

Like most EMS providers who are around my age, my earliest exposure to Emergency Medical Services was in the early-to-mid 1970s. Every day after school I would race into the house and click on the TV to watch two Los Angeles County Fire Fighter Paramedics race to the scene of emergency after emergency during the series "Emergency!". Even then as a kid I was enthralled with the excitement and adventure of such a job, but I was equally drawn to the camaraderie of Johnny & Roy, Chet Kelly, the Captain, and Doctors Kelly Bracket, Joe Early, and, of course, Dixie. I'll never forget the series finale' and wondering "what am I gonna do now?!".

Fortunately for me, around the same time I found another series that drew my thoughts to action and adventure, while helping those who were in need. I wasn't much of a "reader" when I was a kid, so I would find myself lost in a good TV series and the stories that were taking place in front of me visually. MASH was my next obsession. I can remember every Monday night begging my parents to stay up just half an hour past my 9pm bedtime so I could watch the show. Again I found myself as drawn to the fun and friendships that were forged by adversity and working alongside ones brothers and sisters during horrific scenarios as I was drawn to the concept of medical helicopters and "meatball surgery" in the middle of a war. I can still remember the depression that I went into after the 1983 series finale' that even Wellbutrin wouldn't have helped. Thank God for syndication and re-runs!

Anyway, my interest in "EMS", for lack of a better term back then, didn't end with MASH's series finale, but I never had any real plans to actually ever get into it. That was until after graduating from High School in the late 1980s. I was attending college when I went to pick my sister up at one of her friends' house. While I was waiting for her, I got to talking to her parents who I knew from the community (I grew up in a pretty rural, close-knit community where everybody knew everybody). Both of them were active in the local volunteer ambulance company, and were actually founding members having worked with other folks in the community to build it from the ground, up. In the chit-chat that takes place while waiting for ones' sister, they expressed their concern for their service, saying that it was really hard to find people willing to volunteer their time, etc. They were baiting the hook, and I knew it. I tried to explain that my school schedule was pretty heavy and I just didn't know if I could do it with the study time that was required. There was no way I could go to college full time, work my part-time job, volunteer with the ambulance company and attend training for EMT school on top of all that. (In all honesty, I didn't think I could handle the blood and puke!) They weren't giving up that easily. They explained that there are "a lot of different jobs that can be done" and not all of them required additional schooling. "You can 'just drive' (a term I hate to this day is ambulance driver)". Being brought up believing you should always leave something in a better condition than how you found it (not to mention their Jerry Lewis-quality sales pitch!), I agreed to sign on to "just drive". Hook, line, and sinker, they had me.

For several months I was happy to "just drive". I would cover shifts at the ambulance station during the afternoons when I didn't have class and would

utilize the quiet days to study. Perfect. I was going to school, staying busy, staying out of trouble, and I was serving the community where I had grown up (in retrospect, it was the community where I was still growing up!). Then came "The Squad". You see, for a small volunteer organization we were equipped at the Advanced Life Support level and had a healthy complement of all-volunteer paramedics. For a service that handled only about 800 calls a year, we proudly boasted eight paramedics; the most of any volunteer organization in our County. There were, however, times when all of those paramedics were at their full-time jobs and simply not available. In the early 1990s, the local community hospital, located about 20 miles north of my hometown, started an ALS Interceptor Service in an effort to assist the county's all-volunteer, and mostly all BLS EMS system. This community hospital, ironically, was also in the same town where I went to college. The wheels in my head were already spinning calculating all the possibilities.

My first exposure to "the squad" was one night when, of course, all of our paramedics were not available and my EMT (named Harold) and I responded to the local assisted-living home for a female patient with a GI Bleed. And oh boy, did she! If you aren't in EMS yet and are reading this trying to decide whether or not you should get involved, this part of the story falls under the category "never say I didn't tell you so". You see, most of your really really sick patients have this "walk towards the light" moment immediately prior to calling for help. The only problem with this epiphany is that "the light" that they are walking towards is ALWAYS in the bathroom on the third floor attic. Such was the case that night. Harold and I show up and climb the three flights of steps to our patient (yes, you read it correctly, no elevators in this old mansion converted to a personal care home...another axiom you will find to be all-too-true!). Harold was a great guy. Salt of the Earth. Bend over backwards for you and give you the last dime out of his pocket. Harold didn't handle the pressure of being in charge in a bad situation very well though. As fast as we ran into the room, he ran out. (I'm getting to "The Squad" part of the story, honest.)

Ran out of the room, and ran out FAST Harold did. "I'm calling for the Squad!! I'll be right back!" I had my doubts I would see Harold again that night, but I was hopeful. Longer story, short, the home employed a couple guys who were desperately trying to be helpful, but again in my naiveté thought it was because they actually wanted to HELP. Now I know; they just didn't want what was about to happen to happen in their house! We were getting this poor sicker-than-snot patient down to the ground floor carrying her step-by-step in the Reeves stretcher just as Harold was wrestling the stretcher into the lobby alone. That sight alone is one that I will never forget, but the subject for another story.

We literally threw this poor soul in the back of our ambulance and "hauled ass" for the hospital. "The Squad is enroute!!" yelled Harold as we started north towards the hospital and our interceptor unit. Now, back in those days, there were still a few ambulances out there with gasoline engines. Those of you how have driven both gasoline and the early generation diesels know what I mean when I describe it as the difference between a Honda and a Ferrari. Fortunately, we were in the Ferrari that night. A mere 10 minutes into our trip north, I could make out the light bar of The Squad off in the distance coming towards us.

Actually seeing Santa's sleigh loaded with every present you ever hoped for as a kid landing on our rooftop couldn't have been as cool as seeing this vehicle pulling in next to our ambulance. Johnny and Roy would have been green with jealousy. I was yellow with envy. Their truck was way cooler than mine. Watching these "professional paramedics" (and to think, I could almost reach out and touch them!) was awesome. Way better than Johnny and Roy, and it was happening right in front of me. Mere mortals were able to do this?! The line attached to that hook in my mouth was getting tugged, and I could feel it. I was walking towards the light.

Within the next three or four months, I was finishing EMT school and had already been offered a job with that same "Squad Service" that had by now expanded to a full ambulance service. My first day on the job as a "professional" EMT for a paid service was one of the coolest days of my life. Here I was, "just an ambulance driver" now getting paid to work on a two-man crew, covering the lives of thousands of people in this small college-town community. When our ambulance went through town, people took notice. We were the big-dogs on the block because that town had never had a paid service before. We were new, we were visible, and I was loving life.

A year or so later I had completed paramedic school and now had the orange letters designating me as "Paramedic" on my patch. Johnny and Roy didn't have a patch that cool. How could it get any better?! I was getting paid, plus volunteering, gaining a lot of experience, and learning my way around the back of an ambulance pretty well, thank you very much. But more than that, I was making friends and having fun. A lot of fun. I honestly didn't know how much more fun a job could be.

As if things weren't busy enough, I took a part time job at the County's 911 Center. I figured it would be neat to work on "that side" of the system as well. Overwhelming doesn't even come close to describing how that job felt at first. As a paramedic you can devote 100% of your energy and attention to a given patient, usually one at a time. At a 911 Center, you sometimes have 8 or 10 people yelling at you on the radio, the phone ringing, and they all expect 100% of your attention. There were some growing pains, but I eventually got the hang of it and actually loved it. That Type A personality trait of liking the "be in control" made me feel like I was the flight commander at Mission Control Houston sometimes. It was a blast.

For as cool as "The Squad" was in my early days, something even more compelling was introduced to me fairly early on in my career: a helicopter. Now granted, it wasn't the Bell Helicopter we saw on MASH. These helicopters actually transported the patients inside and there were nurses and paramedics who took care of the patients while going to the trauma center. Now THAT would be fun!! But, living in a rural area of Western Pennsylvania, the thought of actually working for one of those programs seemed so far out of reach. After all, I was putting down roots working for a company that I loved, and loved the people I was working with, so I had resolved to just to the best I could there, advance maybe into a supervisory slot someday and enjoy what was clearly becoming my career choice. I was being reeled into the boat!

As the years went by, I found myself moving up the ranks in EMS and getting involved in system improvement, training, and overall operations. I was finding out that being in “The Squad” was good, but there were so many other areas of EMS that would allow me to use my education as well as keeping my foot in the door clinically. I worked as the Training Coordinator for my first professional service, then was enticed to move onto “bigger and better” things. Over the next few years I worked for two of the Commonwealth’s Regional EMS Councils and began getting exposed to the PEHSC and their function within the Commonwealth EMS System. I was still running as a paramedic during my increasingly sparse free time, but my “need for speed” was being met and I felt like I was making a difference within the region where I worked, so life was good.

Then my sister called. It was early February of 1995. My life had settled into a nice routine. I was working for a Regional EMS Council, nice regular hours, predictable schedule, home every night in my own bed, and my wife and I were expecting our first child. Why in the world would I make a change? “Did you hear STAT MedEvac is putting a ship in at Clarion?” was how the phone call started. The internet was still in its infancy then, so trying to find information on how to apply, who to send your resume to, and all that seemed to take forever, but when you have the drive, it’s amazing what you can find out. I worked for hours polishing up my resume. It was like a small sales brochure when I was done with it. I was working hard at selling myself for what I knew could be the job opportunity of a lifetime. If “The Squad” was cool to work on, then how mind-numbingly awesome would flying on a medical helicopter be?! I hope I don’t get air sick!! My brain was spinning with the possibilities. My phone rang later in February, weeks after I had sent my resume in to the Chief Flight Nurse for STAT MedEvac. Being raised in a small community with only rural-based EMS experience, I never imagined my qualifications would be enough to get hired. Two days after my interview I got the phone call and was offered a job as a Flight Paramedic at the new STAT MedEvac base in Clarion, PA. The net was being lowered under me now to pull me in.

That was almost fourteen years ago. After I started flying for STAT MedEvac, I left the Regional EMS Council Office where I worked and took a full time job as the Director of Operations for the ground service where I got my feet wet and spent nearly five years in that position, but still flew evenings and weekends. During my tenure as the Director for my service, we experienced unprecedented growth, initiated new community-relations programs, and refocused the staff on what it means to provide Customer Service to the people we serve, both in our communities, and to our business partners. While I was in that position, my involvement with the PEHSC became increasingly important as well. I was asked to Chair the EMT & Paramedic Advisory Committee in 2000 and have sat as that Committee’s Chair ever since. In that time, we have revised the Rules & Regulations to the EMS Act a couple times, and I was honored to be asked to chair a subcommittee dealing with staffing and equipment requirements on the last Act re-write. Being involved at the State-level with EMS operations and legislation was never on my radar screen when I was “just an ambulance driver” in the late 1980s, believe me. In 1999, my service was named one of

Pennsylvania's two "Ambulance Services of the Year" by the PEHSC and the PA EMS Office. Citing "outstanding customer service and innovative community service initiatives" we received the distinction at the State EMS Awards Banquet at the State Conference. It was one of the proudest moments of my career. I was solidly "in the boat now" and not flailing a bit. I was loving it.

I moved on from my Director of Operations' position and took full time Flight Paramedic job simply because my son was growing and we were expecting our second son, so my time priorities were changing. Considering the average career for a Flight Nurse or Flight Paramedic is only about 4 years, the fact I've been doing it now for 14 years is a tribute to the training I received when I started flying, to my preceptor for telling me what I could expect and preparing me for it (remember the GI Bleed story warning?!), but most of all because of the quality of the program I work for and my love for the people who I am honored to call co-workers and friends. That camaraderie that I so enjoyed early on in my days at "The Squad" is only more intense in the program I work for today. You find that people who work together in the worst-case situations and work with blood, sweat, and sometimes tears for a common goal, grow exceptionally close. They are no longer your co-workers, but they are your family; sometimes the only ones in the world who know why you have trouble sleeping at night; because they were there on that mission with you and saw what you saw, and worked in vain to save a small child who was in the wrong place at the wrong time. The love and mutual respect I share for those people around me is shadowed only by the love I have for my two sons and Nicole, the love of my life.

Just a little over a year ago, I was asked to "come upstairs" when I was offered the position of Clinical Manager for STAT MedEvac. I was blown away. I was, and am, honored. A little paramedic being asked to serve as the Clinical Manager of one of the largest and busiest air medical programs in the Northeastern United States is a challenge unlike any other I could have ever imagined. I nervously accepted the position and have found my niche. This position is more challenging than what I anticipated, but the staff in my department and our medical directors are top-notch. I'm still humbled to work for this program. I just can't believe how quickly the time flies by though (no pun intended). It really only seems like yesterday that I was showing up for my first flight shift, and now I'm managing the orientation process, among other things, for that very program and am now "one of the old guys" in the program. I prefer "experienced", but the gray hair I've earned over the last twenty years would suggest otherwise.

Twenty years. Wow. What started out as something to do on the side to help my community while I was in college has lasted for twenty years. I would have never imagined it, and had you asked me in the early 1990s if I would still be involved in any aspect in EMS today, I would have said you were nuts. But, here I am. Regrets? Yes, some. EMS is not an easy career and an even harder hobby. Like so many other EMS folks with any "experience" under their belts I have severe lower back problems that will follow me the rest of my life. I still have memories of EMS calls and MedEvac missions that will be triggered by a sight, a sound, a smell, or by something I see on TV. Like so many providers, I have attended the

funerals of too many of my friends who have passed away over the years. The ones who have passed away due to natural causes or illnesses are only slightly easier to accept than the half dozen “line of duty death” memorial services I have attended. Burying a friend who died of a pulmonary embolism or in a car crash is a much different experience than attending the funeral of a flight crew member who you oriented years ago and who you saw six hours before she was killed in a helicopter crash. To this day, and for the rest of my life, I can’t hear “Amazing Grace” without hearing bag pipes that I’ve heard too many times at a friends’ memorial service. It’s always a painful wakeup call that “there but for the Grace of God go I”.

I periodically give talks to High School kids during their career days. They always ask what I’d be doing if I hadn’t chosen this career path. My answer is always essentially the same. I didn’t really choose EMS as a career. I caught the bug (or the bug caught me, however you see it). I honestly don’t know what I’d be doing today if I had opted not to sign on with my community’s volunteer ambulance service way back in 1988 “just to drive”. I can’t imagine doing anything else. I can’t imagine there are any other careers out there that would have been as rewarding, been as fun, or exposed me to so many challenging, trying, and rewarding situations. I have been blessed beyond measure for finding a career that has been this much fun. Don’t get me wrong. There have been PLENTY to times when I just didn’t think I could see one more sick or broken child, when I was crawling out of the helicopter three hours after the end of my shift because of a late flight knowing I would now miss my son’s first day of school, or when I thought “there has to be an easier way” as I was in an upside down car in the middle of the night with pouring down rain cutting someone who was barely alive out, but considering so many in my family have labored all their lives at jobs that they’d just rather not have had, all-in-all, I don’t feel bad...not bad at all.

If you are considering EMS, either as a career or just for “something to do”, might I offer just a few words of advice.

Get a hobby. All too often, people who get involved in EMS totally immerse themselves in it. They always carry the pager so they don’t miss “the big one”, the scanner is blaring in the house, in your car, and beside your bed 24/7; nothing else matters. You will burn yourself out and end up resenting what would otherwise be an incredible experience. Find a hobby totally unrelated to EMS, and when you’re doing that hobby, leave the pagers OFF!

Guard your priorities. There are few things in life that are as precious and fleeting as time. It was just yesterday that our first son came home from the hospital in his little car seat. Tomorrow I will be attending his elementary school graduation ceremony and this June he will become a teenager. The time I’ve missed with my kids can never be made up. Make time with friends and family a priority.

Believe. If I didn’t believe I was making a difference I wouldn’t be able to get up and go to work every day, however making a difference doesn’t mean that every sick patient you take care of will live. You have to train and study hard to do the

best job you can, but patients will die. Having a grip on this will improve on your longevity in this environment. Being “squared away” with the One who created you will also be of great comfort when you are faced with your own mortality, as we are all-too-often exposed to the tragedies of life. I have found that to be the only source of comfort when I have seen some of the worst things imaginable.

Best of luck to you! If you choose to embark on this thing called EMS, I only hope you experience the same excitement and happiness as I have over the last twenty years, and hope you develop as many friendships that will last a lifetime as I have! Above all, be safe!

Scott C. Sherry, FP-C, NREMT-P, CMTE
Clinical Manager & Flight Paramedic
The Center for Emergency Medicine of Western PA
STAT MedEvac