Suicide...

The Aftermath and Effect

parts 1 and 2

3 Perspectives of PTSD

What it does and what we can do...

Introducing:
The PSDiver SURVIVAL Workshop
Greetings,

This issue has been difficult to put together. I have no staff or research team to find and summarize material for me or even help with file conversions and the layout. That is not new; it has always been that way. The magazine is time consuming and sometimes challenging as well but being difficult to put together, is not a new thing.

But this issue was different.

I retired from an almost 35 year career as a fire fighter. I was a member of our dive team for almost as long. In my career, I experienced violence against others, suicides, victims of just about anything you can be a victim of and it was our job to do what we could to help those people. Help might mean searching for a drowned child in a river or extracting a mangled teen from a car. It might mean performing CPR on someone who already had rigor mortis start because their spouse needed someone to do something. It might mean telling a young mother we were able to find her son but he had not survived.

Help might mean we drove around during a freeze and shut off water valves where it was obvious the cold had burst pipes. It might mean helping someone’s father or mother off the floor for the 100th time. It might mean holding the hand of a teenager or the operator of a crashed motorcycle as they die, so they are not alone.

It really didn’t matter, if we were called, we went. It didn’t matter what the call was, when we returned to the station, we picked up where ever we were before we were toned out. Sometimes it was a bit solemn for a while.

About half-way through my career, someone decided we needed a Critical Incident Management Team to provide an outlet for us to talk about our feelings after particularly bad or gruesome calls. A few handpicked people were sent to a class and began working to reduce our critical stress issues. We didn’t know we had issues.

When we would have a “meeting” it was always in a group format and for the most part we would listen to someone tell us how we were supposed to be feeling or how we should be reacting to whatever it was we had been involved with. It was rare for someone in the group to volunteer anything.

The meetings did nothing. They were meaningless.

Except, they introduced a concept to us that caused us to consider that we might have issues that we didn’t know or consider. Maybe because they told us how we were supposed to act, we may have subconsciously begun to act that way. Or not... It didn’t matter; we had no desire to sit in a group, or even to talk with someone from the department about anything personal.

Maybe it was a trust issue. Every so often something would occur that would remind us that we were hired help and had value only as long as someone higher up the food chain valued us. If talking about an issue showed a weakness of any kind, real or artificially instigated, we certainly would not want anyone to know it.

Eventually that team fell by the wayside. It was later replaced with an Employee Assistance Program. The EAP was unaffiliated with the city or the fire department and was prohibited from sharing information about their clients by HIPPA. That resolved the trust issue but it still didn’t cause a stamped of firefighters to want to talk about their feelings.

But things change.

In my career, a number of retired firefighters, some who
retired after I joined, committed suicide. One had been a friend of mine even before I joined the department.

After his second divorce and COPD setting in hard, he called his children and told them he loved them. He sat down in the bathtub and pulled the shower curtain closed. He did that to keep the mess contained. He had seen things in his career and knew how messy suicide could be – especially when you use a shotgun pressed under your chin.

Things like that stick with you - people you know who committed suicide. Having made calls to similar scenes and having the images hidden away... memories sometimes trigger and tend to flood your senses. The emotional responses that are familiar when you are constantly exposed to such things involving strangers become normal. I was fortunate enough to only have to respond to one suicide call where I knew the family but not their child.

Having been retired for a few years now, I go to bed and actually fall asleep most of the time. There was a time I could not sleep more than 4 hours at a time but it would take 2 hours to get there. Sometimes I would get in 6 hours, but at home and only after an exhausting day or with a little help.

I have a new normal now. More importantly, I now recognize that I was not normal when I was working.

The terms Critical Incident Stress, Critical Incident Stress Syndrome, Post Traumatic Stress Disorder, and all the similar and familiar terms used to describe physiological harm, refer to the physiological effect of exposure to traumatic events. If you were the victim too, the issues intensify. Being crushed and burned in a building collapse is not something I would recommend.

It took a long time before I understood the effect my career had on me, on my family. Without knowing it, I had learned to compartmentalize the events. I describe it now as having doors in my mind that I keep shut, locked and bolted. I don’t peek inside and those memories stay behind the doors.

It works for me. Occasionally a sound, a smell or worse – someone wanting to talk about what I have seen or tell me about the last car wreck they worked or the victim they recovered from the river – something will trigger and the doors sag open a bit. Often times, a few of the little bastards escape.

I’ve gotten good at putting them back in their place - behind the doors. I can’t get rid of them but I usually can control them. That does not always mean it is easy or fast.

If I am drawn into a conversation and I recognize that the comments are an effort for them to share their experience – their need to talk to someone they believe has the capacity to truly understand, I listen a lot and I talk as little as I can. I may have tears streaming down my face when I do talk but I understand why it is happening. Allowing someone who may not even know they are seeking some help, find some relief from the memories they are carrying ... I find it to be worth the embarrassment to help if I can. Sometimes I just listen.

Occasionally the door doesn’t shut all the way or as fast as I would like. Sleep doesn’t come quickly or easily. I discovered I am a stress eater and I try to watch my weight. I don’t have a drug problem. I’m not an alcoholic. I was fortunate in that regard. I channeled through part time work and was a true workaholic. And even with that, it came with a price. I would kiss my kids goodbye in the morning while they slept and again after they had gone to
bed at night when I got home. I missed a lot. A lot.

I found this next realization particularly insightful and something I recognize in a number of my first responder friends.

I find it difficult to make new friends and I work hard to maintain the friendships I have. Perhaps it is insecurity and a need to not put myself in a position where I am close enough to someone that they want to tell me their stories. I am getting better at it the longer I am away from the job.

Building this issue was different and sometimes difficult.

Because of the subject, a few doors cracked open and I have had to deal with the escapees. It has gotten a little easier with time but is can still be a unsettling. Sharing even a part of my personal experiences is uncomfortable and usually reserved for limited and private conversations.

I have met people over the years that were looking for answers without knowing the question. Sometimes those paths crossed at the right time and I shared some of me, maybe I made a difference.

Occasionally I find it therapeutic to share and other times it causes great anxiety. My experiences with others make me believe this is part of the new normal.

I have met people who have had PTSD problems and have learned, over time, how to cope with them and coexist in the world. To make this issue truly rounded, I asked two friends to share their stories - and they did.

If you are a first responder or a volunteer SAR team member or a combat veteran, there is no way you are not affected by your job.

As you read the stories, if you recognize some of the descriptive narratives as familiar, and you probably will, consider how you cope. Do you drink a little too often and too much? Are you quick to anger? Do you fear, even hate being in crowds? Do people near you accuse you having no patience? Are you abusive, verbally or otherwise to your family and don’t know why?

Have you had thoughts of suicide?

Your “normal” is not normal. It is how you recognize it, how you cope with it and how you move forward that will make a difference in your life. There is a reason suicide and divorce statistics are high within the first responder community. Don’t be a statistic.

There are links to resources throughout this issue. Even if you do not feel the need now, remember they exist and will be there if and when you need them.

There are available resources for you from numerous sources. You can find help if you need it. But you will have to take first the step.

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Earlier this year we launched our first PSDiver Workshop, PSDiver SURVIVAL. This is a fast paced weekend program that will improve your, stress and panic management, water comfort and your ability to function when solving a problem underwater may mean the difference in surviving the event or not.

Look for one coming to a town near you or ask about hosting one!

Dive Safe,
Mark Phillips
Editor / Publisher
PSDiver Magazine

If you would like to discuss this topic or any other join our Facebook group CLICK HERE TO JOIN

Follow our PSDiver Monthly Facebook Page
Earlier this year, Amindine “Mandy” Philipe lost her life during a training dive in the Seine River. (Read or download our file on this incident click here.)

I have maintained a data base of PSD Fatalities as well as non-diving drownings involving Public Safety Officers on the PSDiver.com web site for a number of years. All of these files are available to you and are archived on the PSDiver.com web site.

After researching and documenting Mandy’s fatality, I made the decision to follow through on a project that had been semi developed but tabled for quite a while.

Buck Buchanan (Dive911) and I have created a unique training workshop specifically for divers.

We can talk about the various training agencies, argue the pros and cons of the progression of scuba education over the years, and discuss new technology and gear for hours on end.

But that is not the workshop.

We are not teaching divers how to dive. We are not teaching any dive team concepts or skills though we will give you a new perspective on risk management, skills and training proficiency. We are not teaching anything related to the search and recovery of anything.

The entire weekend workshop is focused on time – maybe as little as 5 seconds.

If you are tangled, out of air or unable to get air and at depth, how long do you have to make a decision, perform an action or multiple actions before you die?

We spend an entire weekend focused on just those few seconds. We teach a variety of skills and techniques that most divers have never seen. We will show you how to hone your skills to be more proficient and deliberate with your movements. Or goal is to extend your capabilities when the worst of conditions exist, and afford you the potential to survive.

This is not a “sharks and minnows” program or a training agency specialty. It is the PSDiver SURVIVAL Workshop.

Public Safety Divers as well as recreational divers have shown remarkable differences in capability, confidence and comfort after
the workshop.

Not all emergencies underwater are going to be life threatening but some will. We will teach you how to turn some of those emergencies into a manageable inconvenience.

We are working to take away excuses. With funding provided by corporate sponsors, we have kept the cost of our workshop extraordinarily reasonable.

For announcements, schedules and locations of the PSDiver SURVIVAL Workshops, follow our PSDiver Monthly Facebook Page -- Join our Facebook Public Safety Divers - PSDiver Group -- or visit our website www.PSDiver.com.

If you would like information on becoming a sponsor or hosting a workshop, email Mark Phillips at Mark@PSDiver.com.

Suicide -
The Aftermath and Effect part 1
By Mark Phillips

Headlights in the Water

It is just after midnight. It has been raining steady for over a week and the river is near flood stage levels and moving pretty good. A young woman finds her friends at the river park and tells them that her boyfriend has just broken up with her. As she tells the story, she just gets more upset. Her friends, knowing she has a tendency to be overly melodramatic, talk with her until she has calmed down. This is normal routine for them and they know what words to say to keep the conversation short.

They talk a while about nothing in particular and after a time, she says she is going to go home. She gathers her purse and shoes and walks back up the hill to the parking lot.

As she leaves, her friends whisper to themselves about how much a drama queen she is and quietly share a laugh.

A car flashes past them. It hits the chain that edges the boardwalk with such force that the chain breaks and the hardware that secured it to the pilings, splinters the top of the piling as it explodes outward into the water.

The car flies twenty feet or so in the air before splashing into the water. The lights on the pier barely illuminate the car as it settles in the water but there is just enough light for the two startled teens to recognize their friend in the front seat.

As the current pushes the car downstream one of the teens calls 911 on her cell phone while her boyfriend
strips off his shoes and pants and dives into the water to try and rescue their friend.

He is a decent swimmer and swimming with the current he is able to catch up to the car. Since the headlights are on and still working, he has no trouble seeing it in the darkness. When he reaches the car and screams to his friend to open the door, she rolls up her window and pushes the lock down. He moves to the back door but before he can maneuver into a position to try to open it, she has reach back and locked it too. While he watches, she locks the passenger side doors too.

He beats on the window pleading with his friend to open the door and get out of the car. Five minutes after being dispatched on the 911 call, a patrol officer arrives in time to see the headlights of the car as it disappears into the depths. He runs to the waters edge to find the boy struggling to get out of the water and helps him back to dry land.

High on Meth – Low on Life

A group of young men scored a small stash of meth and brought it with them on a fishing / camping trip on the bayou. It being a weekend, and only one of the four having a job, none of them had to worry about going to work, being sober or really much of anything. They were staying in a friend’s camp house that was well off the beaten path and pretty secluded.

The party started around dusk on Friday night and some of their friends came by to hang out. Everyone brought beer and the night was spent playing drinking games until one by one all the visitors left and two of the campers had passed out.

Saturday morning announced itself with thunder and lightning and any thoughts of actually fishing were quickly squashed. What beer that was left was warm and neither of the two friends who had stayed up all night was in any mood or shape to fix breakfast. So they did the next best thing and found the stash of meth.

Of all the possible drugs / chemicals that he could have partaken the ones that helped his bipolar disorder would have been the smartest. But these boys were anything but smart.

As the meth coursed through his system he began to change. His demeanor became more hostile and eventually he began to threaten his friend with an “ass whooping” if he didn’t go to the store and get some more beer. This went on long enough that the friend left to go to the store.

When he got back, whoop ass boy was gone.

In 2009, we presented an article on Suicide by drowning. I encourage you to download the issue and read the article.

PSDM 66
Worried that he may have overdosed or worse, he tried to wake up his other two friends. He was unsuccessful. As he looked around, he heard water splashing down at the bayou. He walked toward the noise thinking that his buddy had gone for a swim. What he found confused him.

His friend had managed to get in front of the closed discharge wall of an irrigation canal and was holding onto a rope that was tied to a railing twenty five feet above him.

He was talking to himself and every few seconds would blow out hard, throw his hand ups over his head and sink. Each time he would surface and grab the rope again. He watched for a while without being seen, wondering what was going on.

His friend kept repeating the maneuver and seemed to be getting angry. Finally he couldn’t stand it and hollered over asking what his friend was doing. Startled, the meth phased friend began to yell profanities at him and told him just to let him die. It was then that he realized his friend was trying to drown himself; ran for a phone and called 911.

Because it was reported as an active drowning, Fire, Police and EMS were all dispatched. When they arrived they discovered the young man in the water and located in such a place that no easy approach could be made. They were able to walk out on the railing overlooking the water and talk to him but there was no way to reach him without either swimming to him or approaching him in a boat. He was a big guy, strong and determined that no one was going to get near him.

The brown bayou water prevented the officers from seeing most of the young man’s body or clothing. He threatened to cut anyone who got next to him. No one could see and he would not show anyone his knife. When told a Swat team would come get him if he didn’t get out of the water, he said he would kill them all.

**Roy and Helen**

Roy and Helen celebrated their 62nd wedding anniversary with a few friends and family. Everyone had always teased Roy about robbing the cradle when he married Helen but, that long ago folks married young.

From the day Roy met Helen, he was hopelessly in love and after 62 years of marriage, friends commented that if anything he adored her even more.

Roy and Helen had been staying in an assisted living center for the past
five years. Her cancer had returned and the doctors said that the chemo treatments would probably be more harmful to her frail frame than the cancer. Roy had come to accept the inevitable, years ago, and was thankful for each day he was able to spend with Helen. He confided to one of his friends that he had not expected Helen to live as long as she had and felt like 62 was his lucky number.

Roy would spend hours just holding her hand while they watched TV or on rare occasions went outside to the gazebo. His eyesight was failing and even though he still owned a car, driving was difficult for him. Driving at night was almost impossible for him. He began to have a pain in his stomach and the doctors told him that he had cancer himself. Roy refused to have any treatment or even medications to help with the pain.

On a beautiful Fall day two months after the anniversary party, Roy was having a good day. His pain was minimal and Helen was more alert than she had been in a while. He packed a small ice chest with two ham and cheese sandwiches and a couple of diet sodas and placed the chest in the back seat of the car.

Roy went back to their room and helped Helen into a wheelchair and wheeled her outside then helped her into the car. He placed a pillow at the small of her back to make her more comfortable and kissed her forehead as she smiled up at him. Roy walked around to the driver’s side, got in, started the car and they drove off.

That was the last time anyone saw Roy and Helen.

Six years later, a local fire department dive team is called to recover a car in a canal. They locate the car and find the driver’s door is open. They do the hookup and a tow truck removed the vehicle from the canal. The driver, a 24 year old female, was not in the car.

She had left a party the previous night and was reported to have been very intoxicated and upset. She had just found out she was pregnant and when she told him, her boyfriend walked out on her. No one had seen her since she left the party.

Since she was reported to be missing, the dive team began setting up to do a secondary search, just in case she had been thrown from the car and was in the water.

While setting up an exit ladder, one of the divers felt something solid underwater that should not have been there – it was a second car. PD was notified and the search for the girl began.

After a short time one of the divers located the young lady and a recovery was made.

The police wanted the second car removed but only wanted the divers to hook up the wrecker cable. They did not want or ask for the team to do anything more. As the
car is brought out, it is obvious that it has been in the water for quite a while. The doors are all shut but all the windows are down.

It is full of mud and the level of the gunk is almost to the window line. One of the officers reaches in and unlocks the door and tries the handle. Amazingly enough, the door opens and a rush of mud, water and goo flood out onto the ground. When the rush stops, in the mess on the ground one of the divers notices what looks like a bone.

The attitude of those on scene changes dramatically as they realize the lump barely visible on the passenger seat contains more.

After a lengthy investigation, it was eventually determined that the remains found in the car belonged to Roy and Helen. In the back seat, they found a small ice chest that contained two empty diet soda cans.

Both Roy and Helen had been wearing their seatbelts but both of the latches had been jammed with coins making them almost impossible to unlatch.

The day they were found would have been Roy and Helen's 68th wedding anniversary.

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It is expected that a fire fighter, medic or law enforcement officer will witness stressful events within their careers. Part of the need for first responders is the stressful events occurring within their communities.

They are expected to handle any and every emergency they are called to and do it with professionalism, courtesy and efficiency. But not all calls are equal. Sometimes those we respond to do not want our help. Sometimes we lack the training, equipment or experience to do everything that is needed in the moment.

When faced with a burning vehicle, a heart attack victim or a confrontation with a burglary suspect, we tend to have that under control. But when the call is outside our normal and we are under prepared, things change. A person with the obvious ability, threatening to commit suicide could be of those potential calls. The following are “tools for your toolbox”.

Excerpt from: The Role of First Responders in Preventing Suicide
http://ocde.us/HealthyMinds/Documents/Resource%20Page/The%20role%20of%20First%20Responders%20in%20Preventing%20Suicide.pdf

Helping Suicide Attempters
First responders spend much of their time responding to medical emergencies involving people who had no desire to be killed or injured. Having to use their time and resources on caring for people who intentionally inflict injuries on themselves may raise mixed emotions. It is important to understand that, in the words of a major report on suicide, “in the United States, over 90 percent of suicides are associated with mental illness, including alcohol and/or substance use disorders” (Goldsmith, Pellmar, Kleinman, & Bunney, 2002). It is important to treat those with intentionally self-inflicted injuries
as compassionately as you would treat those who are injured unintentionally. In particular, it is essential that you do not blame them for their injuries.

Compassion will also help you elicit the information you need to treat a person injured in a suicide attempt. Many people who survive suicide attempts feel embarrassed and ashamed. Some may deny that their injuries were self-inflicted. Some will attempt to refuse treatment. Establishing a rapport with your patient will help you provide effective treatment at the scene and assist the patient and other health care providers in finding appropriate long-term treatment that may prevent another suicide attempt.

The principles of facilitative communication (Fortinash & Holoday-Worret, 2003) can be useful in establishing a rapport with a person with self-inflicted injuries (or a person whose injuries you suspect are self-inflicted):

- **Genuineness.** Sincerity on your part can evoke sincerity on the part of your patient.
- **Respect.** Respect the patient, regardless of your personal feelings about suicide. Establishing a sense of self-worth is an important step toward recovery for a person who has attempted suicide.
- **Empathy.** Empathic understanding is the ability to perceive the client understands of life as if it were your own.
- **Concreteness.** Your ability to say precisely what you mean, rather than rely on abstraction or metaphor, will help you question the patient to determine vital information, such as the availability of a means to carry out suicide, the intensity of the patient’s wish to die, the specific nature of any suicide plan, and the presence of associated risk factors.

Decisions about whether a person with self-inflicted injuries should be transported to an emergency room must take into consideration the person’s emotional state as well as his or her medical condition. One of the primary risk factors for attempting suicide is a previous attempt. Thus, you should assume that any patient who has attempted suicide is at risk.

Never leave a person who has attempted suicide alone. You can help protect a patient by doing the following:

- **Transporting** the patient to an emergency room where he or she can be kept under observation and further evaluated.
- **Helping** the patient’s family, friends, or caregivers develop a plan so that someone is with the patient at all times.
- **Helping** the patient’s family, friends, or caregivers make sure that lethal means, especially firearms and medications, are not available to the patient.

In all instances, we should protect ourselves, and those with us, from harm. If the person is in the water and is threatening to kill themselves, you will need to determine if they are capable of actually doing it with the tools available to them, the body of water they are in or if they have more than one method in mind.

If the water is just deep enough for them to submerge, it is unlikely that they would be successful if they tried to
hold their breath and stay submerged. If they did, the shallow depth would probably allow your team to rescue them before they drowned. If the water is deep and they are getting tired, you should be prepared to help them if they begin to struggle and change their mind.

WE must keep in mind that the person may have more than one suicide method available to them. They could have an edged weapon or gun on their person that you will not be able to see.

You should not make a water approach unless or until you are sure they do not have a weapon. Murky or muddy water will not allow you or members of your team to see below the water and it will be difficult if not impossible to be 100% sure.

**Related reading – The Alameda Incident**

**Talk and listen.** Consider your surroundings. Is there so much ambient noise that is interfering with your conversation? If you are not able to communicate you potentially eliminate the thing you can do to postpone a suicidal action. Can you move to a better location without alarming the victim? Can you safely move closer to the victim without sacrificing personal safety? If a water approach is necessary, is there any additional equipment needed? Can you do it safely?

From: **PREVENTING SUICIDE A RESOURCE FOR POLICE, FIREFIGHTERS AND OTHER FIRST LINE RESPONDERS**

Police officers, firefighters and other responders who believe someone is suicidal are in a unique position to help as follows:

- Approach all situations involving someone who is suicidal as a psychiatric emergency and act accordingly. Never assume that suicidal ideas or gestures are harmless bids for attention or an attempt to manipulate others.
- Clear the scene and keep yourself and others who may be present safe.
- Give physical space. Don’t get too close to the person too soon. Sudden movements, attempts to touch the person, or the introduction of others into the scene, may be misunderstood.
- Express acceptance and concern. Avoid sermonizing, arguing, problem-solving, giving advice, or telling someone to “forget about it”. It is important to convey an attitude of concern and understanding.
- Engage the individual. Encourage the person to talk. Most suicidal people are ambivalent about dying. Asking someone if they are suicidal or otherwise talking about suicide will not tip them over the edge, but will provide a sense of relief and a starting point for a solution. To assess intent, ask if the
individual has a plan, access to lethal means, or has decided when to act.

- Remove access to all lethal means of self-harm, particularly firearms, and toxic substances (such as large supplies of psychotropic medications, or pesticides).

- Suicide may be averted if people receive immediate and appropriate mental health care. If the individual fulfils mental health act criteria, take immediate action to ensure that the individual is committed to a hospital for psychiatric assessment and treatment. If the individual does not appear to meet mental health act criteria, it is still important to ensure that they have prompt access to mental health and substance abuse treatments. As most individuals are ambivalent about suicide, they will agree to receive treatment. Pre-arranged agreements with local hospitals, community mental health and addictions agencies will facilitate this process.

- Never leave a potentially suicidal individual alone based on their promise to visit their mental health worker or the hospital. Ensure that family members or significant others are on the scene and accept responsibility for help seeking.

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**Suicide - The Aftermath and Effect: part 2**

By Mark Phillips

**As first responders**, we have a responsibility, a duty to protect life and property. When we are unable to fulfill that duty and we witness the consequences, there is always self-reflection. Did I do everything I could have done? What if I had done...? If only I had... The more traumatic the event, the more intense this self-reflection can be. They leave a mark - every one of them.

Dealing with trauma, with the stresses of the event when it relates to us personally, we tend to dismiss the potential damage done to our own physique. We have heard the terms Critical Incident Stress batted around for years. It has been identified as a Syndrome or a Disorder. Now it seems to have transitioned into Post Traumatic Stress Disorder or PTSD.

You don’t have to believe it but you have it. Whether you know it or not you are affected isn’t really in question, it is the level of damage that is undetermined. We will resist the idea and argue against a perceived weakness within us. We scoff at the thought that we need help of any kind and fight tooth and nail over the possibility that a “counselor” or a department CIS Team member is going to have us sit and talk about our feelings.
But times are changing.

We are starting to recognize that there may be a reason for high divorce rates within the emergency services. That the reasons we can’t sleep well or have trouble falling asleep at night are potentially job related. Almost all of us know someone from our own department who committed suicide. Maybe enough documentation and research has been done now. Now we are recognizing some of the connections. For example, the following are events you should easily be able to relate to.

**Firefighter Faces Guilt After Double Drownings Off Park Point**

August 27, 2017 Dan Hanger

DULUTH, Minn. – A captain on the Duluth Fire Department is opening up about the relentless struggle to help rescue a missing father and daughter in the waters off Park Point earlier this month.

The two victims would eventually be found without a pulse and later pronounced dead at a Duluth hospital.

The purpose of this story is to get a very real understanding of the deep struggles our first responders face during and especially after tragedies involving death, as FOX 21’s Dan Hanger reports.

Sometimes when life throws you struggles, talking to another human being — even a stranger in this case — can ease the pain just a little bit.

“This was from a fire. I was trying to break down a door to get into the fire so that we could search for the people.
“We had one firefighter take in a lot of water during the last rescue effort,” Simonson said.

That firefighter was Kevin, a father himself, desperately searching for 38-year-old Ryan Fuglie after his 10-year-old daughter, Lilly, was pulled to shore without a pulse.

“When I first secured the victim and tapped my head, which is a signal to pull me in, a six, seven foot wave came down and hit me and I aspirated, and when I aspirated, then I wound up vomiting, and when I vomited I aspirated again,” Kevin explained.

But that lack of air didn’t stop his mission.

“I managed to make it half way in before I dropped the victim once and had to stop and go back and secure him again and then bring him into shore,” Kevin said.

Both victims would later be pronounced dead at a Duluth hospital.

“He did what any parent would do. I’m a parent and I know all the people that I know, I know they would give up their life in a heartbeat for their kid, and he did ... unfortunately it didn’t help,” Kevin described of the father’s fight to save his daughter that day in the water.

Kevin believes the two were out swimming in the waves when the girl was swept away by a fierce rip current before the father would end up in the same death trap trying to save his little girl.

“They were more visual than I have ever seen them in my life,” Kevin explained of the rip currents that day.

“You get a lot of different feelings, ya know, you get the sadness and the pain of it, but then you get a lot of guilt, at least I got a lot of guilt — because of the results,” Kevin said.

“The wellness of our firefighters is the most important thing to me — bar none,” said Chief Denny Edwards.

Edwards is a 21-year veteran of the department and says his men and woman participated in a mental health debriefing a few days after the tragedy to hold each other up and move forward in the healthiest way one can only hope for.

“We’re always concerned about what happens after the call now, not just during the call,” Edwards said.

And that concern also involves the performance of equipment, which in this case, proved to be an
exhausting force against his men and women.

“The suits we were wearing that day weren’t necessarily — they’re not supposed to be used for beach-type rescue,” Edwards said.

But that’s all the department has: those yellow very buoyant suits made for floating during ice rescues, not summer swimming and fighting large waves.

“That was one of the frustrating things for our firefighters is not being able to get to where they wanted to be as fast as they wanted to do it,” Edwards said.

Edwards, whose department is facing cuts in Mayor Emily Larson’s proposed 2018 budget, says he’ll find a way to invest in new swim wear – most likely through grants.

“It’s always a risk and a cost assessment, and we have to spend the tax dollars wisely,” Edwards said.

In the meantime, Kevin is taking one day at a time, finding himself on this day of the interview talking with that random citizen, Rehila Cheudhry, a local doctor who reminds him the special type of human it takes to put their own life on the sidelines to help save others.

“He try his best, ya know, and this type of person always got reward in this world and heaven too,” Cheudhry said.

And there’s one more thing that makes this crossing of paths even more on point.

“I have an 8-year-old boy. He wants to be a firefighter one day,” Cheudhry said.

“After talking with him and you know all that, I’m ready to put my eight-year-old as a firefighter too, that’s made my day.”

A true sign of humanity at its finest.

“I have to say thank you to them; really, they are the one who take care of our cities. They are the ones who take care of our lives as well, really, so we are really proud of you, really,” Cheudhry said to Kevin.

“Thank you, that’s nice to hear,” Kevin replied.

Kevin expects to be fully recovered from his calf injury in the next four to six months.

**Florida firefighter takes own life after writing about PTSD**


**OCTOBER 18, 2016, BY KELSEY OTT**

INDIAN RIVER COUNTY, Fla. — A Florida man who served as a firefighter for almost 30 years died Saturday of a self-inflicted gunshot wound, TCPalm.com reported.

The man, Indian River County Fire Rescue Battalion Chief David Dangerfield, died Saturday of a self-inflicted gunshot wound, TCPalm.com reported.

The man, Indian River County Fire Rescue Battalion Chief David Dangerfield, dad written on Facebook about post-traumatic stress disorder shortly before his death.
"PTSD for Firefighters is real," he wrote. "If your love one is experiencing signs get them help quickly. 27 years of deaths and babies dying in your hands is a memory that you will never get rid off. It haunted me daily until now. My love to my crews. Be safe take care. I love you all."

Dangerfield told dispatch where authorities could find him. When deputies arrived, he was already dead.

His post highlights the toll it takes on firefighters — and others in similar lines of work — to deal with horror and tragedy so often.

David Dangerfield’s father, Bruce Dangerfield, told WPTV his son had been diagnosed with PTSD and had been seeing a doctor a few times a week for a year and a half.

People can get PTSD after a traumatic event, causing them to suffer from flashbacks of the experience, increased anxiety and trouble sleeping, among other symptoms.

About 20 percent of firefighters and paramedics suffer from PTSD, according to the Journal of Occupational Health.

Someone suffering from PTSD has an increased risk of attempting suicide, according to a Florida State University study. More than 80 percent of firefighters surveyed in the study have either thought about suicide, planned suicide or attempted suicide.

If you are experiencing suicidal thoughts, call the National Suicide Prevention Lifeline at 1-800-273-8255 or visit afsp.org.

David Dangerfield experienced a lot throughout his decades of service and was held in high regard by his fellow firefighters and community members.

The Treasure Coast Fire Chiefs’ Association named him Emergency Service Provider of the Year in 2013. In addition to his job as battalion chief, he helped train dive rescue teams across the country, has been deployed to fight wildfires in Colorado and taught at the local fire academy.

Dangerfield also founded a cook-off charity fundraiser and worked with a local organization to bring Thanksgiving Day meals to those in need.

He was a father of two sons, according to a GoFundMe page started to raise money for his funeral expenses and provide for his sons.
Increasing suicide rates among first responders spark concern


03-19-17 By Wes Venteicher Pittsburgh Tribune-Review

Paramedic George Redner III started to grow angry and distant after he failed to revive a 2-year-old who had drowned.

But not even his parents saw how deeply his work affected him until he took his life seven years later.

"My son was a classic case of 'I'm never going to tell anybody; if I tell them, they'll think I'm weak,'" said Redner's mother, Jacqui Redner, 48, of Levittown, outside Philadelphia.

Like many first responders dedicated to saving lives, Redner, who was 27, never talked about his struggles, she said.

Her son, who went by "Georgie," threw himself in front of an Amtrak Acela train the morning of Aug. 1, 2015, at a station near the family's home.

Suicides among first responders, often driven by emotional strain in a culture that long has discouraged showing weakness, are too common, according to organizations that track the deaths.

Little high-quality data are available on first-responder suicides, but rising awareness has prompted several groups to start looking more closely at the deaths in recent years.

A survey of more than 4,000 first responders found that 6.6 percent had attempted suicide, which is more than 10 times the rate in the general population, according to a 2015 article published in the Journal of Emergency Medical Services.

Friends, family and coworkers reported 132 first-responder suicides nationwide in 2016 to the Firefighter Behavioral Health Alliance, an Arizona-based nonprofit that promotes better mental health support for first responders. The voluntary reports are some of the only data available on the deaths and likely capture only about 40 percent of them, said Jeff Dill, the organization's founder and CEO.

Dill said he validated 16 suicides — 10 firefighters and six emergency medical services providers — for the year in Pennsylvania.

First-responder suicides are sometimes compared to those among military veterans, many of whom have been diagnosed with post-traumatic stress disorder. Military veterans deployed from 2001 to 2007 had a 41 percent
higher suicide risk than the general population, according to the Department of Veterans Affairs.

But the first-responder deaths have received less attention, said Ann Marie Farina, director of the Code Green Campaign, a Washington-based nonprofit that tracks suicides and provides an online forum for first responders to share anonymous stories. The group counted 13 suicides in Western Pennsylvania from 2014 to 2016. "We're still kind of in the stage where a lot of people don't know or don't realize that PTSD is a widespread problem among first responders," Farina said.

First-responder training doesn't prepare trainees for the mental impact of what they see, said Dill, a former Chicago-area fire chief who started to focus on mental health after seeing the struggles of coworkers who had responded to Hurricane Katrina.

"They never told us all the things we'll keep in our minds — the images, the brain deprivation, that cultural brainwash of being strong, keep things to yourself, don't ask for help," he said.

Georgie Redner started volunteering at a fire company when he was 15, said Jacqui Redner. At 19, he got a job as a full-time firefighter in South Carolina. He called home one day to talk to his father, firefighter George Redner Jr., about a bad call.

He had picked up a 2-year-old girl who had fallen into a pool. He tried to revive her during a trip to an emergency department, but the girl died. Eight hours later, he responded to a drug overdose in which the drug naloxone revived an unconscious addict. He returned home a month later and started questioning his faith.

"He said, 'You explain to me how God killed a 2-year-old but let a drug addict live,'" Jacqui Redner said.

He changed, she said, reacting with anger to jokes and minor provocations. A fight between his Dalmation, named Lucky, and the family's German Shepherd led the 6-foot-3, 280-pound man to pick up and throw his smaller brother into a wall, leaving a mark in the plaster. Georgie grabbed Lucky and left, not talking with the family for a month.

"Those instances where stupid things just kind of threw him right over the edge, that's where we knew," she said.

His father suggested anger-management classes, but Georgie said he was fine, she said.

Depending on how they process what they see, first responders can develop a sort of "tunnel vision" that makes them feel like they have no other options but to kill themselves, said Sheila Roth, a therapist who counsels first responders in Pittsburgh.

Sensory details from bad experiences can stick with first responders, triggering emotional responses at unexpected times, Roth said. The smell from a backyard grill, for
example, could bring to mind a recent call in which someone died. The firefighter might experience emotional swings based on the triggers without even recognizing the changes.

Roth counsels first responders to acknowledge and process those memories, which helps manage them. But social settings don’t always permit first responders to take time to process the emotions, and they can be tamped down or ignored, building up over time. Firefighters then might shut down emotionally or develop what Roth calls compassion fatigue. That can erode a person’s ability to relate to others or communicate, which can in turn worsen their relationships.

Child deaths are the most troubling calls for first responders she talks to, followed by the deaths of coworkers who die in the line of duty, Roth said. Also difficult are calls in which they help someone who reminds them of someone they know, Roth said.

Jeff Dill, who founded Firefighter Behavioral Health Alliance in 2011, talks with first responders around the country and said he tells them, "If you don't think you've changed, you're absolutely wrong."

He consults fire chiefs, family members and medical reports to try to categorize the suicides. The top category is unknown, he said, followed by marital and family relationships, depression, addiction, mental health and PTSD. He has counted 46 homicide-suicides in which a firefighter killed someone else along with themselves.

Dill founded the alliance after learning that the Centers for Disease Control and Prevention, the Occupational Safety and Health Administration and other agencies fail to keep data on the deaths. He collects reports of deaths from as far back as the 1880s and had recorded 978 reports as of Wednesday.

Code Green Campaign was started about three years ago when a group of first responders in Washington decided to repost on social media anonymous stories from first responders about their personal struggles. Posting the stories helped the storytellers circumvent the “macho, tough culture” that Farina, Code Green’s director, said prevents many from talking about personal matters with coworkers. The original posts blew up on social media, Farina said. The group decided to create a nonprofit, and the organization now posts about three anonymous stories per week on its website, codegreencampaign.com.

"This is a bigger problem than we thought; we weren't misunderstanding that there was a need for something," she said.

Each first responder processes his or her experiences differently, said Roth. Some of the most resilient are able to reframe the bad calls, telling themselves that they were there because they had training and skills that
might have helped. They are able to learn from their experiences without tormenting themselves with questions about what they could have done differently, she said.

George Redner Jr., 50, Georgie's father, said that in 32 years as a firefighter, he had been able to compartmentalize his experiences, preserving mental stability. The incidents he struggled with most were the deaths of two coworkers during responses. But after his son's death, he stopped responding to calls for a year.

Jacqui Redner thinks sleep deprivation from back-to-back shifts, fears that his younger brother might have been on the other end of a heroin overdose call and the pressure of a new job offer might have contributed to her son's mental condition on the day of his death.

Georgie worked full time as a firefighter at Six Flags Great Adventure while volunteering for Edgely Fire Company and three local rescue squads. Sometimes he volunteered through the nights and went to work in the morning, Jacqui Redner said. He would eat and fall asleep on the couch in her home until he had to return to work, she said.

He was an EMT and had just finished paramedic school. He had received a letter from the Philadelphia Fire Department accepting him as a full-time employee, his dream job.

He was upset about having broken up with his girlfriend and threatening to kill himself the night before Aug. 1. Local fire, police and EMS authorities tracked him down at a bar. They took him to Lower Bucks Hospital, where he had been treated for mental health issues before. Jacqui Redner said the hospital released him, and he talked with several friends during the night.

George Redner Jr. got a call the next morning that his son had killed himself.

"What haunts us to this day is that the train station is so close, you could hear the trains going by slow," Jacqui Redner said.

She and her husband now spend much of their time fighting the stigma they say kept their son and others like him from asking for help. They say changes are needed to support people who fill critical roles in communities, often in volunteer positions.

"They show up, for little to no money, to take care of you. Why can't we take care of them?" Jacqui Redner said. The Journal of Emergency Medical Services survey found that first responders who felt supported and encouraged at work were less likely to contemplate suicide.

Responders who didn't feel supported wrote things in the survey responses such as, "I asked for help and ended up losing my 22-year career" and "(I) asked for help and was laughed at," according to the article.
Rep. Frank Farry, R-Langhorne, Bucks County, who is a volunteer firefighter, said he is exploring legislative changes that might be able to help.

Farry said that volunteer firefighters are covered only by workers' compensation insurance, which doesn't treat mental health issues as work-related injuries. Some states and countries have changed laws to expand workers' compensation coverage, he said. Pennsylvania is just starting to look at options, he said.

"I would say that there's not a system in place to take care of these responders," Farry said.

A group has set up a help line for them in Bucks County, he said. All the groups involved in first responder suicides agree more education is needed to encourage people to seek help when they need it.

Roth is co-chairwoman of the Change the Culture Committee, a grassroots group that started meeting last year at the Emergency Medical Services Institute in Pittsburgh. The group is preparing to survey first responders about what resources might help prevent suicides.

"These are the people who we call when someone in our family is hurt or dying or having a heart attack," she said.

"These are the people who save us ... and we can't as a country take care of them?"

George Redner Jr. talks with any first responder who calls him at any hour about whatever they are struggling with.

Jacqui Redner said she misses her son every day and is fighting to save other mothers' children, including working to change state and federal laws.

The squad is focused on expanding its peer-support program, based on observations that responders are more likely to open up to one another than to a superior or someone from outside the squad, he said.

The Redners keep three of Georgie's uniforms in a game room in their home. Posters with photos of him line the walls, given to the family by the squads he worked with.

Pittsburgh EMS Chief Robert Farrow said there have been no suicides in the city squad in the 41 years he has been a part of it, but he said he takes the risk seriously.

"That can change overnight, and that's what we want to prevent," Farrow said.

A Diver's Pain: Living With The Ghost Of Sewol Tragedy
27 July 2016 By Steven Borowiec

More than two years after Sewol ferry disaster in South Korea, rescue workers are still recovering from the trauma.
Seoul, South Korea - In April 2014, Kim Sang-ho received a phone call at his home in Seoul from a fellow diver, pleading with him to get down to the country's southern coast as soon as possible.

It was several days after the Sewol ferry had sunk, and Kim had been glued to his television, watching the constant coverage as a team of rescuers tried to retrieve the bodies of more than 300 people still inside the ferry.

Kim accepted his colleague's request after he learned that there weren't enough certified divers on the scene, and drove several hours to the site. He would spend two months risking his own life, making several deep-sea dives every day searching for bodies.

More than two years later, South Korean society still hasn't reckoned with the legacy of one of its worst peacetime disasters and Kim is still suffering the physical and emotional trauma of the experience.

"My biggest regret is that I got there late, that I couldn't save even one person," Kim said during an interview at a small restaurant in Gangnam, the affluent Seoul district where he lives.

With an athletic build, taut skin and a slightly receding hairline, Kim looks younger than his 43 years, and dresses in a form fitting white t-shirt and grey slacks. Though there were no survivors by the time he arrived, he kept diving.

"I felt like I could die myself, but after a while, that stopped mattering to me."

The stuff of nightmares
The Sewol went down in a stretch of water with strong currents and poor visibility, which complicated divers' efforts to reach the hull.

Kim says that even when he managed to reach the ferry, things only got harder. He had to squeeze through an opening slightly smaller than his muscular shoulders, then slither down narrow hallways to the passenger rooms where most of the bodies were.

Kim and the other divers worked around the clock in three-hour shifts, followed by three hours of rest. Kim said the stress of dangerous deep dives, and the grim task of searching for waterlogged corpses, made it difficult to get restful sleep.

Even now he doesn't sleep soundly, bothered by regular nightmares that evoke the texture of flesh decomposing in salt water, and the sensation of clinging to dead bodies as he carried them to the surface.

The anxiety was increased for the divers who had to use a thin, flexible air hose, which could potentially fold over with every turn and cut off the diver's air supply. Such a hose was necessary, Kim said, as a more rigid hose would have made it impossible for divers to make the intricate manoeuvres needed inside the ferry.
Even though mine was a floating assignment, I worked at some stations more than others. In my career, I had a number of mentors within the fire department. They were older firefighters that helped me, taught me things not in the books. I became friends with a few of them. At one station in particular, I was treated as, and was made to feel like one of the regular crew.

I was a young firefighter and the regular crew was much older. All but one had kids of their own as old as I was or older. It was as close of a crew as I ever worked with. I was made to feel at home and as one of the regulars.

When the Captain retired I was sent to the station to fill in until a new captain was assigned. It would take many months before that would happen. I had a temporary home, a locker of my own and a crew I looked forward to seeing.

Our Captain was gone. There was a small hole in our world. We knew he would be coming by any day to visit and have a cup of coffee while he told us about his retirement.

I kept expecting him to come by, to call, something. I questioned the other regulars, they had not heard from him either. It bothered me, I didn’t understand how or why, he just vanished. As close as that crew had been, I never would have thought any of them would just leave.

It would be 15 years before I saw him again.

This turned out to be the normal expectation. I wondered about it often, how such close relationships could be abandoned, how those bonds at the fire station could be so strong one day and gone the next. It just didn’t make sense to me.

Then I retired.

A few months went by before I visited my old station. Coming in through the back door felt awkward to me – like I was intruding. I even remember feeling maybe like I ought to have knocked on the front door or rang the doorbell. My old crew was there. After a minute or two of pleasantries, we didn’t seem to know how to talk with each other.

I was now an outsider. It was ... uncomfortable.

When we worked together every shift, we would talk about our families, interests, work – we kept up with each other. Once retired, I lost that connection.

What we have in common now is the time we spent together on duty. We didn’t spend much time with each other off duty.

The very things we have in common, our shared experiences at the fire department, are all we have to talk about. Most of those things are the things I keep locked up behind my mental doors. The few firefighter friends I had a relationship with outside of the department are those that have endured.

Occasionally a conversation will gravitate to an event that occurred on our past. Most of the time, conversations involving those experiences don’t last long. It is not that we decide to change the subject but more of an understanding that the path will take us to places we don’t want to go.

I finally understood.
PTSD and CISD
Why Programs Fail
Tom Clutts
Managing Director at the PTSD Foundation of America - San Antonio

I started my tenure in the emergency services back in 1991 in the San Antonio, Texas area. I have worked as a deputy constable. I was in military for many years with deployments to Iraq and I have been an Emergency First Responder both a paramedic and a firefighter. With all of them there were usually operational discussions of what we should or might be done after a critical incident occurred.

The administration staff wanted to protect its employees by addressing the stressors, and provide professional counseling if needed. Employees just wanted to forget about the incidents and get back to work. The legal departments needed the administration to develop programs so that if someone snapped they could prove they did all they could.

I remember my EMS days being on the box and after every horrific incident we all were gathered around a table and asked to discuss our thoughts of what happened. Every time we had a major incident I knew to expect the roundtable discussions and loathed going to them. I never expected anything to come from them and saw them as a total waste of time.

We would all sit and some “leader” that may or may not have even been on scene would open with the facts of the incident followed by a general question i.e. “does anyone have anything they would like to share?” Most all of us hated the kumbaya round tables and just wanted to go back to work.

I don’t need to go to some meeting and talk about what happened, I’d say to myself. However, I also never saw myself changing or sliding down a slope into what could be considered PTSD. But those around me noticed. I wasn’t the same person they knew or met.

After a while, drinking to fall asleep or to cope became the normal for me – along with a persistent anger. I got to a point where I dreaded going to work and hated to hear my tones go off. I just knew it was going to be another idiot doing something stupid and needed EMS or some person needing right then at 0300 to go to the ER for something that had been brewing for a week. Sometimes my thoughts would escape my mouth or I would react to with little or no empathy to patients. My partners would say things like “WOW! You’re really getting burned out”!

Burned Out? I’m just tired of stupid people doing stupid stuff!

All of the trauma and family abuse we saw on calls culminated in my deployment to Iraq in 2004. I was a navy corpsman assigned to a marine infantry battalion.

Years of witnessing and treating trauma every shift prepared me for what was to come, I thought.

Prior to my deployment it was relatively easy to shrug off most of the
feelings of the job. I could easily distance myself from the patients. I didn’t know them or even really care. But the memories do add up over time.

When I started seeing my friends, day after day, succumbing to injuries caused by "The Enemy" it became personal. My anger turned from anger of stupid people doing stupid stuff to rage. I started to hate those that were causing injuries to my friends.

All of this was covertly contributing to a hidden enemy within.

When I returned home from Iraq, my personal life began an endless spiral to destruction. I couldn’t continue my civilian job as a flight paramedic because I didn’t want to go on calls. I just imagined it was going to be someone I knew. The smell of the jet exhaust reminded me of all the MEDEVAC calls we had to make for our friends. The trauma’s we were called to created instant memories of injuries in the field I had to deal with on people I may have just shared a meal with.

I left the flight service but EMS was my bread and butter I had to provide for my family so I went back to the ground service. That seemed even worse for me. I went from serious injuries to what I considered stupid calls from stupid people. Why do you need me to take you to the ER? This type of customer service ended up getting back to management and thus ended my tenure on the streets.

Family life was at an all-time low and my feeling of self-worth seemed to be the cause. Looking back it was obvious why - I couldn’t provide for my family because I couldn’t do my job. But the underlying reason was still hidden away.

The feeling of being helpless created another monster in me, depression. My depression and lack of self-identity caused my emotions to become volatile. Drinking became even more of a necessity - just to fall asleep. I knew I had a problem but didn’t know what it was. I knew I had to do to get a real job that didn’t constantly remind me of everything I thought was behind me. How was I going to provide for my family? All I felt was anger and frustration.

I would have outbursts of rage and anyone could be the target. I remember my 6 year old asking for help on something and me flipping the couch over because I wanted to be left alone. Not my proudest moment.

Then one day a friend in EMS who had also been deployed called and asked to have lunch. I went and started talking war stories with him and he stopped me. “I’m not here to talk about what was and what we did, he said”. “I’m here because you need help just like I did.”

He started listing a long line of symptoms. What he described was a lot of what I was experiencing – so much so I asked him if my wife had called him! He had an insight into what was in my head but could never put into words. He KNEW.
He took me to the VA and sat with me while I was checked into the system and talked about what I was going through. Eventually the local VA diagnosed me as having PTSD.

I saw many people before that label was given. I took surveys with lists upon lists of signs and symptoms. I talked to counselors and therapists and had to talk about what I went through, what I saw and what I’ve done since deployment.

The treatment was again, the kumbaya roundtables. I instantly knew I didn’t want to go. I had experienced these before and had no desire to sit and talk about what all was going on to someone that wasn’t there or had experienced what I had. I didn’t even want to talk to someone that was in a totally different era or war. I went a few times and then faded out just like I did when the district captains and lieutenants would make the meetings mandatory.

So why do these CISD programs always seem to fail the ones they are meant to help? In my opinion, directed PTSD/CISD debriefings will never work because there is no personal connection between the ones feeling the pain and the ones holding the round tables. It is more like sitting in a class and listening to someone teach you, what and why you feel the way you do. They read a book, took an online course or went to a weekend retreat to earn how to be a crisis counselor. They cannot KNOW what it feels like. BLA, BLA, BLA just like what Charlie Brown heard his teaching barking out.

I am now no longer in EMS, Fire or Law Enforcement. Simply put, working within those occupations was ruining my life – mostly because I failed to admit to myself and others that I was having issues with the job. The failed CISD briefings only contributed to what I was already dealing with and the experiences during my deployment ended my desire to work in emergency care. I found a new job. A job that allows me to work with others the way my friend helped me.

Paraphrasing a TV commercial, I’m not only a client, I am also a mentor. I am now the Managing Fire Fighter Quarterly

Survey Sheds Light on Post-Traumatic Stress in the Fire Service

More than 7,000 IAFF members responded to the survey about the stresses of the job and the impact on their mental health.

- 95% have experienced critical stress on the job
- 78% said their department did not educate them about behavioral health
- 77% said stressful experiences as a fire fighter caused lingering or unresolved emotional issues
  - 71% have trouble sleeping
  - 65% have recurring/unwanted memories
  - 63% said their existing EAP services were not helpful
- 27% said the stress has led to substance abuse
  - 19% have had thoughts of suicide
  - 7% found peer support helpful

WNBC in New York collaborated with the IAFF on a survey on post-traumatic stress in the fire service for a two-part series that aired on WNBC in New York City February 22-23, 2018.

To watch the related videos, visit www.iaff.org/WNBC or click:

Part 1: National Data Shows Firefighters’ Mental, Emotional Health Not Getting Enough Attention

Part 2: How Firefighters Are Getting Help

Exclusively for IAFF members.

https://www.iaffrecoverycenter.com/

Treatment for successful recovery from substance abuse, PTSD and other co-occurring behavioral health issues.

It’s okay to ask for help.
Director at the PTSD Foundation of America - San Antonio. The PTSD Foundation of America has helped thousands of veterans, active duty and their families adapt to PTSD; to live what we call the new normality of life.

New normality, what is that? Contrary to what everyone wants to believe, once you have experienced physiological trauma it will always be there. There is no cure for PTSD. However, after all that we’ve experienced, life goes on and we can learn how to deal with PTSD. That becomes our new definition of “normal”.

So, do we conduct kumbaya round tables or meetings? NO. Does our program work, YES.

The reason the old way of conducting CISD failed and why our PTSD programs work is very simple. It’s a matter of personal connection between a mentor and the client. I have had PTSD and have lived through its entire impact on my life. When I meet a new client, I can identify what they feel and where they are mentally at that time- Just like how AA is helps an alcoholic by placing them with a mentor who was alcoholic. The personal connection, knowing what the other is going through cannot be substituted.

We have a 12 step program and each person is guided through them either in a one-on-one basis or in a group, depending on where the client is in their own journey.

A few years ago we worked with the 100 Club of Houston, TX to develop the same program used for our veterans to help first responders with PTSD.

First responders have the same if not more prevalence of PTSD as veterans. If you are a first responder, how often do you come home from shift and just want to open a beer or have a scotch and forget about the shift you just had? When was the last time you exploded in rage because your spouse was pushing you to talk because you just shut down – or just for no reason you can communicate or understand yourself? Do you dread going to work? Do you constantly stress over how long you have until you can retire and wish you could do something else? Are you feeling trapped and the need to escape?

PTSD is not only prevalent but deadly. The new reports out now state that 22 veterans commit suicide every day. In 2016, 89 firefighter deaths in the line of duty were recorded. And 130 committed suicide. In 2015, 135 firefighters committed suicide, and 89 lost their lives in the line of duty. The number was a bit lower in 2014 – 114 suicides and 92 line-of-duty deaths, but you can clearly see the trend. These numbers are confirmed by the U.S. Fire Administration (USFA). A survey of more than 4,000 first responders found that 6.6 percent had attempted suicide, which is more than 10 times the rate in the general population, according to a 2015 article published in the Journal of Emergency Medical Services.

Do you personally know someone in your department who committed suicide? Within the last 30 years, how many retirees or even active members of your department have committed suicide? How many of the retirees or active members have been married and divorced more than once or twice or more?

CISD briefings prescribed by your department are conducted so your administration can check the box and show they did what they could to help. We know that few, if any, will ever volunteer to attend a PTSD meeting or even admit to their partner or staff how they are feeling.

The cure for all of this is a qualified independent group, unaffiliated with the departments, that allows people who
are hurting to seek help without fear of their departments finding out and tracking their attendance.

The PTSD Foundation of America has been in operation since 2009 and to date, not a single client who completed the steps of the program has been lost due to suicide.

PTSD does not only kill those hurting, it can also kill marriages, employment and in some instances, the future of those who do not seek resolution. PTSD will destroy lives, families and relationships. But there is reason to hope. PTSD can be managed. PTSD can be controlled with recognition, understanding, time and education.

PTSD does not need to rule your life or the lives of those you care for. Chances are, if you are reading this, you have already been affected. You might even recognize some of the signs and symptoms described. You might have even considered suicide at some point. If you recognize any of the signs and symptoms in yourself, take steps now to get help. There is help available that will help you through the process of learning how to cope, how to deal with underlying issues you can’t fully describe even to yourself.

There is a new “normal” for those willing to raise their hand and ask for help.

PTSD Foundation of America – San Antonio
14747 Jones Maltsberger #500
San Antonio TX 78247
(210) 248-9784

PTSD Foundation of America
P.O. Box 690748
Houston, Texas, 77269
(832) 912-4429 http://www.ptsdusa.org

When we talk about PTSD we often forget the civilians involved, either directly with, or ancillary to an incident.

When we are called to a scene and there has been a fatality or a gruesome or traumatic injury to someone, it is always possible there will be family members, witnesses or friends there as well.

We have a responsibility to them. They may be injured in a way that is not visible. Unlike the cumulative effects of PTSD with first responders, this type of event could affect the family, witnesses or friends who either survived the event, witnessed the event or family members who are on scene and dealing with a loss.

The difficulty in doing anything that can help them is being able to provide them support or information while keeping ourselves insulated from their emotional turmoil.

Victims will be handed off to advanced medical personnel but family members may be left with little information and no one to even answer immediate questions.

It would be helpful to have a department Public Information Officer or a Department Chaplin dispatched to scenes where a fatality has occurred. They could act as buffer between those working the scene and the family, friends or even media.

Based on the 2017 figure, more Police Officers died of suicide during the year than were killed in the line of duty. Approximately twelve officers take their own lives each month. The rate for police suicides in 2017 was back up to 16/100,000, compared to a public rate of 13.5/100,000.

http://www.policesuicidestudy.com/id63.html
At the very least a senior member of team should talk with them. That team member should have the experience and knowledge to explain the processes involved and the sequence of events to expect in the coming hours or days.

Information is one of the most important things we can provide, even if it is nothing more than pamphlets that direct them to specific services or support groups.

Not knowing what comes next and having no one to answer questions will have lasting effects on them. We should never leave a scene without making certain those individual have a line of communication and information they may need.

We have presented you with a first responder perception of PTSD.

What follows is a civilian perspective.

Additional Informational Resources on PTSD
http://ocde.us/HealthyMinds/Documents/Resource%20Page/The%20role%20of%20First%20Responders%20in%20Preventing%20Suicide.pdf
http://www.bbc.co.uk/history/worldwars/wwone/shellshock_01.shtml
http://www.thesaurus.com/browse/shell%20shock?s=t
https://adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd/symptoms#
https://www.psychologytoday.com/blog/somatic-psychology/201004/the-trauma-arises-natural-disasters

Weathering the Storm
Nancy J. Rigg

It was February 1980. My fiancé, Earl Higgins, and I had just moved from Colorado to Southern California during a very wet rainy season. On the first sunny Sunday after a series of violent, disastrous rain storms that sent homes cascading down muddy slopes in Malibu and caused havoc on freeways, we decided to explore our new neighborhood. We had been told that there was a footbridge that crossed Interstate-5 and the Los Angeles River, leading to Griffith Park, where we could let our dog run. As we approached a high, narrow footbridge, we could hear the torrent in the concrete lined river channel, which was roiling with storm runoff.

The river was high and moving fast – a rare sight in dry Los Angeles. I later described it as a “flash flood in a cement-lined box.” The channel was designed to move storm water through Los Angeles and out to sea as quickly as possible. Half-way across the river, we paused to view the mesmerizing, churning deluge below. The bridge shuddered with the force of the water pulsing beneath it. Several hundred feet upstream, we noticed two young boys who had wriggled through a protective chain link fence keeping people away from the river. As boys often do, they were laughing and playing, riding their bicycles up and down the angled, cement river bank, perilously close to the river’s edge.

Earl and I began to yell and wave at the boys, to try to signal them to move away from the river. But they did not hear, or notice us. One boy slipped and fell off his bike, perilously close to the river’s edge. The current was so forceful, both bike and boy were yanked into the river and swept downstream towards Earl and me.
Without hesitation, Earl, an athletic 29-year old, sprinted across the bridge and scrambled to the river’s edge, removed his belt and tried to use it as an improvised throw-bag, tossing one end to the boy, with the hope of reeling him back to the shore. But when the boy grabbed onto the belt, the power of the moving water yanked Earl into the river, too.

The stark image of man and boy being swept downstream beneath an overpass in the relentless flow of floodwater is something that will haunt me always.

Earl and the boy could not save themselves. This was clear from the onset. Rescue was the only option. I frantically signaled to arriving first responders that Earl and the child were barreling downstream, no longer at this entry point. Others downstream needed to be alerted immediately. The officer took out paper and pad and yelled over the torrent that he had to take a report first, before they could do anything else. A report?

After providing basic information, shock folded over me like a dark cloud. It was unclear if anything was happening downstream.

But as I stood alone on the berm road next to the river, waiting for word, shivering as rain began to fall again, a terrible thought emerged: the police officers, wearing heavy boots and gun belts, and firefighters, in bulky turnout gear, had no idea what they were doing. They had no river rescue equipment common to whitewater rafting. No ropes. No life jackets for their own protection.

Nothing.
I will never forget this image, as I watched and wondered where the fire was. It took a while for the truth to get sorted out in my mind, but even then, I could not understand how any of these responders hoped to perform a water rescue dressed like that.

The 10-year old boy was found about two miles downstream. He told firefighters that Earl had somehow pushed, or guided him towards the river bank, saving his life. Sadly, as he did this, Earl was pulled back into the main current and swept thirty miles downstream in turbulent, roiling, unrelenting floodwater. Earl disappeared.

It took nine long and agonizing months for his body to be recovered in the Harbor in Long Beach during a routine dredging operation.

As I waited, and grieved, information began to percolate through the media and my own quiet efforts to understand what had happened. I learned that no public safety agency had jurisdiction over the 500 mile maze of flood control channels in Los Angeles County for search and rescue operations, or search and recovery. Safety depended on fences and signs, many of which were tattered, full of holes, and in disrepair.

Most disheartening was the fact that no one was actually searching for Earl, or anyone else who was “missing and presumed dead” in the flood control system. When my parents appeared at my doorstep the morning after Earl was swept away, my father and I searched the entire length of river, from Earl’s point of entry to the Harbor in Long Beach. We distributed photos and descriptions of Earl to hospitals and agencies along the way. It was a lonely and very frustrating time.

Earl’s death was but one small component of a massive natural flood and debris flow disaster in Southern California that year. Sadly, his death, and the deaths of more than 30 others who perished in local floodwaters, were written off as, “Oh, too bad, what a tragedy,” with no discussion about the need to be able to rescue people who ended up in open and potentially deadly flood control channels. Although we were discussing plans to marry sometime in the future, after we got settled in Los Angeles, because I was not Earl’s legal widow, I was unable to request that this incident be investigated in-depth.

Earl’s devastated family accepted the assessment by local officials who said, “We are so sorry. We did everything we could to rescue your son.”

I had stood on the footbridge and watched Earl’s death unfold before me. For weeks and months I was plagued with nightmares and flashbacks, reliving the terrible ordeal day and night. Grief counseling was not especially helpful. I was grieving “normally,” not in denial about Earl’s death, and sensible of the impact that this tragedy was having on me. An article in the Los Angeles Times caught my attention one morning when I was feeling frustrated and confused. At the local Veterans Hospital in Los Angeles, researchers were studying “combat stress” in new terms.
Some Vietnam Veterans were plagued by flashbacks and nightmares that sounded similar to mine.

The article listed the symptoms of Post Traumatic Stress Disorder (PTSD) and as I read and reread the list, the article added that “survivors of disaster,” including floods and flash floods, sometimes experienced similar problems in the aftermath of devastating disasters. I noted the name of the psychologists at the West Los Angeles VA Hospital who had been interviewed for the article, called him, and made an appointment to see him.

Without sounding excessively melodramatic, meeting Dr. Calvin Frederick turned out to be a life-restoring, if not life-saving experience. Instead of “grief counseling,” we focused on the traumatizing impact of Earl’s death. I brought a list of personal goals that I felt would be helpful for my recovery, including meeting the pathologist who performed the autopsy on Earl’s body, reviewing the coroner’s report in detail, and viewing the forensic photos of the body. This last request gave Dr. Frederick pause, but was, for me, one of the keys to healing.

One of the most important things I learned about PTSD was that it is “normal” and “not unexpected” in the aftermath of an intense and complex personal tragedy, especially for someone like me, who was there in person to witness sudden death. I was not mentally ill, just extremely traumatized. Normalizing PTSD was important for me, because I was able to view it as something that was survivable. It did not need to become a lifetime shadow. The lengthy list of symptoms, including flashbacks, nightmares, having a metallic taste in my mouth, avoiding the Los Angeles River and feeling acute anxiety during intense storms with flood-producing rain; it took time for me to learn how to “manage”. Complex grief and PTSD are not strangers to one another.

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**The River**

*The 10-year old boy Earl rescued was James Ventrillo. We met at the LA River on the 30th anniversary of Earl’s death*

Click here to listen to their radio interview.

Thirty years ago the paths of James Ventrillo and Nancy Rigg literally crossed at the Los Angeles River. Neither would be the same again.

It was 1980. Nancy and her fiancé, Earl Higgins, were taking a walk across a footbridge that spanned the river. It had been the first clear day after a series of violent rain storms. The river was high and moving fast – a rare sight in L.A. They stopped to look at the water and saw – to their horror – a young boy had just fallen in. Earl ran to the water’s edge and tried to save him. He did, but was pulled in, too. Earl wasn’t able to save himself. No one else could, either.

For the next 30 years, Nancy dedicated herself to creating a Swift Water Rescue Program for L.A. and for all of California, a program that trains first responders in river rescue.

She never knew what happened to the boy, James. In this story, Nancy and James meet for the first time since that fateful day 30 years ago.
Education and change were key ingredients of my recovery.

Like nuclear power, which can be harnessed for good, or bad, trauma can become a positive motivating force for change. I wanted to discuss ways to prevent future tragedy.

The Los Angeles County Lifeguards had been working on "swiftwater rescue" techniques for several years with Jim Segerstrom and others from the whitewater rafting world. They submitted ideas to local officials and had them rejected. Ideas were plenty, but no one had the will to listen to any of us, or implement change.

For twelve long and frustrating years, my voice was cut off by political leaders, fire chiefs, the police, and anyone else I contacted. It will haunt me always to wonder: If I had pressed harder or been more persistent or been famous – in a Hollywood sense – then in 1992, when 15-year-old Adam Bischoff slipped and fell into yet another floodwater-swollen flood control channel, could he have been saved?

Like many before him, Adam was swept downstream past rescuers who still lacked the training and equipment needed to rescue him. Sadly, Adam’s death – and the completely inadequate emergency response – played out "Live!" on TV news.

Adam’s family sued for change, not money, not to benefit financially from their son’s death. They sued to create change in rescue protocols and flood safety education. I supported them, and together we worked with the City and County of Los Angeles – including partnering with dedicated emergency responders, who had also been fighting for change from the inside.

Together, we gave birth to one of the most exciting, pioneering technical rescue programs in the USA – urban swiftwater and flood rescue. It was as momentous as the birth of urban search and rescue (US&R), which was also struggling at the time to secure a foothold in emergency response.

I was invited to participate in the development of the groundbreaking multi-agency, multi-jurisdictional "swiftwater rescue“ program in Los Angeles. I helped develop a comprehensive “flood safety awareness” program to educate school children about the dangers of flood control channels and swift water. And I served as a FEMA “subject matter expert” when swiftwater rescue was integrated into the National Urban Search and Rescue (US&R) program.

In 1999, within a six week time period, I was asked by eight different fire departments from seven states to lend personal support to families whose loved ones were missing in various bodies of water. This marked the beginning of the Drowning Support Network (DSN), a peer support program for families whose loved ones have drowned and been recovered, or whose loved ones are presumed drowned, with the physical remains still missing in water.

18 years ago, in 2000, I testified before the House of Representatives, Subcommittee on Oversight Investigations and Emergency, Management,
Committee on Transportation and Infrastructure in Washington, D.C. The hearing focused on a proposal for augmenting the Federal Emergency Management Agency’s existing Urban Search and Rescue Program to include water rescue expertise.

It has been a long journey from the banks of the flood swollen Los Angeles River to this point in time; where social media has created avenues to easily bring bereaved families and water rescue/recovery experts together from around the world. Through Facebook and Twitter, DSN now serves both families and water rescue/recovery experts globally.

Please share these links:
- Drowning Support Network (DSN)
- DSN Peer Support: Members Must Apply
- Drowning Support Network Information

Additional Articles by Nancy Rigg and resources you can share can be found at:
https://drowningsupportnetwork.wordpress.com/category/nancy-j-rigg-articles/

Including,
- DROWNING SUPPORT NETWORK HAND-OUT
  - No Way Out!
  - Flood and River Safety Information

Nancy Rigg —
Writer and documentary filmmaker Nancy Rigg produced the flood safety education videos, “No Way Out, Part 1”, “No Way Out, Part 2” and “Danger! Debris Flow”, in conjunction with the Los Angeles County Office of Education and Department of Public Works.

* * *

2018 PSDiver SURVIVAL Workshop Calendar

North Jersey Regional Scuba Task Force
June 8,9,10 – New Jersey * SOLD OUT

TBA
Dive Shop on McEver, Gainsville, GA

TBA
Phoenix Scuba and Water Sports
Lackawanna, NY

TBA
Northeast Public Safety Divers
Bergen County, NJ

For announcements, schedules and locations of the PSDiver SURVIVAL Workshops, follow our PSDiver Monthly Facebook Page -- Join our Facebook Public Safety Divers - PSDiver Group -- or visit our web site www.PSDiver.com.
PSDiver SURVIVAL Workshop
Sponsors and Supporters

MISSION REPORTS

DART
Lt. Steve Treinish

On Feb. 5th, at 0852, 3U companies were dispatched to a water response to 1921 Belcher Dr. The MDT message was that a small child went through the ice and was still in or under the water. The FAO updated the run card several times with more information about other calls, and verification that this would be a working run. That information alone was invaluable to me as we planned our dive operation enroute.

This is a high-risk water response area, with a dense population around several retention ponds, with previous working water runs in the past. Engine 24 (Gary Cox, Jr) was first on scene and found one wet child on shore suffering from hypothermia and a CPD officer being pulled out after falling through the ice attempting a Go rescue. L24 arrived; Capt. Biancone set up command in the parking lot, and quickly determined a small boy was still in the water. 24s could physically see a small portion of a coat and his head barely above the water. Air was trapped in his coat and providing enough floatation to prevent him from sinking. Capt. Biancone worked with EMS12 (FF Daryl Jordan) and started feeding incoming companies information on victim status and location and advised incoming companies it would be a working incident.

The incident became more stressful when the CPD officer became unconscious at the water’s edge. E24 and EMS12 requested an additional medic (total of 3) for the CPD officer. FF Scott Benjamin of R16 exited the truck fully dressed in proper ice PPE, supported by FF Craig Mignon and FF Scott Shepard, and did a quick Go rescue of the
child. The elapsed time of this ice rescue was approximately 30 seconds.

At this point, there was an immersion-induced cardiac arrest, an unconscious CPD officer, and another child suffering from hypothermia. Simply put, our companies had their hands full. DART2 proceeded in and it was decided to do a quick search of the bottom under the ice hole, and had an all clear in 4 minutes. R16 stayed suited up in ice PPE to support DART2 in case of another victim or diver emergency. M61 (FF Keller and Sheehan) and EMS10 (Capt. Corvi) performed ALS care on the child that was in the water, and transported to Children’s with FF Slatzer and FF Pineda from Engine and Ladder 24, respectfully. M24 transported the CPD officer, and M6 transported the sister suffering from hypothermia.

The highest priority of our mission is life safety, and this run is a great example of how well our companies work together for that common goal. The first arriving companies painted a great picture of the run for companies incoming, set up command, and triaged. R16 made a very quick and safe rescue, DART2 ruled out more victims in the deeper water, all while EMS crews did everything possible to provide excellent patient care to 3 patients. At this time, it is believed the boy is breathing on his own at NCH.
This also shows the need for good, hands on ice training for all companies. E24 and L24 had shore based ice rescue equipment in place, just as practiced at Haul Rd over the last couple weeks. Lt Cox was aware the victim was in a good place for rescue, and ensured nothing bumped the child for fear of burping the trapped air in the coat and causing him to submerge. R16 made this ice rescue a bread and butter evolution as well, and DART2 cleared the remainder of the water in 4 minutes. This run shows the importance of continuing to train on the high-risk, low frequency runs such as ice rescue, and spotlights the professionalism and skill of our crews under pressure.

Thank you to Lt. Treinish for taking the extra time (off duty) researching details, writing it up, and submitting this incident for Outstanding Run of the Week! I concur with Lt. Treinish, excellent job by ALL, coming together as one team and performing at the highest level, Mission Complete! I want to close by thanking our Trainers! The end result of quality training is not often recognized but once again our performance mirrors our training. Keep up the great work out there!

The narrative above highlights how a recent run the Columbus, Ohio Division of Fire’s fire, rescue, EMS, and the Dive and Rescue Team (DART) was handled. While the DART team did not physically rescue the child, they had divers dressed before arrival, and a plan to be in the water within seconds if the child would have been subsurface. This run is what I consider to have been a near perfect rescue mission and details how different crews assigned to different tasks all work together to accomplish the rescue mission.

The Editor and Publisher of PSDiver Magazine, Mark Phillips, asked me to write up a brief story on our team’s workings, and how and why it was formed. I am very proud of our team, and am currently working for the 53 members it contains.

The DART rescue response is comprised of a primary, backup, and safety diver, with a trained tender assigned to each. Additional duties are scribe, dive supervisor, and a diving safety officer, who monitors conditions of the dive and cross checks each diver before they commit to the water. This ensures life safety concerns such as gas amounts and gear configurations are checked twice before a diver submerges. These checks are also documented on a written checklist as a fail-safe effort to increase safety. DART requires each diver to utilize a drysuit, dry gloves, attached latex hood, full face mask, redundant gas supply, and hardwire communications 24-7, 365, including training dives. We are fortunate to have enough personnel to place a team in operation within seconds of a dispatch message.

The DART idea was formed in the summer of 2004. Our City contains a very high-risk river area just south of town, with a heavy population of users. Many children gravitate to this area to play, and that summer we lost 4 kids in a hole 16-18’ deep. All the responders worked hard to try to rescue these kids, but all resulted in fatality recoveries by the Columbus Police Underwater Search and Recovery Unit. (USRU)

I had been a public safety diver for the previous 10 years with the Millersport Volunteer Fire Department, and was frustrated. I approached the Fire Chief with a proposal, cost, and benefit outline, and it was approved. The team began training in 2005, with (6) initial divers trained to the Public Safety Divers Association (PSDA) Level 1 diver.
level. These divers were then used to help train the 40-some divers chosen to become divers, and became the first Dive Supervisors. This may seem like a large number, but DART is comprised of members on (3) different shifts, all of which work on other trucks and assignments around the City.

There were a lot of folks hesitant to support the team initially, mostly due to a lack of knowledge about public safety diving in general. For a few years, the response model proved problematic, as divers were often tied up on other runs, and no true crew designation could occur. There were no staffing requirements in place to keep DART personnel in the same station that the DART truck was housed. Tenders, divers, and supervisors would have to respond from around the city, and only if they were not on other runs at that time.

In 2017, with the current Administration’s support, the team was moved to fire station 2, and the members within this station trained to either dive or tender levels. Station 2 has an engine, ladder, medic, and Battalion Chief housed within it, and DART is truly cross-manned within this firehouse. Response and training effectiveness and day-to-day continuity have been greatly increased.

Each diver and tender knows a pre-determined role at roll call, and crew members not being used in the actual dive operation also respond as extra manpower. In the case above, one tender also trained as a rescue technician was assigned to Rescue 16 to give them additional support. Utilizing the entire station for the response lets us flex a bit, in case one piece of apparatus is on a run or tied up. In case the entire station is elsewhere, the other team members outside station 2 will respond either to the scene or to the truck, based on location. This is all coordinated on a separate radio channel during responses.

Over the past decade, DART has proven it is not the “swim club” that some thought it may be, and has given our department the ability to provide underwater rescue in a very timely fashion. The record for the quickest rescue so far is 12 seconds, from time of submersion to time on the surface. This was done with a very good witness interview, good scene preparation by the companies first due, and because it was very close to station 2. There was also a little bit of luck, but what team wouldn’t take that?

One aspect of making our team successful is the training we do with the other companies and crews within our department. First arriving companies are often engines, ladders, and medic units, and all know how to start shore investigations to get a Point Last Seen. (PLS). They also know their limitations, and all carry the basic water PPE to safety attempt or support surface rescues if needed. The CFD operates (5) heavy rescue companies, which can provide surface, ice, and swiftwater capability.

DART and the heavy rescues have worked together to ensure the roles are known before hand, and that the different “teams” work for the same goal. For example, if DART searches for a victim through the ice, they expect...
the rescue technicians to be at the edge of the hole, waiting to transfer the victim to shore. Our heavy rescue personnel ice rescue PPE can do this more efficiently and safely than our divers wearing SCUBA gear. Similarly, we have also developed and practiced rescues from open water areas such as lakes or reservoirs requiring boat dives.

DART will dive from one boat, normally off of one side. Another boat with our rescue technicians will approach on permission of the dive supervisor, and stage beside the dive boat. Upon surfacing with a victim, the diver simply hands off to the rescue company, who may be in the water as surface support, in the boat, or both. Once in the boat, that boat proceeds for shore to meet the ALS unit for transport. The divers can then be removed from the water slower and safer.

Today, DART is well engrained in our water rescue efforts, and morale and buy-in is running high. We currently offer rescue capability from the time of submersion for 60 minutes, with a 30 extension possible in colder water or in case the time of submersion cannot be definitively found. After this time has elapsed and no chance at life exists, the scene is transferred to the police unit, which will take over dive operations to do the recovery. There are two living people on this earth from the efforts of our team, and I remain very proud to be a part of the responses we take.

Respectfully submitted,

Lt. Steve Treinish
Columbus, Ohio Division of Fire

**Sponsor News**

**EdgeTech Sonar Utilized in the Search and Discovery of the USS Lexington**

Image: Side Scan Sonar Image of USS Lexington Wreckage and it’s Aircraft on the Sea Floor. Credit to Paul Allen, the R/V Petrel team.

EdgeTech, the leader in high resolution sonar imaging systems and underwater technology, was recently honored to learn that its industry leading side scan sonar technology was once again used by the Research Vessel Petrel and Paul Allen’s talented team in the discovery of the USS Lexington.
The USS Lexington, one of the first aircraft carriers built and commissioned by the United States of America, was sunk during the Battle of the Coral Sea in 1942 off the coast of Australia. The wreckage was discovered in approximately 3,000 meters of water.

EdgeTech side scan sonar systems provide operators the ability to image large areas of the sea floor during important deep-water searches when the whereabouts of sunken objects are largely unknown. EdgeTech’s unique side scan sonar frequency pairings such as 75 / 230 kHz provide the ability to image over a 2,000 meter swath as researchers conduct search patterns in deep waters.

The discovery of the USS Lexington comes less than one year after the discovery of the USS Indianapolis. EdgeTech takes great pride in knowing it’s high quality, reliable underwater acoustic imaging systems continue to assist in these historical endeavors.

Public safety diving is conducted by law enforcement, fire rescue, and search & rescue/recovery dive teams. These dedicated teams are called to action for a variety of missions from drowning victims to location of missing evidence. Public safety divers respond to emergencies 24 hours a day, 7 days a week, and may be required to dive in the middle of the night, during inclement weather, in zero visibility or through polluted waters.

These selfless men and women are often given very little time to plan a search and rely solely on their team members, training and specialized search equipment. 

**JW Fishers** is proud to serve as an extension of these teams by providing the right tools for the job with the same mission-focus and devotion; anytime, rain or shine.

In 2014 Detective Bill Nichols, team leader for the Oneida County Public Safety Dive Team in Rhinelander WI, along with a group of like-minded Public Safety Scuba Divers from agencies around the state of Wisconsin formed the Midwest Public Safety Diver’s Association. These divers came together with the support of their agencies to
create a resource network that could support public safety dive teams in the Midwest by opening communications to share information training, equipment, operations and policies.

In 2015, the Association held its first annual conference in Stevens Point Wisconsin. More than 70 public safety divers from Wisconsin, Iowa and Minnesota were in attendance. This group represented several law enforcement, fire and rescue teams from across the region. The conference showcased expositions such as forensic autopsies for drowning victims, local case reviews on recoveries of homicide victims, underwater evidence collection and examples of local dive team structure. The conference quickly showed its worth and resulted in countless relationships built, contacts made and networks established that would go on to benefit all organizations represented.

Third annual conference took place in 2017 and once again was an enormous success! The association has opened the conference up to manufactures, vendors and training agencies that support public safety divers and their teams. This cooperation gives the divers an opportunity to get “hands on” experience with equipment and information about quality gear designed for the needs of public safety divers and their teams. These providers have grown to realize the dynamic needs of public safety divers and work closely with their agencies and municipalities.

The association recognizes the importance of remaining neutral as it develops and fosters relationships between manufactures, retailers, commercial entities, and the teams. This allows them to remain unbiased and for the best interests of the dive teams to remain paramount for the safety of the divers.

The purpose of the Midwest Public Safety Diving Association is to advance public safety diving as a profession, to promote uniform training and standards, and to be an information resource for public safety divers and their teams.

The association will provide a mid-west based resource for public safety dive teams and their members where they can access current policies and procedures, up-to-date training guides, and recommended minimum public safety diving standards based on OSHA, NFPA and major public safety training agencies.

Detective Nichols currently uses both JW Fishers Pulse 8X and SAR-1 underwater metal detectors. During the conference Bill had his search equipment on display for other divers to
view. The Pulse 8X underwater metal detector is the workhorse of the diving industry and has been rated #1 by US Homeland Security against 8 other competitors. The SAR-1 was introduced to the market in 2017 and has become indispensable to dive teams. Specifically designed for “black water” operations the SAR-1 is a must have tool for teams that must succeed when visibility and dependability are a factor and failure is not an option.

The Washington County Water Recovery Unit was also in attendance at the conference. The team is part of the Water, Parks, and Trails Unit. The team is responsible for underwater search and recovery operations that have been directed or requested by the Sheriff. The dive team covers the entire county and aides surrounding communities when needed. Dive operations range from river recoveries to deep lake diving and thin ice accidents. The unit is always on call and has many functions beyond recovery missions; to assist in times of natural or man-made disasters and provide additional support for various functions held throughout Washington County. The team demonstrated their JW Fishers ROV (remote operated vehicle) capabilities to public safety dive agencies at the conference with great success. The ROV is equipped with sector scanning sonar (SCAN-650) which assists with search operations in low visibility search operations. The team also utilizes a JW Fishers Side Scan Sonar system which they train with regularly.

Best regards,
Brian Smith Fisher
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CE Opportunities

NDPA 2017 Educational Conference, Pittsburgh PA,
April 11 - 14, 2017

There is a new 3 day Conference format intended to deliver a better experience to both the diverse audience of attendees seeking knowledge and engagement, and to NDPA sponsors and Conference exhibitors.

Registration is now open!
Visit www.ndpaconference.org to learn more!

New events include:

- Pre-Conference - Monday April 10
- Aquatic Law and Risk Management Symposium
- NDPA Summit Series, hosted in partnership with Starfish Aquatic Institute (SAI) on Lifeguarding Training
- USA Swimming Foundation & NDPA hosted partnership meeting.
- Conference - Tuesday April 11
- The NDPA "Safe Debate Series," a collaborative forum where participants can openly discuss controversial topics in drowning prevention
- Future professionals’ Workshop with USA Swimming
- Gateway Clipper Riverboat Cruise NDPA Networking Welcome Reception
- Over 50 speakers have been selected to present on over 40 informative topics. Keynote & General Session speakers include:
- Elliot Kaye, Chairman of the Consumer Product Safety Commission
Nancy Baker, Mother of Virginia Graeme Baker
name sake of the 2008 Pool & Spa Safety Act
Ruth Sova, Motivational Speaker
Jonathan Midgett, Consumer Product Safety Commission

IMPORTANT NUMBERS:
Chemical Spill Information
1-800-424-9300.
DAN Medical Information Line
1-919-684-2948
DAN 24-Hour Emergency Hotline
(1-919-684-9111) to help divers in need of medical emergency assistance for all incidents
Centers for Disease Control and Prevention
1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636)
National Suicide Prevention Lifeline
Call 1-800-273-8255 Available 24 /365

Resources
First Responder Support Network
The mission of the First Responder Support Network is to provide educational treatment programs to promote recovery from stress and critical incidents experienced by first responders and their families.

Crisis Resources.
IAFF RECOVERY CENTER
Treatment for successful recovery from substance abuse, PTSD and other co-occurring behavioral health

CSI Conference • June 6-8, 2017 • Chandler, Arizona, USA

http://evidencemagazine.us5.list-manage.com/track/click?u=bd4c18b25c63a6348560efe26&id=529f682a6c&e=7d59afd494
These training agencies have recognized PSDiver Monthly as a valued addition to their programs and Continuing Education requirements.

Public Safety Diving Association (PSDA)

ERDI

Life Saving Resources

Lifeguard Systems – TEAM LGS

Dive Rescue International

We welcome all training agencies and organizations to participate. For details, email PSDiverMonthly@aol.com

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