shot and he was having all kinds of problems with his digestive system and all kinds of things, so it ruined his life, it ruined this other guys life, it ruined this other family's' life. You're over here in the car and it was crazy, it

was a crazy night I was so exhausted. I couldn't even get home. I tried different ways of getting home. Not only was I sleepy I would just forget the route. It took me like I lived in Jacinto City, which was close, but it still took me I don't know an hour and a half to get home because I was so exhausted.

PDP: I did have a question, you said you saved two patients from cardiac arrest, so you don't agree with the research Dr. Pepe conducted?

FM: No, no, not at all. No. I was just, thinking forward, about how to do things and I got lucky. So no, he was doing the right stuff. Early defibrillation is the key, which is what I did. So no, Dr. Pepe's research was completely correct, and then the \_\_\_\_\_ resuscitation that was an anomaly, I don't know why that happened either. I don't want to slam Dr. Pepe at all because he was a good person and he did a good thing and his presence in the city revolutionized cardiac arrest care and cardiac arrest resuscitation. What he did, I'm not gonna try to say I'm great or anything. I'm not. I just did what anybody else would do in that situation, so I got lucky with these resuscitations. Especially the \_\_\_\_\_ one. I didn't understand it. So Dr. Pepe taught me the early defibrillation and having organized way of getting in and CPR, early shock and then whatever. After Dr. Pepe got there we did a lot of resuscitations, I mean I did personally, I dealt with a lot of them. So with his personal, he, what Dr. Pepe did he called us in, groups of people and he would go over stuff until two, three, four in the morning. Got called out of service, teach them, certify them and then go on because we have a large city, a lot of EMS people and he was working against the tide because a lot of the firefighters at that time were against EMS because of that policy, they were forcing the captains to be on there. So one time I was kind of like a rookie, but the pay for paramedics was junior captains' pay. The in-between rank was chauffer,

so I got paid captains' pay when I was on, even though I was a rookie and they were mad at me about that. "You don't deserve that." "It is not me, y'all are paying me." It was something else.

So no, Dr. Pepe did some great research, revolutionized EMS in my opinion. We did a mass trouser study that showed that it was actually hurting people. So you know what a mass trouser is? It is kind of like a mass pressure device like pilots use in jets to overcome the g-forces. What it does, it inflates when they have pull g-forces that are really large and it pushes the blood back into the heart and brain, otherwise they pass out. The mass trousers were supposed to be the same kind of thing, that if there was a chest wound or actually any other kind of wound that was bleeding out, you'd put those on and auto-infuse, more or less, blood up into the \_\_\_\_\_ and into the brain and heart. What we found out is we were actually hurting some of them.

,Especially if they had chest wounds or head injuries, even if the blood pressure was low, you'd squeeze those up and it would break the clot out that was forming. So we were actually hurting people this was a study that had world implications because a lot of people use those and so after that study, they came down. Some systems still use it, it is really good for pelvic fractures and other things but we were used it for everything. We had an even-odd day, kind of to study. It went on for a long time and he showed there is a significant amount of difference with those that got the mass trousers and that didn't, had chest injuries and head injuries. So that's what I remember anyway I don't know if I'm totally accurate there. He revolutionized that, he revolutionized the \_\_\_\_\_ fluids during your, the trauma situations where the blood pressure is low, we used to just get a lot of IV fluids. What we ended up doing was diluting them, the clotting factors and blowing out the clot and really hurting them a lot more. We did a odd day, even-odd kind of study with that and that was significant that we were really hurting people more

than helping them. Because the blood would run, after about the fifth IV, the blood would run out more like kool-aid instead of like blood, and that would, you know. It was a real easy thing. So anyway that scene at the southeast part of town was pretty traumatic and I could tell you some more stories. One of them was a lady from Denver went down in a mini-van, three guys accosted her, raped her, shot her, stabbed her. Stole all her stuff from the U-Haul, they had left her out of the field in my territory. Station 22's territory. When I got there it was like, I don't know, three or four in the morning and she was really, really bad shape. Her pressure was probably seventy or eight \_\_\_\_\_, and we got her in and I talked to her and she said, "Am I gonna die?" and I said, "No I don't think so, 'cause you're still alive right now." I started an IV, just a couple IVs, not too much fluid. Got her to Ben Taub, she had a \_\_\_\_\_ thorax, head injury, all kinds of things. I didn't think she was gonna live, but I told her what was going to happen to her when she got to Ben Taub. Well, she did survive and she did his Crime Stoppers reward and all that stuff. She did her own reenactment which was incredibly brave for her to do and they caught the guys, and they're on death row— not death row, they're life in prison, 'cause they don't kill em for attempted murder. Which, it was really, really bad. She looked really bad. I was really impressed that she did her own and then they caught them, so... I have a lot, lots and lots of stories. But anyway so Dr. Pepe did some really, really good things here and he is in Dallas now and I'm still friends with him. My wife recently died and I called him about that and he kind of talked me down a bit. Dr. Persse was really nice to me... Diana. Just the greatest. They got me, I don't know if this should be on here. Uh, this should be off-camera stuff.

[End Clip C]

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FM: Ok, ok. I can answer that now. So, do you want to ask that or? Okay so okay. Go ahead

PDP: \_\_\_\_\_

FM: You started and you can ask it the same way If you'd like.

PDP: Well, I find it hard to understand how the improvement of a system run by funeral homes to one run by trained EMTs for 12 years. Yield no additional lives saved? Can you elaborate on those comments?

FM: You know, that is kind of a loaded question anyway, but life saved from what? From car accidents, cardiac arrests?

PDP: Yeah.

FM: Okay, so cardiac arrest. So... because we didn't have a medical director there was no guidance as to how we're supposed to do it. I mean we got training in how to do CPR, how to do this, how to do that, but the involvement of a medical director is really key to making that change. Now Dr. Pepe did work in Seattle before he came here. I don't know why he came here, it was quite a challenge. In Seattle they had a system set up where the medical directors would ride with the ambulances and show them how to do it from the beginning. And it was really intensive training, they had a freeway that ran to the center of the city everything was right on either side of the freeway, they got there quick. They had a doctor with them, they knew the right steps to take to do cardiac resuscitation. We didn't have that guidance, we had paramedic school and no medical director guidance with the nuances of how to do this. We just had a training from the state. Not just, it was good training. But we didn't see the importance of shocking, all the

other things that go into doing a resuscitation successfully, which like I said back then we were pushing by \_\_\_\_\_ first which is really not the right way to go. Dr. Pepe came in said, “Ok look after and \_\_\_\_\_, then this drug.” And he personally trained all of us. I don’t know how he did it, because there was a couple hundred of us, but he did it. The funeral homes weren’t as professional, I don’t want to slam funeral homes but they’re there to take bodies to the cemetery and all that, and they had people that were professional but not as professional and disciplined as the fire department. So it went from there, to a professional organization that was organized and we did have an organized system of CPR but we didn’t have the expertise of a medical director. Once he got here and started doing what he was doing, it took a while for that number to come up and it did. He kind of proved it in the later studies, that it made a big difference. Do you have any later studies than that?

PDP: No, but in the interview with Almaguer he said cardiac arrest was the hallmark of EMS.

FM: Okay.

PDP: That’s what he told me.

FM: Right, right. Well this is where you really make a difference in people’s lives. Instead of being dead they are alive. Shocking or even \_\_\_\_\_ for somebody who doesn’t have a heartbeat, \_\_\_\_\_ brings them back also. I think the study that’s being done or had been doing, is that they would bring them back and they would have a productive life afterwards, which wasn’t being done back then. Dr. Pepe even put more into it and even followed the patients afterwards, he had someone follow the patients after the state, in ’85 oh see.. ‘85 I was with him... and that study was done in 1991.

PDP: '83\_\_\_\_\_ '88

FM: The change happened between '88 and '90 or something. Big change. Because when Dr. Pepe was training he did like one or two or three of four at a time, until he finally got [DG1] some trusted people that he would kind of bless them to do to do this resuscitation, the beginning of it anyway without medical center contact because we knew which drugs to push first, how to do the order of it, the depth of the compressions, how to intubate correctly, we went through all that stuff and then the numbers started changing and I mean huge number difference. We used to have pictures out there of all the resuscitations, I don't know if they're still there. But there is, we can't go, there's not enough space on the wall. Personally I've done, resuscitation-wise, probably a couple hundred, at least. Then other paramedics have had the same and I got into the supervisory role so I would, I would get in there with them and kind of helped tweak what was happening, get a whole medical truck. It was really organized, the captain would take down information, the driver, the bumper, would be the CPR, this guy would do this, this, this so they got to be, they knew what their roles were when they came in there. That started making a big difference. Rapid defibrillation, early defibrillation. One other story I have, when Dr. Pepe came out with the guidelines about who does what, when, in a cardiac arrest scenario, me and my partner and a couple of guys at the station. I don't know if it is coincidence or what... we were working on the same thing, I thought "Let's organize this and we'll give this to Dr. Pepe." So we got it all organized. We were about to give it all out to Dr. Pepe and then he came out with the guidelines and it was almost identical to what we had written up. But I won't parody him I'm glad he pulled it off before I did but we were thinking about it too, the guys at our station. My god, there's so many freakin' stories. Most of them are, you know most of EMS is really about

taking care of people in their worst times and even if it's not serious, it's still the worst time for them. We need to go in there, acknowledge that they're having a problem, be compassionate, not yell at them, "Why did you call us here?" But... and... I am not going to say "but" because I don't think that's a good thing to do. And be there for the families when their relatives are going through cardiac arrest and be there for the person that dies and be there for the family afterwards. I was, as a supervisor, I was a liaison. I would start talking to family make sure the code was running right and then if it didn't work out right or good, not right because it was right most of the time, and I'd tell families, "Look what if, it's really sad but here's what's going on." I'd tell them "We're going to the hospital, "What the chances are I don't know but we're still doing CPR and after this long of a CPR it doesn't look really good." Just really kind of help the family. The other side of that is the trauma patients. We are there to help that trauma patient. Especially real serious gunshot wounds, stab wounds, who knows, falls, wrecks. If they're awake I would coach them about what's going to happen when they get to the hospital so that they're not surprised when they take all their clothes off and start sticking tubes in them, all that. I already stripped them most of the way, I'd say "When we get there," if it's chest wound or abominable wound, "there's gonna be a lot of doctors and nurses, bright lights, and they're gonna do all this stuff and then they're gonna take you to surgery, so this is what I'm preparing for." I think it made a big difference. At least they're not going in there, I mean they are still terrified but at least they know what they're gonna, what's gonna happen and they're going to surgery, all that. I don't know if it made a big difference or not, I never saw them again, that kind of thing. But really compassion is the main object. Dr. Pepe, he taught me anyway personally, and other people, how to be compassionate. He said, "You're walking into people's homes that you don't know and they're



telling you things they would tell no one else and you're supposed to do something with that and be nice about it." You know, professional. That's something he taught me. Dr. Persse came after Dr. Pepe, he has the same message, throughout. Because I had a lot of dealings with Dr. Persse, too. He's carried this on and improved it to where, we're still, getting a lot of resuscitation. I don't know what the numbers are and I've been retired for nine years but I continue to be part of this. I talk with Dr. Pepe and Dr. Persse regularly, Diana is a good friend of mine. it's a family still, and I help run \_\_\_\_\_ for Baylor, for the fire department. We're still doing this stuff, we're doing STEMI resuscitations. Not resuscitation but STEMI is S-T-E-M-I and there is a certain signature on the EKG, that our guys attune to, they recognize it, so does a paramedic. They say "We have a STEMI, there's a certain route that we take this patient, we tell the hospital, fax them the EKG. The doctor there, the cardiologist, looks at it before the ambulance gets there. When they go in, they go straight to the CAT lab. So it saves 90 minutes, it has been proven over and over and over. if you don't do that, it takes 90 minutes to get all signed in, double the stuff and 90 minutes of heart damage. They go straight in, straight out, and then they see if they can break the clock or \_\_\_\_\_ whatever they need to do. But that alone has saved countless lives. Then we have this stroke protocol. If somebody is having a stroke they have a window of so many hours and so what the, we get the information before we get there and the hospital is ready for us, so we go straight to CAT scan, get to CAT scan make sure it's not abdominal bleeding. If it is abdominal bleeding they have medicine that will break the clots. I've seen people walk in... not walk in, cause they're not walking in... roll in with significant paralysis of one side and they go home the next day and walking out. \_\_\_\_\_ that's a huge difference. It is maybe not saving lives there but the quality of life is so much better and

so is the STEMI study. It's not studying, we're doing it. So we, we're still saving lives even though they're not dead. Does that make sense? The cardiac arrest, it's kind of like a focus of a lot of what we do cause it, well, we can make a huge difference and that's why there is the EADs at the airport, all the public buildings. Because a lot of the saves are done by the public in those buildings before we even get there. It's kind of like a chain of survival, you start here, and then first responders come in with the pumper, ammos come in, paramedics come in, we interface with \_\_\_\_\_ and the doctors, call the hospital, they know we're coming, and they get the care they need. And the scene has kind of changed sort of. I don't know if I explained that one well. that is what really makes a big difference, just the EADs alone. And the public gets involved too which is really nice. I could tell you a lot of other runs I thoroughly believe what we've done, what Persse has in place right now, is the right thing to do in this city and I'm really proud to be a part of it. I was proud of the department when I first got here because it makes a difference in people's lives and that's why I do this for and most paramedics that's why they do it. You know, the adrenaline is there it's like exciting and all that stuff, but that's why we really do it, to make a difference and if you make a difference in five or six lives... isn't that a goal in life to be, to have? And I was able to do like hundreds, effect hundreds not... And I don't like the term hero because I'm not a hero, I'm a human being, they're human beings. I just want to treat them decently and make sure they get the care they need. Maybe that's a little liberal but whatever. So do you have any other questions for me.

PDP: How do you feel about the current city council debate? With the defibrillators.

FM: Defibrillators? Yes. Yes.

PDP: Yes

FM: Yes, yes. The automatic defibrillators or is it the other life pack? Which is it? AEDs.

PDP: \_\_\_\_\_

FM: I think that's AEDs. It's almost criminal. You know I don't know why they don't understand. I'm throwing out words here that I don't want to get into litigation or slander but I think it's almost criminal that they don't understand what's going on. What they're actually getting ready to implement is a giant leap backwards to 1988 or 1985. And the citizens don't know. We're supposed to protect the citizens not make it worse and if there's a way to do it, which we've done all along, why should we just jump back because somebody says someone is taking kick-backs or something? I highly doubt that's happened. Not the integrity of Dr. Persse, not all the folks that I know. It's really, it's really sad that's going on that the city council doesn't understand. I think that answers your question right? Pretty much. What else you got?

PDP: What, if any, natural disasters were you involved with in your time in the department and what lessons were learned there that made you \_\_\_\_\_ - teacher emergency department

FM: The Katrina disaster, definitely, was one of them. And this city really pulled together with the Astrodome and taking all the refugees and what was the last part of the question?

PDP: What lessons were learned that, what lessons were learned there that improved future emergency performance?

FM: Well actually we got prepared for the next hurricane which was real and we had a system in place, or Dr. Persse did. We beefed up telemetry we had communications with a ton of police

and us, and the fire department and the rest of the city government, and... the city came together. But mostly it organized where we were gonna send patients. Actually, I was a part of this, and I have a log, I have no idea how I got a hold of it, but I have the log of everything that happened, as far as transports and all that. I think I threw it away, I wasn't supposed to have it but anyway we beefed up telemetry so we could sort of divert all of the ambulances to the right hospitals. Ben Taub got completely overloaded and the SIC there was full of people that were actually hurting each other here. The city really pulled together and it, when Rita came we were doing the same routing, you know most of them didn't come here. It wasn't of a bad as a hurricane but it helped right away because it was back to back and we started utilizing hospitals that weren't able to be used before. We got a bigger area of hospitals used and what kind of ambulances used, how to organize it. So anyway, Dr. Persse organized a couple, organized this one and he organized the second one and it went much smoother. I don't think we've had a big disaster except for the flooding and that's just a huge, huge resource puller. They pulled in, people drowned because they put their cars in the water and whatever else they did. That's hard to improve that, people do what they're gonna do. But I think the whole system was improved by that, by the first hurricane and then the second one. And then we had what's the next one, Ike?

PDP: Ike.

FM: Yes. It mostly effected Galveston and Highland and all that. We were involved in that too, we used hospitals up here for them down there but Persse was in here for the whole thing almost \_\_\_\_\_ ...it was a big deal I'm not saying it, but he had everything in place to get it done. Thank God we don't have many tornadoes here because that would be a disaster or a big plane crash. That wouldn't be good. That was my biggest fear, is going to a big plane crash

and thankfully I didn't. I had a DC 10 go down at Hobby in the early part of my career and it was a huge fire and we were the first ones there, but it was back in the brush and we thought "Oh no, There's going to be bodies everywhere." But what happened is, the engine dropped off, pilot landed the plane in a horse corral and got injured. Nobody else was injured but the pilot had something impaled and we didn't get to take him because we were another part and the other ambulance was over here they took the pilot in. Nobody else got hurt. So, so fortunate that we didn't have a big one, we really haven't had a big one. We've had several with like five, six, eight people but not a hundred or two hundred or three hundred, like some of the others we see around like Dallas and those other places, Seattle. So we're really lucky. I could tell you like a thousand anecdotal runs that I've made. One, one lady it was a psych case and I got there and I was the supervisor but the crew was up there with me and there was police up there and the lady was clearly psychotic and, but there was money everywhere. Twenty dollar bills, hundred dollar bills, all over every surface there was no surface that wasn't covered with big bills. Hundreds, fifties, twenties, and so I looked around and said "What the heck," so we got her situated, we got her to the hospital and then I stayed there I said, I told the police officer "What are you gonna do with all this money?" I wasn't leading anywhere with the question, but what are you gonna do with this? He smiles, says, "We counted it." That was it, so I left. Um. One guy I made a call at a house and it was somebody having a flashback from Vietnam, so this is earlier in my career. We had three on the ambulance, I didn't know that's what it was, it came in as a sick call. So I walked in and my partners are behind me. I walked to the guys on the couch, his wife was right there, you know. He looked distraught I said "Can I help you with something? What seems to be the problem?" He grabbed the gun next to him, he says, "Well, I'm gonna kill you that's what

I'm gonna do." I ran out the door, my partners ran out the door, he followed us out and he never fired a shot but he was out there. We called for police assistance as soon as we were running out and my partner, one of my partners says, "I think I can talk him down." I said "You're crazy." The guy is upset. So he started walking out there and then the police came out and they all drew a gun on him and the guy realized all of a sudden "Oh yeah, I'm not in Vietnam." I could just see the wheels turning. He took his pistol apart in front of the cops and everything was okay. He needed to get some help, we took him in. The cops, I don't know why they didn't shoot him because clearly he was hostile. Another time I went to a shooting... Well let me tell you one... I had three CPRs after midnight. One was a shooting and walked in there and the guy was, he was unconscious. I had to try to intubate him, unsuccessful the first time, I got the second time, but the guy that shot him was laying right there, next to us. And one of the cops was trying to size up the scene and he said "Hey this is the guy that shot him." He had a gun on him, he was just playing dead or I had to go to one person or another, I happened to go to the right guy and so they arrested him. He wasn't shot. So I could've been killed there. Oh my god. Anyway that was the first run, the second was a CPR on top of a bar in right off of Navigation. They actually had a guy on top of the bar, they were doing CPR on the bar and then the next one I don't remember it was another CPR we weren't successful it was too long of a time period so did we resuscitate any? No. One was a trauma, one was a cardiac arrest, the guys weren't really doing very good CPR when we got here he had been out a long time. The third one was way too long of a time period too. But you never know when those calls come up that you can make that difference and somebody does the right thing because the public is trained from what Dr. Pepe or Dr. Persse says on the news and now the CPR is a lot easier than it used to be. So what's going on with city

council, I mean, I really don't understand that. I don't see how anybody in their right mind would say what they're saying and pull the funding from a vital piece of the public's survival methods. I mean, at the airport they have them all the time. Hobby, all the public buildings, I'm sure you, I don't know if you researched this but there's hundreds of hundreds every year that the AED saves the life, they make that chain I was talking about, it puts it back to the public, where they get early defibrillation and that's the big difference. That's where Dr. Pepe was right. About what to do. So anyway I had a year with Dr. Pepe, which was fascinating because he's brilliant. He has, at the time he had seven specialties. He had respiratory therapy, I mean he was a thoracic surgeon, respiratory therapist. I mean he had so many and he's working on another one. And he played with EOPO which I really like to hear. \_\_\_\_\_ He did a little bit of stuff with them \_\_\_\_\_ he had a synthesizer, he played. We went to his house one day, he played it, he played "pictures of exhibition" he started playing that, I don't know if you really know that one but it's a classic.

DH: \_\_\_\_\_

FM: Yes \_\_\_\_\_ and he just, he sat down and he said "Oh, you'll like this."

[imitates noise] I'm going "Man, where did you learn this?" Multi-talented guy. I know I'm talking a lot about Dr. Pepe but he was in the formative years. I was going through the divorce at the time and he really helped me out and Dr. Persse helped me out too, two months ago when my wife died. I called him and Diana, had a long talk with them and they set up a meeting with me, with Methodist and bringing some stuff down I think. I'm mourning my wife's death and I was there when she died. I put my whole life into this is what I'm saying, this is what, it defines, it doesn't define who I am but it defines what I do and my strong feelings about treating people

right. Now I didn't always treat people right, sometimes I was really tired, I was grouchy and I didn't do the right things, but for the most part I like to do the right things. I'm not a narcissist or anything like that but I believe you treat people nice, they treat you nice and you won't have any problems. Going into a scene, just be nice. 'Cause you're going into somebody else's home at a really critical time, they could be triggered real easy. So you go in, calmly, one other scene I made, it was in the Montrose area and they called me as a supervisor to help calm this guy down. The police were standing away, looking at him standing next to a fence, he was in his underwear, it was cold, and the police were standing back and the firemen were standing back, the paramedics standing back and they said "Can you help us with this guy?" I said "What's wrong?" "He's crazy." "Okay, I can do crazy." I just walked up to him and I said "What the heck is going on here? Why are you in your underwear? I don't understand this," and I was doing it calmly like now. He said "Well you know I've been having some problems, this and that." I said "Well come on, follow me. We'll go to the ambulance and get you warm and then we can take you to the hospital." That's the knack I had for the psychotic or whatever. I didn't enjoy any of that, it was my forte. That was my forte. Dealing with mentally ill or psychotic or just disturbed or whatever. I did get beat up a couple times when I wasn't careful, but for the most part I just walked right in and solved the problem. They liked me coming into the scene, so. Oh right and the other questions?

PDP: What is the most important thing or things we should know about the history of Houston EMS?

FM: Well the history of the EMS you know, funeral homes were doing it before, hauling people to the hospital. And you know, did they have the best interests in the patient living or



dying? I don't know. I'm not saying they'd be that way but I've always wondered that. "Oh well let's see, let's drive around the block, we'll get the cemetery, I mean, we'll get the mortuary deal for him." I've always thought that. I'm not saying they did that, but they weren't as professional, they didn't wear the uniform, people didn't know who they were. They know who were are now, even back when it first started they had the ambulances they had the uniform they had organization and they had the training. That was really good. Whitey Martin was the head of the EMS for a long time. He did a lot of good things and then the city council did some wise things like getting medical director in, Dr. Pepe. Then the first days he was here he would wear regular clothes and just showed up, it seems. Jumped in the back of the ambulance and says "I'm the new medical director." He did that for a while so I took him around sometimes when he first came here, 'cause I was riding as supervisor, I wasn't a Capitan at the time but there was only two of us riding as captain because the chauffeurs rode out as captains, and in the EMS there was only two of us in my shift that were chauffeurs. He'd get to the Northside, I'd get the Southside. So Dr. Pepe would ride around with me and we'd make all kinds of calls and he really taught me a lot of things about life and so he was not only a good person, Dr. Persse is the same way. So you're asking me the history, you know I had a big difference in the history that I guess I'm answering that question. I don't know but seems like I did. Okay?

PDP: How did changes to the call center and implementing the 9-1-1 improve the Houston fire department's response to emergency systems?

FM: So the call center being the dispatch call center? It made a huge difference because people knew which number to call. Before they had to look it up. I was in the age before 9-1-1 and everything took longer and that was, that shortened everything and they got perpetuals in

there. They have a manual to look at, to know what to say, what to ask and it got better and better and better. Dr... Chief Ivy you talked to Chief Ivy about it. I'm sure he answered that question because he was an integral part of modernizing the dispatch and who we send to where, if we need first responders or not and so it was really organized to a degree that it was they, the dispatchers didn't have many questions except an occupation but who to send was important and that got perfected and it still is getting tweaked to this day. Even from back then. It was amazing what they've done. Anyway Chief Ivy was a big part of that and then there was another chief, I can not... its either \_\_\_\_\_, that worked on it. I can't remember his name. I'm sorry. But they really kind of narrowed it down. You really work on something that much you really got it down and then its constantly being tweaked here. I think that should answer your question or more questions. Oh more questions, good!

PDP: One of our students is working on a piece on Dr. Red Duke and Life Flight. Can you tell us how he worked with Houston EMS?

FM: Well he was a big part of educating the public, 'cause he was a real public... he had a lot of charisma. I knew him too, I know he's dead now. I worked at HCC with him as a presenter just amazing, amazing. He took life flight and made it real public and a good service and he worked together with Dr. Pepe at the time, that was back in those days. They worked together to make sure It all worked, it all was a seamless deal. And Dr. Pepe was not a friend, at first, of Dr. Red Duke because Dr. Pepe proved that it is not good idea to call life flight if you are five minutes from the hospital and it takes a helicopter fifteen minutes to warm up, to take off, to land, to reassess. He looked at his hospital so he made, Dr. Pepe made it the rule, not a rule but a guideline. Anything inside the 610 loop, don't use Life Flight. Anything close to the beltway, it's

a possibility to use it and he kind of made it to where if it was a pin-in, yeah it made sense, it was closer and we had to work a long time to get them out but if it wasn't, if we could just pick up and go. Now trauma victims, they don't have like, they call it the platinum half hour, the golden hour. The shorter the time that you had to get to the hospital, the better, cause you can get to surgery faster. To answer your question directly, he played a big part in educating the public and Dr. Pepe did at the same time so they worked kind of together to do that, and Dr. Duke was really charismatic, Dr. Pepe was too. They really kept themselves on the news, they liked to be on the news, because it really is a public service that they can do to educate the public about what's going on in the city. So yeah, he was a big part of it.

PDP: Do you have any specific memories of him?

FM: Dr. Duke?

PDP: Yes.

FM: Yes I do, yes. I worked there at Hermann some for HCC and of course he was on duty sometimes and our ambulance brought, one of our HFD ambulances brought in a patient that was in a car wreck, a really bad car wreck, there was major damage to the car. The paramedic crew told him. Dr. Red Duke was not in the room at the time, it was an emergency room, major shock room. Dr. Red Duke walked in, looked around and said "It's a spleen, let's go to surgery." And it was. I looked at him and said "How do you know that?" I pulled him over I said, "How did you know?" So they started prepping him to go, and I said "How you know that?" he said "I just know." And that was it, it was just his thing. He didn't even touch him, he just walked in the room. I don't know if he could smell it or if there was an aura around the patient or whatever, I

don't know. But I've seen him do amazing things and Dr. Pepe too, just amazing stuff for people, so compassionate. Dr. Red Duke was really compassionate and Dr. Pepe was and now Dr. Persse I've known him a long time, he was compassionate enough when my wife died. He said "Let me get you a meeting with Methodist." He said "You know, we really care about you," and Diana has been part of the team all along. I think we've had a succession of really caring people who know what they're doing and to take different layers, layers, or not have a budget, that completely baffles me. I don't understand that. so I took the Red Duke thing and expanded it a little bit.

PDP: You said you worked for HCC for a while \_\_\_\_\_ seven or eight others \_\_\_\_\_ training?

FM: Mhm.

PDP: How many \_\_\_\_\_ asking \_\_\_\_\_ to \_\_\_\_\_ what's the difference in the training if there is any?

FM: Well, I work for HCC so I'm gonna of course say they're better. Because I've seen results of the students and how they do their work up for the classes, they really dedicate people. I'm not saying the others don't, I worked for San Jac for a while but way back. I'm not gonna say they're better, but \_\_\_\_\_ I've got a \_\_\_\_\_ view of that because I put a lot of my personal time into training with HCC. For thirty years, I was there thirty, I quit about five months ago. Just because I'd done it so long and, but what's the difference? HCC is in the city and these others are not. They have a vested interest in making

sure everybody gets trained right, it is part of the community. And then, you could look at the others, like what is it, Lone Star...

PDP: Lone star, San Jac.

FM: Lone star and then there's San Jac

PDP: Yeah San Jac and there's a few that they're out of Harris county.

FM: Right I don't understand that. I know it's a cost thing but I don't know of the quality because I wasn't part of their system, so I'm not gonna say HCC is better but in my eyes they are, because I was there and I helped train, you get some good results, good training. And really good paramedics out of that. That's what I'm gonna say about that. I'm an HCC advocate, so.

PDP: Is there anything we have not asked you that we need to know about Houston EMS and its history?

FM: There's a lot of dedicated paramedics out there that give their lives. A lot of them get divorces because it is so hard. And a lot are in therapy, you know they don't know we have a system set in place. You know I used to be a part of the fire department so I'm going to say "we". The debriefing team, do you know about that? Yeah, anything sentimental happens such as, let's see... I know, I know one. Where, if a paramedic goes, or EMT goes in or even a firefighter, it is usually all, and they're were talking a guy down from committing suicide but he shoots himself right in front of them, that is a big mental trauma to everybody that was there. We have a team in place to debrief that day all the people involved, we pull them out of service, and they'll tell their story. So the sooner you get that out there, the better it is for your mental

stability. Because it takes a toll on you. I've been, what they call, burned out, three times. I had to get some therapy to get back on track and I'll say this because I think long-term paramedics need some help. Because There's so much they see and do and they get threatened they see some things nobody should see. it's like war a lot of times. Did I answer your question? Either way, it is a good team up here. I still admire the work and wouldn't trade my life at EMS here for nothing. I got so much out of it and I still have a lot of my life left, so I can enjoy it and still do a little bit with Baylor and be part of this organization. So that's all I got to say. Good questions by the way. Really good questions, did you think those up?

PDP: No...

FM: Oh come on! Give yourself some credit.

PDP: Just the last one because my section on the article is "Houston As An Innovator" and part of that section is the training, When I went on the website it said the requirements, you had to have 60 hours of college credit, and then it showed me to get all your, it says "Get Your Training" and it listed all the school. I'm like "Okay, well what's the difference, I don't understand this." And I went to all their websites, they all have different requirements, they all have different certificates you graduate with and that just confused me even more.

FM: Yeah I think it needs to be on the college degree route and some of them do. You know Lone Star does I think San Jac does it and HCC. But I think it needs to be done in the area that's responsible for it, that's just my deal. I've had some differences with HCC before, that's not

\_\_\_\_\_.

[End Clip D]

[Begin Clip E]

FM: No, you. Oh yeah I was a clinical coordinator with HCC for a while and it was really difficult because of the state requirements you know we were accredited by Joint Commission and there are certain standards that have to be met and inspected every so many years. So, I got to be part of one of those inspections, so I had to do my part I was keeping track of the skills and everyone's clinical paperwork and creating all of that clinical paperwork and if the students weren't writing it correctly or they didn't know how to spell, or this and that, or they had attitude then I would be talking to them as well as the director, we'd have a meeting together it was really tight and well-controlled. And we didn't have anybody get out of there that shouldn't be out. In the field. And that's the big deal. So I'm really proud of that, and HCC should be too. Uhm. I could tell you stories all day, I literally, I could all day I'll tell you one more

PDP: Okay.

FM: I was at Station 29, again, early career. I got a call, I was a supervisor, I ran out of there and it was a motorcycle accident. Well this motorcycle had hit a gas meter in a ditch and then ran into a fence, but the fence was a chain link fence that had a pole on the top, you know four feet or three feet. Well he impaled himself into that rod, about twenty feet. He was really drunk, he didn't know what was going on. So the gas meter was spewing gas right next to him, I stood right next to him and I stood there and I went, "Oh no, what do I do?" So you don't pull 'em off. Actually he was walking backwards, off the pole and I said "You got to stop." I said "You gotta stop." [Mumbles] So I made sure he stopped, got the pumper, the Jaws of Life because we had to

cut each end off. But we had to stop the gas thing first. The guys on the pumper were fantastic, the wooden pegs they used, \_\_\_\_\_, hammer it in on wood it doesn't spark. So they hammered that spike in and the gasoline stopped, and then we had to deal with the patient. So we, they cut both ends off and we ended up taking them kind of sideways, sort of, to Ben Taub. Didn't have anything wrong with him...well, can't say that he had lost one testicle. Didn't damage his intestines much at all so they got it out. You wouldn't have thought that would be the results. so it impaled low in the groin, came out on the side, right flank, and I couldn't. I was scared to death of the gas exploding then I was scared to death that we wouldn't get out right, or we wouldn't live. But all that turned out right and that was amazing, just amazing.

DH: (inaudible)

FM: Yeah. I think that's enough.

PDP: How long were you working at Station 29?

FM: Well, off and on for about ten, no, fifteen years.

DH: (inaudible)

PDP: \_\_\_\_\_ that's in my neighborhood.

FM: Oh really? Well that was further down where the station is, there's a street that goes right by the station. You know, sideways, not Galveston Road. But the one right there.

PDP: [inaudible]



FM: And where the curve happened? That's where that chain link thing happened. That was really close and it was, it is two in the morning, of course. Went to another scene. I'll just tell you this one real quick. it was Fourth of July and everybody was drunk, you know how that is. I made a wreck the motorcyclist had hit a fire\_\_\_\_\_ and tore his arm off, his arm was laying on the street and there was a stub here and he kept moving that stub and the bone. I said, "Would you please..." He says "Well, where's my arm?" He said, "Well what's wrong with my arm?" I say, "Oh, it is over here." I'm being a little facetious but, that him moving his humerus, it really bothered me. I said, "Please don't," I covered it up." And I Light Flight-ed that person because it was gonna take us a while to get him there because traffic was bad. Anyway, he did okay, I don't think he got his arm back but he got on the helicopter okay. But just seeing his arm over there and him moving the stub, that bothered me but then I got over it, you know I burned out a bit and got some therapy and I just want to emphasize the role of psychotherapy is very important to some of these guys and gals now, it's not just guys. I think that's a good thing to say and to get that stigma out, that it is not a bad thing, it's a good thing. I think I turned out okay, so. I think I'm done.

DH: Okay. Thank you.

[End of interview]