

County & City Members of Cocke County,

I am writing this email to formally document serious, ongoing concerns involving Cocke County's contracted EMS provider and the direct impact these issues have had on employee safety, operational integrity, and patient care throughout this county. This email is not written emotionally, nor is it written out of retaliation. It is written because internal reporting failed, oversight failed, and the consequences of that failure now directly affect the citizens of Cocke County.

For transparency and accountability, this correspondence has been sent to all County Legislative Body members whose contact information is publicly available on the county website, as well as to other relevant government officials. I am asking that those members who do not publicly have their email available on the county website be forwarded this email for full transparency to all. I have also included several other important entities in this county who deserve the full transparency, such as all fire department chiefs and the EMA director. This was done intentionally to ensure these concerns are not minimized, dismissed, or quietly buried. Fire departments, sheriff's office, police department and EMA work directly alongside this company day in and day out. They are routinely dispatched to scenes during level 0 status, delayed responses, and critical emergencies. They witness firsthand the operational realities, staffing shortages, response delays, and system failures described in this email. To exclude them from this communication would be a disservice- not only to them as first responders but to the integrity of this process. These agencies are not outside observers. They are directly impacted stakeholders who have been required to overcompensate for the gaps in emergency medical care and expected to manage the consequences of the gaps in real time, often while standing in front of families waiting for an ambulance. Including these agencies ensures that this discussion

is grounded in shared operational reality, not isolated complaints or secondhand narratives. It also ensures that accountability does not exist in a vacuum but is informed by those who have consistently worked in and around this failing system. Transparency requires that those who have been affected, relied upon, and placed in difficult positions by these failures are aware of what concerns have been presented to you and why. Public service does not function in silos, and neither should accountability. The people of Cocke County deserve transparency when it comes to public safety, contract compliance, and emergency medical services.

My husband and I did not "quit" our positions because we were "disgruntled." We left against our will because the work environment had become unsafe, hostile, and negligent, and because remaining would have required knowingly participating in conditions that put employees and the public, OUR community, at risk. While still employed, concerns were raised repeatedly and in good faith through proper channels. Formal complaints were made to Lindsay Ellison (Cocke County Director), Rob Webb (Vice President of Operations), and Kayla Baker (HR Coordinator). These complaints were raised prior to multiple employees being forced out and again as conditions continued to deteriorate. Rather than meaningful corrective action, the response was minimization, deflection, and retaliation toward those who spoke up. This pattern is a major reason the turnover rate at this agency is so high. Experienced dispatchers and responders do not leave public safety jobs without cause. This career is not for "funsies". It is either in your soul and a calling, or it is not. Plain and simple. They leave when leadership refuses to address safety concerns and when speaking up becomes a liability.

Unsafe and Unsanitary Workplace Conditions

The working environment included ongoing pest infestations, including cockroaches and bedbugs. These conditions were known, reported, and repeatedly dismissed. During Thanksgiving lunch, cockroaches were reported in person to leadership, and the subject was immediately changed rather than addressed. These were not treated as urgent health or safety issues. Any other workplace—restaurants, schools, healthcare facilities, or county buildings—would face immediate corrective action for these conditions. Emergency medical services should not be exempt from basic workplace standards. These employees enter residences of our community all day every day, no patient requiring care should be subject to receiving bugs inside their home from this company's neglect.

Controlled Substances and Medication Security

Narcotics and controlled substances were stored in an unlocked filing cabinet at the responsibility of dispatchers. Under Tennessee EMS regulations and controlled substance requirements, narcotics may only be:

- secured in locked storage, or
- in the direct possession and control of appropriately licensed personnel, such as paramedics.

Dispatchers are not licensed to possess, secure, or be responsible for controlled substances. This practice placed dispatchers in a non-compliant and unsafe position and exposed both the provider and the county to serious regulatory and legal liability. Remaining staff later indicated that this practice was changed, after us

bringing this to light. However, it should never have been in place to begin with. Correcting a practice after the fact does not negate the seriousness of allowing it to occur.

Communication and Scene Safety Failures

Crews responding to medical calls were repeatedly sent onto scenes without portable radios while away from their ambulances. This is not a minor oversight. This is a severe and unacceptable responder safety failure. Imagine a law enforcement officer or firefighter being sent onto a scene without a portable radio. That would immediately be recognized as unsafe, negligent, and unacceptable. No police department or fire department would knowingly allow their personnel to operate on a scene without a reliable, immediate means of communication. Emergency Medical Services should not be held to a lower standard simply because they are contracted. EMS scenes are unpredictable by nature. Many patients present with altered mental status (AMS) due to intoxication, drug use, head injuries, hypoxia, metabolic emergencies, psychiatric crises, or medical instability. These patients can become combative, confused, or violent without warning. Scenes can escalate rapidly. Without portable radios, EMS personnel are unable to:

- call for immediate assistance if a scene becomes unsafe
- request law enforcement support
- communicate rapidly deteriorating patient conditions
- coordinate scene safety
- alert dispatch if they are in danger

Cell phones are not an acceptable substitute. Cell service is unreliable and inconsistent throughout Cocke County, especially in rural areas, mountainous terrain, and valleys. There are many locations in this county where cell phones simply do not work. Relying on personal cell phones for responder safety communication is unsafe and irresponsible. Any first responder — EMS, fire, or law enforcement — operating on a scene without a guaranteed and reliable means of communication is placed at unnecessary risk. This compromises responder safety, patient care, and scene coordination. This is not a preference issue. It is a fundamental public safety requirement.

Sexual Harassment & Misconduct, Favoritism, and Hostile Work Environment

There were ongoing issues involving employees engaging in sexual activity while on shift inside the workplace building. This conduct is unprofessional and raises serious civil rights concerns related to sexual harassment by creating a hostile work environment. Allowing sexual relationships or sexual activity in the workplace — particularly when leadership is aware and fails to intervene — creates favoritism, retaliation dynamics, and unequal treatment. This behavior would be undeniably unacceptable in any professional environment. Teachers, doctors, nurses, law enforcement officers, and other public servants would face immediate investigation and discipline for similar conduct. By failing to hold this contracted provider to the same standards as every other employer operating in Cocke County, the county is allowing this conduct. Government oversight carries responsibility. Allowing a contractor to operate outside basic legal and ethical standards is not neutral — it is enabling. These concerns were raised based on firsthand observations, and internal reporting among several employees to the director. This is presented as an oversight review for you

to conduct on your own rather than as a legal determination. Feel free to reach out to both current and former employees, or even hospital staff if you feel it necessary.

Retaliation and Credibility Attacks

A letter was submitted by an individual with a close and very personal relationship to the director labeling my husband and me as “disgruntled” and alleging that we made scenes uncomfortable or unsafe for Priority Ambulance employees. This allegation is false. Until this morning, my husband had not run any medical calls nor been in any situation involving Cosby Fire where he was in the presence of Priority Ambulance employees since last week. During that timeframe, he was not present on scenes in any capacity that could have caused discomfort or safety concerns. These facts are verifiable through Central Dispatch CAD records, unit assignments, timestamps, and incident logs. This morning, my husband did respond to a cardiac arrest where he was met on scene by Priority Ambulance employees. Importantly, the individual who made the allegations was not present on that scene. Further, that interaction is documented on body camera footage of a CCSD officer, which clearly captures Priority Ambulance employees stating how grateful they were for my husband’s presence and assistance, expressing appreciation every time he shows up to help. At no point was the scene made uncomfortable, unsafe, or hostile. In fact, the documented evidence directly contradicts the allegations and demonstrates professional cooperation and gratitude from Priority personnel on scene. Characterizing my husband as making scenes “uncomfortable” is not only inaccurate — it is an extreme misrepresentation of reality and is unsupported by evidence. Objective records, including dispatch logs and body camera footage, tell a very different story. Attacking credibility instead of addressing documented operational failures is retaliation. When false narratives are created despite verifiable evidence to the contrary, it further discourages good-faith reporting and reinforces the hostile environment that led to this escalation. The County Legislative Body is encouraged to review both Central Dispatch records and body camera footage to independently verify these facts rather than relying on secondhand claims or personal relationships.

Contractual Leadership Requirements and Structural Failure

Per the EMS contract, there is to be a director, which does exist. However, the contract also requires three paramedic supervisors—one per shift. This requirement has not been met. Instead, one individual has effectively been responsible for EMS operations 24 hours a day, 7 days a week, 365 days a year, and this has been the case for years. This is not sustainable. It is impossible for one person to manage every operational detail, personnel issue, compliance requirement, and daily decision across an entire EMS system without failure. This is not a reflection of individual effort or intent. Even the most capable leader would fail under these conditions. As a result, dispatchers, EMTs, Advanced EMTs, and paramedics were routinely forced to make critical decisions on the fly due to being unable to reach leadership when guidance is needed. This places frontline employees in inappropriate decision-making roles and creates unnecessary risk to patients, responders, and the county. Again, per the contract, this is not how the system is supposed to operate.

Call Volume, Staffing, and Burnout

Run numbers reset to one in January. I was employed from January through December. Upon my leaving in December, the agency had handled well over 7,500 calls for the year with only four full-time dispatchers. At no point is central dispatch ever left in a position where there is only one dispatcher. This workload is unsustainable. Even the most well-trained and experienced dispatchers have the potential to fail under these conditions. Excessive call volume with inadequate staffing directly contributes to burnout, delayed call processing, delayed dispatch, and increased risk of error—none of which are acceptable in emergency services.

Response Times, ALS Coverage, and Patient Risk

There are recurring and documented issues with delayed response times, inadequate advanced life support coverage, and insufficient unit availability. There are frequent periods where there are barely three staffed trucks available, and many times those trucks are not all ALS-capable. Citizens do not typically call 911 for convenience. They call because minutes matter in an emergency. Delays in care and lack of ALS availability directly affect patient outcomes. Flat out refusals to run calls from crews, which happens multiple times per week also greatly affects patient care.

Level 0 Status and Improper Reliance on Fire Departments

Level 0 is reached several times per week. The solution from priority has been to send fire departments and law enforcement officers to sit with patients until EMS becomes available. Imagine being a firefighter or police officer sitting with a family for 10, 20, 30+ minutes, able to offer maybe oxygen, maybe CPR, maybe conversation, the care minimum basic care — while the family is asking where the ambulance is and why you are just sitting awkwardly and unable to help much. This is unacceptable. It is embarrassing for first responders. It makes this county look incapable of providing basic emergency medical care. It places emotional strain on fire and law enforcement and destroys public trust, when it is not even their fault to begin with.

Quick Response Vehicle and Contractual Obligations

The quick response vehicle is owned by Priority and not paid for directly by the county. However, the EMS contract requires that this vehicle be used to provide rapid medical response to emergencies. Ownership does not remove contractual obligation. The quick response vehicle is owned by Priority Ambulance but is contractually required by this county to be used to quick respond to medical emergencies. Instead, it has been used as the director's to-and-from home to work vehicle. It was not properly stocked. Several fire departments and law enforcement officers can attest that when it did appear on scene, medical assistance was almost never rendered. A QRV that does not provide care is not a response asset.

Failure to Meet Community Training and Prevention Obligations

The EMS contract requires community engagement and training. This raises critical questions:

- Where are the AEDs Priority is required to provide and maintain throughout the community? How many are deployed, where are they located, and when were they last inspected?
- When was the last time Priority provided CPR training to first responders?
- When was the last time Priority conducted training with teachers in schools, police departments, fire departments, or the general public as they are suppose to do per the extended contract?

Dispatch Certification and Legal Risk to the County

Dispatchers are the first and only point of contact during life-threatening emergencies until someone arrives on scene. Without Emergency Medical Dispatcher (EMD) certification, dispatchers are not permitted by TN EMS and EMD standards to instruct people on CPR, stop the bleed, overdose response, or seizure management. Providing such instructions without certification exposes dispatchers to huge risks. Priority will send people to EMT, AEMT, and Paramedic school and hold them contractually for years — but refuses to pay \$400 per dispatcher for EMD certification, even when an instructor offered to do it at cost. Dispatchers are left helplessly listening to families scream while watching loved ones die and unable to even try to help because of this.

Unit Availability and CAD Documentation

- How many times this year has Cocke County operated with only two available EMS trucks, and for how long?
- How many times has the county operated with only two & three trucks available, without ALL of them being ALS-capable as required by counties contract?
- How many times has central dispatch been notified to document in CAD that Priority was running non-emergent traffic to a life-threatening emergency?

These answers exist in CAD data and should be reviewed independently.

Independent Investigation and Credible Witnesses

I am specifically requesting that the CLB speak directly with both current and former employees. Every employee who has left this organization has done so for a reason, as I stated in the beginning this job is a passion. You were either made for it, or you were not. Many have moved on to bigger and better opportunities, and many still serve this county in other first responder roles. These are credible, well-known individuals within the community. I do not appreciate my husband and me being labeled as “disgruntled.” Anyone who knows us personally knows that we respond to emergencies with the best interests of the community at heart, we drop what we are doing and show up. You are welcome to speak with individuals such as CJ Ball, Danny Ray Reece, Josh Smith, Justin Vinson, Gavin Colley, Miranda Williams, Walt Cross

Sr., Walter Cross Jr, Cody Keys, Michael Shelton, Dustin Parks, Josh Malone, Katie Spann, and even Mark Strange and others within the county first responder services. Those people KNOW us, know our hearts, know our intentions are pure, and know that we have a passion for this place and its people. We are not perfect, but we serve this community well and with our whole hearts. To be belittled by someone who does not know us or our level and love for service is deeply disheartening and inappropriate when all we are requesting is that you do the job you were elected to do and look out for the best interest of this county.

Ambulance Readiness Failures and Lack of Equipment Accountability

In addition to the failures outlined above, there are repeated and documented instances of ambulances arriving on critical medical calls without being properly stocked for the emergency at hand, resulting in avoidable delays in patient care. Ambulances have responded to life-threatening emergencies lacking necessary equipment or supplies required to immediately render appropriate care. When this occurs, crews are forced to:

- delay treatment while searching for missing equipment,
- wait for another unit to arrive,
- or improvise care under conditions that should never exist in a properly prepared EMS system.

In emergency medicine, seconds matter. Delays caused by missing equipment directly impact patient outcomes and place unnecessary risk on patients and responders alike. These failures are compounded by the fact that crews are not consistently held accountable for completing required daily truck checks. Daily unit checks are a fundamental responsibility in emergency medical services. They exist specifically to ensure that ambulances are stocked, functional, and ready to respond to any emergency at any time. When crews are not required—or not enforced—to complete thorough daily checks, the result is predictable:

- unstocked or partially stocked units,
- missing or expired supplies,
- equipment failures discovered on scene instead of before deployment,

and preventable delays during critical patient care.

This lack of enforcement reflects a broader pattern of inadequate oversight and accountability. In any other emergency service—fire, law enforcement, aviation, or hospital-based care—failure to ensure equipment readiness would result in immediate corrective action. Allowing ambulances to respond to critical calls without being properly stocked is unacceptable. Failing to hold crews accountable for daily unit readiness further compounds risk and demonstrates a systemic breakdown in leadership, supervision, and quality control. Emergency medical services are not measured by intentions, explanations, or excuses. They are measured by preparedness at the moment a life is on the line. In these instances, that preparedness was not present.

County Legislative Body Responsibility, Oversight Failure, and Public Liability

As the County Legislative Body of Cocke County, it is important to state clearly and without ambiguity: this IS your responsibility. Priority Ambulance does not operate independently. It operates under a contract

approved, extended, and enforced — or not enforced — by this body. The County Legislative Body voted to extend this contract. With that vote comes responsibility for oversight, accountability, and enforcement of contractual and legal obligations. When a county contracts out emergency medical services, it does not contract out responsibility. The EMS provider acts as an agent of the county in delivering a core public service. When a contractor repeatedly violates contractual requirements, fails to meet minimum standards of care, allows unsafe practices, and creates foreseeable risk to the public — and the governing body is made aware of those failures yet allows them to continue — liability does not stop with the contractor. This includes, but is not limited to:

- failure to enforce contract requirements,
- failure to correct known safety violations,
- failure to address civil rights violations and hostile work environments,
- failure to ensure adequate staffing, training, and equipment,
- failure to act after repeated complaints from employees, first responders, and the public.

The County Legislative Body cannot claim ignorance when concerns are raised repeatedly, documented internally, escalated publicly, and now formally presented in writing. Inaction after notice is a decision.

It is not a defense to say “this is Priority’s issue” when:

- the county selected the provider,
- the county extended the contract,
- the county has authority to enforce, amend, or terminate that contract, and the county is ultimately responsible for ensuring its citizens receive timely and competent emergency medical care.

From the perspective of the citizens of Cocke County, there is no meaningful distinction between “the county” and “the county’s EMS provider.” When an ambulance is delayed, unavailable, improperly staffed, or improperly equipped, the public does not blame a corporate entity — they blame their county government. If a citizen dies, suffers permanent injury, or experiences preventable harm due to delayed response, lack of ALS coverage, lack of equipment, or systemic failure, the question will not be:

“Who was the contractor?”

The question will be:

“Who knew — and what did they do about it?”

This body was elected to act in the best interest of the people of Cocke County. Allowing a known pattern of failures to continue after notice is not passive governance — it is a choice. And choices have consequences. The citizens of this county are watching. They are asking questions. And they will hold accountable not only the provider, but the governing body that allowed these conditions to persist. This is not speculation. This is how public accountability works.

THIS is why this IS a CLB matter:

This issue goes far beyond bugs. It encompasses contractual violations, leadership failures, unsafe staffing levels, lack of training, delayed response times, and a culture that discourages accountability. These concerns were reported internally, where no care was given. Now they are being reported publicly because it has become clear that no care is being given at the oversight level either. I am prepared to take this as far as necessary to ensure the people of Cocke County receive the emergency care they deserve. This email was sent deliberately and transparently. Cocke County deserves more than excuses. First responders deserve more than retaliation. The public deserves an EMS system that functions as promised. Our LEO and firefighters deserve to be able to work knowing that they can trust that the ambulance is on the way, prepared, ready, and able to save a life. If you believe this provider is meeting its obligations, then reviewing the data will confirm it. If not, continued inaction is not neutral—it IS a choice. We deserve better. The people of this county deserve better, YOU as a member of this county with loved ones in this county **DESERVE BETTER**. This correspondence is provided to each of you in good faith for purposes of oversight, transparency, and public safety review.

Thank you for your time and attention to this matter, I am eager to see how you choose to handle it. Should you be interested in viewing the **BINDER** of proof to back every single thing mentioned herein, please reach out directly.

Signed,
Talía Williamson