

120 MSSC NEWS

A Continuum of Care



MAY
2023

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Medicine readies for the AI revolution

Medicine may be on the cusp of a technological revolution. Artificial intelligence and machine learning hold the potential for advancing the practice of medicine and improving patient treatment and outcomes.

AI is the ability of computers to emulate human thought, and ML, a component of AI, is the guts behind it, said Monica Coley, PhD, senior business development manager with Amazon Web Services and the keynote speaker at MSSC's May 2 membership meeting on the Innovation Campus at Wichita State University.

AI feels like it developed suddenly, with the recent release of large language models such as ChatGPT and GPT-4 changing the world's discourse seemingly overnight and raising questions and concerns over ethics, accuracy and ubiquity.

But Coley pointed out that artificial intelligence, which was coined around 1955, hark back to 1308 when intellectuals of the time developed paper-based mechanical means to create new knowledge from combinations of concepts. Other milestones have made their mark: the first radio-controlled vessel in 1898, the first chess-playing



MSSC PHYSICIANS AND GUESTS GATHERED AT THE MAY 2 MEMBERSHIP MEETING AT NETAPP'S BUILDING ON WICHITA STATE UNIVERSITY'S INNOVATION CAMPUS.

machine in 1914.

"We have an AI revolution and it's moving pretty fast, but it's actually been around awhile," Coley said, noting there are more than 170,000 articles in medical literature about AI, including 28,000 last year.

But what are the advantages of AI and its implications for health care? Coley notes that AI is being well-used in medicine today with

► RELATED

- CHATGPT AND BARD WRITE THEIR OWN ESSAYS ON THE PROS AND CONS OF AI IN MEDICINE, **PAGE 4**

staggering potential. The Mayo Clinic, for example, has been leveraging AI in cardiovascular disease treatment with an algorithm that

PLEASE SEE **AI REVOLUTION**, PAGE 2

MSSC approves new board members for 2024

MSSC members approved the slate of officers for the 2024 Board of Directors and elected three new board members. MSSC appreciates all the candidates who ran for board positions.



Jany K. Moussa, MD
President-elect



Apeksha Sathyaprasad, MD
Secretary



Tuan N. Nguyen, MD
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Rebecca L. Foster, DO
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Need to be cautious about relying on artificial intelligence



Maurice Duggins, MD
May President's Message

MSSC held a great membership meeting May 2 on artificial intelligence. The discussion was engaging, informative and, at times, eye-opening.

I would like to thank our keynote speaker, Monica Coley from Amazon, and our three panelists, who included Sam Antonios, MD. I appreciated them sharing their perspectives on artificial intelligence and helping answer some of our questions related to AI in medicine. Thanks also to Wichita State University for organizing the event and NetApp for hosting it.

As physicians, we are trained to make diagnoses and to treat patients accordingly. We never want to miss a diagnosis. As overachievers, we want our diagnostic accuracy to be at or very close to 100%.

By one definition, failure to either establish an accurate and timely explanation of a patient's health problems or communicate that explanation to the patient is a diagnostic error. So it's no surprise that when we hear about a tool that can reduce our diagnostic errors and potentially increase our diagnostic accuracy, we want to acquire this tool.

Artificial intelligence is such a tool.

To cite one example, AI has increased predictability and accuracy in the reading of pathology slides. Cancer is something no one wants to miss, so if AI can help increase the detection of

these slides with colon, prostate or skin cancer, we welcome it.

AI is also helping to look for breast cancer on mammograms. AI algorithms also have aided in predicting whether a terminal cancer patient is likely to die within six months.

If there is digital information, AI may help improve the reading of that information.

However, as with all things new in medicine, we need to take a cautious approach to avoid creating new problems that could've been prevented. At a minimum, we need to recognize and correct those problems before they become widespread.

Some of you may have experienced your AI-aided cameras mislabeling certain objects as humans, certain humans as animals or certain animals as objects. Because something is computer generated does not mean it is the best or most accurate information on its own. And we must also remember that the programs or algorithms behind AI are first created by fallible humans like us. Hence, biases and predispositions can be embedded into these tools.

Over the years, clinical decision rules/tools have come and gone. Their purpose has been to improve on our collected information from the patient to avoid both errors of commission and errors of omission. The best thing about CDTs are the validation studies that are done both in large and in small spaces and communities that provide health care. Prospective evaluations to validate the information and outcomes are still important. We should be willing to wait on validation studies before accepting all things labeled as AI or machine-based learning.

AI revolution CONTINUED FROM PAGE 1

was 93% accurate in predicting left ventricular dysfunction. Hospitals such as Brigham and Women's in Boston successfully used robots during the COVID-19 pandemic to triage patients, take vitals and display video feeds between patients and doctors.

The next level is generative AI, where large language models, which use natural language processing, are the foundation.

"That is a form of AI that can actually generate new outputs," Coley said. "You feed these large language models everything you know, and they begin to be able to predict, based off patterns, what's next or what the response should be."

But there are challenges – both ethically and practically – with this burgeoning technology, and not even today's experts know what all the implications will be. At the forefront are unpredictable abilities and emerging behaviors that experts are rushing to identify and mitigate. Challenges range from medical liability and implications to privacy, misuse and misinformation.

"AI patterns ... can actually start to generate information or make predictions you weren't trained on and don't know how to do," Coley said. "It's kind of scary in medicine. It's kind of scary period."

Thought leaders in health care will have to contend with issues such as clinical application and adoption, bias with algorithms, ethical considerations and the current lack of regulations and standards for AI/ML.

The recommendation by some tech leaders to pause AI development for six months, and whether that is realistic, made up the bulk of discussion from the audience and the MSSC panel on AI that included Coley; Sam Antonios, MD, chief clinical officer for



MONICA COLEY, PHD, SENIOR BUSINESS DEVELOPMENT MANAGER WITH AMAZON WEB SERVICES, SPEAKS ABOUT AI IN MEDICINE ON MAY 2 AT THE MSSC MEMBERSHIP MEETING AT WSU'S INNOVATION CAMPUS.

Ascension Via Christi; Mallik Karamsetty, director of tech services for Pfizer McPherson; and Andy Lin, vice president of strategy and innovation for Mark III Systems, an IT infrastructure and AI company based in Houston.

Overall, the panel was optimistic that the creation of AI tools in health care has promise.

"Obviously the use of AI is to get more personal care to patients," Lin said. "There are a lot of ways from a system perspective in getting folks in the right place, seeing the right physicians."

Antonios noted that physicians are already using AI in their practices in various ways, some of which they may not realize. Those applications and capacities will continue to expand.

MSSC held its May 2023 membership meeting at NetApp's building on the Innovation Campus of Wichita State University.



▲ CASEY BUTLER, MD, PHILIP BUTLER, AND ALISA SCHMIDT, MD



▲ EDDY LUCAS, MD, AND DAVID McDONOUGH, MD



▲ GAUTHAM REDDY, MD, AND CLAUDIA WENDELL, MD



▲ ANDREW BELIEL AND ROSALIE FOCKEN, MD



▲ REX KEITH, MD, AND TY SCHWERTFEGER, MD



▲ GLEN PATTON, DO, AND JAMES A.M. SMITH, DO



▲ VICKI KINDEL, MD, AND ASHLEY ROBBINS, MD



▲ JENNIFER THUENER, MD, AND KIM KROHN, MD



▲ DAVID BRYANT, MD, AND BLAKE VEENIS, MD



▲ REBECCA REDDY, MD, AND JEANNE KROEKER, MD



▲ LARRY MITNAUL, MD

MSSC building also has a long history at site and in service



As MSSC's 50th anniversary approached in the early 1950s, the society sought a building of its own, and would follow physicians in moving out of the downtown core.

A building committee scouted the near-east side of Wichita and settled on an offer by the Sisters of St. Joseph to lease the land at what would become 1102 S. Hillside.

Membership dues were increased by \$50 a year to help cover architect Robert Mayberry's estimated \$65,000 project. Ground was broken in February 1954.

MSSC took pride in the opening of its home that Oct. 24, touting in newspaper ads and articles that its auditorium was equipped to show both movies and slides and its medical library was stocked with 15 tons of periodicals going back 35 years.

"It is not unusual to check out to a doctor as many as 15 differ-

ent articles on a single subject," reported the Wichita Eagle.

When the 5,400-square-foot building was new, at an eventual cost of \$100,000, MSSC had 285 active members and 23 standing committees assigned to such diverse concerns as tuberculosis and venereal disease control and disaster readiness.

Much has changed about the facility as well as the society. The library and meeting hall were converted to office space for MSSC and its multiplying affiliates. The active membership is up to more than 1,000 and the committees down to six.

What was its Medical Service Bureau has become Cairn Health, a separate nonprofit now at 1514 N. Broadway that helps poor and uninsured clients with prescription and optical vouchers and other resources.

Four years ago, MSSC's homeownership became complete when it bought the property at 1102 S. Hillside and further updated the facility.

Chatbots generate essays on future of health care for MSSC

MSSC President Maurice Duggins, MD, had a peer with access to Open AI's ChatGPT and Google's Bard ask each platform to write an essay on the pros and cons of AI in medicine.

From ChatGPT

There are several potential advantages and disadvantages of using artificial intelligence (AI) in medicine. Here are some of the main ones:

Pros

- **Improved diagnostic accuracy.** AI algorithms can analyze large amounts of data to identify patterns and make more accurate diagnoses, potentially leading to earlier detection of diseases and more effective treatments.
- **Enhanced efficiency.** AI can automate many routine tasks, such as data entry and administrative tasks, freeing up health care professionals to focus on more complex tasks and patient care.
- **Personalized treatment.** AI can help analyze a patient's genetic, lifestyle and medical history data to provide personalized treatment recommendations, potentially leading to better outcomes.
- **Reduced health care costs.** By automating routine tasks and improving diagnostic accuracy, AI has the potential to reduce health care costs over time.

Cons

- **Limited access.** Not all health care facilities may have the resources or technology needed to implement AI in their practice, leading to disparities in access to advanced medical care.
- **Data privacy concerns.** The use of AI requires large amounts of patient data, which raises concerns about data privacy and security.
- **Potential for errors.** AI algorithms are only as accurate as the data they are trained on, and errors in the data or programming could lead to incorrect diagnoses or treatment recommendations.
- **Overreliance on technology.** The use of AI may lead to health care professionals relying too heavily on technology, potentially diminishing their clinical judgment and decision-making skills.

Overall, while the use of AI in medicine has the potential to improve patient outcomes and reduce health care costs, careful consideration must be given to the potential risks and drawbacks. It is essential to maintain a balance between the use of technology and the expertise of health care professionals to provide safe, effective and equitable medical care.

From Bard

Artificial intelligence (AI) is rapidly transforming the health care industry, with the potential to improve patient care, reduce costs and make health care more accessible. However, there are also some potential risks associated with the use of AI in medicine.

Pros

- **Improved diagnosis and treatment.** AI can be used to analyze large amounts of data to identify patterns and trends that can help doctors diagnose diseases more accurately and develop more effective treatments. For example, AI is being used to develop new cancer treatments, improve the diagnosis of heart disease, and identify early signs of dementia.
- **Reduced costs.** AI can be used to automate many tasks that are currently performed by humans, such as data entry, scheduling appointments and managing patient records. This can free up health care workers to focus on more patient-centered tasks, and also help to reduce the overall cost of health care.
- **Improved access to care.** AI can be used to provide health care services to people who live in rural areas or who have difficulty accessing care due to transportation or financial barriers. For example, AI-powered chatbots can be used to provide patients with information, and AI-powered telemedicine platforms can be used to provide virtual doctor's visits.

Cons

- **Bias.** AI algorithms are trained on data that is collected from the real world, and this data can be biased. This means that AI algorithms can be biased in their predictions and decisions. For example, an AI algorithm that is trained on data from a hospital that primarily serves white patients may be more likely to misdiagnose Black patients.
- **Privacy.** AI algorithms collect and process large amounts of data about patients, and this data could be used to violate patient privacy. For example, an AI algorithm that is used to predict a patient's risk of developing a disease could be used to deny them insurance coverage.
- **Job loss.** AI could lead to job loss in the health care industry, as machines become capable of performing tasks that are currently done by humans.

Overall, AI has the potential to revolutionize the health care industry. However, it is important to be aware of the potential risks associated with the use of AI in medicine, and to take steps to mitigate these risks.

In Brief ▶▶▶ New and noteworthy

Library offers UpToDate access

The George J. Farha Medical Library at KU School of Medicine-Wichita continues to offer on-site access to UpToDate, thanks to the continued support by the Earl L. Mills Educational Trust.

For more information or questions, contact Farha Medical Library at (316) 293-2629 or email: medref@kumc.edu. Business hours are Monday-Friday, 8 a.m. to 5 p.m.

Prime time to join MSSC

Summer brings new physicians to the Wichita medical community and new members to MSSC.

If you know of MDs or DOs joining Sedgwick County practices and groups in the coming weeks, ensure they will be included in the MSSC membership and the 2024 MSSC Roster by contacting membership coordinator Rhonda Welch at rhondawelch@med-soc.org or at (316) 683-7557.

Physicians who wish to join MSSC and are not going through credentialing by affiliate Medical Provider Resources can download the MSSC membership application at <https://tinyurl.com/38nv4tn7>.

ROSTER

Keep your 2023 roster current with this information.

Key: [BC] Board Certified [F] Accredited Fellowship [R] Residency
[AT] Additional Training [F*] Unaccredited Fellowship

NEW MEMBERS



Ross Harrington, MD

[R] Anesthesiology
Anesthesia Consulting Services (7/1/23)
OFF: 304-926-0427
FAX: 866-413-9233
PO Box 2897, 67201
NPI: 1154989424

Medical education obtained at KUSM-Kansas City

7/2015-5/2019. Residency in Anesthesiology at KUSM-Wichita 7/2019-6/2023.



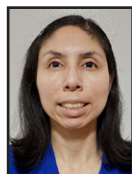
Gustavo A. Moreno Gonzalez, MD

[BC] Pathology - Anatomic Pathology & Clinical Pathology
[F*] Breast Pathology
[F*] Gynecologic Pathology
[F] Surgical Pathology
Heartland Pathology (7/1/23)
OFF: 316-636-5666
FAX: 316-636-2777

9300 E 29th St N S-208, 67226

NPI: 1558882837

Medical education obtained at University of Cuenca, Ecuador 9/2007-11/2013. Residency in Anatomic & Clinical Pathology at Medical College of Wisconsin, Milwaukee 7/2017-6/2021. Fellowship in Breast/Gynecologic Pathology at Medical College of Wisconsin 7/2021-6/2022. Fellowship in Surgical Pathology at Medical College of Wisconsin 7/2022-6/2023.



Janira M. Navarro Sanchez, MD

[BC] Pathology - Anatomic Pathology & Clinical Pathology
[F*] Breast Pathology
[F*] Gynecologic Pathology
Southcentral Pathology Laboratory, PA (7/1/23)
OFF: 316-268-5657
FAX: 316-291-7981
929 N St Francis, 67214

NPI: 1083104723

Medical education obtained at Universidad Central de Venezuela, Caracas 11/1995-1/2002. Residency in Anatomic Pathology at Universidad Central de Venezuela 1/2004-12/2006. Fellowship in Gynecologic Pathology at Universidad Central de Venezuela 1/2007-12/2007. Residency in Anatomic & Clinical Pathology at University of Hawaii John A. Burns School of Medicine, Honolulu 7/2018-6/2022. Fellowship in Breast & Gynecologic Pathology at University of Rochester School of Medicine & Dentistry, Rochester, NY 7/2022-6/2023.

CHANGES

Kahlil N. Saad, MD

[BC] Urology
Wichita Urology Group, PA

RETIRING

Stephen F. Hagan, MD – 4/25/23

Kimberly T. Krohn, MD – 6/30/23

Thomas C. Kryzer, MD – 6/1/23

Stacy L. Peterson, MD – 7/31/23

DROPPED

Mohamad K. al-Ahdab, MD – 4/18/23

Hamzah Alqam, MD – Moved out of state

John A. Billingsley, III, MD – Moved out of state

Katherine Cates Panakos, DO – 4/18/23

Derek A. Young, MD – Moved out of country



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Dreams: Realized

UPDATE

May 2023

Central Plains Health Care Partnership

From the executive director



SHELLEY DUNCAN

Project Access

Project Access has started the year with additions to our program that will help increase the support we provide to our clients. We are nearing the final phase of revisions to our software platform, Charisma Salus. This is our software that was created nearly 15 years ago and was in need of an upgrade. This process has taken over three years due to funding limitations. Fortunately, we were able to fund the last piece of the revision and have been working with High Touch Technologies. While we were able to make many of the upgrades we need, we were not able to afford every additional function we desired and will continue seeking funding for final additions.

We are pleased to report we received funding from United Way of the Plains again this year, albeit with a significant reduction. While this will create some hardship for us, we are forever grateful to United Way for their ongoing support and continued collaboration. The funding received for the upcoming year will allow us to retain our Community Health Worker.

Lauren Lopez, our Community Health Worker, has been busy with many different areas of focus. Lopez has completed her Community Health Worker training and certification through Wichita State University. In addition, Lopez is in training for the Healthy Heart program, which helps individuals with hypertension learn ways to manage and monitor their blood pressure. Lopez also will begin training in diabetes education classes offered by the Kansas Department of Health and Environment.

We want to remind our medical providers that if you are a physician who donates care, you can also refer your patients to us as long as they have no health insurance and their income meets our eligibility requirements. We have seen a decline in the number of referrals we receive from physicians, so we want to let you know you may make direct referrals to us and should have referral forms in your office. If you have any questions about this, please contact Tricia Petz, our director of operations. Email her at triciapetz@cphcp.com. We will be revising our referral forms soon and will provide those new forms to you. For any physician who is not currently a donating physician but would like to donate care, please reach out to me (shelleyduncan@cphcp.com) or Tricia. We are always in need of more subspecialists. And remember: If you donate care, you choose how many patients you want to see a year.

Project Access is hosting its third annual Altogether for Access on Thursday, Sept. 21. This event is a casual, fun event held at Dr. Donna's Sweet's home. Dinner and drinks, along with an auction event, lead up to a short testimonial from a Project Access client who has received life-saving care from our generous medical community. This event is a great opportunity to mingle with fellow physicians, meet the staff of Project Access and help support our ongoing operations. Since its inception, Project Access has served over 15,500 people with our medical community donating over \$250 million in care and treatment.

Kansas Business Group on Health

KBGH will host the next Healthcare Roundtable conference on Tuesday, July 11. This half-day conference will be at Village Travel. Topics include how employers can implement meaningful ways to incorporate diversity, equity and inclusion in their benefit plans, along with updates on legislative changes regarding health benefit plans, and more.



**Kansas Business Group
on Health**

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CONTINUED ON NEXT PAGE

Why you matter

Project Access Patient Testimonial

Belinda – Project Access patient

Two and a half years ago, Belinda's health was good. At age 61, she felt great. She was working full time and was medication-free. One day, she began having difficulty seeing out of her right eye. She sought medical attention at the ER and was told she'd had a stroke. Belinda began to navigate her health as an uninsured patient and knew that she had no other choice but to incur doctor bills. Thankfully, she was referred to Project Access and received the care she desperately needed. Belinda was fortunate, as her vision was fully restored. Her ophthalmologist felt she needed to see a cardiologist, so her journey with a new health concern began. After doctors found a hole in her heart, Belinda underwent donated heart surgery. She said her doctors were so kind and compassionate, giving her the priceless gift of vision and a mended heart. When Belinda was asked by Project Access how she would have paid out of pocket for her donated care that totaled \$136,299.57, she said it would have been "truly impossible."



About Project Access

In 1999, Project Access began coordinating access to donated medical care for uninsured, low-income residents of Sedgwick County. Thanks to our founding funders – United Way of the Plains, the City of Wichita and Sedgwick County – Project Access is still able to serve the community today. This is who participates in Project Access:

- 640 physicians
- Eight hospital systems
- 14 dentists
- 85 pharmacies
- Other allied health care services, such as physical therapy and hospice care

Project Access and its community partners serve patients in many locations. Eligible uninsured patients are enrolled for limited periods of time to address immediate medical needs. Once enrolled, patients have access to a variety of specialists, as well as prescription medication, durable medical equipment and diabetic supplies. Since 1999:

- 15,500 patients served
- \$58,117,791 physician contributions
- \$195,901,495 hospital contributions
- \$137,397 dentist contributions
- \$5,828,065 purchased medications and durable medical equipment
- \$6,230,512 donated medications
- 41,207 tests utilized through the Coalition Test Project

Update on community programs

CONTINUED FROM PREVIOUS PAGE

Shelley Duncan and two employer members from Intrust Bank and the City of Wichita attended a meeting in late April hosted by the National Alliance of Healthcare Purchaser Coalitions, which focused on mental health. The meeting included three large insurance carriers that responded to the findings of a national employer survey, which generally showed that most employers are not satisfied with the behavioral health benefits provided by these large carriers. KBGH continues to work on ways to help purchaser members (employers) address the growing need for quality behavioral health care for their employees.

KBGH is involved with a health policy committee of the National Alliance that provides updates on pending legislation that impacts employers, specifically related to health care benefit plans. The Consolidated Appropriations Act included several new requirements focusing on transparency for which employers and broker consultants are responsible. Compliance with these requirements has been limited, and the Department of Labor is beginning to address this.

Health ICT

We are in the final stages of our two CDC grants, with one concluding at the end of June and the other at the end of September, but we continue to push ahead. We are in the final approval stages of assisting a local employer with piloting a direct contract with a local diabetes education provider to help their employees who have diabetes. If this is successful, we will be able to show it as a viable model to other employers. We recently completed an Employer Market Assessment to look at coverage of the Diabetes Prevention Program that will help guide our efforts to broaden coverage of the program. We are in the third iteration of enhancing an app for a local telemedicine provider that will build a more robust data structure, and potentially allow for decision support within the app, as well as facilitating bi-directional referrals.


 Executive Director

MSSC NEWS

MEDICAL SOCIETY of
SEDGWICK COUNTY 1102 South Hillside • Wichita, KS 67211
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