

My Story

Daniel J. Crampton

I started my Emergency Services career in 1993 on a whim. I wanted to pad my resume as an Executive Bodyguard with an Emergency Medical Technician certificate, so I joined a volunteer fire department who offered to pay for the training. After a year, I decided I would make a better EMT than a bodyguard, so I joined the local ambulance service and eventually trained as a paramedic.

One memory I have of my training was of my instructor stating that we would respond on pediatric deaths, but thankfully it will be rare. Little did I know then that pediatric deaths would define my career. Another memory was of how little our mental health training would entail. We spent one night talking about what types of calls we might respond to and that we might be bothered by them. We were not, however, told how to cope with them.

My first pediatric death call was of a 13-year-old girl who we assumed was a suicide, but it turned out that she had a heart defect that caused her death. We performed resuscitative efforts on her for 45 minutes without success. I learned then that what we have seen on television about how we also save our patients was wrong. To make matters worse, since I was lead technician, it was my duty to break the news to the family that we were not able to revive their loved one. That was the first time I heard the anguished cry of a family member who just lost a child. While driving home from my shift that night, I could not get the face of the patient or the cries of her family out of my mind. A song was playing on the radio during my drive which I could not listen to for years without revisiting the images and sounds. The song was Wildfire, by Michael Martin Murphy. I learned, from that call, how to stuff the trauma in and not appear weak to my coworkers. I also learned that anger was a good way for me to release the pent-up stress I was feeling; that and how to isolate. That day was also the start of my dark path down multiple pediatric traumas and deaths.

My next pediatric death was a spontaneous abortion 20 weeks into gestation. As we were moving the mother over to our cot, the fetus expelled from her into my hands. I did not know how much that would affect me until several months later. My partner and I were called to a premature delivery in the mountains. As we were responding to the call, which was approximately 20 miles away, the fog moved in, and we feared we would not be able to have the helicopter respond. Thankfully, there was a clearing in the fog around the scene that was large enough to land the helicopter. As we were driving to the scene, I remember feeling a sense of dread at what I was going to see remembering the fetus from months before. However, what I experienced on this scene was much worse.

The sun was breaking through the fog as we arrived on scene. We were the first unit on scene and the ETA of other responding units and the helicopter were unknown due to the fog. I got out of the ambulance and walked to the car where the mother and infant were lying next to. As I came around the car, the sun was at my back and my shadow crossed over the infant's face,

which was a deep reddish-purple. According to child development specialists, what I witnessed was not supposed to happen. As my shadow passed over the infant's face, it looked back in my direction and we made eye contact. What I saw was consciousness, awareness. We held that contact for several seconds as I approach and then the infant closed its eyes. I proceeded to cut the umbilical cord and rushed both mother and infant to the ambulance. Other rescue units arrived and eventually the helicopter landed. We transferred that the two patients to the helicopter and then waited for word of their outcomes. The infant died an hour later. Between the first miscarriage and this call, I found that I could no longer support abortions. Once I saw what a fetus looks like first hand and the consciousness in the latter, I knew that life does not begin at birth.

I would run another call that involved a pediatric death soon after that when two sisters were driving on icy roads and a car coming the other direction lost control and slid across the highway striking their car. One sister died on scene and my patient, 11 years old, was rushed to the hospital with a concussion, which caused her to repetitively ask what happened to her sister. We did not tell her, but she seemed to know and would scream every time we told her that our other crew was treating her. My anger and isolation were becoming more engrained and began effecting my new marriage.

In 1999, my new wife became pregnant with our daughter. When she was four months pregnant, I ran my first SIDS death. It was an 11-month-old boy named Michael. I arrived on scene after the fire department, who was performing CPR. I attempted to intubate the boy when I realized that he had been down too long for resuscitative efforts to work. As the lead paramedic, it was my job to call the hospital and get permission to stop resuscitative efforts. As I was talking with the doctor, I suddenly broke down and cried. It would be the first time I ever cried on scene. However, I was thankful that I was in another room where my teammates would not see me cry. I was THE paramedic at that time. I was able to show up on a scene and perform the tasks that other paramedics struggled with. I was on my way to becoming a cocky paramedic. I could not be seen crying and appearing weak. I pulled myself together and then went out to tell the father that we were terminating resuscitation efforts. I caught and held him in my arms as he collapsed.

My daughter's birth was complicated. Labor lasted for several hours and we feared we were going to lose her. The doctor started talking cesarean section if his final attempts of manually extracting her. Thankfully it worked and she was born. However, her mother had some complications that would affect her ability to have more children. We lost two others after that due to those complications. I became a paranoid father, which is not unusual for others in this field after seeing what we see. I did not have time to get past the stress of her birth before I ran on another pediatric death.

That year, a respiratory virus, RSV, hit our community hard. I was frequently running on toddlers most effected by the virus. We were running them down the pass to hospitals in Colorado Springs frequently. Some of the children had to have a breathing tube inserted into

their tracheas and IV needles drilled into their legs because the veins could not handle a regular needle. They were in various stages of consciousness, but all were in critical condition. There was one exception. We were called to a three-year-old who was not breathing and did not have a pulse. When we arrived on scene, the child's grandmother met us at the door and threw the boy into my partner's arms. We ran him to the ambulance and got pulses back but not respirations. We inserted the breathing tube and got him ready for the helicopter ride to Colorado Springs. This was just three weeks after my daughter was born and two weeks before Christmas. Five days later, the terminated life support and the boy died. The weight of these calls started bearing down on me. However, it would get worse within a few more weeks.

It was nearing the end of our 24-hour shift, around six in the morning. Dispatch came on the radio and announced that we were to respond to a car versus pedestrians, "bodies all over the road." The lighting that morning was just right that drivers could not see very well despite their headlights. Two sisters started walking across the highway to catch their bus for school. An off-duty State Patrol officer later told me that he was watching the girls step into traffic without looking for cars. He stated that he was yelling to the girls to pay attention. He watched in horror as both girls walk in front of a car. The car was driven by the school resource officer who was unable to see them and thought it was a deer he hit. One girl was killed instantly and lay crumpled on the road, unrecognizable. The other, my patient, 11-years-old, was barely conscious. She was struck so hard and fast that she was knocked out of her shoes. She flew straight up into the air and landed next to them. This was the first thing I noticed as I walked up to her. The second was that her legs reminded me of Gumby Doll legs. That image would haunt me for some time. We got her loaded into our ambulance and ran her to the hospital with lights and sirens. As we were working on her, she suddenly extended her arms and called out to her mother, who was on scene and was able to ride in to the hospital with us. To make matters worse, I was friends with her mother.

We got her to the hospital and into the ER and stood around watching as the ER staff worked to stabilize her. I was constantly watching her vital signs and soon she began to get worse. They got her into surgery where she would eventually die of massive internal injuries and bleeding. Just before we left the ER, one of the ER techs went around to each of us and asked if we were ok. When he got to me, I could not handle it anymore and I broke down right in front of my coworkers and the ER staff.

We would schedule a critical incident debriefing where some of the debriefers recognized that I was not doing very well. They referred me to a counselor who specialized in a trauma technique called EMDR. I had one appointment with her that was able to get the Gumby Doll image lessened in my head, but it did not get rid of the stress I was feeling. I noticed that she was becoming impatient with me and she eventually called me a perfectionist. I chose not to talk about how I was still being bothered by the call and ended the session. The next day, she called me and asked how I was doing. I admitted that I was still having trouble. I had nightmares all the previous night. Her response to me was that maybe I should not do EMS anymore. I realized

then that if she could not help me, no one could. I learned how to stuff it all inside and not admit to anyone that I was being bothered. Isolation and anger were my constant state of behavior from everyone except for my daughter.

My fifth pediatric death during that period of eight months was an 11-month-old boy whose mother left him and his 4-year-old brother alone in a bathtub while she went to answer the phone. She came back and found the boy floating under the water. Between her, the police department, fire department, and us, we were able to revive him and he recovered without any side-effects. I even went to his first birthday party. What was disturbing about this call was what happened to me for years afterwards. I would forget that we saved this child and I would think of him as dead. I would see him lying on the floor of their kitchen, dead.

Three years would go by. My nickname became "Pediatric Dan" because I was frequently running on seriously injured or ill kids. I had several more pediatric deaths since then. I also had some adult deaths that would stay with me and haunt my dreams. I was very angry and was in jeopardy of losing my job. My boss realized what was happening to me and forced me to see our counselor. I started counseling through our Employee Assistance Program, but it was not helping. I remember talking about one of the calls and the images I was reliving. Her response back to me was that she could not see how I could do the job I do and that she could never do it. I knew I needed to talk about what was happening, but I could not tell her the horrors I saw for fear that it would hurt her. Luckily, at the same time, I was enrolled in college and started a counseling program where we were required to do individual counseling. Thankfully, the counselor I was assigned to was very good at what he did and despite not having any emergency services experience, he did work with trauma and was able to help me get through much of my trauma.

During this year in the counseling program, I realized that it was to be my calling to learn as much as I could about First Responder trauma and how to treat them. I dedicated the rest of my college education to this end and eventually earned my doctorate in psychology. I learned how to silence the ghosts in my head and how to recognize them when they rear their heads. I worked beyond the trauma and learned very valuable tools and skills to help me overcome future traumatic calls. I recovered from my posttraumatic stress injuries and now am in a position where I can pass this on to other First Responders. I still work as a fulltime paramedic. I still experience critical incidents on the ambulance. Over the past 25 years, I have responded to approximately 12 pediatric deaths and heard the cries of all their parents when they were told, ran on numerous of pediatric illnesses and injuries, well over a hundred of adult deaths from a variety of causes from traffic accidents that left them horribly mangled to gunshot wounds and hangings to heart attacks, heard the last words of some of those who have died in front of me (not at all as glamorous as seen in the movies or on TV), saw life leave the eyes of some, and suicides of several colleagues in the First Responder community. One suicide was of a former ambulance partner, who was also a past roommate, who took his life after he quit the

ambulance service and joined the police department. My first marriage joined the statistics of the over 65% of First Responder marriages that ended in divorce.

Early in my career, I learned that the resources were not available to First Responders and most of them felt like they had to endure the trauma alone. They also had to deal with the stigma of being labeled with a mental disorder and feared seeking help. Rightfully so, some officers across the United States are asked to turn in their weapons and take early medical retirement as a result of coming forward and talking about how the job affected them. First Responders experience more suicides, substance abuse, divorces, injuries, and early deaths than the general public at alarming rates. We are more than just statistics, however, and are in need of help that is slow in coming or non-existent. As stated before, it is my calling, my passion, to bring First Responders the resources necessary to continue to function in their jobs, but more importantly, in their families and lives. Too many of them are burning out. Too many of them are dying too young. Too many of them are suffering in silence when they do not need to be.