



How One Paramedic is Recovering from PTSD

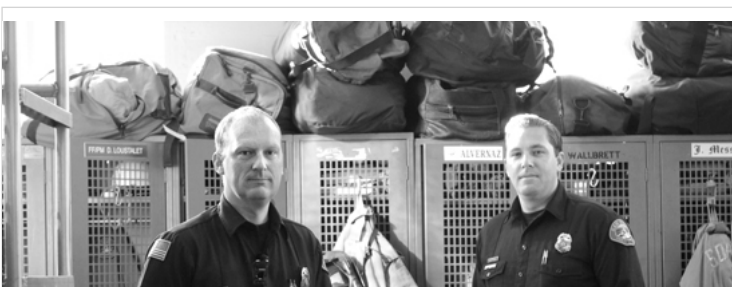
Fri, Jan 15, 2016 | By Benjamin Vernon, BA, EMT-P



Paramedic Benjamin Vernon describes the hurdles of recovering from PTSD after surviving a violent attack while on duty. Photos Antonio Zaragoza

I'm writing this article in the dark. I can't sleep— again. I'm losing count of the sleepless nights. Writing helps pass the time. I'm a firefighter/paramedic. I love my job, always have. I've been a professional firefighter/paramedic for nine years. I've been in EMS for over a dozen. And I'm one of thousands in my field who now suffers from post-traumatic stress disorder (PTSD).

It's hard to even write the acronym. I've always placed PTSD with our military veterans, and I'm reluctant to use the term because I feel like when I use it for myself, I'm taking away from the men and women in the armed services who've truly struggled to heal from life-altering physical and emotional wounds.





After surviving the attack together, Benjamin and his partner Alex have been bound together, making them closer than any two other men on the job.

THE CALL

On June 24, 2015, I ran a routine medical aid call at 4 p.m. at a trolley stop. It was a beautiful, bright Wednesday in San Diego. The notes on the call were generic: "Intoxicated male, possible mixed medications, trolley security on scene." My entire crew groaned when the tones went off.

I couldn't have been more relaxed; I'd run this call 1,000 times in the past. But unlike the 20 calls a day we run on average, this one took a dark turn when a bystander—angry for no apparent reason—[attacked us with a knife](#).

He stabbed me twice in my back. The first wound missed my kidney by an inch; the second punctured my lung and broke a rib. My partner, Alex, saved me. He tackled my attacker to protect me, sustaining multiple wounds to his back and shoulder during the melee.

We were transported separately to different hospitals. I was diagnosed with a pneumo/ hemothorax and given a chest tube on the trauma table—the chest tube was worse than the stab wounds. But after my lung was reinflated and the pain meds kicked in, I finally relaxed when I felt respiratory relief and realized I was going live. I was quickly moved to an upper floor for observation, where I had nonstop visitors for two days.

I kept asking for updates on Alex. I finally Facetimed with him that night. He looked horrible, and apparently, so did I. When we saw each other, we both started laughing. I don't know what we found so humorous— maybe just the absurdity of the situation. We laughed briefly at each other's plight, and then groaned from the pain.

At one point, a social worker came into my room. She tried to outline the next month or so of my recovery. First, she said Alex and I would be closer than any two men on our job. After experiencing this horrific trauma together, we were sort of bound together forever. At the time, I thought that was a funny thing to say and a weird way to start a conversation, but as she spoke I had to quietly hang up my cell phone, which I was using to contact Alex for the fifth time that day.

She also said I was going to have nightmares. Not your average nightmares; the dreams that were coming would be different, unique. She strongly recommended I see a therapist, but I felt fine. I was heavily medicated, so sleeping wasn't an issue.

THE REAL HEALING

After Alex and I are released from the hospital, we give a press conference and go home. It's now time for the real healing to begin.

I spend a week on my couch watching countless hours of TV. Mostly, I relive the knife fight. I dissect every aspect of those 42 seconds. I second-guess every one of my actions, get upset and take pain meds until I drift off to sleep.

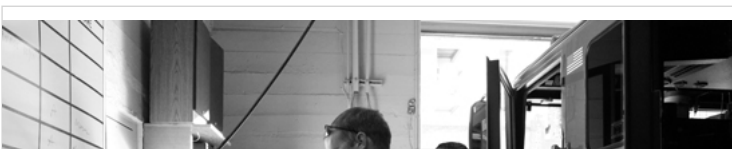
Every day is the same. Soon my stomach starts disagreeing with the pain meds and antibiotics. I decide to get off the meds and start healing naturally, so on the 10th day of recovery I stop taking them.

The nightmares begin.

Calling them "nightmares" is the understatement of the universe. There needs to be another name for them. Without the opiates, my subconscious is functioning at a whole new level.

The first night, I dream that I'm back at the trolley stop. I can actually feel the knife going into my back. In my dream I knock the man to the ground while he has the knife in me. I push his face to the pavement; I feel the stubble on his chin. I get on top of him and bite his eyebrow off. I can taste the eyebrow hair in my mouth. I rip off pieces of his flesh with my teeth. Then I gouge out his eyeballs with my thumbs. I can feel his eyes squish out of his skull, past my thumbs and pool into my palms. He's screaming but I'm screaming louder.

I wake up screaming; I'm soaked in sweat. My shirt is almost transparent and sticks to my back. I look like I jumped into a pool. My side of the bed is pooling with water. I can feel my heart beating in my ears.





Although Benjamin still sees a psychologist weekly, his return to work has been helping him return to normalcy.

It takes me a couple seconds to realize where I am. I need a glass of water; I have to calm myself. I check my pulse while making my way into the kitchen—it's at 150 or more. I sit in the dark for over an hour, exhausted.

I decide to sleep on the couch. I don't want to change the sheets or reawaken my fiancé. She's probably not sleeping after being awakened by a screaming lunatic, but I'm too tired to go upstairs and find out. I lie on the couch and stare at the ceiling.

This is the start of the next two weeks off medication. Every night is a repeat of the first. Every night I wind up in the kitchen drinking water, concentrating on slowing my heart rate, but I'm getting smarter: I leave a change of clothes downstairs so I can stare at the ceiling in dry attire.

This has to stop: It's time to see a psychologist. The advantage to [getting attacked at work](#) is worker's comp, and the city is quick to give me a list of psychologists available to me. I have no idea where to start, so I close my eyes and point at the paper. My finger lands on a name. I make an appointment.

I'm excited to see a therapist, mostly for the sheer novelty of it. I'm imagining *Good Will Hunting* and every other movie with a shrink. I picture a man with a beard who looks like James Lipton from *Inside the Actor's Studio*. He'll probably be wearing a tweed jacket with elbow patches. If he doesn't have a pipe and many leather-bound books, I'll be disappointed.

I'm disappointed. None of those things are in his office. No couch, no books, no tweed jacket. The doctor is a small in stature; I'm 6'2" and weigh slightly over 200 pounds. He's almost cute enough to pick up.

He has me sit in a La-Z-Boy recliner. Out of habit, I lay back and try to elevate my legs with the wooden handle on the side, but there's no handle and the seat doesn't recline. I'm disappointed again. He has the chairs facing each other—he's not sitting behind a desk. I have nothing to hide behind and feel vulnerable.

He tells me he's never worked with a firefighter before but is excited to. He's been working with car accident victims for 30 years, and I'm the first person he's ever worked with who was almost murdered at work. He seems eager to hear my story; I'm eager to tell him. I want the nightmares to stop and I make it clear I want nothing to do with medication.

It's hard to relive and I break down crying multiple times. I'm mostly angry at myself for not fighting back and not being able to protect my partner. I'm angry I let this happen. I tell him about the nightmares in painstaking detail as he listens intently. He advises me the best course of action to prevent the nightmares is to lay off the caffeine.

After everything I told him and bared to him, his advice is to reduce caffeine intake? I'm dumbfounded. I head home, distraught. It wasn't the treatment I was hoping for. I don't feel better—I feel worse. I know I'm in trouble.

VOODOO MAGIC

That night I didn't have a nightmare, because I didn't sleep at all. In fact, I didn't sleep four nights in a row.





EMS personnel share a common characteristic to shut off the emotional side of our brains and just use the logic side, but over time, we become off balance.

On the fifth day, I finally understood suicide.

I was hurting, and the help I was getting wasn't helping. No one understood what I'm going through and I hadn't slept in days. This is why people kill themselves. This is why EMS personnel have an alarmingly high rate of suicide.

We're a different breed of people: the things we see, the situations we're in, our culture, our own language. There has to be someone who [can help us](#). I know it's not a car accident psychologist.

But suicide wasn't the answer. That day I reached out to a fellow firefighter who used to be a law enforcement officer. He wasn't able to return to the line of duty after he'd been involved in a shooting and killed a man, so he switched careers. He joined our department after I did and was always open about his ordeal and psychological issues. I've always been grateful for his candor. If anyone could help, he could.

He recommended I see the police department's (PD) psychologist. It seemed like such a simple solution I was angry at myself for not thinking of it. I called immediately. The doctor was very kind and helpful. He explained he only had a contract with the PD and not the FD, but he would see me for free if I wanted to meet him for a session.

After two more days of no sleep, I finally met with him. Although there was still no leather couch, tweed jackets or lumberjack beard, I already knew this doctor was different. He was a former PD sergeant. He'd spent 30 years with the force and, after his retirement, went back to school to earn a doctorate in psychology.

The first thing I noticed was he looked like a cop. He had a square jaw and was as big as me. He dressed like me and, best of all, he cussed like me. I immediately noticed a difference in his demeanor and his sense of humor. I was a fireman talking to a cop. We shared Fire/PD insults, and laughed. I loved it.

Then he said he knew exactly what I was going through. He said that while I had PTSD, there was a cure, and I could and would be getting some sleep soon. Most importantly, he told me I'd be getting back to work soon too.

I started to cry. Not little sniffles, but full-blown sobs. His tone was so confident I knew he was telling the truth. I left his office with a smile on my face, walking lighter and more carefree. I wasn't focused inward any more. I knew I was going to get better. I slept great that night, with no nightmares or restlessness.

I slept from the comfort of knowing I'd found the right doctor.

Our sessions have been amazing. They're the highlight of my week. This doctor is a big proponent of a therapy called EMDR: eye movement desensitization and reprocessing. I can only explain it as Voodoo, but I'll try to explain it as it was explained to me.

EMS personnel share a common characteristic we use when responding to calls. When we see someone injured or critical, we have the ability to shut off our emotion. All of us have this uncanny skill to stop feeling and start thinking. We shut off the emotional side of our brains and just use the logic side. All of us who've performed CPR on a baby, or patched up a person who's been badly mutilated in a car accident, knows there's no time for "the feels." We have a job to do and we do it well. But that ability to shut off our emotions has a drawback: We're not shutting off the emotions, we're suppressing them. Over time, we become off balance. All of our emotions start to fight to get out at inopportune times. You can only suppress them for so long before the emotions have had enough.

I'm sure all of us can recall a time when we got teary eyed watching a random commercial on TV. The ad is for hemorrhoid cream, and suddenly you're sniffing and not sure why. You don't even have hemorrhoids. Or you get in an argument with your significant other over whether the toilet paper should be over the top or incorrectly allowed to hang down on the bottom, but you get so mad you put your fist through a glass window.

These overreactions are your emotions trying to get out. EMDR is the treatment for this phenomenon. It's an attempt to balance the brain and level you out.

CORE BELIEFS QUESTIONED

I took to the treatment immediately. I understood the oversimplified reason for the treatment and enjoyed doing it. I also learned PTSD is a result of your core values getting called into question. We all have a certain fundamental belief system, such as, "If you're a good person, good things happen to you." After several sessions of EMDR, I realized three of my core beliefs were challenged the day of the stabbing.

1. "Nobody wants to hurt a firefighter." In the 127 years of my department, no firefighter has ever been shot or stabbed in the line of duty. We're the good guys. Even bad guys while they may hate police officers to the core of their being like firefighters. We're off limits

the good guys. Even bad guys, while they may hate police officers to the core of their being, like firefighters, were on limits.

2. "I can handle myself in a fight." This is a silly one. I've studied martial arts my entire adult life and always felt overly confident when my crew and I would get into altercations with belligerent and aggressive patients. But I've never been in a knife fight before—of course, in my defense, I didn't know we were knife fighting. I hadn't gotten the memo. I had a knife on me, but it never occurred to me to use it. That's not what a fireman does, because, again, nobody hurts firefighters.
3. "I can talk anyone down." I've done it a thousand times. I'm exceptionally good at it. I can keep my calm when everyone else is frustrated and furious. I've gotten aggressive, angry, drugged-out psychopaths to eat out of the palm of my hand. Give me enough time and I can get anyone to do anything you want them to.

LESSONS LEARNED

The physical wounds healed quickly. It's the psychological healing that's taking the longest.

I'm grateful though. I'm glad this happened. I'm growing as a person, as a medic and as a fireman, and I've learned a lot.

First, for the first time I understood the reasoning behind suicide. When someone is hurting and they don't feel like anyone understands them nor are they getting the right medical help, suicide is a logical step. I couldn't have understood that before this event.

Second, not all psychologists are the same. My workers' comp doctor isn't incompetent, he just didn't understand me. Picture a mechanic who's spent his entire career fixing Toyotas. He knows everything there is to know about Toyotas. But bring him a Ford, and what happens? He's not bad mechanic, he just doesn't understand Fords.

My EMS brothers and sisters are a rare breed of people. We love gallows humor, and no topic is off limits at the dinner table. We love running into burning buildings and get excited when we get to perform a difficult skill to save someone's life. Not every doctor out there understands us. Seeking the right doctor to help is as important as realizing you need help in the first place.

I've talked to so many of us who've sought psychological help, and many have said the same thing: "I was told to lay off the caffeine." That statement has become an inside joke between my partner and I. If I don't know the answer to his question, I just tell him I'm going to lay off the caffeine. It's become code for, "I have no idea what you need, so I'm just going to throw out a random statement."

Third, EMDR is the coolest Voodoo. I wish I could scream from the mountaintops so all of you could hear me. (This article is my mountain top.) Every EMT, paramedic, firefighter, dispatcher and police officer should have access to EMDR. It should be an available treatment we all get once a month. We all should get monthly massages, chiropractor appointments, acupuncture and EMDR treatments. If you haven't tried it, you should.

FINAL THOUGHTS

This all transpired in the last four months. I'm back to work now, thanks to the PD psychologist. Although I'm still anxious when I run medical aids, I [manage my stress](#) effectively.

But I haven't been truly tested yet. I have yet to get into another altercation with a patient and haven't had to jump on a patient's back and chemically restrain them with Versed while they run naked down the middle of the street. I think that's my final hurdle to being restored to my original self.

I still see the PD psychologist weekly. I'm not sure when that will end—I'm not sure I want it to. The trial for the stabbing has been postponed multiple times. I just want it to be over. I think I'll have some closure after the trial ends, but only time will tell.

If I can pass along anything from this ordeal, it's this: If your job is taking its toll on you, there is help. Don't be discouraged if your first attempt at psychological counseling is a total bust. In San Diego, there are only a half a dozen psychologists who specialize in PTSD and I only know of two psychologists who have a background in PD and Fire.

The biggest hurdle is realizing you need help—or worse, knowing you need help but being afraid others will think less of you for getting help. This career we've chosen is the greatest on Earth: We help others in their greatest hour of need. We all joined for that reason. But it's because we want to help so much that it hurts when we fall short of our goal.

All of us carry baggage. We all carry the burden of this career. Dead children, sexual assaults and suicides haunt every one of us. We're not meant to carry this burden. Forget the stigma that seeking psychological help means you're weak. Take the weight off of your shoulders. This message is for all my brothers and sisters who are feeling the burden of this life. You're not alone.

Don't give up. The right doctor is out there. Keep searching! You're worth it.

By

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