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By: Rod Salas

There was the call for the motorcycle crash early in my career, the lifting of the helmet that revealed two eyes staring at me, and the obituary some days later that told me of his wife and kids.

The older lady, a couple years later, who was dragged under a bus, and the younger lady, a few years after that, who had jumped from a building.

The new father, so happy, so proud that his baby had just been delivered, about to learn that his baby was dead.

The young man who had overdosed in an apartment, found by my team too late for saving, feet dangling off a bed, his cell phone ringing and caller ID flashing just one word: "DAD."

All the death notifications, all the reactions that followed, from all the families that reminded me of my own.

These are but a snapshot of the events that injured my brain over 26-and-a-half years as a Vancouver firefighter.

Year by year—from fresh-faced probationer, bouncing with anticipation in the back seat of the apparatus, to grumpy old captain, grim-faced at the front—my tough-guy façade became harder. Privately, I was overeating, over-worrying, overreacting, my anxiety overwhelming and nightmares so frequent that my wife slept in a separate room.

Finally, after those 26-and-a-half years, I did what I was supposed to do: I reached out for help. This should have marked the beginning of my healing. Instead, things would only get worse.

Ten years ago, "presumptive legislation" was introduced to the Workers Compensation Act that would make it easier for first responders in this province to get the help they needed for psychological injuries suffered on the job. Three years later, that legislation became law. But far too often, the system we were left with harms before it heals—should there be healing at all.

I share my story not to place blame, but to call for change that will finally get this right, that will remove barriers to care that are simply too high for too many and that I fear may be costing lives.

It was 2019 that I received my diagnosis: Post Traumatic Stress Disorder, Major Depression Disorder and Anxiety Disorder. I stopped working and began what would become a years-long battle for proper treatment.

On the advice of my Captain of Health and Wellness, I asked to attend the Vancouver-based Boreal Wellness trauma program as it was specifically geared toward first responders and had shown good results for other Vancouver Fire Rescue Services members. Instead, I was told by my WorkSafeBC case manager that I had to attend a program of his choosing—end of discussion. This program, it turned out, revolved around exposure therapy. A return-to-work goal was set for two to three months.

At first, I was told to sit outside my fire hall and watch the trucks come and go. My symptoms only worsened.

Then, with a complete disregard for my privacy and the stigma I may find inside, I was instructed to go inside the fire hall, alongside my peers, not as their respected captain, but as an off-work observer. I felt weak and ashamed.

Next, I was instructed to attend calls—again, not as the captain in the front of the apparatus, but as an observer in the back. I imagined the awkward conversations as I would explain to the junior firefighters seated next to me why I was there with them, rather than riding up front as their senior officer. I refused.

Around every corner of the city, I found reminders of my pain. After four weeks of this exposure "therapy," I had rapidly deteriorated. Having lost friends and colleagues to suicide, I knew that continuing on this path could be fatal.
To survive, I decided, I had to run—from treatment (I stopped attending), from my career (I retired) and from my friends and my home (I moved far away, searching for calm beyond the big-city lights).

But the running didn't save me. Instead, it sent me into rapid decline.

In 2022, I reconnected with my case manager—my second up until this point—who referred me to an independent psychologist. This psychologist noted my gritting teeth, racing heart, and clenching jaw; my anger, irritability, and suicidal thoughts. The

incessant way I rubbed my head. I was finally set on a path of regular treatment with a trauma counsellor.

By this time, the Boreal trauma program I'd initially asked to attend had shut down. But there was another option — my new counsellor told me about Diversified Rehabilitation Group, a Kelowna-based residential treatment program for first responders and military vets. For the first time in years, I felt a glimmer of hope that I could actually be helped.

Those hopes were dashed when the Workers' Compensation Board denied my request to attend the 11-week program, noting it was not "Board-vetted" treatment. Instead, they authorized a block of treatment at a facility for people with addictions.

I did not (ever) have an addiction.

Absurd as this may sound—sending someone without an addiction to an addiction treatment program—my case is not exceptional. I know of several others who were sent down this same, nonsensical, invalidating path.

I suspect this has resulted in many injured first responders receiving inadequate care or abandoning the process before they receive any care at all.

Somehow, I found the wherewithal to appeal this decision. And, in August 2023, more than three years after I first reached out for help, I was approved for the treatment I had requested—treatment that gave me the hope, understanding and safety I needed to finally begin healing.

I couldn't have imagined, even upon finishing this treatment two years ago, sharing my story. And indeed, I do so today with some hesitation. I worry about the privacy of my family members, including my son who is a police officer. I worry about the stigma that kept me from seeking help for so long. I worry some will perceive this as ingratitude for the incredible care I finally received.

But three decades ago, I signed up to help people. And 10 years ago, as a province, we acknowledged the suffering that can come with that help. In doing so, we paved what seemed to be a better path forward.

I now call on decision makers at every level to remove the barriers to treatment that, in the peak of our pain, feel impossibly high. Not only for those serving members, but for the retired members also. Far too often, I encounter firefighters who have served and sacrificed and held it together for so long, only to spiral upon retirement. During this

time of such isolation and need, they find that treatment options are even further out of grasp, with extended health benefits reduced to a negligible $500 per year.

I nearly lost my fortitude to fight. I am haunted by thoughts of those who will walk the same path and lose.

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