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Des Moines Sunday Register

SUNDAY, SEPTEMBER 18, 2022 | THE NEWS IOWA DEPENDS UPON | DESMOINESREGISTER.COM PART OF THE USA TODAY NETWORK

A MATTER OF LIFE AND DEATH PART 1

Will an ambulance get to you in time?



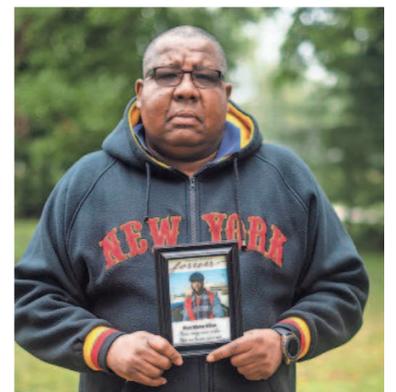
Members of the West Des Moines EMS wheel a patient from an apartment in West Des Moines on April 7. Since the beginning of the pandemic in 2020, response times across Iowa have grown. BRYON HOULGRAVE/THE REGISTER

‘We’d give anything to have him back’

Iowa nears a grim COVID-19 milestone

Michaela Ramm
 Des Moines Register
 USA TODAY NETWORK

In the 2½ years since the COVID-19 pandemic arrived in Iowa, it has swept through the state in devastating waves. It has hospitalized more than 46,000 Iowans since the pandemic’s start in March 2020. It has infected 975,448 Iowa residents, including thousands more than once. Now, Iowa is on the cusp of another grim milestone. As of the last official count Wednesday, 9,994 Iowans officially have died



Broderick Daye died on Aug. 28, 2021, of COVID-19 in Des Moines. He holds a photo of his nephew Bryce Wilson, who died of COVID-19 in April 2020 at the age of 31. OLIVIA SUN/THE REGISTER

Maybe not in Iowa, investigation finds

Daniel Lathrop and Philip Joens
 Des Moines Register
 USA TODAY NETWORK

First of two parts
 GRINNELL — It was lunchtime on an otherwise sleepy Saturday afternoon in October 2020 for the residents of 20th Street, a quiet road on the outskirts of this central Iowa college town of 9,000. In an instant, an explosion and fireball shattered the silence. A propane leak had ignited, sending sheets of flame through Darwin and Marlene Stepanek’s house. Both suffered severe burns. If they had any chance of surviving, they needed to get to a hospital as quickly as possible. Moments later, at 10:44 a.m., a neighbor called 911, while two others pulled the Stepaneks from the blaze and drove them away from the house on an ATV,

See **AMBULANCE**, Page 3A

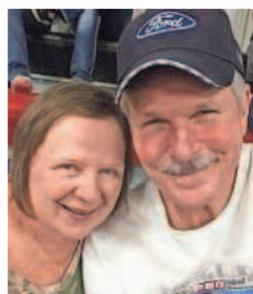
Response time for EMS calls in minutes

The average time it takes for an ambulance to arrive on scene after a 911 call has increased in Iowa’s 78 rural counties, rising to more than twice the National Fire Protection Association’s target response time for 90% of calls.



Experts say the increasing time in rural counties shows the pressure faced by the state’s EMS response system. Urban agencies have significantly improved their average response.

Chart: Daniel Lathrop/The Register • Source: Iowa HHS, NFPA • Created with Datawrapper



When Darwin and Marlene Stepanek suffered what would prove to be fatal burns in a gas explosion at their home near Grinnell in 2020, the town’s sole ambulance was on another call. It took almost 20 minutes for one from another community to arrive. SPECIAL TO THE REGISTER/SMITH FUNERAL HOME & CREMATORY

COMING MONDAY

A 2021 Iowa law offers the possibility of tax funding for EMS. But advocates wonder: Will governments ante up tax support without being required to?

from the coronavirus, according to the Iowa Department of Health and Human Services.

The massive death toll helped drop Iowa’s average life expectancy 1.5 years between 2019 and 2020. Nationwide, life expectancy saw the biggest decline since the height of World War II.

The impact has been even more sweeping for communities of color, which faced a disproportionately high COVID-19 death rate, according to data from the U.S. Centers for Disease Control and Prevention.

Still, those numbers offer only the barest glimpse into the immeasurable grief brought on by the loss of Iowans to the virus.

See **COVID-19**, Page 11A

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Ambulance

Continued from Page 1A

according to 911 recordings.

But Grinnell's sole ambulance was on another call. It would be nearly 20 minutes from the first 911 call until an ambulance from another community arrived, almost four times the most stringent recommended national standard. The couple were transported to Grinnell Regional Medical Center, then put aboard a helicopter for a flight to the University of Iowa Hospitals and Clinics' trauma center. Both died of their injuries a few days later.

Whether a faster response would have saved them is unknown. But as a result, Grinnell is preparing to make a major change in its EMS system — declaring it an essential service and funding it in part through taxes — a change that advocates say is badly needed in communities across Iowa.

Iowa emergency medical services a fragile patchwork, investigation finds

The delay in the Stepaneks' case — while an especially dramatic example — is not unique, a Des Moines Register investigation of Iowa's emergency medical services shows. And since the beginning of the COVID-19 pandemic in 2020, response times have grown, the investigation found.

Many people regard EMS as an essential service, but the system in Iowa and across the U.S. struggles to remain financially viable and to fulfill its mission of quickly delivering care to the sick or injured, local and national emergency officials say.

The Register found that:

- Before the pandemic, average response times in Iowa and surrounding states already exceeded what national standards recommend.
- The number of calls for emergency medical service has surged to record levels during the pandemic.
- Amid the surge, the average response time in Iowa's primarily rural counties rose to 10 minutes, seven seconds — more than double the time in which the National Fire Protection Association says 90% of calls should be answered.
- Though the state has taken recent action that could pave the way for improved service, EMS providers say more forceful measures are needed.

When it comes to EMS, Iowans have no guarantees

Grinnell has a single ambulance run by Midwest Ambulance, a private contractor. When the call for the Stepaneks came, the ambulance was tied up with a nonemergency transport from a Kum & Go store. The notification didn't go out to the crew until three or four minutes after the initial call, when 911 dispatchers



Matt Carter is a part-time paramedic for Dysart EMS. Before the pandemic, average response times in Iowa and surrounding states already exceeded what national standards recommend. PHOTOS BY BRYON HOULGRAVE/THE REGISTER



Many people regard EMS as an essential service, but the system in Iowa and across the U.S. struggles to remain financially viable and to fulfill its mission of quickly delivering care, local and national emergency officials say.

learned there had been people in the house.

More minutes passed as Midwest EMTs declined the call and 911 dispatchers sent an ambulance from neighboring Brooklyn — fortuitously nearby after an emergency run to Grinnell Regional Medical Center. That crew was notified close to seven minutes after the original call, records show.

It took another 11 minutes for Brooklyn's ambulance to arrive — about 18 minutes in all.

It would have taken Kellogg Ambulance, the normal backup to Midwest, even longer by the time volunteers raced to the station, loaded their ambulance and sped to the scene, said Grinnell Fire Chief Dan Sicard, who well remembers that day.

Marlene Stepanek was still speaking in the aftermath of the blast, but both she and her husband had suffered third-degree burns over 20% to 30% of their bodies. Every minute they waited for care counted.

"They were severely burned," Sicard said. "There's only so much body mass you can lose and skin that you can lose before infection gets really nasty."

Once the ambulance arrived, the Stepaneks got better care than they might otherwise have: Unlike Grinnell's ambulance, Brooklyn's unit carries a certified paramedic. But critical minutes had been lost.

What's taking ambulances so long to respond in Iowa communities?

Statewide, the median response time for emergency calls since 2019 rose by only a few seconds due to improved performance in the 21 counties the state defines as urban, according to data collected by the Iowa Department of Health and Human Services.

But in the 78 less populous counties, average response rose by 20 seconds, to 10 minutes, seven seconds — compared to the 5-minute target the National Fire Protection Association sets for 90% of calls and eight- to nine-minute targets other groups recommend for 90% of calls.

Continued on next page

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Continued from previous page

Iowa's Department of Health and Human Services says response in built-up areas should be within eight minutes and in rural areas within 20 minutes. The agency publishes the standards, but no state law or regulation requires ambulance services to comply.

The longer, 20-minute target wouldn't apply to all calls in less populous counties, since most are in or around the towns in which the EMS services are based.

While experts do not agree on what constitutes an acceptable response time, the increase shows a system under increased strain, said Mark McCulloch, the legislative chair of the Iowa Emergency Medical Association and a deputy chief at West Des Moines Emergency Medical Services.

"Does a rapid response improve patient outcomes and if so, what's the threshold?" he said. "We debate that quite a bit in the industry. (But) in a heart attack or stroke, we're confident that time is muscle and time is brain."

Nationwide, the problem has been even worse — jumping from a pre-pandemic average of 16 minutes in 2019 to nearly 18 minutes in 2021.

Driving the crisis: a dramatic rise in emergency calls that began with the pandemic and hasn't let up.

Most of those calls aren't directly related to COVID-19 cases, experts say.

During the first months of the pandemic, for instance, EMS agencies nationwide saw 300% to 400% increases in patients with heart attacks, according to statistics provided by the National Association of Emergency Medical Technicians.

In central Iowa, agencies have seen an overall increase of 20% in the number of calls for help since the pandemic began — with a growing share of them requiring the assistance of a paramedic, McCulloch said.

Providers chalk up that increase to patients being unwilling — or unable — to go to emergency rooms at the earliest sign of problems, said Matt Zavadsky, an executive at MedStar Mobile Healthcare, an intergovernmental EMS provider for 15 Texas counties, and past president of the National Association of Emergency Medical Technicians.

Lack of funding at heart of many EMS challenges

While delays grew during the pandemic, they are just a symptom of a wider challenge: maintaining requisite emergency medical services with inadequate funding, poor pay and flagging morale, EMS professionals say. "There are a lot of EMS workers that are working for fast-food wages," said Bruce Evans, president of the EMT association, chief of the Upper Pine River Fire Protection District near Durango, Colorado, and a former West Des Moines medic.

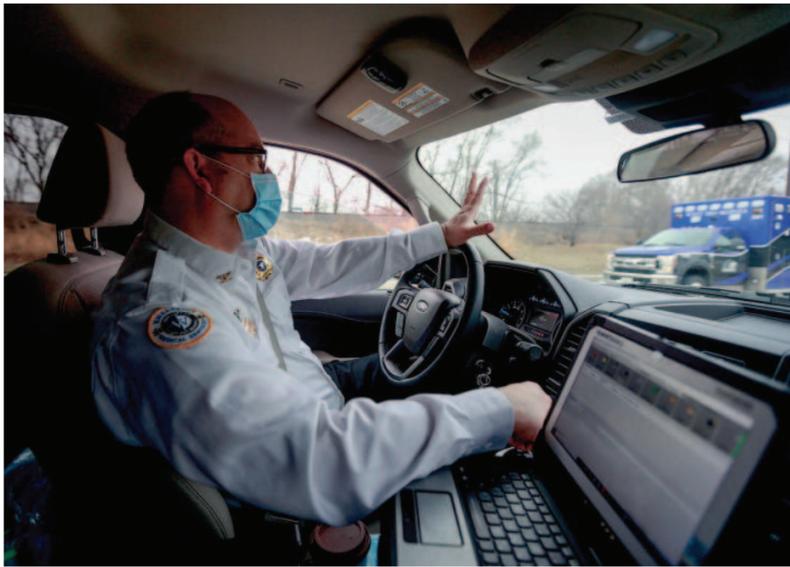
According to U.S. Bureau of Labor Statistics' data from 2021, the median pay for a full-time emergency medical technician was \$17.76 an hour, even though the job requires training that, for a full-fledged paramedic, typically costs \$10,000 to \$20,000.

In Clive, a Des Moines suburb of about 17,500, the fire department hires part-time paramedics for \$18.41 per hour. That's less than the \$18.60 that a starting waiter or waitress at the Chili's Bar & Grill in the city earns before tips, according to a recent ad.

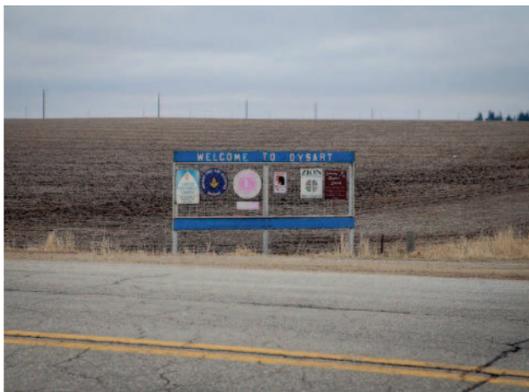
Because many agencies' budgets rely heavily on transport fees — money billed to patients when they are taken to a hospital — rather than regular budget outlays, their funding is insufficient to guarantee availability of emergency care around the clock.

"It doesn't matter to most people until you need it. Then the question is: Are you OK with a 30- or 45-minute response for an ambulance when a farmer's arm is caught in an auger?" said Dave Edgar, West Des Moines' assistant EMS chief and a member of the boards of both the National Association of Emergency Medical Technicians and national Commission on Accreditation of Ambulance Services.

Deficient funding leads to low pay for chaotic, dangerous work, when EMS



Dave Edgar, West Des Moines EMS assistant chief, waves to a passing ambulance while driving on Railroad Avenue in West Des Moines.



The EMS in the small town of Dysart, Iowa, keeps two full-time clinicians and uses 14 volunteers to respond to medical conditions.

PHOTOS BY BRYON HOULGRAVE/THE REGISTER

providers' skills could get them higher pay elsewhere.

Emergency medical agencies' finances suffered at the beginning of the pandemic as it drove down the profitable part of their operation — routine patient transfers.

"We took a significant revenue hit because we weren't transporting people to the hospital, and we only get paid to transport," Zavadsky said.

In Iowa, EMS providers missed out on aid that Gov. Kim Reynolds provided to support other professions during the pandemic. She announced a plan in January to offer people in targeted public service roles \$1,000 retention bonuses for staying at their jobs. Included in the list of eligible workers: child care providers, certain teachers and police officers.

"I can't thank each of these dedicated public servants enough for their persistence during one of the most difficult times in our state and nation," Reynolds said in a news release.

Edgar said it was an insult that EMS crews didn't receive the bonuses.

"You don't get any more frontline during this pandemic than EMS providers," he said.

The governor's office did not respond to a request for comment.

One study showed that for the first eight months of 2020, fire department EMS clinicians in New York City, an early epicenter of the pandemic in the U.S., had a risk of fatality 14 times higher than for firefighters in the same department, according to the Journal of Emergency Medical Services.

Nationwide, more than 300 EMTs, paramedics and firefighters died from COVID-19, Evans said. It is not known how many of them contracted the virus on the job, he said, but the impact of the losses added up.

Iowa Department of Health and Human Services officials said they do not have a mechanism that would allow them to track the figure in Iowa.

In an April 2021 National Association of Emergency Medical Technicians survey, 8% of responding agencies said they experienced a "line of duty death" among EMS personnel from COVID-19.

"We've essentially lost a metro-sized fire department staffing," Evans said.

Why there may be nobody to answer an emergency call

Dysart, in Tama County about midway between Waterloo and Cedar Rapids, is the quintessential postcard Iowa farm town. Grain bins loom over the community of 1,400 residents, its boundaries clearly visible where homes

give way to fields.

The Dysart Ambulance Service has two full-time employees, four part-timers and 14 volunteers.

That places it among the 67% of Iowa emergency medical service providers fully or partially staffed by volunteers, according to statistics from the Iowa EMS Association.

Close to half the total are all-volunteer, while 19% have both paid and unpaid EMTs and paramedics.

"There have been times in the past when it has been difficult to find people to respond quickly for a farm emergency," said Julie Scadden, director of the Dysart ambulance service. "The goal is to get to patients as quickly as possible, preferably under 15 to 20 minutes depending on where the location is."

"We have sometimes had to push that timeline to the maximum or even over because we had to find additional personnel to help, including fire department personnel if the patient had to be extricated from farm equipment," she said.

That can be complicated because calls to help with emergencies in neighboring communities frequently draw Dysart's crews outside their sprawling service area in Tama and Benton counties. About a fifth of the time, a Dysart ambulance crew responding to an emergency call is leaving its service area, according to data provided by Scadden.

Dysart staffs one ambulance around the clock. If a second call comes in, volunteers are paged, and the second ambulance heads out with anyone who shows up.

"Every time we had to call for mutual aid or provide mutual aid, we are leaving our cities uncovered if there is a second emergency and we are unable to provide staffing for our second ambulances," she said.

With volunteers, ambulance staffing hinges on who answers

It was 7:15 p.m. on a spring evening, and the Dysart ambulance crew was responding to its first farm accident of 2022.

Citing patient privacy, Scadden couldn't share all the details, but the injury was serious, involving a fall from farm equipment.

"Three women responded to the station in six minutes. It took 16 minutes to reach the scene," Scadden said.

The total of about 22 minutes is 2 minutes longer than the state of Iowa standard for a rural area and almost 15 minutes longer than the standard suggested in an urban area.

In the end, the crew saved its patient,

Scadden said, adding that Dysart's crews "will do pretty much anything" to make sure they get to an injured person in time.

But Scadden said the call illustrates the main problem with staffing a volunteer service: finding someone to answer the call.

"That time of evening can be a hit or miss with staffing. It's close enough to school events — times that sometimes people are involved with family things — so are not available," she said.

Gathering a crew can be even tougher during the day, when most residents are at work. Dysart maintains an on-call roster of volunteers who have specific training and EMT or paramedic certifications. Volunteer firefighters are not required to have as much specialized training.

That means volunteer EMS agencies have to keep a larger percentage of their volunteers in an active on-call status to ensure someone is there to respond.

"When you commit, that means you can't drink, leave town," Scadden said, "where with fire you don't have to run that roster."

Problems with ambulance response times evident in larger cities, too

It's not just small towns or rural areas where ambulances can be delayed or hard to come by. Take a recent Thursday afternoon in West Des Moines, with a population of over 70,000.

"AMBULANCE... Sick person," blared the radio as Edgar, the West Des Moines assistant EMS chief, hopped in his SUV at 1:36 p.m.

As he drove to meet an ambulance crew, another call came over the radio.

"AMBULANCE 213, FALL."

By 1:45 p.m., five of the city's six ambulances were in use.

"So now we have a situation where more than likely for the next 45 minutes, we're going to be down to one ambulance," Edgar said.

Then, at 1:52 p.m., the city's final ambulance was sent to an apartment near Jordan Creek Town Center on a medical alarm call. Within 16 minutes on what felt like a slow afternoon, all six West Des Moines ambulances were in use.

"That's how quick it starts getting busy," Edgar said.

When the pandemic hit, West Des Moines initially saw its call volume drop 20%. But it quickly shot up.

In December 2021, the agency answered 1,271 calls — the most on record in a single month.

It's not just the number of calls either; it's their severity, Edgar said. As an example, calls related to strokes doubled last year, he said.

As Edgar drove near Jordan Creek mall, he pointed out three retirement communities under construction. "Those are high-call-volume places for us," he said. "Quickly this ambulance out here is going to become our busiest ambulance, and we're going to have to make decisions on do we staff two ambulances out here."

Any call also can pose emotional challenges. West Des Moines EMS clinicians recently handled a report of a 4-year-old who had died of cardiac arrest and a situation where a man allegedly strangled a woman and pushed her body off an apartment's third-floor balcony.

According to experts, the biggest problem for ambulance services in the Des Moines metro — and around the country — is finding people willing to pay for expensive training to do the stressful, difficult work for the relatively low pay offered.

Officials who spoke with the Register said every aspect of improving emergency medical services requires changes that need to be paid for by taxpayers, health insurers or both.

"The fix isn't just money, but the fixes require money," Edgar said.

Philip Joens covers public safety, city government and RAGBRAI for the Des Moines Register. He can be reached at 515-443-3347 at pjoens@registermedia.com or on Twitter @Philip_Joens.

Daniel Lathrop is a staff writer on the Register's investigative team. Reach him at (319) 244-8873 or dlathrop@dmreg.com. Follow him at @lathrop on Twitter and facebook.com/lathropd.

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A MATTER OF LIFE AND DEATH PART 2

Iowa EMS leaders say they need support from taxes



West Des Moines EMS Assistant Chief Dave Edgar answers a medical call April 7. The state lets individual counties decide whether to designate EMS work as an essential public service. PHOTOS BY BRYON HOULGRAVE/THE REGISTER

Squads lack the dedicated funding streams police, fire departments get

Philip Joens and Daniel Lathrop

Des Moines Register
USA TODAY NETWORK

Second of two parts

During his 23 years as a paramedic and emergency medical technician, Mark McCulloch and his colleagues have asked the Legislature to enact this principle as law: Iowans have a right to expect that a call for medical help will be answered in time to make a difference, no matter where they are.

Inarguably, he said, emergency medical services are something people can't do without.

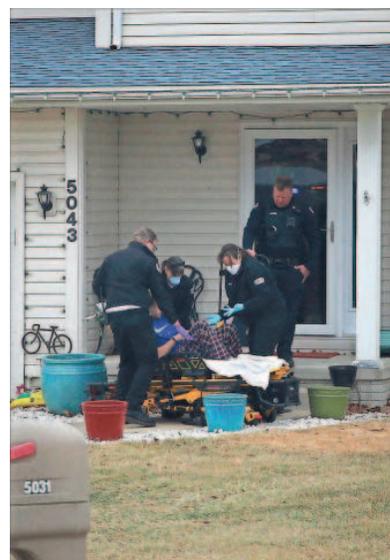
"In most services that we seek, we have choice," said McCulloch, deputy chief of EMS for West Des Moines. "Literally, we can choose our physicians.

We can choose our dentists, our lawyers. We can choose where we eat. But as a citizen we don't have any choice who shows up in a time of need when we're most vulnerable."

But McCulloch, who leads the patchwork industry's advocacy efforts at the Iowa Statehouse, said the Legislature — no matter the party in control — hasn't had any interest in legally designating emergency medical response as an essential public service. That would guarantee service statewide, the same as law enforcement and firefighting.

Instead, at a time when the COVID-19 pandemic has placed even more demands on the already fragile emergency medical network in Iowa, the

See EMS, Page 6A



Across the state, many EMS systems, both urban and rural, are struggling to maintain staffing.

Investigation looks at stresses on Iowa's EMS system



From the Editor
Carol Hunter
Des Moines Register
USA TODAY NETWORK

All Iowans owe a debt of gratitude to the volunteers who provide emergency medical services across the state. Literally thousands of Iowans through the years owe their very lives to these volunteers. Close to half of EMS

providers in Iowa are all-volunteer, and 19% are staffed with both paid and unpaid EMTs and paramedics, according to statistics from the Iowa EMS Association.

But Iowa's patchwork network of public, private, paid and volunteer EMS providers is increasingly stressed, Des Moines Register reporters Daniel Lathrop and Philip Joens found in a two-part investigation that starts today.

The genesis of this reporting dates to January, when our staff was planning coverage to mark the third-year anniversary of the coronavirus's detection in Iowa. Daniel looked at a little-known federal database, the National Emergency Medical Services Information System, to get a sense of the pandemic's impact on EMTs and paramedics, who staff the front lines of the fight.

What he discovered: Calls for ambulances were surging nationwide, even though they weren't documented as related to COVID-19 cases, and the time it took for help to arrive was rising. A government source confirmed seeing the same trend.

That began an eight-month journey to understand why.

Daniel requested anonymized details for our state, but Iowa officials balked, citing a policy that in the name of patient privacy bans the release of even aggregate data about counties or ambulance providers. What they did provide were state-level totals showing calls and response times are up in Iowa.



Close to half of EMS providers in Iowa are all-volunteer, and 19% are staffed with both paid and unpaid EMTs and paramedics, according to statistics from the Iowa EMS Association. BYRON HOULGRAVE/THE REGISTER

Philip, who, as a breaking news reporter, often interacts with emergency responders, was tapped to join the reporting. Interspersed with other assignments, Daniel and Philip interviewed dozens of EMS clinicians across the state, who told them that the system in Iowa faces unprecedented challenges.

Many problems are longstanding: Recruitment of volunteers who can respond to calls 24/7 has become increasingly difficult, especially in rural areas as population has declined. Employees can't repeatedly leave their jobs. A parent can't leave young kids unsupervised. Another complication: Securing the required medical training can cost tens of thousands of dollars.

A 2014 Des Moines Register investigation had found that some areas of rural Iowa were

virtually unserved by ambulance agencies. In the years since, the Legislature has taken steps to improve funding options. But then came the pandemic, and problems deepened, Daniel and Philip found. Response times in rural Iowa have ticked up as call volume increased. And the worker shortage means EMS clinicians are in high demand for lucrative jobs in other industries. The continuing rise in emergency and nonemergency calls is burning out those who remain.

Interviews by Daniel and Philip with state and national experts and Iowa's providers also led to a disturbing conclusion: Because Iowa, like most other states, does not designate EMTs, paramedics and ambulances as "essential," Iowans literally have no guarantee that a call to 911 will bring help in time.

Today's report examines the EMS system's challenges in detail. Monday's report looks at potential solutions, including designating EMS as an essential service and funding it at least partially through tax dollars.

Unfortunately, it's all too easy to give emergency medical care little thought — until you or a loved one is awaiting an ambulance and every second feels like a lifetime. How to deliver and pay for emergency care deserves our thoughtful attention, before the system's problems themselves become an emergency.

Carol Hunter is the Register's executive editor. She wants to hear your questions, story ideas or concerns at 515-284-8545, chunter@registermedia.com, or on Twitter: @carolhunter.



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Defense seeks judge's removal in Cruz trial

ASSOCIATED PRESS

FORT LAUDERDALE, Fla. — Attorneys for Florida school shooter Nikolas Cruz asked for the judge in his murder case to remove herself on Friday, two days after she scolded them when they abruptly rested their case after calling only a fraction of their expected wit-

nesses.

The Broward Public Defender's Office said in a motion that Circuit Judge Elizabeth Scherer held a longstanding animosity toward lead defense lawyer Melisa McNeill.

The motion cited Florida's Judicial Code of Conduct that states a judge shall disqualify himself or herself if the judge's

impartiality might reasonably be questioned, including but not limited to instances where the judge has a personal bias or prejudice concerning a party or a party's lawyer. Defense attorneys said Scherer's repeated improper and unjustified attacks on the defense counsel undermine the public's confidence in the

judicial system and have also caused Cruz to fear that he will not receive a fair trial.

Prosecutors said in a response that Scherer has been respectful to both sides.

Cruz's attorneys had told the judge and prosecutors they would be calling 80 witnesses but surprisingly rested at the start of Wednesday's court session after calling only about 25 of them.

There were 11 days of defense testimony overall, the last two spotlighting experts about how his birth mother's heavy use of alcohol during pregnancy might have affected his brain's development and led to his murdering 17 people at Parkland's Marjory Stoneman Douglas High School four years ago.

BIRTHDAYS

Actor **Robert Blake** is 89. Singer-actor **Frankie Avalon** is 82. Guitarist **Kerry Livgren** (Kansas) is 73. Actor **Anna Deavere Smith** ("The West Wing") is 72. **Holly Robinson Peete** ("Hangin' With Mr. Cooper") is 58. Actor **Jada Pinkett Smith** is 51. Rapper **Xzibit** is 48.

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EMS

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Legislature decided last year to leave it to individual counties to decide whether to take that step — and find a way to pay for it.

Across the state, many EMS systems, both urban and rural, are struggling to maintain staffing, a Des Moines Register investigation has found. They don't have the sort of tax-supported, dedicated funding source that finances police and fire departments. As a result, pay is low for emergency medical technicians and paramedics, despite specialized training requirements that can cost thousands of dollars to fulfill.

Is the day coming when, somewhere in Iowa, a call to 911 could get no response?

"Depending on where you are and when you're there, I think that could happen now," said McCulloch, the former head of the Iowa Emergency Medical Service Association and its current legislative chair.

In Iowa, EMS is viewed as 'essential,' but also optional

A key step to improved service, not just in Iowa but nationwide, would be to designate EMS as an essential service, according to a 2014 report from the National Academy of Public Administration.

Emergency medical response is a public service that can't cover its own costs. In turn, the providers — whether public or private contractors — can't provide service guarantees without knowing that someone will pay, the report concluded.

The call for public support is not a controversial idea among the general public, a recent study shows. Some 92% of Americans view EMS as an "essential government service," and 77% said it should receive the same public funding as fire services, according to a large-scale study released in 2020 by the National Highway Traffic Safety Administration.

Yet as of 2019, only 11 states had made that designation, according to the International Association of EMTs and Paramedics. Those states require local governments to ensure residents have access to emergency medical services and set, follow or track performance



Dave Edgar fills up his paramedic truck. Pay is low for emergency medical technicians and paramedics, despite specialized training requirements that can cost thousands of dollars to fulfill. BRYON HOULGRAVE/THE REGISTER

measures.

Under a 2021 law, Iowa made an initial move to address EMS funding. The law allows Iowa counties and other local governments to voluntarily designate emergency medical care as an essential service and ask voters to create, raise and dedicate taxes to cover the expense.

In other words, EMS in Iowa can be deemed essential if people decide they're willing to pay for it.

McCulloch believes statewide EMS is essential.

"This certainly isn't the utopic thing we were looking for," he said of the legislation. "But this is certainly a big step in the right direction," although "it's too soon to say how well this will or how well this won't work."

To date no county has created an EMS fund under the law, although several have begun the lengthy process, McCulloch said.

If county boards of supervisors want to create a new EMS taxing district — through property taxes or local income tax surtaxes — they must at two meetings consider a resolution declaring EMS essential and vote on it at a third. If a majority of the board of supervisors approves it, "Local EMS agencies must then work with the county to establish an Emergency Medical Services System Advisory Council to assist in researching and assessing the service needs of

the county," according to the bill.

Then the EMS System Advisory Council must recommend to the board of supervisors the amount of funding to be specified on the ballot.

Sixty percent of voters must approve of the measure for the EMS tax to take effect. With the exception of the top 11 most populous counties in Iowa — Polk, Linn, Scott, Johnson, Black Hawk, Woodbury, Dallas, Dubuque, Story, Pottawattamie and Warren — the law specifies that the EMS tax shall last for a maximum of 15 years.

In the 11 most populous counties, its maximum lifespan, without reauthorization, is 10 years.

Some rural EMS providers say they have little hope local elected officials will declare the service essential and impose a tax without someone forcing their hand.

"It was lip service. That's all it was," Julie Scadden, director of the ambulance service in rural Dysart, said of the legislation.

No funding leads to inadequate service — and surprise bills

EMS users in communities that haven't designated it an essential service, or made it a part of their fire departments, already pay for some support. But the money comes from a fund-

ing source that can be uneven, unpredictable and inadequate: bills sent to insurance providers and individual users.

Because so many people assume EMS already is an essential public service, the bills can come as a shock. More than 70% of all ambulance rides are considered out-of-network for health insurance purposes, and costs can reach hundreds or thousands of dollars, according to research published in the academic journal Health Affairs.

Since providers aren't required to negotiate prices with health insurers, the fees are simply "made up," study co-author Dr. Karan Chhabra told National Public Radio.

"It often is the municipalities that are sending some of the most staggering bills and often pursuing them in really aggressive ways," he told NPR.

Another challenge is that some policymakers have come to view ambulance services more as rides to hospitals than a source of lifesaving care, said Matt Zavatsky, an executive at MedStar Mobile Healthcare, an intergovernmental EMS provider for 15 Texas counties and past president of the National Association of Emergency Medical Technicians.

The industry's image as a sort of medical taxi service is one reason driving its low pay, said Dave Edgar, West Des Moines' assistant EMS chief and a member of the boards of both the National Association of Emergency Medical Technicians and national Commission on Accreditation of Ambulance Services.

"The level of care and equipment and preparedness ... is just about \$300,000 in an ambulance. A cardiac monitor is probably \$40,000," Edgar said. "Then compare it to what a CT scan would cost in the (emergency room). But insurance won't pay what the actual cost (of ambulance care) is."

When EMS crews roll on a 911 call that doesn't require a trip to the hospital, they typically get nothing. And most 911 calls are false alarms.

Canada, Australia and European countries with single-payer health care systems pay EMS practitioners to assess patients, develop care plans that may not require transportation to hospitals and sometimes treat patients at home, Zavatsky said.

"When we do those things, we don't get paid for that," he said. "So we can't

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