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WOMEN IN EMS: PROFILES IN PERSEVERANCE

IN A HISTORICALLY MALE-DOMINATED PROFESSION,
THESE INTREPID WOMEN ARE FORGING SIGNIFICANT
PATHS IN RESEARCH, LEADERSHIP AND ADVOCACY.

WOMEN IN EMS: PROFILES IN PERSEVERANCE

More than 87% of respondents to a 2022 industry survey of female leaders conducted by the association Women in Emergency Services (WiES) agreed with the statement that “As a woman in a male-dominated industry, I feel that I am at a disadvantage.”

The emergency medical services industry has historically been viewed as a largely male profession. Yet intrepid women have forged important paths in research, leadership and advocacy.

Here are just a few of their stories.

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PILLARS OF EMPOWERMENT

Recently launched association provides networking, mentorship, and education for women in emergency medical services

By Carol Brzozowski



WiEMS Membership Coordinator Julia Heitz (left) and Founding Advisor Amy Gnojek.

Ashley Montoya worked for an association management company managing the Emergency Medical Services Association of Colorado (EMSAC) when she and others observed a gap in helping women in EMS.

In August 2022, the association selected female leaders due to job experience and their current roles to assess whether there was a lack of support for women in emergency management, emergency response, and emergency services.

Some survey results:

- 87.5 percent agreed with the statement "As a woman in a male-dominated industry, I feel that I am at a disadvantage."
- 62.5 percent strongly agreed with the statement "There is a need for a women-focused group to provide services and support specific to the needs of women in the emergency response industry (connection, resources, mentorship)."
- 75 percent strongly agreed with the statement "I would be interested in joining an organization that provides services and support specific to the needs of women in the emergency response industry."

"It was obvious there were no resources out there to help women, so we began forming our group of founding advisors and worked on launching the association," says Montoya of

Women in Emergency Services (WiES), for which she serves as executive director.

WiES is a 501(c)3 fiscal sponsor project of the Denver-based National Trust for Nonprofits, and is focused on the empowerment and advancement of the thousands of women in emergency response and emergency management. Its focus is to create a platform for women in emergency services to provide resources needed to achieve their full potential in their careers, connect with peers, and empower others.

Four Pillars of Support

The WiES mission is to support and advance women's careers in the emergency services industry, from field providers to national leadership through four pillars:

- **Empowerment.** "We celebrate women in emergency services and create an inclusive environment for women to be their true selves. Women will grow their personal and professional networks through self-empowerment and mutual support."
- **Networking.** "By providing unique opportunities for women to connect and learn from others, they will be able to create strong and supportive networks amongst peers to gain knowledge and advance their careers."
- **Mentorship.** "Women will develop relationships to mentor and empower women in the emergency services industry. Women will feel confident to advocate for themselves and achieve excellence in their careers."
- **Education.** "Create high-quality learning opportunities for women to build successful careers in the evolving emergency services industry. These educational opportunities will focus on professional development, self-advocacy, and technical expertise."

Montoya—who had never been in EMS but has worked with associations for six years—says the job appealed to her because "we all really need to have some respect and appreciation for people who do work in emergency services. Recently, I had a family member who was in an awful accident and on life support. If they wouldn't have gotten to him [quickly] enough and done what they needed to do to stabilize him, he wouldn't have made it. These people do amazing work that sometimes it's just not thought about. Being a female leader, supporting women and making sure women have the same ability to get great jobs and be in leadership positions is also very important to me. Those two paths connected well."

Connections and Education

It remains difficult for women in male-dominated fields to "break that glass ceiling, advance in their careers and feel supported, not to mention the harassment and sexual assault—those things still very much exist," says Montoya. "These organizations are really important to support women and also to have male advocates to help be resources just as well."

The survey that led to the formation of WiES asked women in what areas they sought support. Responses focused on mentorship,

inspiration, networking, connection, personal development, empowerment, and technical or career-specific education. The four pillars, mission and vision developed from those responses.

In early 2023, WiES will develop a mentorship program to help women connect with each other and share best practices and knowledge both via virtual meetings and in-person networking opportunities. "We're also going to create educational opportunities for professional development and for those more technical job-related functions," Montoya says, adding the organization also looks to partner with larger associations, events and conferences, and host in-person networking receptions so the membership base, supporters and sponsors can connect.

"Coming out of the COVID age, I think networking is so important," says Montoya. "People find networking is the way they best advance themselves in their careers and make connections."

Montoya adds the survey results aligned with what she'd been hearing while networking with others in EMS and "were foundational and trended the way that we thought they would. Hearing women's stories and then finding a way to help them is really what was exciting through this process."

Long-overdue Initiative

Scott A. Moore, Esq., an employment lawyer/human resources consultant working with EMS and public safety organizations, is a certified EMT and has worked since 1990 in private and public safety-based EMS organizations.

Moore decided to become a WiES founding advisor because he recognized a lack of diversity in EMS field providers and leadership throughout his career.

 **These organizations are important to support women and to have male advocates to help be resources just as well.**

—Ashley Montoya, executive director,
Women in Emergency Services (WiES)

"This is an organization and an initiative that is long overdue," he notes. "It is a critical step in the evolution of EMS as a profession. For nearly 16 years, I worked for a Massachusetts fire department that I believe had the second female fire chief in the state's history. Through her leadership, our department and profession have made significant strides in both the services we offer, but also in inclusiveness."

EMS must take affirmative steps to promote women in the field and in leadership roles in particular, Moore adds. "EMS has historically been overrepresented by men. Our workforce and EMS

agencies should more meaningfully represent the population we serve. This will allow us to better care for the communities and the patients who rely on our services."

Another WIES founding advisor is Michelle Anderson, Lakes Region EMS director of administration in North Branch, MN, where she was hired as an EMT-B in 2008. She worked in the field for six years, transitioned into the education and community outreach manager position in 2015, and was promoted to her current position two and a half years later.

FIRST WOMAN NYC EMS CHIEF TO RETIRE AFTER THREE-DECADE CAREER

The first woman to lead New York's cadre of emergency medical technicians and paramedics is calling it a career.

Lillian Bonsignore—who is also the first openly gay leader of the city's EMS service—has had a three-decade run as a front line first responder.

Assigned to the four-star post in May 2019, Bonsignore, 53, led the city's 4,640 EMS members during the COVID pandemic, unrest over the murder of George Floyd and the death of EMS Lt. Alison Russo, who was viciously stabbed by a deranged man while on duty outside her Queens EMS station in late September.

"We also had a flood and a couple of storms in there too," Bonsignore recalled. "When I signed on, no one told me we would have a world-wide pandemic that would shut the city down."

"As first responders do, particularly EMS, we put our best foot forward and took care of a very sick and needy city in one of the darkest times I remember in the course of my career," she said. "I'm so proud of the work they have done."

In 1991, Bonsignore was a single mom trying to overcome her hardscrabble Bronx childhood when her pediatrician encouraged her to become an EMT.

After joining EMS, Bonsignore worked her way up the FDNY ladder, earning respect and accolades from colleagues across the decades. She was chief of EMS training when former Fire Commissioner Daniel Nigro tapped her for EMS' top spot.

Her last day on the job will be Dec. 30. FDNY Commissioner Laura Kavanagh hasn't named Bonsignore's replacement.

Bonsignore's potential successors include EMS chief of training Cesar Escobar and Deputy Assistant Chief Michael Fields, said a source familiar with the matter.

"Chief Bonsignore has guided the country's busiest EMS system through some of our darkest days, including when NYC became the epicenter of the COVID-19 pandemic," Kavanagh said Wednesday. "She has broken multiple glass ceilings in her career....She has opened the door for so

many great leaders to follow."

During her tenure, Bonsignore spearheaded efforts to improve communications and technology for rank-and-file first responders. She also cleared the way for city ambulances to be equipped with motorized power stretchers that can self-lift and lower.

"It may not seem like a lot, but we saved a generation of back, neck and shoulder injuries," Bonsignore said.

She's also credited with making structural changes to the EMS hierarchy and increased the number of chiefs in the department, which were in short supply.

"It was really something that needed to happen," she said. "My theory is to do things people will forget about. If you do it well enough, it will become institutionalized."

Bonsignore said she had "a thousand more things" she wishes she could accomplish before retiring and hopes her successor continues the push for better safety measures and decrease the sizable pay gap between EMS and other first responders so EMTs and paramedics "are able to support themselves and not work multiple jobs."

"It's a young profession compared to other first responder jobs," she said of EMS. "We have to continue to grow so people in our society realize we're not just a group of ambulance drivers. We're highly trained medical professionals that can bring emergency room training to your bedside."

Bonsignore says she's still friends with the pediatrician who encouraged her to apply for EMS.

"Now I get to talk to her about retiring," she joked.

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Anderson is passionate about helping women advance in all aspects of life. “When I was asked to be a (WiES) founding advisor, I excitedly accepted,” she says. “Who doesn’t want to help other women grow and flourish? Having gone through the journey myself, I found I needed support and connection with other leaders in EMS—male and female. A good balance is important in the workplace, as there is a vast wealth of knowledge in both areas.”

As she continued to grow in her leadership, Anderson found she needed to connect deeper with women, “knowing they can help me see my blind spots in a different light. Their guidance and mentorship were pivotal to my success in this role. Not all women are afforded these same opportunities in their career. That is why it is so important to connect women with women in this way. It creates a synergy that drives change and forward progression.”

Networking and Support

Anderson notes the networks of men and women dedicated to the advancement of women in EMS “are necessary for our growth both personally and professionally. The only way we are going to have outstanding female leaders into the future is to come alongside and create space for them to receive the support needed to grow and thrive.”

WiES plays an essential part not only in offering women the space to network, but also be mentored, mentor other women, and educate women seeking to advance in EMS in a way not previously available, explains Anderson.

Founding advisor Andrea S. Abbas, MS, NRP, IC, CP-C, owner and author of *The EMS Professional*—an education, training and consulting company—began her EMS career in 2000 as a licensed practicing paramedic with the intention of gaining experience as a clinician before applying to medical school.

“Once I became employed with an EMS agency, I became fascinated with the business model,” she notes. “I found myself asking curious questions around why we ran our EMS services the way we did. This led me into my first EMS leadership role and I never looked back. I continue to enjoy challenging EMS operational constructs and culture while advocating for EMS as a career for young professionals.”

Abbas says she is honored to serve as a WiES founding advisor.

“As a woman in EMS, having a network of strong supportive professionals early in my career would have been so valuable,” she says. “WiES is providing a platform to support and elevate the EMS profession. My hope is to create a strong sense of community side-by-side with our members while offering the tools and resources needed to thrive in our industry.”

Never Finished

Martha Peribonio is executive director of the National Association of Mobile Integrated Healthcare Providers, a nonprofit that brings together MIH providers nationwide.


“I am closely tied to EMS because so many of the clinicians in mobile integrated health care come from the EMS industry, mainly community paramedics,” says Peribonio. “When I heard about WiES

and its pillars of empowerment, networking, mentorship, and education, I knew I had to become a part of this organization because these are things I am so passionate about and firmly believe in. I would not be where I am today without principles. My philosophy is that we have never ‘arrived’ or ‘finished’—we are all a work in progress and should always keep growing and advancing to the next level.”

That can only be accomplished through the WiES four pillars, Peribonio adds.

“I know that I have much to contribute to someone who may be in an earlier stage of their career and life than I am, but I also know that I still have much to continue learning from others who are further ahead than myself,” says Peribonio, adding that she believes WiES will be a game-changer for the EMS industry and related industries.

As of mid-December 2022, membership at WiES stood at 46 members following its formal October launch. Those interested can join online at womeninemergencyservices.org at a \$65 rate for individuals, \$30 for students and \$10 for retired EMS workers. The group is seeking to partner with associations, corporations, and government entities to drive its initiative for the industry and its organizations to find and retain much-needed female talent.

 **As a woman in EMS, having a network of strong supportive professionals early in my career would have been so valuable.”**

*—Andrea Abbas,
Founding Advisor, WiES*

TEXAS PARAMEDIC ON A MISSION TO HALT OVERDOSE DEATHS

In response to personal loss, Callie Crow conducts trainings on injectable naloxone

By James Careless

In June 2020, Fort Worth, TX paramedic Callie Crow lost her son Drew to an opioid overdose.

“He was almost 27 years old, married, and studying political journalism at the University of North Texas in Denton,” she told *EMS World*. “He was tall and big and whenever he was around people, they were drawn to him. But he had been addicted to opioids for at least 10 years, which was really difficult for me in lots of ways, but even more so because I’ve never done a drug in my life and I don’t drink.”

Lifelong Struggle

Drew Crow had tried everything to quit. “He went through rehab, detox, therapy, cold turkey—everything,” said Callie. But Drew overdosed one night while at home with his wife, who thought her husband was merely asleep on their bed. “Then she began to hear and see those classic signs of an opioid overdose—not responding to her, sweating profusely, gurgling and snoring,” said Callie.

Drew’s wife called 9-1-1 and a police officer was first to the scene with Narcan on his belt, but according to Callie he did

not administer it to Drew for some reason. There was a box of Narcan on the nightstand, but his wife didn’t know what it was, so it was no help.

“When the officer first got there, Drew was actually still breathing and still had a pulse,” said Callie said. “But by the time EMS got there, he was in cardiac arrest. They were able to get him back and he lived for 36 hours in the ICU before dying one week from his 27th birthday.”

Callie stayed by her son’s bedside during his last hours in the ICU, trying to fathom the horror of it all.

After overcoming personal tragedy, paramedic Callie Crow conducts opioid overdose treatment training to first responders through her charitable organization Drew’s 27 Chains.





"This was right in the middle of COVID, so it was not an easy task to even be up there," she recalled.

"I decided to make sure that no other family has to experience what we have in the loss of Drew," she said. "So I now spend my time educating first responders, law enforcement, volunteer fire departments and anyone else who wants to help in how to recognize opioid overdoses. We talk a little bit about addiction, and then I supply them with naloxone in order for them to be able to help others."

36 Lives Saved and Counting

Crow conducts opioid overdose treatment training through her charitable organization Drew's 27 Chains. Based on the messages her students send, Crow is able to keep a tally of the people they've saved from opioid overdoses.

"An 18-year-old has a second chance today thanks to a local volunteer fire department inviting Drew's 27 Chains for training and a supply of naloxone," says a Sept. 29, 2022 post marking the 36th save. "Thank you guys for your hard work and compassion! You rocked it!"

Crow stresses the need for this knowledge among her peers in EMS.

"I think a lot of the time in EMS and the first responder world, we make a lot of assumptions about what people know and understand," she said. "We get new



things all the time, and a lot of times we get handed that stuff and they're like, 'Hey, you know how to use this, right?' And everybody goes, 'Yeah'. Or we get sat down in front of a computer or watch a five-minute video while we're playing on our phone, and then we answer those two test questions at the end 10 times so that we pass and then we move on."

A Lifesaving Break

Callie's lifesaving training ground to a halt in January 2022. "For years, Crow and her charity, Drew's 27 Chains, have depended on a federally funded state program run out of the UT Health San Antonio School of Nursing for free Narcan," stated an August 3, 2022 article in the *Texas Tribune*. "But in January, the program ran out of money for the fiscal year, which began in September."

Fortunately, Crow caught a break. The

pharmaceutical company US WorldMeds, which makes FDA-approved ZIMHI syringes pre-loaded with 5 mg/0.5 mL of naloxone, stepped up to supply Drew's 27 Chains with free samples to provide to her students. As a result she's been able to resume her training while helping others save lives.

Newer FDA-approved formulations of naloxone deliver a higher dose directly injected into the leg muscle.

"This product delivers a higher dose of naloxone, plus it is injected into the leg muscle," Crow said of ZIMHI. "The problem with the current nasally delivered version is that a lot of times an unconscious overdose patient has some kind of secretions in their nose, whether it be vomit or just mucus. So when you go and spray some-

thing up their nose, these blockages keep the medication from entering into their tissues. Whereas ZIMHI is injected directly into their leg muscle and ultimately into the bloodstream, so you can count on it getting into their system."

Crow adds that ZIMHI's higher dosage level means it works not only faster, but longer.

Crow continues to train first responders on the detection and fast treatment of opioid overdoses.

"My purpose is just getting the word out there and letting people know that 'hey, this is super easy, and you can teach it even if you're not a teacher,'" she said. "Just getting information out there and letting people know that they could truly make a difference."

For more information on Drew's 27 Chains, e-mail drews27chains@gmail.com

TERESA GRAY: PARAMEDIC AND HUMANITARIAN

Founder of Mobile Medics International named CNN 'Hero of the Year'

By Carol Brzozowski

“One person with a vision can change thousands of lives,” notes Sen. Dan Sullivan (R-AK) of paramedic and nurse Teresa Gray in honoring her as “Alaskan of the Week” in April 2022. Several months later, Gray would be named a 2022 CNN Top 10 Hero of the Year.

Gray is founder and executive director of Mobile Medics International (MMI), a global humanitarian organization based in Anchorage.

“We specialize in disaster response, humanitarian aid such as a refugee crisis, and medical self-sustainability,” Gray tells EMS World. “We are 100% donation-funded and volunteer-based. We respond internationally and domestically and have gone to every major hurricane in the United States in the last six years.”

'Gap' Medicine

After moving to Alaska from Michigan, Gray was an instructor at the state's only paramedic school. She bought the school within six months, created two additional schools in Fairbanks and Wasilla, and then sold them eight years later to the University of Alaska. She has served as a LifeMed flight medic, Alaskan National Guard medical trainer, and volunteer with the Anchorage Fire Department.

One day, Gray saw a news segment showing a three-year-old Syrian refugee face-down in the water on the beach of the Greek island of Lesbos.

“She thought, ‘Why isn’t anybody doing anything about this?’” notes Sullivan. “She volunteered for an Irish medical nonprofit, which took her to Greece and to other places across the globe. There are a great many medical nonprofits, but the general model is the doctors and other medical professionals arrive at a place, set up shop, and people in need of care come to them.”

Gray says she started MMI based on international and domestic humanitarian crises and disaster gaps. “I did not want to reinvent the wheel, and tried to find an organization that did what I saw as a need but couldn’t find one, so I started one,” she says. “The need for small, mobile teams that can carry equipment and supplies in backpacks and reach places without road access was an identified need.”

Gray issued a call on social media and before long, MMI was launched in March 2017.

“We do ‘gap’ medicine,” she says. “We go in early and do basic and emergent healthcare until bigger players can mobilize and show up.”



The typical duration of a stay is 10–14 days for most participants.

“We specialize in going very remote and finding people who can’t or won’t come to bigger cities for help,” says Gray. “We often end up hours away from the nearest airport. Transportation back and forth is difficult. Our teams are small; each member has a very critical part to play for the duration of the trip.”

In choosing missions, while there are areas with significant weather-related events or an influx of refugees, “we don’t go unless the medical infrastructure is nonfunctioning or overwhelmed,” Gray says. “We are only in until medical infrastructure can take back over





Mobile Medics teams usually consist of 4–8 people who carry all their equipment—food, water and sleeping accommodations—in an “ambulance in a backpack.” They have completed more than 30 missions to date. (Photos: Teresa Gray)



or other larger organizations have showed up to take over long-term care.”

Once Gray has decided to deploy a mission, she posts the location and dates on the WhatsApp volunteer group. Those available indicate their interest. Gray picks a team based on need and size. Those with current licenses and passports can stay on the roster indefinitely, going on missions as their circumstances allow.

“We take EMT through MD. We are one of the few NGOs that not only take EMTs but actively use them in our health care model as providers,” says Gray.



Hand-Picked Team

MMI has completed more than 30 missions, from supporting refugee communities and training search and rescue groups in Romania and Ukraine to domestic responses such as partnering with World Kitchen to provide assistance in Florida following Hurricane Ian. MMI is always recruiting volunteers, with the current volunteer base representing every continent but Australia and Antarctica, says Gray of the 100 volunteers.

“I never send a team out that is 100% all new people,” says Gray, adding she always sends out an experienced person as team leader.

Gray interviews volunteers on the basis of personality, adding there is no way to assess how medical abilities and expertise in the field or in a hospital translates to a jungle hut, for example. Instead, she looks for an understanding of the role, adaptability, and a willingness to endure weather and personal hardships.

“I look for [whether] we want to share a tent with you. If you are OK with no bathrooms, running water or showering for days at a time. If you understand you will have to do medicine without

any diagnostic equipment available, and that there is no set schedule,” Gray says.

On missions, the team sees everyone who shows up, which sometimes makes for long days. Volunteers undergo a background check for current and past status; monthly updates ensure no status changes. Licenses are checked for sanctions or disciplinary actions.

“We are diligent in checking references and social media to ensure your ideals and values align with ours,” Gray says, adding that the nature of the work with vulnerable people from throughout the world means that discrimination on any level is not tolerated. “We are 100 percent non-religious in our approach and do not allow the sharing of religious ideals to patients on missions. We believe basic health care is a human right. No conditions should be placed on it, including asking about or sharing religious affiliations. Our teams consist of religions from around the world. It makes for some fascinating fireside conversations.”

What the Work is Like

MMI has a flight partner and a supply partner, and medications are purchased from a pharmacy that sells medicines to medical NGOs at cost. MMI provides team members food, lodging and transportation during the mission with an effort to keep out-of-pocket costs for volunteers to a minimum—usually is less than \$200 for personal travel-related expenses.

Gray’s teams usually consist of 4–8 people who carry all their equipment—food, water and sleeping accommodations—in what she calls an “ambulance in a backpack.” They’ve taken horses, motorcycles, boats, and goat trucks and have walked miles to reach places that have no roads or roads washed out by weather.

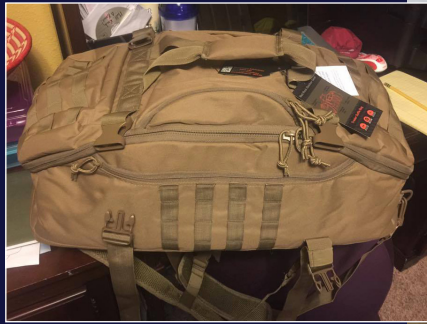
“We do not set up stationary clinics; we make house calls,” says Gray. “We will sometimes set up a temporary clinic in a village or town for the day, and then move on to the next area.”

MMI helps those needing more extensive care to get to a medical facility, sometimes located in another part of the country. For non-disaster related events, the biggest need is basic health care and medication access. MMI has an education/medical self-sustainability program.

“It’s usually a five-year commitment. We provide yearly/biyearly health care to an area but also identify locals willing to be health aids to their community,” says Gray. “We provide them training, mentorship, supplies, equipment and medications to run small clinics and deal with emergent needs for their communities.”

The training is conducted in conjunction with and the permission of local health authorities.

"We link them up with local health care providers as in-country mentors to ensure continuity of care," says Gray. "We do not believe in making a community dependent on outside help for basic health care. We educate them to provide it themselves, over time."



Worker Well-Being

Taking care of herself against the backdrop of such overwhelming work can be challenging, Gray notes. Compartmentalization is the worst that can happen.

"Seasoned medics who think that, after all they have seen, can handle this level of emotional trauma and to do any less than brush it off is unprofessional," she adds. "To that end, we do nightly debriefings on mission. We create a super-safe place to express feelings in the moment. We openly share ours. We check in with each other daily, not only emotionally but physically. Are you peeing enough? What color is it? Drink more water, eat more. We tell our volunteers we will be all up in your business and expect all of you to be looking out for each other."

One interview question is, *How would we know you are struggling?* "That way we have insight before the mission on if you get quiet, if you get withdrawn, if you'll speak up," says Gray. "I personally call each volunteer about two weeks after a mission



The idea behind MMI is based on international and domestic humanitarian crises and disaster gaps.

and check in with them. I ask about their experience and physical and emotional well-being. I also send out a post-mission survey."

MMI team members also have access to a staff psychologist available to them confidentially 24/7, 365 days a week.

"I recognize that often times my volunteers have the heart and talent for this work, but underestimate the emotional impact of seeing an entire community wiped out, people fleeing war and being housed in a foreign country in camps that literally are not fit for animals or basic health issues not being met that result in death that do not occur in their First World countries," Gray says. "Ear infections that result in deafness, tooth abscesses that result in sepsis and death, complicated childbirths that kill mother and baby. The list goes on and on."

REMLE CROWE RECEIVES NATIONAL AWARD AT EMS WORLD EXPO 2022

ESO, a leading data and software company serving EMS, fire departments, hospitals, state/provincial and national agencies, announced Oct. 13, 2022, that Remle Crowe, director of clinical and operational research at ESO, received the Power of One award at EMS World Expo.

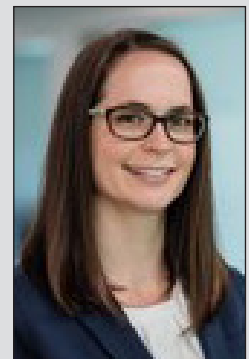
"Sometimes someone comes along who selflessly supports others and stratospherically springboards science in the EMS profession," said Dave Page, director of the Prehospital Care Research Forum at UCLA. "Dr. Crowe has studied EMS from strokes to stress and everything in between. More importantly, just in the past two years, she has helped the EMS community produce more than 50 research abstracts, never looking for the spotlight and supporting new researchers to advance EMS with science."

The Power of One award focuses on the little things someone does each day that has the power to affect a great many people. The individual inspires us with a will-

ingness and ability to help others. The individual takes on the world, one day at a time, continuously searching for a way to make things better, seizing the opportunity to improve everyday life.

"The results of Remle's collaborative leadership style are truly extraordinary," said Brent Myers, chief medical officer for ESO. "Her attention to our research efforts has elevated the importance of data and data-driven rigor to a national and international level. This is the type of work that changes an entire profession while improving the health and safety of communities."

To see more of the work Crowe and her research colleagues contribute to the public health and safety dialogue, visit www.eso.com/data-and-research



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Based on quarterly third-party market share data, Q2 2022. Priority and Preemption services are available on 5G Nationwide, but not on 5G Ultra Wideband (5G UW). In the unlikely event the 5G UW network is congested, eligible users' communications fall back to 4G LTE for Priority and Preemption.