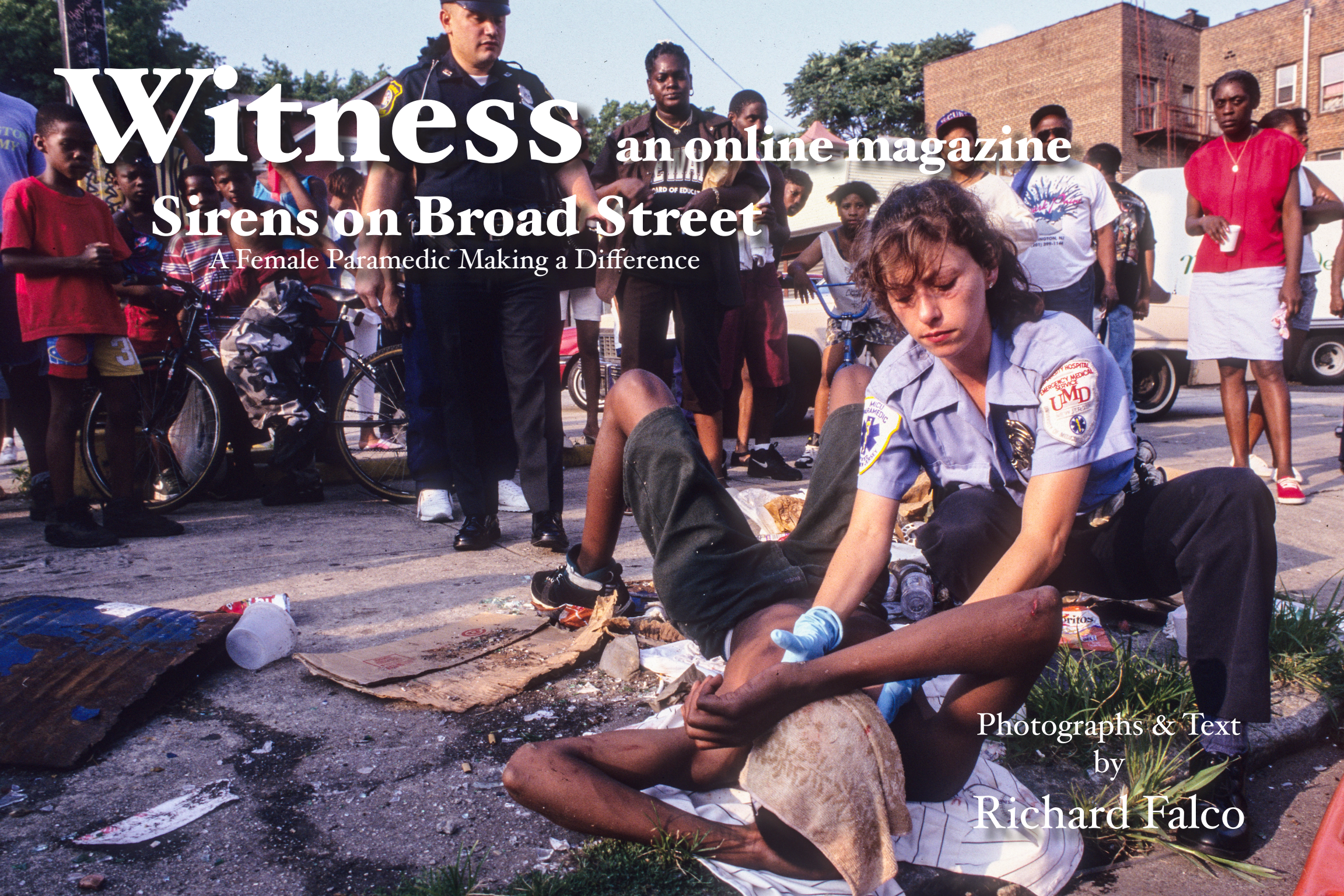




Witness

an online magazine

Sirens on Broad Street

A Female Paramedic Making a Difference

Photographs & Text
by
Richard Falco

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Sarah Crellin sat on the rear bumper of her ambulance, clipboard balanced on her knee, finishing the last lines of a medical report. The late-afternoon air in Newark hung thick with heat radiating off asphalt. Somewhere nearby, a siren wailed—another unit, another emergency. She paused, reread what she had written, then put down her pen, took a deep breath and stood.

Like many older American cities, Newark lives with emergencies as part of its daily rhythm. Poverty presses in from every side. Violence, addiction, untreated mental illness, and chronic disease all converge here, often exploding into moments where life hangs by a thread. Last year alone, Newark's Emergency Medical Services responded to more than 83,000 calls for help. Over 18,000 of those required paramedic-level intervention—calls where someone's life or limb was in immediate danger. Medics here like to say they've seen everything. What they mean is that very little surprises them anymore.

Paramedics are dispatched only when a call is deemed critical: a cardiac arrest, a shooting, a stabbing, a major trauma, a drug overdose gone bad. These are the moments when seconds matter. EMTs—emergency medical technicians—handle non-critical calls and assist paramedics in high-acuity cases, but when a patient is crashing, it's the paramedic who leads.

Unlike a hospital, the street offers no controlled environment. There are no clean floors, no steady lighting, no security team at the door. Instead,



Paramedic Sarah Crellin completes her end-of-shift report, documenting the day's patients and the medical decisions made in the field.

there are crowds, flashing police lights, yelling family members, bystanders filming on phones, and sometimes the very real possibility that the danger hasn't passed. Newark's medics often arrive at scenes where the threat that injured the patient—an angry assailant, a volatile domestic dispute, a chaotic drug house—is still present.

"You're practicing medicine in the middle of everything," Sarah says. "You don't get to stop the world and say, 'Okay, let's make this safe now.' You have to work inside the chaos."

That chaos is shaped by the city itself. Newark is a place of stark contrasts: stately old buildings alongside abandoned factories, tree-lined streets just blocks away from open-air drug markets, new development rising in the shadow of long-standing neglect. Many neighborhoods carry the weight of generations of disinvestment. For medics, that translates into patients who often wait too long to call for help, who lack access to regular



medical care, who live with conditions that have gone untreated for years.

Sarah's path to Newark was not a straight one. She was born in Nairobi, Kenya. Her parents later moved to England, where she spent her early childhood, before her family fractured and she and her mother relocated again—this time to New Jersey. She has lived there ever since.

She became a volunteer emergency medical technician. She found herself drawn to the urgency of the work, the clarity of purpose that comes when someone needs help right now. In time, she became a full-time paramedic. The job, she quickly learned, was not only physically and emotionally demanding—it was deeply male-dominated. “In the beginning, my biggest challenge wasn’t the calls,” Sarah says. “It was proving myself.”

Emergency medical services, especially in urban environments like Newark, has long been a profession shaped by machismo. Strength is prized. Fearlessness is expected. For a woman, especially in the early years of her career, competence was not assumed. “I always felt like I had to prove that I could do everything they could do,” she says. “I’d take the hardest assignment. The worst call. I wanted them to see that I wasn’t going to back down.”

Only after years of doing the job—of lifting heavy patients in narrow stairwells, managing violent scenes, making split-second medical decisions under pressure—did she feel accepted as an equal. Even now, she believes that new female medics face the same unspoken test, regardless of how skilled they are on paper. “It’s changing,” she says. “But you still have to earn it.”

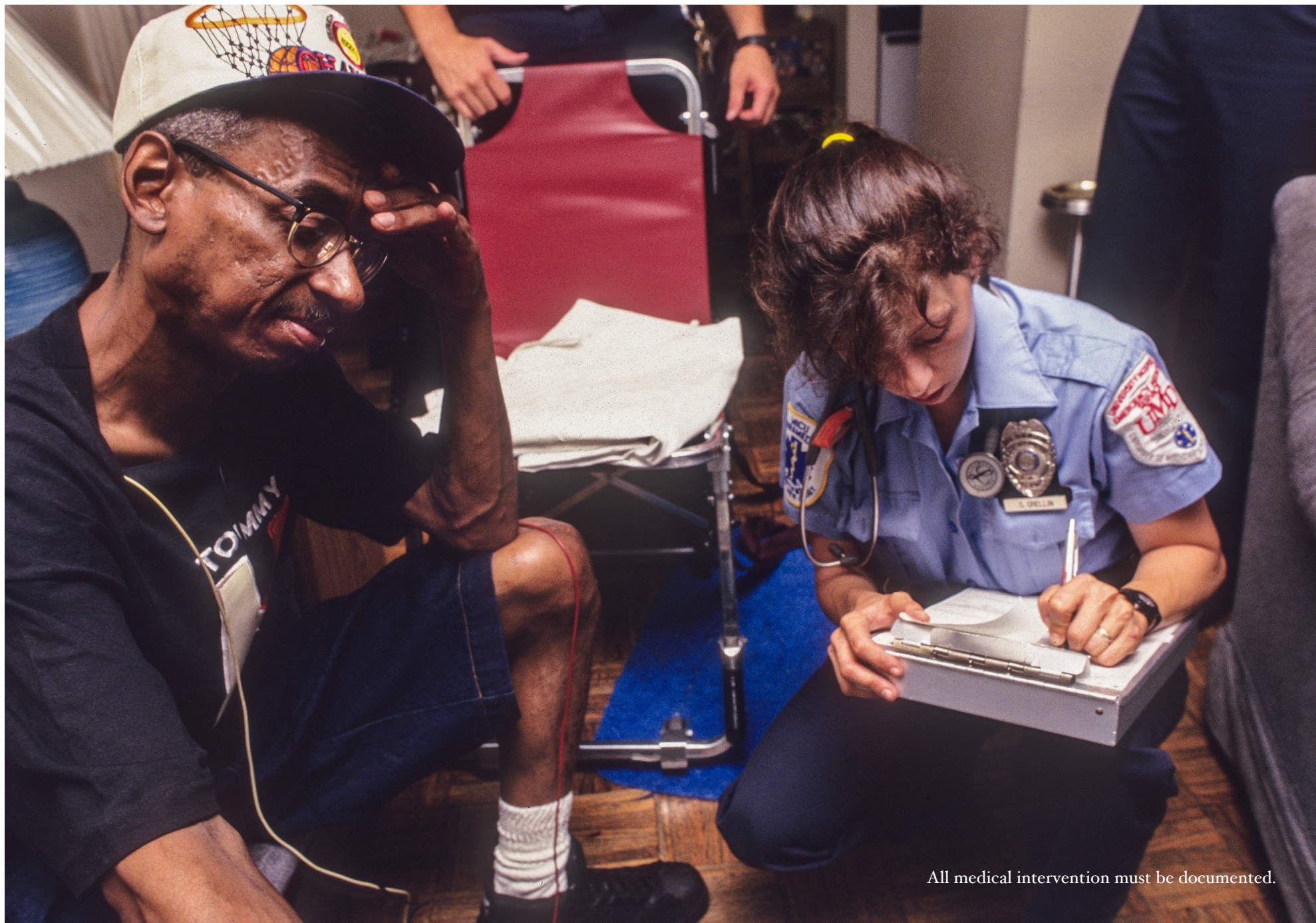
Sarah reports to work
and shares some time with her colleagues before her tour begins.





Arriving on the scene, an assessment of the patient's medical situation is determined.

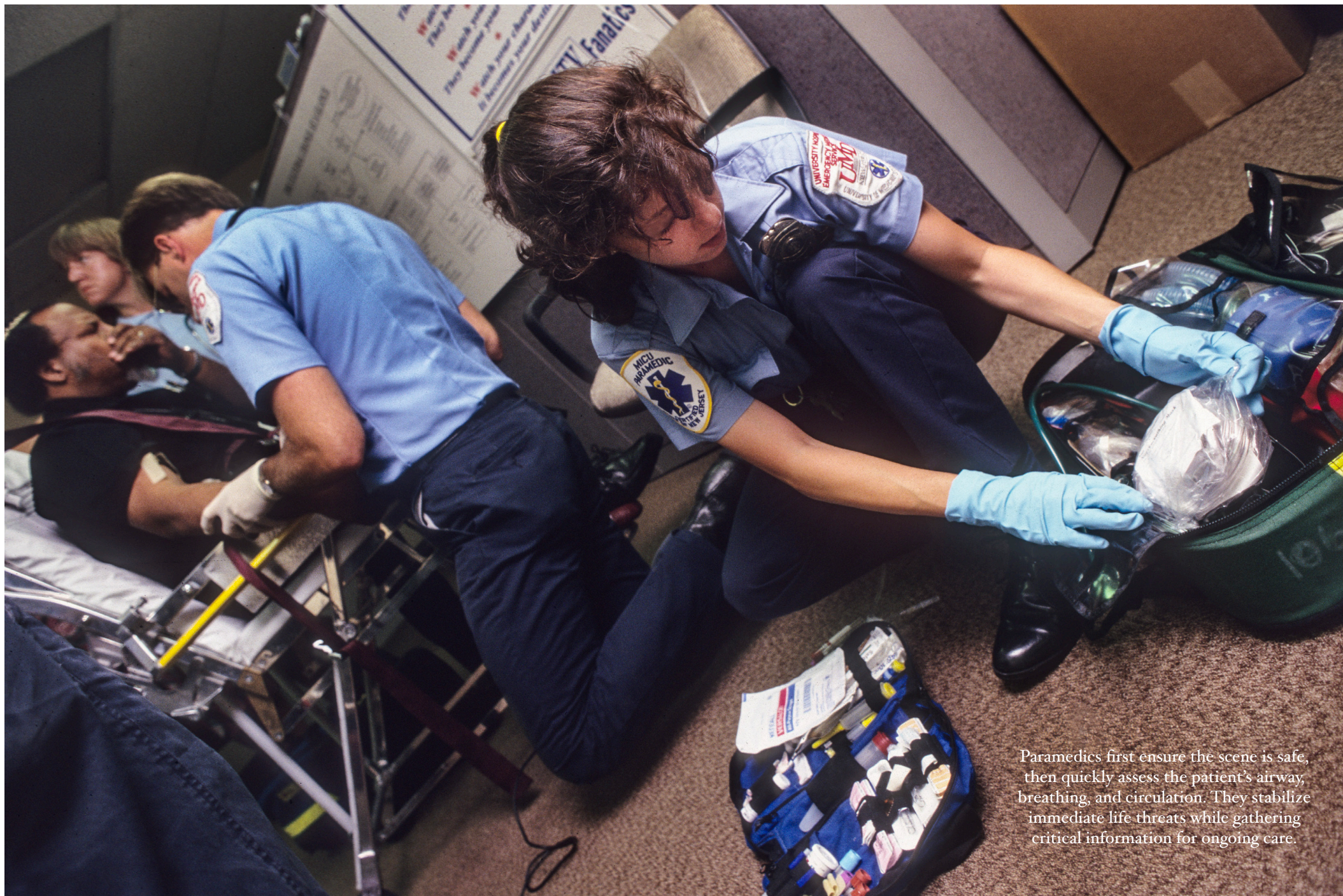




All medical intervention must be documented.



Sarah's team transfers care of a stable patient to an Emergency Medical Technician (EMT) unit. The EMT unit will take the patient to a nearby hospital so that the paramedics are free to respond to another call.



Paramedics first ensure the scene is safe, then quickly assess the patient's airway, breathing, and circulation. They stabilize immediate life threats while gathering critical information for ongoing care.

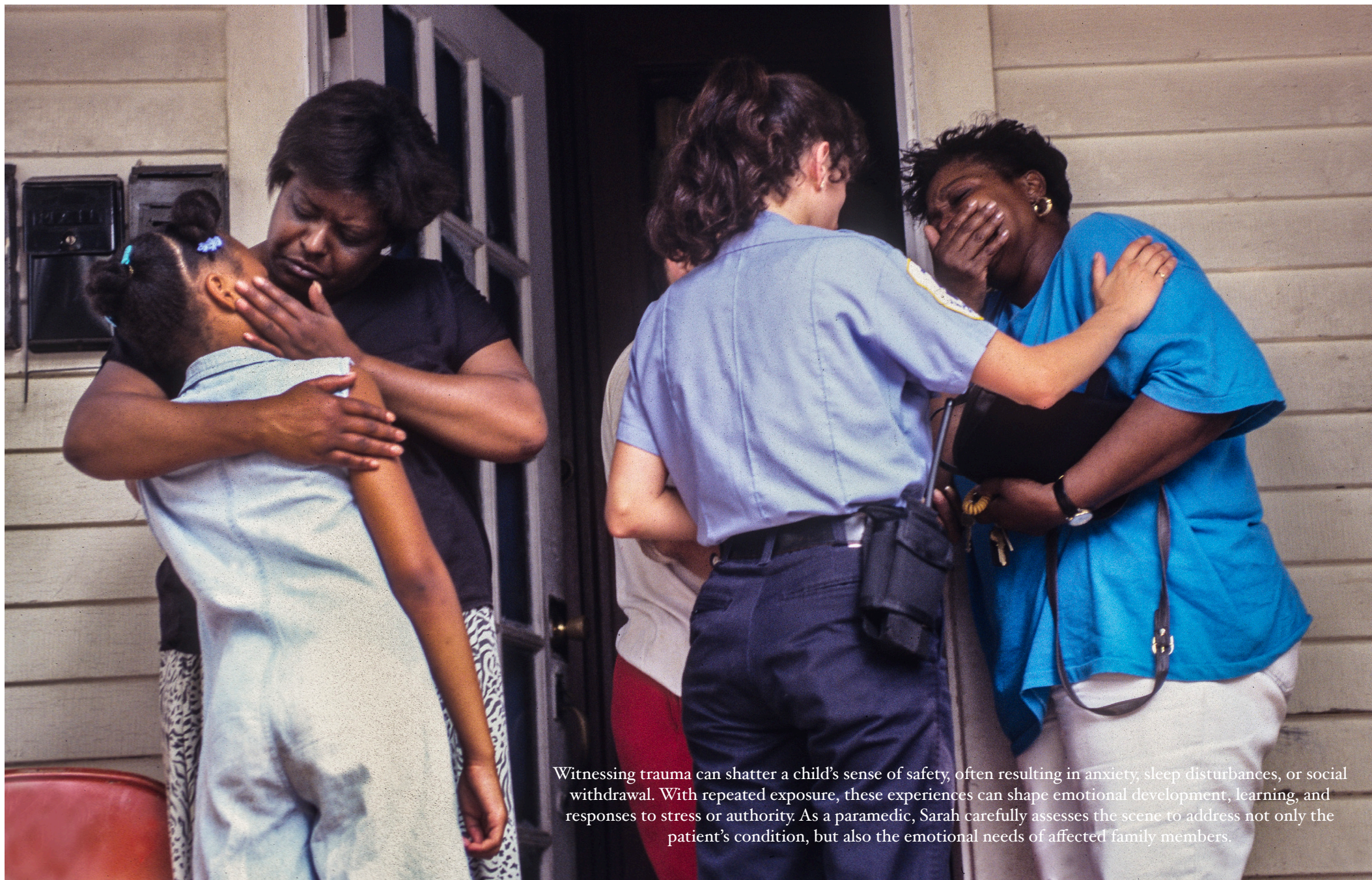


Establishing an intravenous line on the scene allows paramedics to rapidly deliver fluids and life-saving medications, manage pain, and maintain access in case the patient's condition suddenly worsens.





Once stable a patient is transported to a hospital.



Witnessing trauma can shatter a child's sense of safety, often resulting in anxiety, sleep disturbances, or social withdrawal. With repeated exposure, these experiences can shape emotional development, learning, and responses to stress or authority. As a paramedic, Sarah carefully assesses the scene to address not only the patient's condition, but also the emotional needs of affected family members.



What sets Sarah apart, according to colleagues, is not just her technical ability but her demeanor. She brings a quiet calm into situations that often pulse with fear and anger. In a city where mistrust of institutions runs deep, that matters. “People are scared when we show up,” she explains. “They’re hurt, or their loved one is hurt, and sometimes they’re angry at the world. If you come in matching that energy, it can spiral fast.”

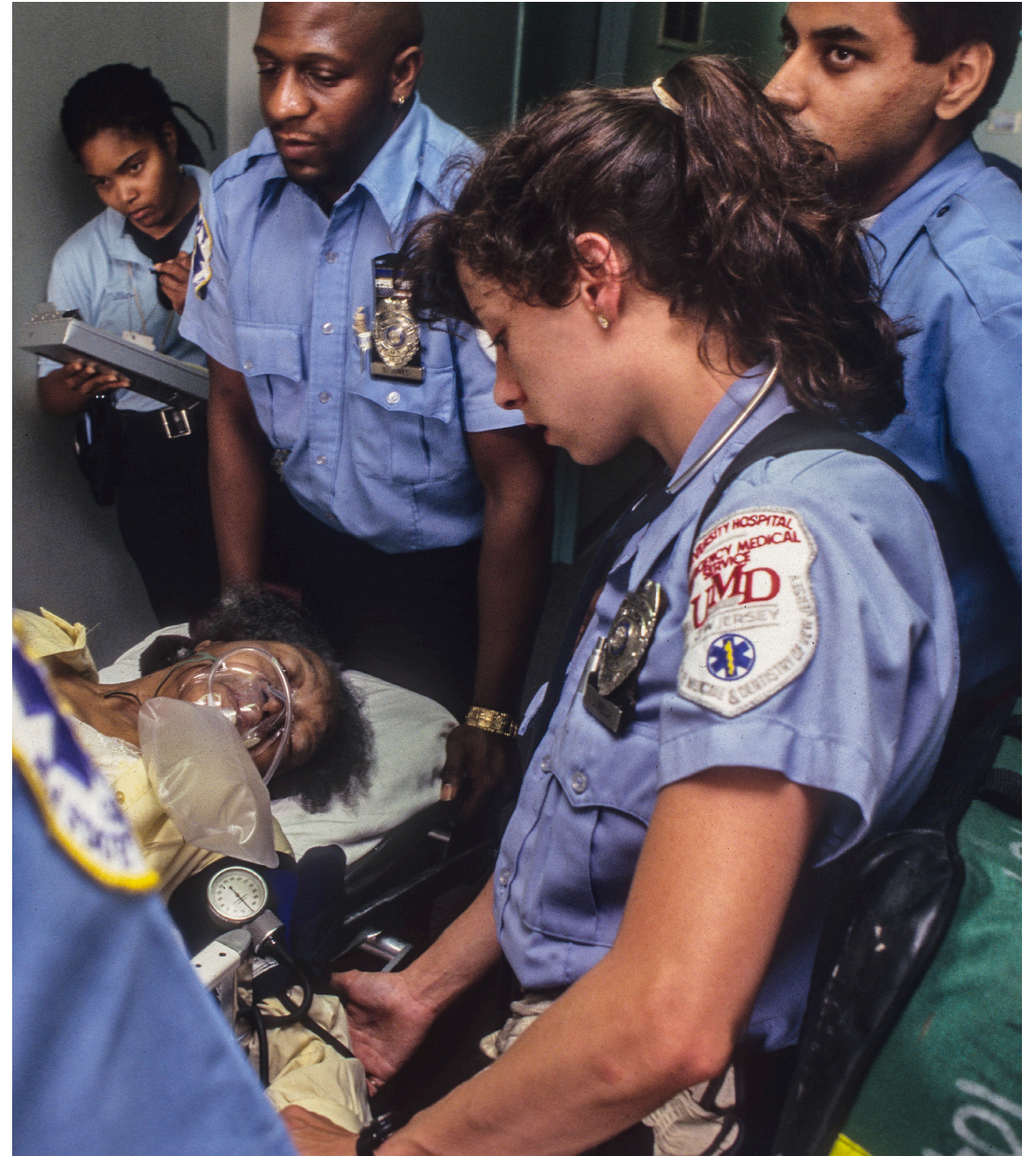
Her approach is deliberate. She speaks softly. She pays attention not only to the patient’s vital signs, but to the emotional temperature of the scene.

All of this happens without the safety net of controlled conditions. There’s no clean room. There’s no perfect lighting. Sometimes a paramedic is working by flashlight, sometimes by the headlights of the ambulance, sometimes by whatever streetlight happens to be nearby. In Newark, the physical environment often works against them.





Sarah joins an EMT unit who is moving a patient.





Even as a patient is being transported to a hospital emergency ward, paramedics stay with the patient and continue any necessary medical intervention.

In a city where access to routine healthcare is limited for many residents, paramedics often encounter crises that reflect years of unmet medical need. Problems that might have been manageable with early care become life-threatening emergencies on the street.

“You’re seeing the end result of a system that didn’t catch people early,” she says. “And now you’re trying to save them in fifteen minutes.”

In Newark, volatility is never far away. A routine call can turn dangerous without warning. A patient in pain might lash out. A crowd might grow hostile. Police presence can calm a scene—or escalate it. The paramedic’s role extends beyond medicine into negotiation, de-escalation, and sometimes sheer endurance. “You’re treating the whole situation,” Sarah says. “Not just the injury.”

Death is an almost daily companion in Sarah’s work. She has pronounced patients dead in cramped apartments, on sidewalks, in the back seats of cars. She has watched families collapse in grief as she packed up her equipment and moved on to the next call. “You can burn out quickly on that,” she admits. “I did.”

Burnout in emergency medicine is common, especially in cities like Newark, where the volume of calls is relentless and the problems feel endless. The same addresses come up again and again. The same patients cycle through the system. The structural forces—poverty, violence, lack of healthcare access—remain stubbornly unchanged.

To many people, paramedics are still seen as little more than fast transport—there to load a patient into an ambulance and race toward the hospital. In a city like Newark, that perception ignores what actually happens in the minutes before an emergency room comes into view. On the street, paramedics often provide the highest level of care a patient will receive during the most critical moments of their life.

Medics routinely confront traumatic injuries on the street, providing critical care in unpredictable and often chaotic conditions.









If a patient is stable, medics may permit police to speak with them to gather information about what occurred, while remaining ready to intervene if the patient's condition changes.

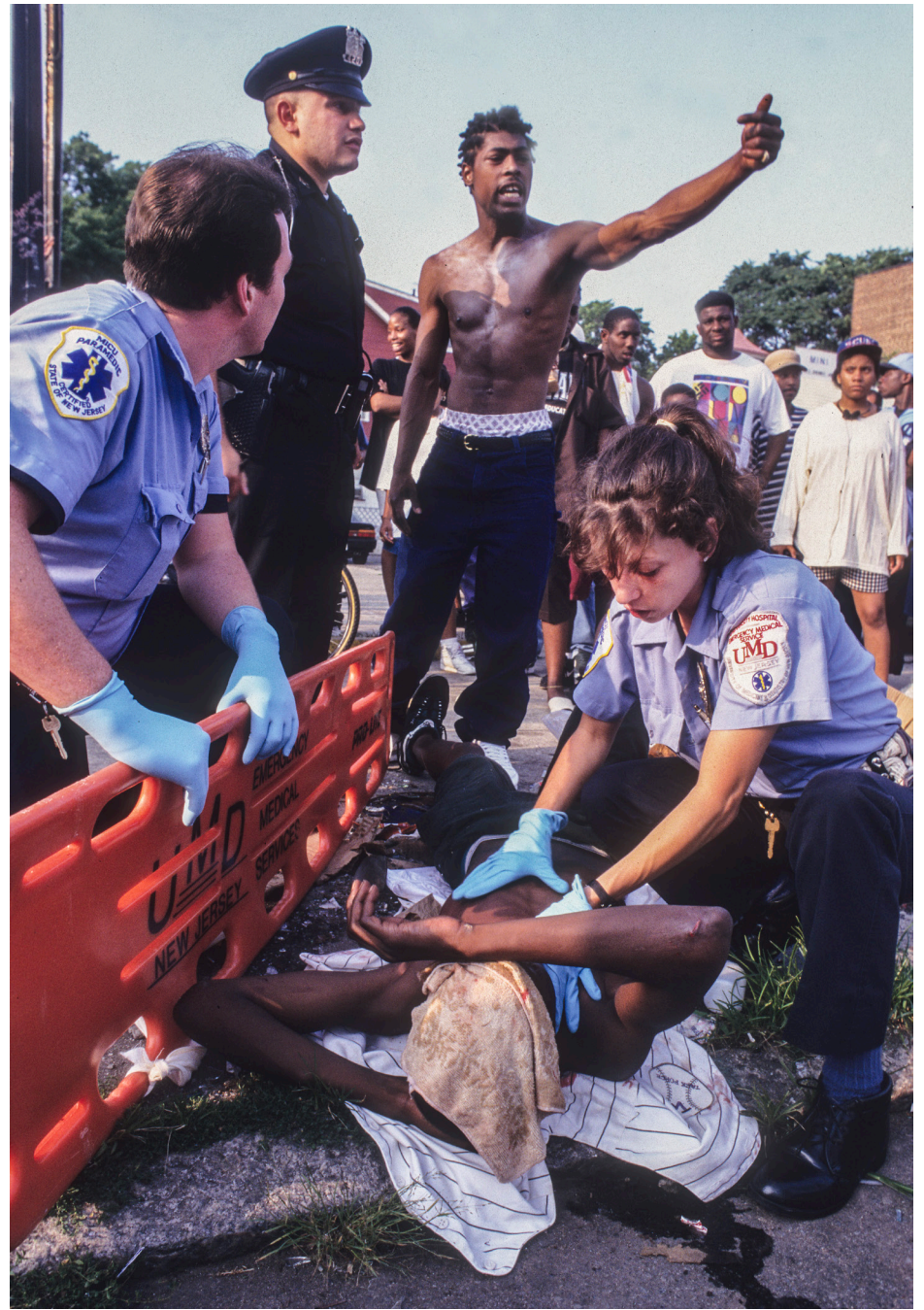


Motor vehicle accidents create a wide range of emergency situations, often involving multiple patients, complex injuries, and rapidly changing conditions.





Newark sees its fair share of drugs and violence, and medics are frequently called to respond to the medical emergencies that follow, often working alongside police and fire services.





A patient in cardiac arrest is rushed into the hospital's emergency ward, where a specialized team is already waiting to begin life-saving interventions.



Paramedics are trained to deliver advanced medical care in environments that are unpredictable and uncontrolled. They assess patients, make rapid clinical decisions, and begin treatment immediately—on sidewalks, in cramped apartments, in hallways, and in vehicles pulled to the curb.

Depending on local protocols and medical oversight, paramedics are trained to manage life-threatening conditions such as cardiac arrest, respiratory failure, severe trauma, overdoses, and strokes. They are trained to monitor heart rhythms, administer emergency medications, establish intravenous access, and support patients whose bodies are failing under sudden stress. They are trained to recognize when seconds matter and to act before hospital care is available. All of this occurs without the safeguards of a clinical setting.

Medics continue assisting the trauma team, providing support and patient care until their presence is no longer required. Afterward, all medical interaction is documented.



There's no clean room. There's no perfect lighting. Sometimes medics are working by flashlight, sometimes by the headlights of the ambulance, sometimes by whatever streetlight happens to be nearby."

In Newark, the physical environment often complicates care. This is medicine without walls, practiced where control is limited and outcomes are uncertain. In Newark, it unfolds every day in the spaces where vulnerability is most visible—and where paramedics are trained to meet people at the worst moments of their lives and try to keep them alive.

When her shift ends, Sarah goes home to a very different world. She is married to her husband, Doug, and together they recently welcomed a baby girl, Brianna. Motherhood, she says, has reshaped everything—including how she understands her work. "As a working mother, most of my free time is taken up with being a mom," she says, smiling. "And I love that."

The contrast between her professional life and her home life is stark. At work, she confronts mortality head-on. At home, she watches her daughter discover the world with wide-eyed wonder. The experiences do not cancel each other out; instead, they sharpen each other.

"When you deal with death every day, it changes you," Sarah says. "Now, when I look at my daughter, I'm constantly aware of how quickly things can change. It makes me want to live fully. To be present."

Sarah with her husband, Doug, and their daughter, Brianna.







Sarah says that after a long day at work, she finds the simplest moments the most rewarding.



Richard Falco

For the past thirty-five years, Richard Falco has worked as a photographer, documentary filmmaker, journalist, and educator. He has traveled extensively throughout the world, working on assignments in Asia, Africa, Europe, and the United States. His photographs have appeared in major publications. Clients include *Time Magazine*, *Newsweek*, *Business Week*, *New York Times*, *Life*, *National Geographic Society*, *People*, *Geo*, *New York Magazine*, *Stern*, and *U.S. News & World Report*, to name a few.

There are six published books of his work: *To Bear Witness/September 11*, *Medics: A Documentation of Paramedics in the Harlem Community*; *Hunger and Rice in Asia*; *Witchcraft: Ancient Traditions Alive in Salem*; *Water, Wild & Light: The Dingle Peninsula*, and *Autumn Madrigals*.

Mr. Falco is the director of the films, *Crossroads: Rural Health Care in America*; *Project Music: Not A Single Dissonant Note*; and *Holding Back the Surge*, and the executive producer of the films *Josie: A Story About Williams Syndrome* and *Dorothea's Tears: The State of Mental Health Care in America*. He is also the editor & chief of *Witness Magazine*.

He has exhibited in the United States and abroad. Exhibitions include International Center of Photography, NY; Corcoran Gallery, Washington, DC; Nikon Galleries, Tokyo; New York Historical Society, NY and others.

He is a winner of the *International Media Award*, a 15-time award winner for *Excellence in Journalism* from the Society of Professional Journalists, and an *Award for Excellence* from the Society of Publication Designers.

Invictus, Latin for “unconquered,” is a poem by William Ernest Henley about resilience, self-mastery, and triumph over suffering, written while facing physical hardship. Its core message is that despite life’s pains and darkness, an individual’s spirit remains powerful and in control.

This project is a production of

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Vision Project is an organization dedicated to the development of investigative journalism, documentary photography, multimedia, film, and education.

The goal of Vision Project is to produce documentary material and educational programs that encourage understanding and awareness about a broad variety of social issues. This information and programming are made available to the general public with a particular focus on members of the younger generation.

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