

We Don't Pay Them Like Heroes

Cover Report by
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The first thing I wrote that was published was a guest editorial in my hometown newspaper, where I lamented the poor pay and working conditions of EMS personnel. The article was therapeutic to write, and it did bring about some improvements in EMS in my hometown of Fort Worth, TX. However, nearly 30 years later, EMS is still plagued by many of the same problems: low pay, dangerous working conditions, poor employee benefits and declining morale. These all result in a standard of living for EMS personnel that is less than ideal. In fact, in the November 13, 2003 episode of *CBS MarketWatch*, EMS was listed as one of 10 most underpaid jobs in the U.S. The report, which was based upon information from the U.S. Bureau of Labor Statistics, reported an average annual EMS salary of \$25,450. The only professions in the survey that had lower salaries were restaurant dishwashers, consumer loan collection agents, preschool teachers, slaughterers and meatpackers.

A recent study in *Annals of Emergency Medicine* detailed how dangerous the EMS profession can be. The authors looked at various data and found that there was

an estimated rate of 12.7 fatalities per 100,000 EMS workers annually, compared to 14.2 for police officers and 16.5

for firefighters. They concluded that the occupational fatality rate for EMS workers exceeds that of the general population and is comparable with that of other emergency public service workers.

Why has pay in a relatively dangerous profession remained so low in much of the country? What keeps people loyal to the profession when the pay and benefits can potentially put them and their families in financial peril? When will the situation improve?

EMS on the Texas Frontier

Presidio County, TX, is one of the largest and most rural counties in the United States. Located in the Texas frontier on the

border with Mexico, it covers 3,856 square miles of rugged west Texas desert and is home to 7,466 hearty souls. The population density is 1.9 persons per square mile, compared with a Texas statewide average of 79.6 persons per square mile. Presidio County is served by two EMS services operated by the two largest cities in the county (Marfa and Presidio). Presidio County, like much of west Texas, is so remote that medical helicopters do not service the area. All patients must be transported by ground ambulance to community hospitals or to slightly larger hospitals in communities an hour or more away.

Marfa, TX, is a small town with a population of 2,424 that lies in northern Presidio County. Marfa is best known for its mysterious "Marfa Lights"—located nine miles outside of town off Highway 90. The lights were first identified in 1883, and their cause remains a mystery. These lights continue to draw tourists and UFO buffs from across the country to this rural area near Big Bend National Park.

The City of Marfa operates Marfa EMS. With eight employees and two volunteers, the service provides EMS care to the citizens of Marfa and the residents of northern Presidio County. Jeremy Thomasson, EMT-I, is director of Marfa EMS. He and the service's two paramedics and assortment of EMTs and EMT-Intermediates provide 24-hour-a-day service. Last year, they responded to nearly 400 calls.



Despite the tough work, pay in west Texas remains very low. Marfa EMS personnel work approximately 86 hours per two-week pay period. Paramedics earn \$6.65 per hour (approximately \$16,013 annually), EMT-Intermediates earn \$6.35 per hour (approximately \$15,290 annually), and EMTs earn \$6.15 per hour (approximately \$14,809 annually). Minimum wage in Texas is \$5.15 per hour. The city provides health insurance and retirement through the Texas Municipal League.

EMS education on the Texas frontier is hard to obtain. The local community hospital conducts sporadic EMS training. Jeremy is completing his paramedic education (a 1,100-hour course). He pays all costs, including travel, tuition and textbooks. As EMS director, Jeremy draws a salary of \$20,300 annually; however, because of the shortage of paramedics, Jeremy must often staff the ambulances himself and was able to convince the city manager to reimburse him for his shift-work.

Jeremy grew up in the west Texas town of Pecos and has lived in Marfa for four years. He has been EMS director for the last two years. In 2002, he and his wife (also an EMT-Intermediate) were full-time Marfa EMS employees. In 2002, in addition to working full time, his wife attended vocational (practical) nursing school. During that year, Jeremy and his wife, both employed in EMS full time, earning \$5.85 an hour each, had a combined income below the Texas poverty level. Thus, they qualified for federal food stamps (which they received for almost a year). Furthermore, they qualified for the government's Poverty Transition program, which aids families with extremely low incomes. Jeremy reports things are better—his wife is pregnant with their second child, and he will soon complete paramedic school. But, the Big Bend area of Texas has started to attract upscale artists to the area, thus driving up the costs of real estate and the cost of living.

"I love Marfa and I love EMS," says Jeremy. "I just wish we could be paid what we are worth."

EMT Award-Winner

The name Doyle "Bodie" Glennon, Jr. may sound familiar. In 2002, Bodie won EMS awards at three levels: local, state and national. First, he was voted Employee of the Year for the D'Arbonne Ambulance Service in Farmerville, LA. In that same year, he was designated EMT of the Year for the State of Louisiana. Later in 2002, Bodie was

awarded the prestigious Robert E. Motley EMT of the Year Award by the National Association of Emergency Medical Technicians at EMS EXPO 2002 in Nashville, TN. Bodie remains active in EMS and completed EMT-Intermediate education approximately a year and a half ago.

Bodie is 42 years old and a native of Arkansas, but has settled in Farmerville, Union Parish, LA. He has been employed full time by D'Arbonne Ambulance Service for 10 years, going to work for the small company a year after it went into business.

"As silly or naïve as this may sound, I know that something I do makes a difference," says Bodie. "That is what pushes me to keep on working. I found the job that I was put on this earth to do."

Not only is Bodie's dedication to EMS evident by his awards, it is more evident by his work. Bodie earns \$7.35 an hour and receives no benefits. He works 48 hours on duty, followed by 48 hours off duty. Every other weekend, he works 72 hours straight. That is, Bodie works 72 hours during the first week of his two-week cycle and 96 hours during the second week. Thus, Bodie spends half of his life at work. With overtime included, he makes approximately \$34,000 annually. D'Arbonne Ambulance Service, like many small ambulance operations, has been seriously affected by the current Medicare fee schedule. This is made worse by the fact that a large number of people living in Union Parish have incomes well below the poverty line. D'Arbonne operates two ambulances and runs approximately 15 calls a day.

According to Bodie, "D'Arbonne is a 'mom-and-pop' operation, but they have been good to me and good to the citizens of Farmerville and Union Parish."

Bodie has been married for 15 years and has two children, ages 15 and 12. Bodie's wife previously worked as a dispatcher, but is now a full-time housewife. Bodie and his family have only had four vacations in the last 10 years. With Bodie's income, he and his family qualify for food stamps, although he has elected not to accept them. He does receive \$200 a month in government assistance, and both of his children qualify for reduced-cost school lunches under the federal school lunch program.

"You learn to cut a lot of corners," says Bodie. "In addition, my wife is quite frugal and good at managing money." When asked if he ever thinks of leaving Louisiana, he says, "Yeah, I've thought about it. But it would cost me to move and would be more expen-

sive to live elsewhere. I like it here, and I like my coworkers and the people here."

When asked if he ever regretted getting into EMS, Bodie says, "No. Never. I like the idea of being able to help. It is what I was put on this earth to do. I hope the pay gets better. EMTs and paramedics are worth much more to society than what they are paid."

Single Mom in Mississippi

Lori Hollingsworth always wanted to be a paramedic. As a child, she often told her parents that she was going to work on an ambulance one day. In 1995, following a bitter divorce that left her with full custody of her children, Lori finally realized her dream when she gave up the comfortable life of a paralegal and enrolled in the University of Mississippi's School of Health-Related Professions EMS program. In 1996, Lori earned an Associate's Degree in Paramedicine and, as a newly registered paramedic, began work for a private ambulance company in the Jackson area. She still works for the same company.

"I love my job, and I like helping people," Lori says. "But I am having a hard time making ends meet."

She's now 40 years old and a single mom of two children, ages 8 and 10. Lori receives no financial assistance from her ex-husband.

Despite seven years' experience as a nationally registered paramedic with an associate's degree, Lori earns \$13.79 an hour. She works approximately 82 hours every two weeks, earning an annual salary of \$31,661. But she pays \$400 a month for her part of her health insurance benefits program, thus bringing her effective annual salary down to approximately \$26,861. Her employer does not provide retirement, but she has the opportunity to contribute to a Keogh plan, a tax-deferred qualified retirement plan. She does not receive vacation per se, but earns paid time off (PTO) based upon her longevity and hours worked. Still, she has a hard time making ends meet.

"My rent is \$800 a month, and I am sometimes late on that," she says. "The cost of living in Mississippi is not as cheap as some people think."

She depends on garage sales and hand-me-down clothes from family members to keep her and her children clothed. "I'm not above buying my clothes at Goodwill," she says.

Lori drives a 1999 Mercury Sable with 70,000 miles on the odometer. "At least it's paid for. My old car had over 200,000 miles on it when I traded it in," she sighs.

When asked why she doesn't leave Mississippi, she says, "Mississippi is my home. I'm scared to go anywhere else. Besides, my dad has Parkinson's disease and I don't want to get too far from him."

EMS is Lori's passion and her life, but, she laments, "I don't know how much longer I can hold out. I hope this article opens people's eyes. EMS is dangerous, and we don't get paid well. The public needs to know that we save lives and make a difference. We should be paid a decent wage. But, gosh, I love EMS."

Mississippi has a serious shortage of paramedics. The state enacted legislation requiring paramedics to obtain at least 1,700 hours of paramedic training. If attending school part-time, it often takes students three years to complete the required program. Poor salaries and long-required educational programs are the principal reasons for the paramedic shortage. In 2003, only six Mississippi paramedics took the National Registry examination. Only 32 paramedics are scheduled to graduate from the state's eight paramedic programs over the next two years. Because of the paramedic shortage, the Mississippi Board of Health recently reduced the required paramedic educational hours to 1,200.

New York

Ann Ritter, age 39, has been in EMS for approximately 10 years. Originally from Florida, Ann moved to New York and presently works as a paramedic near Albany. Ann entered EMS after a divorce. She had been involved in EMS in Florida as a first responder, and it seemed a natural profession for her to enter. Originally, Ann was in pre-veterinary school, but her divorce put her plans of becoming a veterinarian on hold. Today, Ann is a single mom to two teenage children, ages 13 and 16. Fortunately, Ann receives child support from her ex-husband in Florida.

In order to make ends meet, Ann works three EMS jobs. Her full-time employment is with Northern Dutchess Paramedics, which serves Dutchess County, NY. However, to make enough money to support her family, Ann also works part time at Alamo Ambulance, also in Dutchess County, and Chatham Rescue Squad in Columbia County. Ann's typical 72-hour work week includes 48 hours at Northern Dutchess Paramedics, 12 hours at Alamo Ambulance and 12 hours at Chatham Rescue Squad.

"I am working 96 hours next week—I

need the money," she says.

Presently, Ann earns \$14.50 an hour at Northern Dutchess Paramedics, \$15.50 an hour at Alamo Ambulance and \$13.50 at Chatham County Rescue. Unlike her cohorts in the southern United States, Ann receives a good benefits package through Northern Dutchess Paramedics. Her medical insurance is paid by the company and covers her children as well. She receives two weeks of paid vacation and PTO a year, as well as sick leave.

"Northern Dutchess Paramedics is a wonderful company and family-oriented," Ann says. "They care about their employees and their well-being, and that is what keeps me going." When asked whether she really likes EMS, Ann says, "You know what, I'm not sure. It is very frustrating. I have enough college hours to apply to nursing school, but I can't find the time or the money to make the change."

Southern California

Things are better for EMS providers in Southern California, even when the increased cost of living is factored in. Justin Weems, EMT-P, has been a paramedic with a private company in Riverside County, Southern California, for over 10 years. Justin works 84 hours every two weeks and earns \$16.64 an hour—approximately \$40,073 annually.

"I work in a great place," he says.

Justin and his fellow field employees work a 4/3 schedule—four 12-hour shifts followed by four off, and then three shifts followed by three off. This equals 84 hours a pay period. The company also offers a 401K plan.

Despite Justin's satisfaction with his employer, the grass remains greener at some of the fire departments in Los Angeles County. Justin recently completed the fire academy and is interviewing for firefighter/paramedic jobs. One town he is considering is Manhattan Beach—a small beachside community in Los Angeles County that operates a paramedic engine and a paramedic rescue ambulance.

The annual salary for a firefighter/paramedic in Manhattan Beach ranges from \$60,072 to \$73,020. The city offers an employee benefits package far superior to that of most private ambulance services. In Manhattan Beach, through their collective bargaining agreement, firefighter/paramedics receive health insurance, retirement, a uniform allowance, tuition reimbursement of up to \$2,000 a year, and seniority credit.

Paid vacation accrues at 15 hours per month for employees with fewer than 10 years of service. Employees are provided 12 hours of sick leave a month. Firefighter/paramedics in Manhattan Beach work 48 hours on duty followed by 96 hours off duty.

The disparity in pay between nursing and EMS seen elsewhere in the United States does not exist in Southern California. It is not uncommon for nurses to leave nursing for an EMS career. Likewise, it is not uncommon for fire department paramedics to attend nursing school and moonlight as ED nurses during their off-duty hours. Justin says he will continue to work for his current employer on his days off, either in Riverside or Los Angeles County.

Other Countries

Many countries have EMS systems similar to the United States, yet these countries seem to put a greater value on EMS than does the United States. This is reflected by salaries competitive with similar medical and public safety professions.

Canada

Although EMS delivery varies significantly throughout Canada, each provincial Ministry of Health recognizes EMS as a part of the healthcare team and sees EMS personnel as healthcare professionals. A 10-year paramedic with Toronto EMS earns approximately CAD\$68,000 (about US\$53,553) annually. Paramedics receive six weeks of annual paid vacation, free training, free uniforms, dry cleaning, retirement and 10 months parental leave. Most paramedics retire at age 65, although earlier retirement is possible. Several unions represent EMS providers in Toronto EMS.

Unlike the United States, Canadian EMS education is generally much longer and more comprehensive. In Toronto, two years of education are required to become an entry-level primary care paramedic. Advanced care paramedics (ACPs) require at least a year of experience and another year of formal education. Paramedics in Toronto who want to be critical care paramedics must take a fourth year of education before becoming certified. This course is much more comprehensive and more difficult than the typical two-week critical care paramedic course offered in the United States. In Toronto, enhanced education and a strong union have led to pay and benefits that are among the best in Canada.

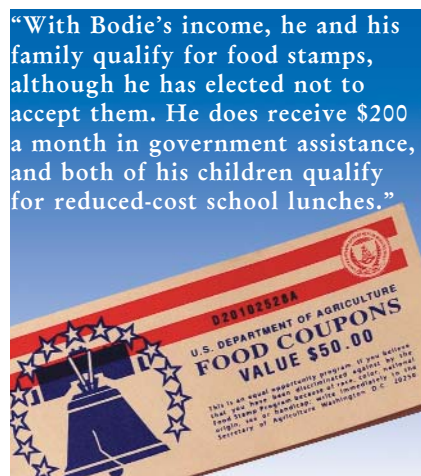
In the western province of Alberta, the City of Calgary operates a state-of-the-art EMS system. Functionally a third municipal

service, Calgary EMS operates 37 ALS response vehicles and responds to over 80,000 calls a year. There are three levels of EMS providers in Calgary: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT) and Emergency Medical Technologist-Paramedic (EMT-P). The EMT is the entry-level position and requires six months of education. EMTs may go on to seek paramedic certification by completing a full-time two-year paramedic program (although some one-year programs still exist).

A Calgary EMS paramedic with 10 years of experience earns CAD\$63,751 (US\$49,497) and receives 28 days of paid vacation after eight years of continuous service. Medical, dental and vision benefits are provided by the province. As is common throughout Canada, Calgary EMS paramedics are unionized. Most Calgary paramedics will spend 35 years in the service before retiring.

United Kingdom

The United Kingdom has a high-quality prehospital care system. As in the United States, ambulance service in the United Kingdom varies significantly from region to region. The London Ambulance Service (LAS) is one of the largest providers of emergency care in the country. It operates 70 ambulance stations serving seven million people over a 620-square-mile service area. Ambulance recruits complete a 15-week course, after which they become Trainee Qualified Ambulance Technicians. After a year of probation they are allowed to take qualifying examinations to become Qualified Ambulance Technicians (QAT). QATs can become paramedics by obtaining adequate street experience and completing the 10-week paramedic educational program. Alternatively, paramedics can complete a Bachelor of Science with Paramedic degree and enter the ambulance service as a qualified paramedic. A QAT will earn £22,697 (US\$41,895) annually, while a typical London paramedic will earn approximately £23,395 (US\$43,182). There is no additional pay for longevity. London paramedics work a typical 40-hour week, usually in 12-hour shifts. Many LAS paramedics work overtime to augment their salary. Overtime in the UK is paid at the regular hourly rate, unless the day is designated a bank holiday, on which the overtime pay rate is doubled. Team leaders make £25,200 (US\$46,508). Healthcare in the UK is nationalized. Ambulance personnel with the LAS are automatically



enrolled in the National Health Service pension scheme. Other benefits include uniforms, training and free use of a comprehensive Occupational Health facility.

The West Midlands Ambulance Service NHS Trust (WMAS) is very similar to the LAS and provides EMS service to the West Midlands and Shropshire. WMAS operates 253 vehicles out of 35 stations and responds to approximately 1,100 calls a day. A paramedic earns approximately £21,000 (US\$38,227) annually. EMS pay will soon become standardized throughout the UK and will be the same or higher than nurses or physiotherapists. WMAS paramedics generally work a 40-hour week, with health benefits and pension plan provided. Paramedics average 28 days vacation annually, and retirement is required after 40 years of service. Most paramedics retire after 25–30 years.

Australia

Australia has one of the most sophisticated EMS systems in the world. Each of the six states and one territory operates a statewide ambulance service. In Melbourne, Victoria, EMS is provided by the Metropolitan Ambulance Service (MAS). The service is staffed by Mobile Intensive Care Ambulance (MICA) paramedics, who must first have three years of education and attain a Diploma of Ambulance Paramedic Studies (DAPS). Registered nurses can enter the MICA program, but must first attend a year of paramedic education and earn the DAPS. It is not uncommon for nurses to enter EMS, as Australian nursing salaries are in the neighborhood of AU\$32,000 (US\$24,644) to AU\$50,000 (US\$38,509) annually. A senior MICA paramedic with at least six years on the job works a 42-hour week (38-hour standard work week and four hours overtime) and is paid a base salary of approximately AU\$60,000 (US\$46,571). However, with the shortage of MICA para-

medics, many paramedics earn in excess of AU\$70,000 (US\$54,342) working overtime, while Clinical Support Officers earn in excess of AU\$80,000 (US\$62,106). In addition to their base salary, MICA paramedics are provided a meal allowance, health insurance, uniforms, dry cleaning, and an educational and travel allowance. Furthermore, the MAS contributes 12% of their salary to the superannuation (retirement) fund. MICA paramedics enjoy 10 weeks of paid vacation per year. It is not unusual for MAS paramedics to have more than 25–30 years on the job. As in Canada, Australian ambulance officers are unionized. In Melbourne, the unions have been successful in establishing a pay and benefits package that is among the highest in the world.

On the island state of Tasmania, EMS is provided by the Tasmanian Ambulance Service (TAS). Tasmania is a rural state with 38 ambulance stations. Paid paramedics are augmented by over 450 volunteer ambulance officers and 19 volunteer stations. An ALS paramedic in Tasmania earns an annual salary of AU\$50,782 (US\$39,435). Paramedics with additional rescue training earn AU\$54,085 (US\$41,985). A TAS paramedic at a rural station earns AU\$60,432 (US\$46,917) annually. In addition, TAS paramedics have the usual benefits, including nine weeks paid vacation per year. Furthermore, they can accrue a superannuation fund that is 11 times their final annual salary. TAS paramedics can retire after age 55 and must retire at age 65. It is not unusual for a TAS paramedic to have more than 30 years on the job.

South Africa

Ambulance services in South Africa are provided by a combination of public and private providers. As in the United States, there are three major levels of EMS provider in South Africa: EMT, EMT-Intermediate and EMT-Paramedic. EMT education is similar to the United States system and takes a month and a half full-time. EMT-Intermediate education is four months beyond EMT and includes most common U.S. EMT-I skills except endotracheal intubation. Paramedic education in South Africa takes approximately a year, although bachelor degree programs are common. South African paramedics are licensed as independent Emergency Care Practitioners by the Health Professions Council of South Africa. They do not practice under protocols per se or a medical director's license, and can even establish private practices within the scope

of the legislation. The approved formulary often exceeds 40 emergency drugs. South African paramedics usually work 45 hours a week—two day shifts followed by two night shifts—and may work for a private company or public provider. Many of the public sector paramedics are unionized, but are forbidden from striking. Paramedics' salaries vary between ZAR195,000 (US\$27,166) and ZAR260,000 (US\$36,221) annually. Benefits vary, but generally include pension, medical aid and usually a 13th-month bonus check in December or in the birthday month. South African paramedics typically have 15–20 days paid vacation a year.

The Netherlands

In the Netherlands, specially trained nurses staff the ambulances. These nurses typically have a four-year degree in nursing and additional experience in critical care. A typical Dutch annual salary for an ambulance nurse with 14 years experience is about US\$51,425. Ambulance nurses typically work a 36-hour week in eight-hour shifts. Benefits include paid health insurance, educational stipends and retirement. Ambulance nurses employed by a fire department or municipality typically retire at age 55, while those employed by a private provider typically retire at age 60. Profit-sharing is not provided, as Dutch law forbids EMS making a profit.

Where Do We Go From Here?

The first year I worked as a full-time paramedic in Fort Worth, TX, was 1977. We worked 24 hours on duty, followed by 24 hours off duty, and then worked 48 hours on duty every other weekend. Like Bodie Glennon, we spent half of our life at work. In 1977, as I recall, we earned \$3.45 an hour and averaged 84 hours a week, and we did not get paid between 11 p.m. and 7 a.m. unless we were awakened for a call. Then, we were only paid for the time we were up, unless it was more than 3 hours and 15 minutes. Then, we would be paid for the entire night—something that often happened in Fort Worth. I located my 1977 federal income tax return, and found that my annual income for that year was \$7,632. According to the United States Department of Labor, Bureau of Labor Statistics, my 1977 salary is equivalent to \$23,296 in 2003, when you take into account inflation and the cost of living. Thus, some of the paramedics detailed in this story are still making considerably less than I did in the 1970s. This is just not right.

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I have been fortunate enough to travel to other countries and see different EMS systems. One thing that has always struck me about these systems (Canada, Australia, South Africa) is that many of the paramedics working the street are older than the typical U.S. EMS worker. They are proud of their job and their profession. Many have worked at the same ambulance station for 25 years—a phenomenon you only see in fire departments in the U.S. Basically, Americans have not made the same commitment to EMS that other industrialized countries have. While it is true that the U.S. is the home of the television series *Emergency!* and *Rescue 911*, we have not, as a nation, made a true commitment to EMS as a public necessity. In the countries discussed in this article, EMS is a bona fide part of the healthcare system, and the EMS professionals are respected and paid as members of the healthcare team should be paid. In the U.S., we want the best possible EMS system, when we need it. When we don't need it, we don't think about it—out of sight, out of mind.

Who is responsible for the state of EMS in the United States? The simple answer is that we all are. The EMTs and paramedics share responsibility because they are willing to accept wages far below what they are worth, simply because they love the work so much. The EMS managers and administrators are responsible in that they, in many instances, see the EMS work force as a renewable resource, not as professionals. There is always a young EMT or paramedic just out of school, eagerly willing to take an EMS job, no matter what it pays. The medical directors share blame for concentrating just on medical aspects and not addressing employee well-being. The politicians, always responding to the noisiest constituent, have not supported EMS as they should. If you don't believe me, just look at the current Medicare ambulance fee schedule or the

amount of money from homeland security that did not go to EMS. Most important, the consumers have responsibility. They do not recognize EMS and the importance of it in their lives and communities, unless they suddenly need an ambulance.

When you look at Canada and Australia, it is clear that expanded education has been a major factor in enhancing EMS pay and recognition in these countries. It is hard for EMS providers in the United States to be recognized as members of the healthcare team when the total number of hours required to obtain paramedic certification is less than the number of hours required to be a barber. This discussion brings us to the “chicken or the egg” argument. It has been said, “We will not have better EMS pay until the education is expanded.” Others say, “We will not have better EMS education until pay is increased.” It is my view that the education must come before pay. EMS is still a relatively new profession. Some people now entering EMS have to obtain enhanced education and tolerate poor pay for a period of time until salaries are increased, commensurate with education. This has been historically true in other professions. Paramedics feel they should have parity with nursing. Paramedics look at nursing and say, “I can do that.” But there remains a big disparity in education between nurses and paramedics. While EMS education is highly focused and detailed in regard to acute care medicine, it is not broad. Nursing education, while relatively light on acute care, is much broader, taking in all aspects of nursing. EMTs and paramedics become certified in a year. Nurses have 2–4 years of college and degrees. It is like comparing apples and oranges. Too many EMS education programs in the U.S. simply meet the minimum required number of hours. Too many employers are looking for EMTs and paramedics with “a patch and a pulse.” But we know there is much more to EMS than just medical care. Education must be enhanced before pay will increase.

And, there are the unions. Spending virtually my whole life in Texas, I have had little contact with and little use for unions. But, when I look at EMS services throughout the world and contrast the differences in the quality of life for EMS personnel between systems with strong unions and systems without, I cannot quarrel with the fact that collective bargaining—EMT's and paramedics standing united—has made life better for EMS personnel and the public. I never thought I would see a union as a good thing, but my eyes have not deceived me.

Summary

To put this all in perspective: My 20-year-old daughter is a college student. She works in the Stockyards area of Fort Worth operating a mechanical bull for tourists who fancy themselves bull riders. Her job is fairly simple: Take their money, tell them how to get on the bull and then operate the single switch and two levers that control it. For this, she is paid \$11 an hour. Contrast this to the paramedic in the MedStar ambulance who provides emergency care for the tourists in the Stockyards. The paramedic staffing that ambulance is earning approximately \$13 per hour and receives no benefits whatsoever. Am I the only one who sees the irony here? Consider this: My \$3.45 an hour salary as a paramedic in Fort Worth in 1977 is equivalent to \$11.48 in 2003 dollars. Sadly, EMS pay in my hometown is not much better nearly 30 years later. And that, my friends, is an embarrassment and a shame. ■

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