

On This Day in Texas History July 13, 1859

On this day in 1859, Juan Nepomuceno Cortina shot Brownsville city marshal Robert Shears, who had brutally arrested a former employee of Cortina's, and set off what became known as the first Cortina War. Cortina, born in Tamaulipas in 1824, moved with his wealthy family to the Brownsville area while he was still a child. There he came to hate a clique of judges and Brownsville attorneys whom he accused of expropriating land from Mexican Texans unfamiliar with the American judicial system. He became a hero to many, though he was indicted at least twice by a Cameron County grand jury for stealing cattle. Several months after shooting Shears, Cortina rode back into Brownsville at the head of forty to eighty men and seized control of the town. John Salmon (Rip) Ford and Robert E. Lee were among the military leaders who became involved in the subsequent conflict. Finally, in December 1859, Cortina retreated into Mexico. After Texas seceded from the Union, he reappeared on the border and started the second Cortina War. In May 1861 he invaded Zapata County, but was defeated by Santos Benavides and again retreated into Mexico. In 1871 the Texas legislature denied a petition seeking Cortina's pardon because of his service to the Union during the Civil War, and stockmen in the Nueces Strip accused him of heading a large ring of cattle rustlers. Subsequent American diplomatic pressure led to Cortina's 1875 arrest and removal to Mexico City. He died in 1894.

...Rural EMS

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In Montana, a state Department of Public Health and Human Services report says, about 20% of EMS agencies frequently have trouble responding to 911 calls for lack of available volunteers, and 34% occasionally can't respond to a call.

When that happens, other EMS agencies must respond, sometimes having to drive long distances when a delay of minutes can be the difference between life and death. Sometimes an emergency call will go unanswered, leaving people to drive themselves or ask neighbors to drive them to the nearest hospital.

According to state data, 60% of Montana's volunteer EMTs are 40 or older, and fewer young people are stepping in to replace the older people who volunteer to save the lives of their relatives, friends and neighbors.

Finding enough volunteers to fill out a rural ambulance crew is not a new problem. In Dutton, where Greyn fell out of the tractor bucket, EMS Crew Chief Colleen Campbell says getting people to volunteer and

keeping them on the roster has been an issue for most of the 17 years she's volunteered with the Dutton ambulance crew.

Currently the Dutton crew has four volunteers, including Campbell. In its early days, the Dutton ambulance service was locally run and survived off limited health insurance reimbursements and donations. At its lowest point, she said, her crew consisted of two people: her and her best friend.

That made responding to calls, doing the administrative work and organizing the training needed to maintain certifications more than they could handle. In 2011, the Dutton ambulance service was absorbed by Teton County.

That eased some of Campbell's problems, but her biggest challenge remains finding people willing to go through the roughly 155 hours of training and take the written and practical tests in this town of fewer than 300 people.

"It's just a big responsibility that people aren't willing to jump into, I guess," Campbell said.

In addition to personnel shortages, about a third of rural EMS agencies in the U.S. are in immediate operational jeopardy because they can't cover their costs, according to the NRHA.

Slabach said that largely stems from insufficient Medicaid and Medicare reimbursements. Those reimbursements cover, on average, about a third of the actual costs to maintain equipment, stock medications and pay for insurance and other fixed expenses.

Many rural ambulance services rely on patients' private insurance to fill the gap. Private insurance pays considerably more than Medicaid, but because of low call volumes, rural EMS agencies can't always cover their bills, Slabach said.

"So, it's not possible in many cases without significant subsidies to operate an emergency service in a large area with small populations," he said.

Slabach and others say sagging reimbursement and volunteerism means rural parts of the U.S. can no longer rely solely on volunteers but must find ways to convert to a paid staff.

Jim DeTienne, who recently retired as the Montana health department's EMS and Trauma Systems chief, acknowledged that sparsely populated counties would still need volunteers, but he said having at least one paid EMT on the roster could be a huge benefit.

DeTienne said he believes EMS needs to be declared an essential service like police or fire departments. Then counties could tax their residents to pay for ambulance services and provide a dedicated revenue stream.

Only 11 states have deemed EMS an essential service, Slabach said.

The Montana health

department report on EMS services suggested other ways to move away from full-volunteer services, such as having EMS agencies merge with taxpayer-funded fire departments or having hospitals take over the programs.

In the southwestern Montana town of Ennis, Madison Valley Medical Center absorbed the dwindling volunteer EMS service earlier this year.

EMS Manager Nick Efta, a former volunteer, said the transition stabilized the service, which had been struggling to answer every 911 call. He said the service recently had nine calls in 24 hours. That included three transfers of patients to larger hospitals miles away.

"Given that day and how the calls played out, I think under a volunteer model it would be difficult to make all those calls," Efta said.

Rich Rasmussen, president and CEO of the Montana Hospital Association, said an Ennis-style takeover might not be financially viable for many of the smaller critical access hospitals that serve rural areas. Many small hospitals that take over emergency services do so at a loss, he said.

"Really, what we need is a federal policy change, which would allow critical access hospitals to be reimbursed for the cost of delivering that EMS service," he said.

Under current Medicare policy, federally designated critical access hospitals can get fully reimbursed for EMS only if there's no other ambulance service within 35 miles, Rasmussen said. Eliminating that mileage requirement would give the hospitals an incentive to take on EMS, Rasmussen said.

"It's a long haul to do this, but it would dramatically improve EMS access all across this country," he said.

A Centers for Medicare & Medicaid Services pilot program is testing the elimination of mileage minimums for emergency services with select critical access hospitals.

The rural EMS crunch puts a greater burden on the closest urban ambulance services. Don Whalen, who manages a private EMS service in Missoula, the state's second-largest city, said his crews regularly respond to outlying communities 70 miles away and sometimes across the Idaho line because local volunteer agencies often can't answer emergency calls.

"We know if we're not going, nobody is coming for the patient, because a lot of times we're the last resort," he said.

Missoula EMS is responsible for calls in the city and Missoula County. Whalen said Missoula EMS has agreements with a couple of volunteer EMS agencies in smaller communities to provide an ambulance when

volunteers have difficulty leaving work to respond to calls.

Those agreements, on top of responding to other towns where 911 calls are going unanswered, are taking resources from Missoula, he said.

Communities need to find ways to stabilize or convert their volunteer programs, or private services like his will need financial support to keep responding in other communities, Whalen said.

But lawmakers' appetite for finding ways to fund EMS is limited. During Montana's legislative session earlier this year, DeTienne pushed for a bill that would have studied the benefit of declaring EMS an essential service, among other possible improvements. The bill quickly died.

Back in Dutton, the EMS crew chief is thinking about her future after 17 years as a volunteer. Campbell said she wants to spend more time with her grandchildren, who live out of town. If she retires, there's no guarantee somebody will replace her. She's torn about what to do.

"My license is good until March of 2022, and we'll just see," Campbell said.

[Editor's Note: This article was published online at www.emsrig.com. While it gives information and statistics for the state of Montana, the issues they are facing are very similar to those that Coke County faces as well.]

Water Weekly

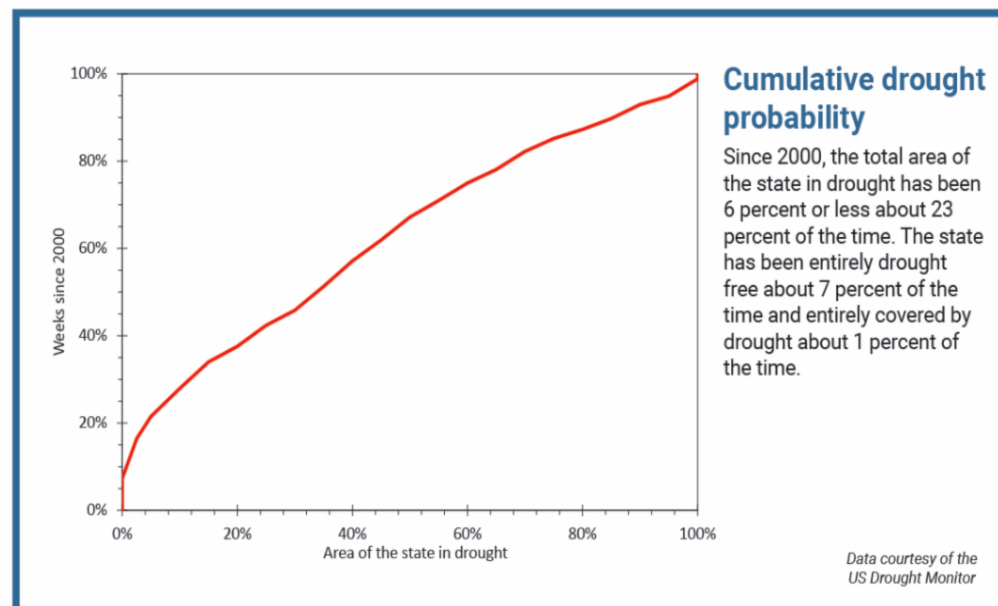
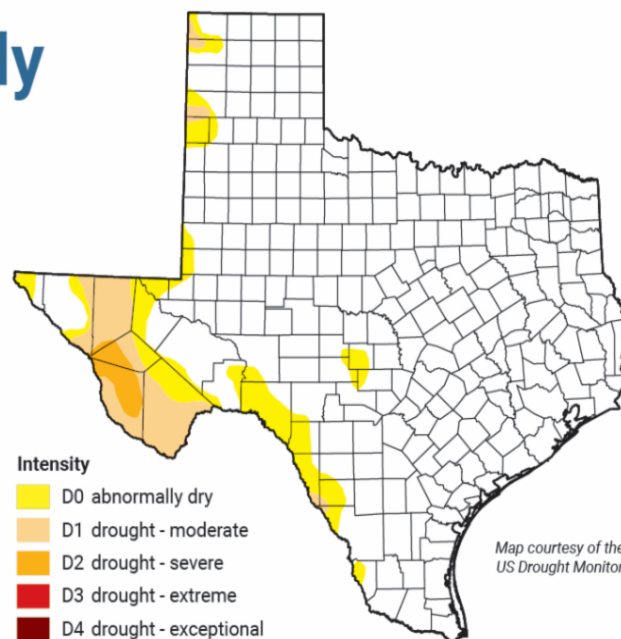
For the week of 07/12/21

Water conditions

The latest drought map for conditions as of July 6 shows extreme or worse drought has been eliminated from the state for the first time since June 2020. Only 6 percent of the state remains in drought, which is the lowest value since July 2019.

Drought conditions

- ◆ 6% now
- ◆ 9% a week ago
- ◆ 74% three months ago
- ◆ 25% a year ago



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