In 1973, when I was in high school, I got a part-time job at a funeral home. The funeral home also ran the ambulance service. Their philosophy was they’d get your business one way or another. To make the ambulance run, I’d boil the big red bubble light to the top of the hearses. You had an oxygen tank, a cot and some first-aid supplies, and you were really something.  

In 1978, I did a paramedic program in Indianapolis and in 1979 took the National Registry exam. I fell in love with EMS and have been with it for 50 years. Even though it’s been a long hard road, we have made so many advances. We are a mobile intensive care unit, and an extension of the emergency room and the medical team. We are bringing the emergency room to you.

John Zartman  
EMS Director  
Tippecanoe Emergency Ambulance Service  
Lafayette, IN

The National Academy of Sciences landmark report, “Accidental Death and Disability: The Neglected Disease of Modern Society” sounds the alarm about deaths from motor vehicle accidents on the nation’s highways, and the lack of an organized medical response system.

The TV Show “Emergency!” premieres, inspiring a generation of paramedics.

The EMS Systems Act provides federal funding to establish regional EMS systems throughout the country. Many EMS personnel are experienced medics returning from Vietnam.

The National Association of Emergency Medical Technicians is founded.

The first 911 call was made in the late 1960s. By 1979, one-quarter of the U.S. population has access to it. Access grows rapidly in the 1980s.

Dr. Jeff Clawson develops the Medical Priority Dispatch System to triage 911 calls and emergency medical dispatch.

The first National EMS Memorial Service is held in Virginia.

Dr. Norman McSwain, a trauma surgeon and EMS champion from Tulane University School of Medicine, develops Prehospital Trauma Life Support (PHTLS).

Congress establishes the EMS for Children program to focus on care for pediatric patients.

Continuous Positive Airway Pressure (CPAP) in the field becomes standard of care, reducing the need for intubations.

Bradley Pearson  
Paramedic Program Director  
UCLA Center for Prehospital Care

I recently started working as a community paramedic. It’s a different approach, where you get to spend more time with people. We encounter a lot of individuals who are not able to have those basic needs met as far as health care, so we find those resources for them.

With the older population, sometimes they just feel lonely. I take time to speak to them, and see how they are feeling, or how their emotional health is, as well as their treatment. It gives them someone who will listen, who cares about what they are going through so they don’t feel as overwhelmed.

I absolutely love the job, every aspect of it. It gives you experiences like no other job – the relationships you have with coworkers and the impact you get to have on your community. Right now we have the community paramedic. In the future, who knows what it might branch out into.”

Guadalupe Cruz  
Community Paramedic  
Brownsville Fire Department, TX

The Centers for Medicare and Medicaid Services (CMS) issues a temporary waiver allowing Medicare payments for treatment in-place (TIP) or transport to alternate destinations (TAD).

EMS practitioners are celebrated as heroes during the COVID-19 pandemic.

Peter Long  
EMT and Firefighter  
Tippecanoe County EMS District 8, TX  
Austin City Council candidate