WHO CARES FOR THE RESPONDER

by John M. Scorsine, Esq.*

The pager beeps, the klaxon sounds, or the smart phone rings; and, out of the comfort and warmth of their bed a volunteer first responder (i.e. firefighter, paramedic, emergency medical technician, or search and rescue team member) is rudely awaken. Hearing the 911[1] dispatch information from the radio; the responder pulls on their jump suit[2], laces up their boots, and reaches over to kiss their spouse goodbye. It is a kiss they both know, but refuse to consider, may be their last memory of their loved one. And, with that, the responder heads out in the dark, cold, rainy night to meet their fate.

In the next moments of this early morning, they may be headed to the heat of a fire; the chill of an avalanche; the devastation left in the wake of a tsunami or a tornado; or, the bedside of a child unable to breath. They share within themselves the altruism of

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1. 911 is the emergency dispatch network in the United States. It is analogous to 999 in Hong Kong, 115 in Vietnam, or 112 in many other countries. (As this paper is being presented to an international audience that may not be familiar with the "jargon" of a first responder in the U.S., explanations will be extended where appropriate.)

2. A "jump suit" is a specially designed coverall, often made of flame resistant/retardant fabric.

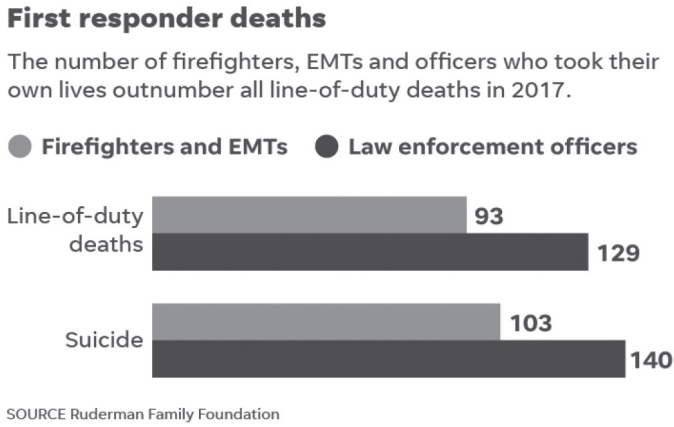
the Bodhisattva ideal; but they also share the shock, horror and grief of the dismembered body, the lifeless infant, the elder whose last breath has been expelled, and the suffering of those near and approaching death due to illness or trauma.

We often consider the patient, who has succumbed to illness; or, the homeowner that has lost all that they treasured. But, how often do we consider the physical and psychological toll that their altruism takes upon the first responder. This paper is merely a brief survey of the need for care for the first responder – whether they be in a career/paid position or in a volunteer capacity. However, this exploration will focus more pointedly on the volunteer first responder and how the principles of Buddhism and mindfulness are making inroads in the care and resiliency of these heroes found in every community of our World.

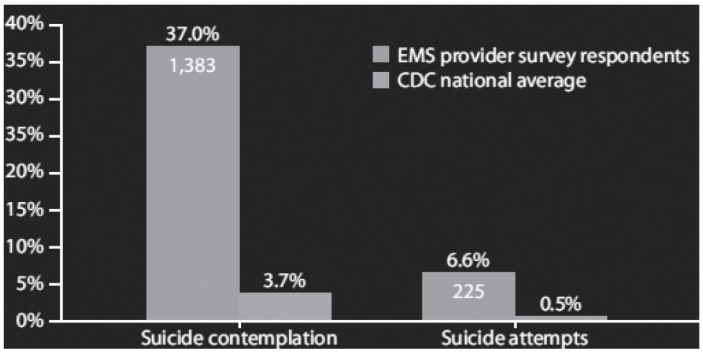
In the United States, 69% of firefighters are volunteers[3] and some 50 % emergency medical providers are as well. These numbers increase to well over 90% in predominantly rural areas. Generally, they are trained to the same standards as their career or paid colleagues. While their call volume is far less and often times, they are responding not to some unknown patient or victim of a tragic accident; but they are headed to aid a neighbor, friend or relative – such is life and death in a small town. In many ways, it is this factor which magnifies the impact of events they observe and respond to in exercising their duty.

The repercussions of their selfless service to the community is reflected in alarming statistics and rates. In the United States, more firefighters and police officers during 2017 died at their own hand, than perished in fires or altercations. (Heyman, 2008) It is hard to imagine that this is different than the experience in other countries. Often times, departments and communities focus on the psychological toll a high-profile incident – a terror attack, a school shooting, a bombing at a café – takes upon responders and civilians alike; but what is lost in the discussion of that "CNN Moment" is the suffering, pain, and anguish witnessed by a first responder on a daily basis.

3. National Fire Protection Association



According to a survey by the University of Phoenix, 34% of first responder personnel report being formally diagnosed with post-traumatic stress disorder (PTSD), as compared to a lifetime risk among all adults of developing the disorder of just 3.5%.[4] "PTSD is marked by unusually strong, and often difficult to control, feelings of anger, guilt, anxiety, fear, or shock. These symptoms create significant difficulty in conducting standard daily activities. Common co-occurring conditions also include: Alcoholism or substance addiction; Anxiety disorders; Personality disorders; Adjustment disorders; and, Depression or bipolar disorder."[5]



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4.https://www.phoenix.edu/about_us/media-center/news/uopx-releases-first-responder-mental-health-survey-results.html

5.https://blog.grahammedical.com/blog/ems-ptsd-statistics

6.https://www.jems.com/articles/print/volume-40/issue-10/features/survey-reveals-alarming-rates-of-ems-provider-stress-and-thoughts-of-suicide.html (Note: The CDC is an agency of the United States (U.S.) government formally known as the Centers for Disease Control; "CDC National Average" is expressed as a function of total U.S. population.)

The symptoms of PTSD in the first responder, however, follow no particular pattern. Just as the coping mechanisms individuals engage in times of stress are highly individualized, so is the manifestation of PTSD related afflictions. Most commonly, the symptomatology falls into three categories, which can be manifested singularly or in conjunction: intrusive memories, avoidance behaviors, and the effects of hyper-arousal. Each manifestation carries with it its own set of impacts upon the professional and personal lives of the afflicted.

As the frequency and intensity of disasters increase, whether a result of climate change or human strife, one can only imagine the adverse effect that an ever-increasing operational tempo will have upon the physiological and psychological health of the first responder community.

Understanding the problems faced by first responders only provides framing to the true issue.

Recognition needs to be made that reactive support to first responders, with services such as critical incident stress debriefing, while certainly of benefit to those afflicted by witnessing or participating in traumatizing events, is nothing more than a panacea. It is a valiant effort at attempting to harness the beast, after it has left the barn. The true remedy for the mental health crisis afflicting first responders is recognition of a need for proactive support.

It is in the basic academy training of first responders that they must be provided the tools with which to cope throughout their years of service, whether volunteer or career (compensated). It is here that seeds for immunity, the vaccination if you will, must be administered to provide to first responders the resiliency required to perform their mission. It is here that the Great Physician and the Dhamma provide exactly the medicine which is sought by so many.

In speaking to monks in the Simsapa Forest, it is said that the Buddha instructed about stress.

"And what have I taught? 'This is stress... This is the origination of stress... This is the cessation of stress... This is the path of practice leading to the cessation of stress': This is what I have taught. And why

have I taught these things? Because they are connected with the goal, relate to the rudiments of the holy life, and lead to disenchantment, to dispassion, to cessation, to calm, to direct knowledge, to self-awakening, to Unbinding. This is why I have taught them.

"Therefore, your duty is the contemplation, 'This is stress... This is the origination of stress... This is the cessation of stress.' Your duty is the contemplation, 'This is the path of practice leading to the cessation of stress.'"[7]

With such specific teachings, it is not unexpected that the thoughts of the Buddha would be reflected in various approaches and modalities advanced both for the teaching of resiliency and for the treatment of PTSD.

The beauty and elegance of Buddhism is that it is at once a religion, a philosophy, and a science of the mind. Perhaps this is the greatest gift bestowed upon us by the Buddha. The Dhamma together with the practices and teachings to be derived from it, provide all responders with the jump-kit[8] needed for self-care and the care of our colleagues. To use these tools and interventions does not require one to be Buddhist; nor, does it necessarily have to conflict or challenge the belief system or wisdom path one has chosen.

The Buddha and those that have followed his teachings for all these last few millennia, have provided a wealth of tools to be used to serve the first responder. In the brief format of this essay, it is impossible to address each practice and its various variants. But, by way solely of illustration, the briefest of explorations is offered.

Before the first call a fledging responder is dispatched to, while learning the techniques of fire suppression, cardiopulmonary resuscitation, or the use of force, we must teach and emphasize self-care. The practice of mindfulness is uniquely suited for developing the individual resiliency required to devote oneself to public service.

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7. SN 56.31

8. A "jump-kit" is an easily carried medical bag used by first responders containing both basic and advanced life support equipment and medications. The author's kit contains splints, bandages, airways, medications, intravenous fluids, diagnostic equipment and equipment for emergency intubation, chest decompression, and cricothyrotomy.

Of course, today, mindfulness is marketed, packaged and is "in vogue"; it is the new, best thing. It is a phenomenon that has exploded upon the popular culture. Many that practice mindfulness do so with little understanding or connection to its underlying teachings. That said, what is it really? Mindfulness, for the purpose of this essay, is reduced to its simplest and most secular form. It is simply that awareness which arises from purposely paying attention to the World around you at this present moment, without judgment, expectation or bias.

A Canadian firm, MindWell U, markets mindfulness training to various professionals.[9] In 2017, they provided an online mindfulness training program to 178 first responders. After 30 days, the participants self-reported that:

- 95% feeling better about their health and wellbeing
- 93% managing stress better
- 92% practicing greater self-care
- 92% focusing better on tasks
- 91% engaging more with work
- 91% managing conflict better
- 89% treating others more kindly
- 88% communicating better
- 83% experiencing improved leadership skills
- 81% collaborating better with others
- 80% managing time better[10]

The survey is certainly not able to withstand scientific rigor; but, as an anecdotal point of reference it does demonstrate the potential for real benefit. More scientific studies confirm these results. (Smith, 2011)

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9. No endorsement of the products or services of MindWell U is either expressed nor implied by the author. It is merely offered for its illustrative purpose of the beneficial secularization of mindfulness training.

10.https://www.newswire.ca/news-releases/first-responders-respond-to-mindfulness-620584853.html

For example, the Smith study of firefighters and PTSD found that, "mindfulness was associated with fewer PTSD symptoms, depressive symptoms, physical symptoms, and alcohol problems when controlling for the other study variables. Personal mastery and social support were also related to fewer depressive symptoms, firefighter stress was related to more PTSD symptoms and alcohol problems, and years as a firefighter were related to fewer alcohol problems." (Smith, 2011) Beyond first responders, resiliency is of critical importance to members of the armed forces. The use of mindfulness in increasing the resiliency of the military has also been the subject of study. (Rice, 2013)

Our educators, whether in the fire service, EMS or law enforcement, are highly skilled and successful in teaching young men and women how to execute their mission. We impart upon our students the skills and training to protect property, save lives, and defend the innocent. In the course of their training, they learn how to physically survive the encounters their calling forces upon them. Yet, we do very little to equip them to survive psychologically. If only mental wellness was considered as seriously as physical prowess in the training academy, with perhaps only moments of each day devoted to the fitness of the mind; the individual cost of being a first responder could be forestalled.

Yet, even with prophylactic training in mindfulness, the most resilient of those among us can reach the point at which we are overwhelmed. Whether through the cumulative impact of a career of service, or a singular incident the horror of which overwhelms the mind; each responder is susceptible to needing tools to aid in their recovery of balance and harmony.

Here again Buddhist practices have been stripped of their religious underpinnings, secularized, and used to aid in the recovery of the responder. The Veteran's Administration in the United States deals extensively with service members that have returned from conflicts with profound symptoms of PTSD. Many of the facilities they operate offer instruction in practices which many Buddhists will recognize, though secularized. Predominantly, these are mindfulness meditation and meditations on a mantra or the breath.

Though devoid of the religious aspects, the practices taught to those that suffer from PTSD are entirely consistent with Buddhist thought and philosophy. Why wouldn't they be? The Buddha taught that we suffer due to our futile attempts to escape conflict and negative experiences. He taught that through our practice we can open our hearts and clarify our minds. Mindfulness teaches us to be present in the moment. Meditation, when reduced to its essence, is about mindfulness and concentration. It is a perfect tool to be used in aiding others overcome the anguish of PTSD. Research has proven mindfulness practices to be effective and empowering.

This really brings into clear focus the fact that it is us, the practitioners of mediation, who have a critical role to play in caring for our community's first responders. While we should never seek to proselytize or alter one's faith tradition; those among us with the confidence and skill to teach mediation and to lead others in the exploration of their mind, should do so. Our first responders deserve to be given the training needed for self-care at the outset of their adventure in public service. And when the invisible wounds of that service afflict them, they need to be offered the tools to alleviate their own suffering, just as they have done for the suffering of so many others.

Ultimately, the one that must care for the responder; is the responder themselves. However, that care need not be a solitary journey; as neither is the injury.

The calling of a first responder takes a toll not only on the responder, but on the family as well. Returning to our opening vignette, the spouse and children of that responder called out into the dark of the night are not unaffected. They, too, suffer from the trauma of separation. Whether it is the uncertainty of not knowing; or, perhaps, even more difficult, the monitoring of the call on a home radio the family suffers along side the responder.

Moreover, imagine the horror a family experiences if they monitor the radio traffic of a structure fire, knowing their loved one is on the scene, only to hear the radio crackle, "May Day, May Day, May Day…man down, medics respond to Truck 158." There are a

host of services and seemingly endless news coverage on the plight of the responder afflicted with PTSD; but despite being miles removed from the immediate danger, the family suffers too.

Whether it is styled as compassion fatigue or secondary trauma, the children and spouse are impacted by the strain the life of a first responder places upon them. After the tragic terrorist attack on September 11, 2001, some limited studies were conducted. One study involved children of first responders in New York City and revealed that children in families with emergency medical technician parents had a statistically significant higher incident of probable PTSD symptomatology. (Duran, 2006)

This strain has been studied in the literature, though it seems devoid from the popular press. The earliest commentary in the popular literature is from an evangelical Christian organization in 2008. There, Focus on the Family, recognized that the marriages in first responder households were at risk due to a number of stressors unique to the marriage. The long shifts and odd hours of career personnel; the unexpected and unplanned interruptions of family life for the volunteer; the singular focus of responders to their calling; the intensity of the adrenalin rush the responder experiences in going from calm to emergency operations in nanoseconds; and, the financial strain that can accompany either underpaid governmental service or the economic cost of volunteering all are present and exert their negative influences.[11]

Counseling programs for the children of first responder families is only recently being explored; but its benefit cannot be understated.[12] As early as 2002 parenting guides to assist EMS families were developed to aid in explaining the rigors of the first responder life to children. (Vogel, 2005) However, their distribution and publication has been limited and sparse.

The first responder has at least two independent support networks: their family and their colleagues. Unlike their colleagues with whom

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11.https://www.focusonthefamily.com/marriage/marriage-challenges/first-aid-for-first-responders/at-risk-relationship

12.https://www.ems1.com/amu/articles/393116048-How-children-of-first-responders-can-benefit-from-counseling/

they share a common core of experiences; their family members lack that advantage. They either under-estimate the impacts the calling places upon their first responder; or, perhaps more injurious, the family may overly worry about the safety and security of their loved one. All to often, the only time the suffering of the first responder family is considered, is when a chief officer and chaplain make that mournful walk to the door of the responder's residence to inform the survivors of their loved one's loss in the line of duty.

Children are especially vulnerable; as they are insightful often beyond their years. They innately pick up on the stress level in the home; their hearing acuity often exceeds their parents' expectations, hearing what was not intended for their consumption. Yet, they lack the coping mechanism and understanding to effectively process the stressors. This often will manifest itself in behaviors that are undesirable and with which the parents lack understanding. The result is an ever-escalating tension and level of dysfunction in the family.

Once again, it is submitted that the various practices of mindfulness meditation can be successfully brought to bear to aid the family of the first responder as well. They are truly silent victims. It does little to focus on the wellness of the responder; if in the process the responder's entire family support network disintegrates. We must provide the same levels of prophylactic training in mindfulness and development of resilience to the family as we do to the responder themselves; and, its provision may even be more critical.

The Buddhist approach to mindfulness, whether practiced in the context of its religious underpinnings or stripped of its religiosity and presented in a secular context, is fundamental to the development of harmonious families in the presence of a family member that is a first responder. Our first responders provide healthcare to the community under the most taxing, arduous and austere conditions. For us to sustain that level of emergency services our communities and society desire, we must be the ones that care for the responder.

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