

My husband and I have been married for almost 23 wonderful years. We dated seven years before that so we have been together for a total of 30 years. For our entire relationship we lived, breathed and was immersed in everything related to the fire service. Through my husband, I have experienced the realities of the fire service from the amazing to the ugly and everything in between.

When we first started dating, he was working at odd jobs but was fully immersed in the nearby township fire department. His goal was to become a city firefighter and would try out every single year for a chance at his dream job. His passion for the fire service was fierce, honorable and courageous. He desired more than anything to be able to help people in their most desperate time of need. He wanted to be the one who brought some light to otherwise very dark circumstances. He gained a lot of experience at his volunteer fire department and moved up through the ranks from firefighter to captain.

As a result of his unquenchable passion, I learned more about the fire service than I ever thought I would. From routine truck checks, to types of hose and nozzle combinations, to how to safely enter a house on fire and everything in between. He wanted me to know the source of his passion and joy. I spent many evenings at the fire station as we made “quick stop” to pick up something or ensure equipment was placed back in the correct location. Of course this would lead to him seeing other firefighters who had stopped by as well and would begin talking with them about the joys and challenges of the day. With the amount of time he spent at the volunteer fire station, I could easily tell that he took pride in his work and wanted to ensure his station and trucks were in supreme condition.

My husband’s disappointment slowly increased as he continued his attempts to get into the nearby city fire department. This was the only thing he desired and it was slipping from his grip. Little did we know, his last obstacle course test would begin the decline in his mental health. That day, he had already completed his written exam and only needed to complete the course. He put on the air pack and mask, without air attached, and proceeded to go through the course. His mask fogged up and he was unable to breathe. He began hyperventilating and feeling like he was about to pass out. He calmed his nerves, wiped the inside of the mask and continued through the course. The mask continued to fog up and he began hyperventilating again. Unable to breathe and continue

through the course, he stopped, took off all the equipment and told the instructors about the issue. They simply inform him that he automatically failed the obstacle course because he stopped midway through. They further explained he should have completed the course to at least would have received a time so he could be ranked. They had no compassion, no understanding and no resolution. They gave my husband incomplete equipment to conduct the obstacle course and expected for him to just man up and finish. A very performance focused mentality that didn't settle well with my husband. Or myself.

After this extreme disappointment, my husband decided to try out at other fire departments across the state. His whole life was so immersed in firefighting that moving to a different career path would not be an option. He became more and more discouraged as he applied to other fire departments. His joy and passion for the fire department seemed to take a hit as well. It was a very small indication and only those who had seen his sincere passion in the beginning would notice a change. He also didn't like the idea of moving away from family but felt he needed to settle for it because he had no other career options. I didn't like moving away from family either but felt I needed to support him as he tried his best to hold onto his dream. In the meantime, he got a factory job so he could support us after we got married. I was still in college at the time with one more year to go and my part time job would not pay the bills.

Seven months after we were married he received a full time job as a firefighter at a nearby department we had never known existed. I remember the day he got the call like it was yesterday. We were already expecting the call from human resources so his nerves were high. The call comes in, my husband answers and gets off the phone and said "I got the job!" We were both ecstatic! We had a picture of a ladder truck hanging on the wall and he exclaims "I am coming after you!" as he points at the picture. Even though he had been defeated in the last obstacle course he was still determined to get that city fire fighting job. The embers of his dream were reigniting and we both saw hope on the horizon that he would finally get the job he always wanted. This new job was to be a stepping stone into his dream. His plan was to stay there a few years, learn what he needed to know and move on to the dream department. Looking back, what was supposed to be a stepping stone ended up being a career. Within only a few years into his firefighting career, he would learn the

“brotherhood” everyone preaches about does not exist. At least not in that department.

Everyone in the first responder field knows about the “brotherhood”. It is a special bond that is supposed to serve as a unified support system with like minded individuals to help each other through the most inconceivable realities of the field. Realities that most people would only see in a horror movie, played out in real time, dealing with real people and real emotions. My husband relied on this “brotherhood” mentality to help him through the worst parts of his job: the car accidents involving drunk or distracted drivers who killed innocent people, the house fires where the parents escaped but the children or pets died, the suicide victims, the list goes on. He relied on the “brotherhood” to help him mentally cope with the emotions that raged long after the adrenaline subsided. Instead, he found other first responders’ responses as harsh, unforgiving and brutal. They told him to “suck it up”, “that is part of the job” and worse “if you can’t handle it then leave”. This left my husband with the emotional struggle of comprehending what he saw and questioning why there is so much evil in the world. I would only see a fraction of what he was dealing with and would do my best to help. He kept most things to himself because he did not want to bring his job home or burden me. The people who were supposed to help him process through what he experienced with were the same ones who left him isolated and fighting his own internal war.

These internal wars manifest in many forms within the first responders’ life and I believe this is why divorce and suicidal tendencies are high among first responders. To see a real life horror movie played out time and time again with no ability to process the emotional roller coaster that inevitably follows is torture in itself. The mind and the body are only capable of handling so much physical or mental stress before it begins manifesting itself in certain behaviors within the first responders life. For my husband, he was determined to not let it affect his life however over the years it has developed into anxiety and depression that now affects his family life. This is where most spouses would throw up their hands and walk out on the marriage. Most spouses don’t understand why all of a sudden their first responder becomes agitated, why they seem distant when present and when they are not present are anxious or isolate themselves. The first responder learns quickly who their rock and support system are and anyone else can be a trigger that brings anxiety.

Sometimes family members unintentionally bring additional anxiety and this leaves the spouse with the responsibility of defending the first responder's behavior. This has been a hard road for me to walk down. I spent way too many years believing if my husband would just change his behavior or take the right medication for his anxiety that would please the expectations of the family members. I never knew how deep his PTSD went until, I am ashamed to say, just recently. All these years I wondered why my husband seemed distant from everyone, isolated himself and didn't want to socialize. Now I know. Those times he behaved in that manner were coping mechanisms because he was fighting his own internal war. Subconsciously something from his past was being repeated in the present which then caused anxiety leading to a full panic attack. He was doing what he could during those gatherings to control his anxiety so we wouldn't have to leave early.

I remember our first experiences dealing with his panic attacks. It started very early one morning about halfway into his career. He had just been fitted for a C-Pap and was using it on a regular basis. He suddenly woke up one morning unable to breathe and with tightness in his chest. We rush to the nearby hospital who then diagnose him with indigestion. Two days pass without incident then he suddenly calls me from work at 6am telling me that he is having the same symptoms. His boss offers to drive him to the same hospital we went before but my husband declines and instead I pick him up from work. We rush to a hospital who specialize in cardiovascular care 30 minutes from where we live. Once in the ER I didn't even get the words "chest pain" out of my mouth before my husband is rushed in for testing. After about an hour we are assured by the ER doctor that his heart is as healthy as a horse and what he had experienced was a panic attack. It is very true what people say about the onset of a panic attack mimicking the symptoms of a heart attack because they do. After much thinking and trying to figure out where these panic attacks originated we recalled the obstacle course incident years before as being the trigger of the panic attacks. The C-Pap mask triggered these memories deep in his subconscious initiating the anxiety and panic that comes with the feeling you cannot breathe. It didn't matter air was being pumped into his face by the C-Pap machine. It was the thought of having something covering his mouth that triggered the fear of not being able to breathe.

We thought this was a one time thing since the panic attacks were triggered by the C-Pap mask. However a few weeks later his panic attacks

began happening at work on a regular basis when the department was conducting their training exercises. After putting on a mask during training exercises that was properly hooked up to an air pack, his anxiety would increase and begin the progression into a panic attack. In this particular training exercise, he was supposed to find a “body” in a building that had smoke pumped into it and bring the body out of the building. His anxiety would increase because it mimicked the experience he had during the obstacle course test years earlier. He would barely make it through the training and would immediately isolate himself to get his anxiety under control. His coworkers began to notice his changed behavior and began asking why he left training so quickly. This forced him to make up excuses on why he had to leave so quickly. To help him work through this anxiety, we even completed an “obstacle course” at home in order to help build coping mechanisms that could be used during training at work. He would put on a well ventilated mask, cover it with a towel so he couldn’t see then try to find where I was hiding. This strategy seemed to work in the short term but would prove it wasn’t a long term solution. This is when we ended up at the doctor’s office and he was prescribed anti-anxiety medication. This was exactly what we needed to help him function safely at work. However, this anti-anxiety medication had a very detrimental side effect so he had to choose between either mental stability or physical stamina. He chose mental stability so he could keep his job however it affected our intimacy in a profound way. I never felt neglected however he always felt like a failure and it hurt me to see him this way.

After a couple years on this anti-anxiety medication we chose to go back to the doctor and see if something else could be prescribed. Our regular doctor was not available so we were recommended to see another one within the same practice. We did and with almost catastrophic results. This doctor chose to simultaneously take my husband off one anti-anxiety drug cold turkey while starting him on a completely different one. Not only that but blankly told my husband that maybe he can’t handle his job anymore and needs to find a new one. The doctor then diagnosed him with claustrophobia. After this appointment, my husband became more anxious than I had ever seen him and panic attacks were a daily occurrence. I would come home from work everyday and spend the rest of the night trying to mentally stabilize him. He didn’t want to see a counselor because he had before and they never gave any information he could use. I finally convinced him to give the counselor another chance. The counselor once again told him to go through the same list of “to do’s” to help him when he

became anxious. It was the same exact advice he had received from this counselor before. He felt ashamed, defeated and broke down crying every day. It was pure hell on earth. I was trying to be strong for him but the reality was my emotions were a wreck. I was barely functioning from one day to another and constantly worried about what I would find when I got home. I knew he would never commit suicide however that did not prevent the thought from crossing my mind. Every morning I would spend time by myself before work and would cry silent tears of frustration and anger. About a month later, in complete vulnerability, he and I had a closed door meeting with his chief. We had come to the conclusion that he would not be able to be a firefighter anymore because of his claustrophobia causing panic attacks. All based on what this substitute doctor had told him. His chief seemed sympathetic at the time and offered a light duty job until things could be figured out with Human Resources. He further stated that if he was not fit for duty he would be removed from his firefighting position. My husband didn't want to leave the fire department even after all he had been through because it felt like he was giving up. He didn't mind his new position but it wasn't firefighting. This new position required him to work 12 hours a day, 5 days a week and some weekends. If this was to be his new job we would have to accept his new schedule. He felt like he had no choice but to accept the temporary move. This resulted in depression, increased anxiety and daily uncertainty. I was relieved his chief was giving us time to figure things out however I was angry as well. I was angry that no mental health services were offered - not that we would trust that word would get back to his boss about his mental stability and he would be presumed not fit for duty and fired from his job. This was a catch twenty-two. He wanted help and understanding however could not trust people not to say anything to his boss if something was to come up during counseling sessions.

One Monday morning my husband called from his temporary position and told me he couldn't do it anymore. He could not drive into the complex and know he wasn't driving to the station. An added stress was that if he did accept a permanent position in another area he would lose his retirement and pension. I believed deeply in my heart this was not how his career was supposed to end so I offered to call our regular doctor to see if he could get in and talk. Our regular doctor was a volunteer fire fighter on a nearby township department and understood exactly what my husband was going through. We were on the precipice of a major change. My husband would forever lose his firefighting job and we had a future of

uncertainty on our doorstep. Human Resources wanted a decision by the end of the week - if his temporary position was going to become permanent or he was going to return to his regular position. In complete desperation, I called our regular doctor and the receptionist would not let me talk to him personally and stated he was busy. However, I could leave a message so that's what I did. Throughout the day I never received the call back and was determined to go personally to the doctor's office and demand to see him. This sounds more fierce than it actually was. My emotions were running wild and were jumping from anger, to frustration, to mental fatigue, and deep sadness. When I arrived, I calmly and firmly stated to the receptionist that I need to see the doctor immediately. I received the same "he's busy" response. This is when the tears began cascading down my face. The same tears of frustration and anger I had felt multiple times before. I explained to them this matter is life altering and I need to speak to the doctor immediately. The same "I'm sorry, he's busy" response came from the receptionist again. I went from tears cascading down my face to outright anger and was on the precipice of stating that I would not leave until I saw him. Even if I had to stay in the waiting room for the rest of the night. I was fiercely determined to see the doctor and if the doctor's office did not want me in the waiting room then they would have to carry me out themselves. I was not leaving until I spoke with our regular doctor. Seconds before these words exited my lips, his regular doctor happened to be passing by on the way to his next patient and saw me in the lobby. He quickly approached me and said with extreme concern in his voice "What's going on?" I explained to him I needed to speak with him immediately. He pulls me aside into an empty room and all of my emotions broke forth like a waterfall. I felt like I was going to collapse on the floor in extreme emotional exhaustion. I explain to him everything that happened: from trying to repeatedly contact him, that my husband is on the precipice of a mental breakdown, that he was about to quit his job, and that I am approaching him with tremendous hope that something can be done. He tells me not to let my husband make any decisions until he can see him. Our doctor then goes out to the receptionist and very angrily says to cancel his 8 AM appointment the next morning and put in my husband. He further states to the receptionist if they receive a call from my husband at any time to tell him immediately. No matter if he was with a patient or not. After meeting with his regular doctor the next day my husband finds out he was placed on the wrong anxiety medication by the previous doctor. What was happening was that the previous medication was decreasing faster than the current medication could catch up which resulted in a chemical

imbalance causing the increase of daily anxiety and panic attacks. We wanted to confront the previous doctor but within the time we saw him and then was able to connect with his regular doctor, the previous doctor had suddenly “retired”.

Later that week my husband went to Human Resources and told them he was returning to his normal firefighting job. Now that we understood exactly what was going on he felt comfortable to return and safely resume his responsibilities. After this chaos was over we settled back into our routine and his anxiety/panic attacks were under control. We finally had a sense of normalcy and I was getting my husband back.

Five years later, another change occurred in the department and the anxiety and panic attacks began all over again. This time a firefighter was promoted to captain and at first it seemed he was going to be a responsible and honorable leader. No one knew how big his ego was and over the months he increasingly became a tyrant. To make matters worse, this guy was my husband’s direct supervisor. He was officially stuck between a tyrant as a direct report and a chief who didn’t care about the mental health of anyone in the department. On this new captain’s first day as supervisor, my husband was called into his office and written up for a policy violation to which he never committed. To make matters even more bizarre this supposed violation was something that had occurred three months previous. This supposed policy violation was never recorded in the appropriate amount of time and disciplinary procedure was not followed so it was not escalated to the chief therefore the issue was dropped. This unfortunately did not stop this new captain trying to do everything in his power to fire my husband. There was a target on my husband’s back and there was nothing my husband could do about it. This new captain was a power hungry, egotistical dictator whose only desire was to target firefighters and write them up for minuscule policy violations.

The firefighters and other captains went to the chief on multiple occasions complaining about the new captain however their complaints fell on deaf ears resulting in a rapid decline of station morale. My husband’s anxiety and depression continued to increase and began affecting his personal life. I noticed a new behavior pattern emerging. Right after his shift was over he would seem at peace and relaxed. His anxiety would then increase a little bit each day until he had to go into work where his anxiety would then be at its highest. He told me that while at work he felt like he was

walking on eggshells and doing his best to keep his anxiety under control. He also felt he was being targeted by this captain every single day and the one person who could do something about it didn't even care how this new captain was treating firefighters. At home, he was having nightmares about all of the things this new captain could do to him at work. My husband was afraid that his struggle with claustrophobia would be found out by this new captain and the captain would get him fired because he would be declared not fit for duty. This reality made his anxiety multiply. It was a daily struggle to shake the feeling of helplessness that he felt while at work. The medication he took was at the highest level possible and it never seemed to work. I expected to receive a phone call or text each time he went to work because there was a situation that had developed where his anxiety was triggered that would quickly lead to a panic attack and he would need my help to talk him through it. My role was to be his rock to keep him stable, focused and not become overwhelmed. It was not hard for me to be his rock. I was used to being people's rock. A place they can go when life seems to be falling around them. Shortly after becoming his rock I then stepped into the role of protector. Some situations or environments caused an increase in his anxiety and he would need to withdraw himself in order to keep his anxiety from growing into a full panic attack. This is how he coped with his anxiety and was purely a survival mechanism. I defended him to anyone who began criticizing his behavior. I knew why he was behaving the way he was and I explained the reason to these individuals. Some understood and backed off however there were a couple who continued the criticism and I stopped explaining anything to them. The saying goes "Be kinder than usual because someone is fighting a battle you know nothing about." These individuals wanted my husband to do things in accordance to how they believed things should be. They were completely oblivious that by constantly criticizing they were causing him more anxiety and thus increasing the isolation and avoidance behaviors.

An opportunity surfaced at work where he could switch shifts with another person and report to a different captain. He would be out from under the captain who was targeting him and be able to finish his last three years in the fire department without the daily panic attacks. The chief led us to believe this was possible and told us exactly what paperwork needed to be filled out to make this happen. My husband still fully believed the chief would not make it happen but we went through the steps toward making the shift change a reality. We had to speak to my husband's doctor so he

could fill out his portion of the paperwork and my husband had to fill out his portion of the paperwork. My husband reached out to his psychiatrist for help as well with this and explained the entire situation. The response from the psychiatrist was “deal with it” and “you can’t run away from situations that cause your panic attacks”. As true as this is, if you are in an environment where your supervisor is targeting you and where you fear going into work everyday, it does not provide any resolution to tell him to just “deal with it”. That is the same thing as saying “suck it up”. It does no good for the person who is suffering everyday. It angered me to the deepest level imaginable that a person who specializes in mental health does absolutely nothing useful to help his patients. It was completely obvious this doctor had no concern about his patients mental health. We then go see his regular doctor who completes the paperwork and we submitted it to Human Resources along with the paperwork my husband was responsible for. As soon as Human Resources receives the paperwork, my husband is then pulled into the office with his chief and Human Resources representative present. He was told he was not fit for duty, was immediately put on leave without pay until a better a better suited work environment could be found for him. He was then required to leave the premises immediately. In the beginning, my husband was given every indication that his chief was going to help him out. Instead, after almost 23 years of fire service, he was kicked out of the fire department and labeled “not fit for duty”. Should the love of the fire service supersede the need for mental health support or just simply be considered one of the many sacrifices our first responders face?!? Fortunately there is a happy ending to all of this. After two weeks of leave without pay, my husband was able to be placed in an adjacent department where he enjoys the job, has a great supervisor and is able to finish off his last three years before retirement. In his words, “I am free!” Free of what? He is finally free of the anxiety, panic attacks and constant fear that was plaguing him everyday that the toxic work environment was causing. His mental health is stable once again and he can now truly look forward to what is to come after retirement.

To label my husband with PTSD is to label him with an over simplified medical term that describes to the medical community no one else can explain. This is an unfair, unjust and a very closed minded way of describing the difficulty first responders face after witnessing repeated tragedies. I also firmly believe it is not only first responders or our military that suffer from the affects of this. Any person of any age in any

demographic and in any country who is forced to bury the flood of emotions that occur after witnessing a tragedy so they are able to respond appropriately will experience some form of PTSD. The difference is these individuals will have the opportunity at a later time to cope with the emotions that resulted from the tragedy. They have a trusted support system in place and can lean on them for any support in the coming days, weeks or months. Our first responders never get that chance. PTSD is so much more than a blanket medical term. There are multiple layers that cause PTSD and all layers are unique to the first responder's experience, their previous mental state, previous ability to cope and whether or not they have a concrete, unbiased support system in place to help with the flood of emotions. Telling a first responder to "suck it up" or "leave if you don't like it" is basically telling them they are not human, it is telling them emotional vulnerability means you are weak and it is telling them they are not cut out for this job. This is emasculation. No first responder I know went into that field to be emasculated. They chose that field to make a difference and to help people. Like my husband did very early in his career.

How do we change the trajectory of this unfortunate series of events? At the top, the bottom and within families. At the top, put in resources that first responders can use to cope with the emotions that flood them after every call. Sure, these are in place however does a suicide line exist specific to first responders that are answered by former first responders who can give concrete coping mechanisms that have proven to work? Also, I know there are many counselors and many are great however are there certified councilors out there who were former first responders and see only first responders? Our regular doctor is a volunteer for a local fire department and could relate to my husband on a level no other doctor in that facility could. This made a dramatic difference in the level of care he received. Just imagine what a former first responder turned councilor could do! If they do exist, are they affordable? If not, are grants in place to help fund the cost? Every first responder in any department across the country should have easily accessible resources provided by their individual departments to take anonymously as needed. Better yet, these resources should be part of every single orientation packet first responders receive during their first few days on the job!

It also needs to change from the bottom, with our incoming first responders. I remember when my husband first started on the local volunteer fire department. He loved jumping up at the drop of the tones

and rushing off to help someone in need. This passion is why he became a firefighter. Lights and sirens on his personal vehicle. Driving and caring for the fire trucks. Taking pride in organizing the station. Teaching kids about fire safety. Those were all the perks. The downside of this passion is the “super hero” mentality that basically states “I do not need anyone to help me”. Looking back, I understand the excitement but in reality the new first responder might not need physical help but they will need mental help in dealing with the tragedies that build up in their mind. My husband had this same “super hero” mentality and it was admiring. As time went on, the tragedies began to build and my husband began struggling mentally. He didn’t want to bring it home so held it close. When reaching out to other firefighters for help processing what he saw, he received a cold shoulder and was basically told to swallow his feelings. If he couldn’t then he should leave the fire service. I have seen many things as a bystander to accidents and house fires. I remember them as if they happened yesterday. The first scene was a house fire where a child was left inside while the parents escaped. In this incident, I watched the firefighter try and resuscitate the child to only find he was too late. I saw as this firefighter, in all his gear, physically collapse on the ground in emotional turmoil knowing he could not save this child’s life. The emotional breakdown of this firefighter was too much for me to witness and resulted in tears of pain and anger cascading like waterfalls down my face. If I felt this much pain and heartache as a simple bystander there is no way I could even imagine what was going through this firefighter’s mind. Another scene was at a two car accident. In this incident, both cars were unrecognizable and the jaws of life had to be used. Needless to say, one person was intoxicated and chose to drive. They hit another car head on, filled with a family, and killed all of them instantly. The intoxicated person lived to see another day. The anger that rose in me desired justice for this family. A foolish person went behind the wheel and took the lives of four people. The last scene was a scene of a suicide where my husband was first one on scene. I cannot even image in my worst nightmare the carnage he saw. It is scenes like these that the head strong, energetic, eager new first responders are unaware of and over time it will take a toll on their mental health. I am certain the availability of mental health resources are department specific but reliable resources need to be in place where the first responder can access them right away in their time of need. I say reliable because there are a lot of resources out there that do not help the first responder at all such as what my husband and I have experienced. Our first responders deserve better. They deserve so much better than what they are given.

The unfortunate truth is that there is so much stigma around having a mental health issue that too many people don't reach out because of fear of being labeled by society as having a "mental disorder". This bias needs to end. The suicide rate is too high among first responders. As a matter of fact, one life lost to suicide is too much. What will it take for our health care system, government and first responder communities to actually take this seriously?!? Will another suicide help? Another breakdown? Maybe another divorce? Maybe what is needed is one more "career casualty" that will help increase the numbers so people feel they need to take action. (all sarcasm implied) Let me tell you again: ONE LIFE LOST IS TOO MANY!! To me, actions speak louder than words. I do not want anyone preaching to me that they have "state of the art mental health facility" then stab first responders in the back by telling them to "deal with it". How in the world is that going to help anyone who is having a mental breakdown? It won't! I have witnessed way too much in my husband's mental health decline to have any trust in any mental health facility anymore. Today, he is a completely different person than who he was the first moments of his career. Since he was let go from the fire department, his spark has slowly returned and once he officially retires in 2.5 years I know I will get my husband back again. He still has a passionate love for the fire service however with the lack of "brotherhood" support, bosses who don't care about mental health, and a mental health facility that completely failed him, has resulted in a tarnished desire to ever work for the fire service again.

It needs to change in families. Resources need to be provided to allow for relationship counseling by former first responders to help navigate through the signs of mental distress. Most spouses want to understand but cannot because they do not witness what the first responder witnesses. To make matters worse, the first responder will not tell their spouse fully about their day because they are protecting their spouse from the tragedy they witnessed. The first responder not only protects the community but also protects their family from the evils they witness every day. This can cause misunderstanding and conflicts to arise. The spouse wants to understand but the first responder, knowing the horror they just witnessed, continues to protect their family from this reality and tries to maintain peace at home. Peace they themselves so desperately desire. Without proper and early intervention, divorces are likely to occur.

I will take this moment to credit his best friend, who is still a fellow first responder, in helping him through the toughest scenarios that I would never be able to relate to. I know the many talks he had with his best friend helped my husband process through what he saw, how he was feeling and how he can move on from it. I will also credit our doctor, who since he is a volunteer firefighter, could relate to him on a level that was real, truthful and sincere. If only our first responders had an unbiased support system of friends, family and mental health officials to help them process through these repeated tragedies than maybe we would see first responder divorce rates and suicides begin to decline.

OUR FIRST RESPONDERS DESERVE BETTER!!