

THE ALABAMA OFFICE OF EMERGENCY MEDICAL SERVICES



EMS QUARTERLY NEWSLETTER

From Mobile to Huntsville and Everywhere In-Between



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Current Texas Disaster & EMS.

William Elwin Crawford, MD, NRP, FACEP
EMS Medical Director, State of Alabama

As I sit here and contemplate the unimaginable disaster that Texas has experienced over the last week and a half, I can't help but think about the first responders including EMSP who have dropped everything to assist.

Many of these first responders are volunteers who have left jobs and families to assist their fellow man. It is not lost on me that when the chips are down first responders do what we do best and that is we go and help. We don't ask how much we are going to get paid, when are we coming back, etc. We just go. This is true for paid personnel and volunteers.



I am awful proud of the assets that Alabama has sent for the recovery efforts. We have had our share of disasters where we have leaned on out of state partners and while I wish we didn't have to send anyone and wish that the Texas disaster had never happened, I'm appreciative of the willingness of our folks to go and help.

I appreciate y'all!!

EC

Elwin Crawford, MD, FACEP

Editor's Note: This article was written in mid-July and while the events happened in the 3rd Quarter of 2025, it was at the forefront of Dr. Crawford's thoughts. We will incorporate an article in the 3rd Quarter Newsletter regarding the AMAS response. Dr. Crawford's article was written shortly after visiting the teams from the Tuscaloosa area among others during deployment while he was visiting Texas.

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SPECIAL THANKS TO OUR SERVICES:
July's Texas Flood Response by AMAS
Jamie Gray, BS, AAS, NRP, TP-C
State EMS Director

I would like to take this opportunity to join with Dr. Crawford and thank those Emergency Medical Service Providers and Individual Licensees who traveled to Texas on July 10th through July 25th to aid that state in its response to the Hill Country region flooding.

Responders were part of the Alabama Mutual Aid System (AMAS). AMAS has six task forces within Alabama. Although members of other Alabama task forces participated, Alabama Task Force 1 (Mobile) provided 24 responders and Alabama Task Force 5 (Tuscaloosa) provided 14 responders. It was of those two Task Forces, and specifically Task Force 5 that Dr. Crawford spoke of in his article in this quarter's newsletter. Although the flooding did not occur in the 2nd Quarter of 2025, we wanted to take the earliest opportunity to thank ALL of Alabama's AMAS participants who endured over two weeks of very hard and dangerous work to search for those lost and unaccounted for. We would also like to thank the families of those rescuers who endured over two weeks of absence of their loved ones and the knowledge that they were working in very dangerous conditions.

The flash flooding was the result of profoundly heavy rainfall occurring on July 4th & 5th that caused rapid river elevations averaging thirty feet. Alabama participants from Tuscaloosa operated in the Leander, Texas area and undertook search and rescue/recovery operations in the Sandy Creek & Cow Creek areas, as well as the remainder of the Guadalupe River flood regions. National news sources report that on the first two days of rescue operations, hundreds of people were rescued from trees, housetops, and high ground that they had fortunately accessed. Thousands of volunteers traveled to Texas to assist in the recovery operations, which were mostly limited to finding and identifying bodies.

Alabama's contingent aided in the location and identification of over one hundred and thirty persons who perished in the floodwaters. It was reported to our Office that one of the lost was a Volunteer Fire Chief, who was never recovered. That Fire Chief, Michael Phillips, disappeared in the early morning of Saturday, July 5th, and has yet to be found, and was declared as "end of watch" after ten days of searching. That reporting responder was, I believe, particularly impacted by the fact that one of the first persons to disappear and only one of a handful that were not found, was a firefighter.

The loss of that Texas fire chief brings home to me the fact that every emergency response made by fire, police, and EMS is a potential for disaster, given just the wrong circumstances. We, as first responders, are called out hundreds of times per year without very much thought of that potential. Dr. Crawford, the Alabama Office of EMS, and myself personally would like to extend our humble thanks and support to those men and women who serve the citizens of our state and our nation. You do a job that has to be done, you do that job professionally and excellently, and very often you do it without your own needs in mind. Your efforts make our world a safer place.



NOTES FROM THE DIRECTOR:

The Meaning of “Compassion”

Jamie Gray, BS, AAS, NRP, TP-C

State EMS Director

According to the Cambridge Dictionary, “Compassion” is defined as “a strong feeling of sympathy and sadness for other people’s suffering or bad luck and a desire to help.” The word literally means “to suffer together” and is different from empathy or altruism.

Empathy is the ability to understand and share the feelings of another person while compassion is the feeling of wanting to help someone who is suffering. Empathy is about understanding while compassion is about acting on that understanding. Compassion is an act and requires energy – a personal cost. That cost is at the center of EMS.



Everyone who works a job of any sort knows that any job will have its upsides and its downsides. EMS is physically, mentally, emotionally, and socially a difficult job. Lifting and moving patients and equipment requires a great deal of physical agility, endurance, and strength. The hours are long, the schedules are unyielding, and the responsibilities are tremendous. The demand on personal time creates turmoil in all but the most flexible families and relationships. And last, but not least, in a world where nobody believes they get paid what they are worth, EMS has always been viewed as a profession that is overworked and underpaid.

I personally know a great many people who have worked in EMS for what can be considered a great length of time. Does it take a “special person” to dedicate most of their life to a profession that is difficult in almost every aspect of its performance? Perhaps, but likely what is mostly required to do that is just basic, garden variety, human compassion.

The best and most descriptive example of compassion is probably found in the bible, in Luke Chapter 10. Therein Jesus tells the parable of the Good Samaritan. Most of us are familiar with the parable. A man during Jesus’ time was traveling from Jerusalem to Jericho and fell to robbers on the road. The ancient road between Jerusalem and Jericho was called the “Wadi Qelt” and followed a downhill grade of almost 4000 feet of elevation between steep cliffs on either side (wadi means valley) and over approximately twenty-two miles. The rise and run are similar to some famous hiking trails in the United States, with the elevation change being about 25 feet for every 726 feet traveled on average. The rock walls are, to this day, curvy and treacherous and easily conceals anyone wishing to hide there. Because of the terrain, the cover, and the possibility of foot traffic, the Wadi Qelt was renown as a very dangerous place to travel but few possibilities existed if a person’s livelihood required them to travel between the two locations.

The man was attacked, beaten, stripped of his clothes, possessions and probably his donkey and left half dead. The scriptures say that a Priest was headed downhill toward Jericho and away from Jerusalem. The Priest ignored the injured man. A Levite also passed, perhaps uphill toward Jerusalem to go to the temple and likewise ignored the injured man. In their possible defense, a practitioner of Judaism (and especially of the priestly class) who touched a corpse was considered unclean and had to go through ritual cleansing for seven days. Maybe they just thought the traveler was simply one of the many dead bodies that would have been seen along that road during those ancient days and neither wanted to give up a week unnecessarily. The two possibilities are that both members of the priestly class simply ignored what they

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perceived as an injured man in need of help or what they perceived was a corpse. Either way, neither one of them took the welfare of a stranger as something that was any of their business.

As the story goes, a Samaritan was traveling along the road and let the injured man's welfare become his business. Not only did he check on him, he also put bandages and medicine on his wounds, put him on his own donkey and transported him to an inn where arrangements were made for lodging and for care, and payment made in advanced. Samaritans were not accepted by Jews, but the main point of the parable is that although the Samaritan did not have a responsibility to the injured man (they were not family, nor even societally related) he took on the responsibility anyway and went far beyond what others may have done. The Samaritan went past the point of just inconvenience. He gave of his time, endangered himself by taking on a burden in an unstable environment, and gave up personal wealth to apply comfort and provide lodging. He gave the innkeeper two denarii, which was the equivalent of two day's wages for a laborer. That is approximately \$150 today.

Obviously, the Samaritan did the right thing. The story is given in response to a man's question. The questioner, a law expert, had correctly answered Jesus' question about what the law said was necessary for salvation. "Love the Lord your God with all of your heart, and with all of your soul, and with all of your strength, and with all of your mind; and Love your neighbor as yourself." The expert then asked Jesus "And who is my neighbor?" The parable was given, and the question asked, "Which of these three do you think was a neighbor to the man who fell into the hands of the robbers?" The answer was, of course, "The one who had mercy on him." That mercy, recognizing the suffering of another and caring enough to do something about it, is compassion.

People who are capable of compassion do not have it because they have excess energies, time, possessions, or money. They have the same amount of those things that all of us have. People who are capable of compassion give from special places within their hearts and spirits that they are born with or develop through the dynamics of their lives. Compassionate people are born into a world that they inevitably leave a better place than they found it. EMS people tend to be compassionate people.

Being a "good" person is different from being a "compassionate" person. Compassionate people go above and beyond in the service to other people. However, compassionate people are unable to be compassionate 24/7 without repercussions. Giving until you are "given out" is known as "compassion fatigue" and can be an issue in EMS. Humans cannot be expected to have endless reserves of compassion. To possess unlimited compassion would be to be "inhuman." EMS folks are human if anything.

Just like you can't overspend and survive, you cannot be over-compassionate, but must do so wisely. Not tight-fistedly, but wisely. Look inside yourselves and act in response to your feelings. Compassion is part of our jobs in EMS. Take time for yourself and your family. Consider reducing elective overwork in lieu of rest and pursuit of diversions. Take a vacation. Nobody is going to look down from the afterlife and say, "I wish I had worked more overtime." I think most cases of compassion fatigue are actually cases of exhaustion. We entered EMS to help others. We do a better job in EMS if we recognize that and manage our lives to reduce unnecessary overwork.

LICENSURE SECTION

Vickie Turner, BS, NRP
Licensure Coordinator



Licensure Renewal and Information FAQs

At present, Alabama licenses approximately 13,738 individuals. Each year approximately half that number of licensees are set to expire from their 24-month licensure. The expiration is always on March 31st. In our observation the trends of licensure tend to follow similar dynamics every year.

On March 31, 2025, an estimated 6,800 individuals were scheduled to expire from the previous 24-month licensure period. On the very date of expiration 1,141 persons allowed their license to expire. This constitutes approximately 17% of expiring licensees who allowed complete expiration to occur, rather than taking advantage of several automated, labor-saving online mechanisms to renew prior to the date of expiration. At the time of this writing, approximately 220 individuals renewed after the expiration date, resulting in about 13.5% of the original licensees losing their license. We have noticed that about 10-14% of licensees do not recertify on any given year. Those numbers have historically been replaced at a slightly greater number each year, resulting in an overall gradual increase in licensed providers.

We have also noticed that the persons who allow complete expiration very often do so every licensing cycle. Allowing expiration of a license has complications that surpass just the late fee that accompanies the renewal of the expired license. The late fee is \$50. The renewal fee is \$40. The total to renew an expired license is \$90. In addition to the extra fee, a license holder is not legally able to practice on an expired license. Just like with an expired driver license a person is not legally able to drive. Alabama allows a 60-day grace period for driver licenses, but after that period the driver can be fined or jailed. EMS does not have a grace period. You may renew your license online with a credit card through Alabama Interactive via a link on the Alabama Office of EMS website for a fee of about \$3 plus the licensing fee. The timeline to renew should be January 1st to March 31st (the day of expiration) during which time the online renewal function is activated. Walk-in's are not accepted from January 1st through April 30th. The online portal is active all of the time for reclassification, name change, or card replacement, all of which are currently \$12 plus the online fee.

Many applications for new and renewed licenses must be returned for various reasons. Topics to prevent these time-consuming returns are outlined below:

- Applicants renewing online can now attach all certificates and forms electronically for efficiency. We encourage applicants to apply as early as possible so that certificates can undergo verification for contact hours and be approved in time to renew within the window.
- Licensees who are applying for name change, reclassification, or citizenship updates must fill out the first page of the application document online or on paper. Name change applicants should attach copies of their marriage/divorce certificates and/or a legal document that validates the name change. To change/update email addresses, residential address and phone numbers, an Information Update Form is available on the website that can be faxed or emailed into the Office.

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- If a paper application is mailed, make sure it is the latest form printed from the Office of EMS website. If the form is an outdated version the application will be returned to the sender. Please sign all documents at the bottom (as specified). Mail the original application form with your signatures (keep a copy of it) but mail COPIES of documents such as naturalization paperwork, birth certifications etc. Our Office is not prepared to manage important original documents as all paperwork is eventually destroyed.
- Online applications require electronic payment to initiate processing. If mailing your application, please be sure to include your fee in check or money order with the application form. We are experiencing an increasing number of mailed applications that do not have the fee included in the envelope.
- Please be sure to completely fill out your checks and money orders and include the name of the licensee on money orders and on checks if not already printed on the check. This ensures that the fee document is attributed to the appropriate application.
- We will no longer accept your driver license (even with the star) or the non-driver identification card for proof of citizenship documentation. You will need to send in copies of your birth certificate, passport, and other documents that are listed on our website. Review the documents demonstrating U.S citizenship for citizens (List A) and documents for qualified alien status (List B) that are attached to the individual application form on the website.
- You are responsible for including a current email address on your application form. Your email should stay current or changes in email should be directed to the Office. Email is the method that the Alabama Office of EMS will communicate with you concerning your license.

Thank you for the services you provide to our communities as an Alabama licensed EMS Provider. I hope this information will help your license cycle move more smoothly and help to alleviate unnecessary wastes of time through returned application packages.

EDUCATION AND PROVIDER SERVICES UPDATE

Christopher Hutto, MBA, NRP

Education and Provider Services Coordinator



Education:

All EMS education programs are in the midst of re-accreditation through the OEMS. If a program is currently CoAEMSP accredited or has a CoAEMSP Letter of Review, they automatically receive an OEMS accreditation. All other programs must go through a formal site visit process. EMS classes that are not being conducted by stand alone schools, receive class approvals from regional offices who have also received OEMS accreditation.

As always, please don't wait until the sun is setting on your license and you have to frantically seek continuing education classes. Standalone schools and regional offices offer courses year-round. It is much easier to do them at your leisure between renewal cycles. Be sure to get a certificate of completion for each con. ed. Class with a CAPCE, Regional, or OEMS approval number on it. Signing a dated course roster is another great way to prove class attendance.

Provider Services:

Service license renewal season ended on 6/30/2025. For those of you who renewed online, we hope you found the application easier and more user friendly. If so, please feel free to contact us and let us know. Your honest feedback is welcome. Insightful suggestions can assist us with improving the process each year.

Any license not renewed is considered expired, therefore must cease and desist to provide ALS and/or patient transportation related services. If your service has not renewed your license, and intent to provide these services, please contact the OEMS.

TOPICS ON TRAUMA & CARES

Sara Matthews, RN
Acute Health Systems - Trauma Registrar, CARES Coordinator
Consider Participating in the CARES Program



Did you know that **EMS-treated out-of-hospital cardiac arrest** (OHCA) affects more than 250,000 Americans each year and is the third leading cause of disability adjusted life years (DALYS) in the United States, following cardiovascular disease and back pain? Typically, one in ten patients survive to hospital discharge, with 80% having no or moderate neurological disability.

https://mycares.net/sitepages/uploads/2025/2024_flipbook/index.html?page=1

The **Cardiac Arrest Registry to Enhance Survival** (CARES) is a collaborative effort of the Centers for Disease Control and Prevention (CDC) and Emory University, Woodruff Health Sciences. The ultimate goal of CARES is to improve survival from sudden cardiac death.

CARES can make a difference. CARES helps communities measure performance and identify how to improve cardiac arrest survival rates.

- Join a network of communities working together to increase survival from sudden cardiac arrest.
- Compare your community to local, state, and national performance and discover ways to improve your emergency medical system's response to cardiac arrest.
- Use simple, HIPAA-compliant, web-based software to link EMS and hospital data.
- Access multiple real-time reporting features, including charts, graphs, and tables for use in reports, presentations, and more.

If you are you the sole transporting provider within your defined boundary, then you can participate.

For more information, visit <https://mycares.net> or contact Sara.Matthews@adph.state.al.us.

The 2024 National Report Summary can be found here:

<https://www.alabamapublichealth.gov/aths/assets/cares.20250516.metrics.summary.pdf>.

COMPLIANCE NOTES - FOCUS ON LICENSED SERVICES

Trey Rogers, NRP
Compliance Specialist

Mud Tavern Volunteer Fire Rescue

This quarter I want to highlight the Mud Tavern Volunteer Fire Rescue and recognize their professionalism and efficiency.

On the occasion of the department's 50th anniversary, Chief Richard Ennis had this to say:

Mud Tavern is a small, close-knit community on the outskirts of Decatur in Morgan County. Our name has deep roots: dating back to at least the early 1800s, "Mud Tavern" was originally the name of a creek located along the old wagon trail between Decatur and Moulton. At the base of this creek stood a rustic tavern, where travelers would stop to rest, water their horses, and socialize. The muddy ground surrounding the tavern became a defining feature — and so, the name *Mud Tavern* was born.

This year, Mud Tavern Volunteer Fire Rescue is proud to celebrate 50 years of dedicated service. Covering 13 square miles, we've provided Basic Life Support (BLS) services since the early 1980s and Advanced Life Support (ALS) non-transport services since 2008. Our earliest known records trace back to a meeting in January 1975, when funding was scarce and founding members paid monthly dues to purchase essential equipment. With support from the Alabama Forestry Commission, our first fire truck — a surplus deuce and a half — marked the beginning of something greater. We officially incorporated in 1983, and we've continued to grow ever since.

Today, our department operates out of two stations, with a response fleet that includes four engines, a quick-response EMS vehicle, and a light rescue unit. We are currently outfitting a new brush truck and developing a Special Response Trailer for command, rehab, decontamination, and our newly launched drone program. We currently have a total of 32 members.

Our mission is simple:

"When things go wrong, we go to work."

And our guiding motto:

"For pride, not pay."

We welcome anyone interested to stay informed by joining our monthly department newsletter.

<https://mailchi.mp/b46a9ac892c7/be-winter-ready-17300223>



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Remote Area Medical (RAM)

Tabatha Ross, RN & Sara Matthews, RN
Acute Health Services

In June, Nurses from OEMS Acute Health Systems volunteered in the Remote Area Medical (RAM) event in Montgomery along with other ADPH employees. The non-profit Knoxville, Tennessee-based organization provides free healthcare services to underserved and uninsured individuals through mobile pop-up clinics around the country. In partnership with community organizations and volunteers, RAM has provided much needed medical, dental and vision care to over 977,000 individuals since 1985.

According to ADPH, Alabamians have identified access to healthcare as one of the most important health concerns in Alabama (<https://www.alabamapublichealth.gov/healthrankings/access-to-care.html>). The inability to afford insurance, lack of coverage due to high deductibles or co-pays, living in remote or underserved communities, and lack of transportation are all barriers to accessing healthcare in Alabama. For example, the percentage of people without health insurance in Alabama is 17.5%, which is higher than the national average of 13.6%, and over 40% of the population in Alabama is rural (<https://www.alabamapublichealth.gov/ruralhealth/at-a-glance.html>).

RAM relies heavily on volunteers to serve those in need. Since patients can receive services such as dental cleanings and fillings, vision exams and eyeglasses, as well as specialty medical services like podiatry and women's health, there is a wide opportunity of ways healthcare professionals can serve. Paramedics and nurses can serve by helping with the triage process. Perhaps RAM and people who choose the healthcare profession share a common mission: to prevent pain and alleviate suffering while incorporating compassion, respect, and integrity. Volunteering with RAM puts us on the front lines of doing what we are called to do. Together we can make a difference.

For more information or to learn how to volunteer, visit <https://www.ramusa.org/>.



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EMS DATA & REPORTING UPDATE

Gary L. Varner, MPH, NRP / Epidemiologist Senior

Kezia M. Laster, MPH / Epidemiologist

Data Management & Analysis Section

Individual License Renewal Trends



OFFICE OF EMS
DATA MANAGEMENT & ANALYSIS

This quarter our article is not so much about NEMSIS reporting but is about the trends surrounding the EMS workforce in Alabama.

Our Section took on the task of sending out upcoming EMS license expiration warning emails about three years ago. The method used in past years was renewal notices by mail to the address listed on the license database during the licensee's previous renewal. The amount of returned mail, for various reasons, rendered the effort not cost effective. Renewal notices are now sent to the email addresses listed on the license database, and likewise a great many are subject to email bounce.

Our Office noticed that during the period of postal notification, some small proportion of licensees voiced frustration with being notified. The same has been true with email notification. As we provide the process as a courtesy, we find that response difficult to understand. We noted that one email recipient wrote "I did it for years and I just had to let it go" which seemed to emulate a message of both regret and relief. The research question concealed in this situation is what is the nature of this relationship with EMS?

Alabama Office of EMS Director Jamie Gray wrote an article in this quarter's newsletter regarding compassion and its role in EMS practice. Part of that consideration was the phenomena of "compassion fatigue". Compassion rewards itself through service to others, yet over conveyance of compassion can serve to deplete the emotional energies of the caregiver. Director Gray attributed the possibility of overwork to that compassion fatigue, which may be the most likely cause.

In the medical field the ever-increasing patient and response workload lends itself to opportunities for overtime or side-gigs. Every position on the medical chessboard seems to have that opportunity and if the provider does not decide to do it just for extra money the organization will request their extra time due to staff shortages. Overtime can be viewed like medicine; just the right amount is helpful to the organism, but an excessive amount can be toxic.

Healthcare is overworked systemically and always has been. The "average" workweek for Americans consists of 40 hours and has been so since Henry Ford set that number as a standard in his factories in 1926. Ford reduced his employee's workweek from six days to five without their losing any wages (increasing their wages by 16.67% in hourly consideration) and found that productivity was not negatively affected, and worker satisfaction was positively affected. That led to the legal institution of the U.S. 40-hour workweek in 1938 with the passing of the Fair Labor Standards Act (FLSA). The scheduling of 40 hours has traditionally been considered a fair opportunity for sleep, work, and leisure. That is falling away in these days of working online, however EMS is a different situation.

EMS workers don't "produce" so much as they "provide". Like fire and police, ours is a passive assignment situation rather than a active production of goods. The use of 24-hour shifts in EMS and fire equals approximately 48 hours of assignment time in most five-day periods without the tradition of the other two days being "off days" (weekends). The availability of two days off out of every three is probably the largest factor in EMS overwork. Generally, especially for municipal services, benefits outweigh wages and that likely contributes to the tendency to work a second job or overtime, and thus overwork. Public safety

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supervisors (and hospital supervisors) soon recognize the employees who are the “soft touch” to persuade to work overtime. Whether the reason for compliance is monetary or duty.

In an average 31-day month, there are 744 hours of life. A 40-hour employee would spend about 160 hours engaged on the timeclock. During the same period, a 24-48 employee would spend about 248 hours engaged on the timeclock. That is approximately 30% more hours. Generally, an overtime differential must be paid (depending on the situation) for hours over 40 per week. Historically the downtime on shifts or tours made the hours tolerable but response workloads for EMS are higher than they have ever been. As a result, EMS workers spend less time than ever in their station bunks. We often forget to mention EMS volunteers who must work a regular job and then respond when they are available on personal time. Increased response workloads impact their lives as well. Nothing contributes to compassion fatigue more than sleep deprivation.

America, and the world, is experiencing a “healthcare crisis”. Greater workloads, greater patient expectations, increased provider burnout, poorer outcomes associated with provider fatigue and overall, down-trending recruitment rates from convoluted and multifactorial causes. Healthcare crisis due to the systemic impacts upon every area and level of the system. The first real “rattling” of the healthcare system occurred during the pandemic years and the result was a wakeup call. The system became aware that it could no longer depend upon the status quo of its providers as we all became aware that we could no longer depend upon the status quo of society.

Gone is the era of applicants clambering to sign up or volunteer in EMS. Likewise, it seems, 24-hour grocery store and burger joint hours. But healthcare, and society, will resurge and will find a way as it always does. The only constant in life is change, and life will always find a way because true strength is measured by how well an organism, a group, a society and a system respond to change.

Humans have a natural tendency toward “negativity bias”. In evolutionary terms, our ancestors who perceived an over estimation of danger tended to survive to actually “be” our ancestors. Individuals who had adopted a “don’t worry, be happy” attitude in the primordial jungles tended to serve as nutrition for predators. Emergency medicine tends to identify the worst possible situation that the patient’s condition could be, verify or rule it out and work backwards to arrive at the actual issue that is occurring. Because of that, EMS personnel at all levels may tend to maintain a higher-than-average negativity bias.

We would encourage our readers to maintain a long-term view of life. Society is recovering from the COVID-19 pandemic and its affects. The pandemic was a problem, but all problems are by their very nature, temporary. Society continuously changes due to its fluid nature. We sometimes view life with a very narrow perspective, which tends to trigger negativity bias. Problems, patient loads, societal dynamics, political undercurrents, and other such matters all behave similarly – they surge. Just as waves land upon the shore, driven by the undercurrents of the ocean, and then recede again – likewise do the issues of life.

We encourage introspection. Concentration upon actual observation and discounting of emotional “spin” when considering the nature of EMS. Remember to take time that is needed for healing and growth. Life is resilient and things will always work out in time.