

Tension, Trust, & Treatment: Characterizing the Experiences of Black EMS Providers in the Summer of 2020

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Background

Emergency Medical Services (EMS)

EMS comprises all prehospital emergency care and transportation. This includes emergency medical technicians (EMTs) and Paramedics, and a hierarchy of administration. The modern EMS system was developed by citizens of a Black Pittsburgh community over five decades ago, in order to address racial disparities in healthcare access and to provide stable skilled work to community members.¹

EMS has some aspects that are common across Systems:

- Insular culture
- Sense of humor about calls/experiences/traumas
- Stigma against mental health; can't "handle the job"
- Long hours, limited/interrupted sleep, alcohol use
- Overwhelmingly male (72%) and White (81%)²

Diversity and Race in EMS Research

A 2019 study from the National Registry of EMTs demonstrated the stagnant nature of both Black and female demographic groups in both recruitment and retention within EMS over the previous decade.²

Response from the EMS provider community ranged from calls for increased research on this critical problem, to outright rejection of the data and insistence that conversations about race in EMS distract from a focus on high quality medical care.

Methods

Participants

Interviews were conducted by the author with 8 Black EMS providers from a variety of rural and urban settings throughout the United States. Multiple participants asked that their age, gender, city, and state be scrubbed from the record. Participants had a variety of experience with COVID-19 and protest response during the Summer of 2020. One participant was on the first-responding unit to a police shooting of an unarmed Black man that became national news.

A cognitive interview was conducted with a colleague and former EMS provider who worked with the author to clarify and refine the interview guide.

Data Analysis

Interviews were transcribed and printed so they could be read in a "whole story" strategy. In subsequent readings, the author utilized the Holloway & Jefferson method, in order to recognize and address the ways her personal biases could contribute to her understanding and prioritization of data.

The first codebook attempted to capture themes of mental health and first responder culture, which were both part of the initial aims of this study. However, the author found that these data were rich in storytelling and descriptive experiences, and therefore rewrote her codebook to explore the nuances of the experience itself. These experiences have yet to be sufficiently prioritized in EMS research. The effect that these experiences have on mental health will be the focus of a future study.

Theory & Methodology

Elements of the Public Health Critical Race Praxis³

Race consciousness: The author is a White PhD student who spent time before and throughout the research process reflecting through writing and discussion on how her conscious and unconscious biases could affect the research.

Primacy of racialization: This study explores the causes behind the low recruitment and retention of Black EMS providers by focusing on the racism the providers themselves experience, rather than as a function of race.

Ordinariness of racism: Racism functions in a multitude of ways in the lives of EMS providers and is perpetuated through a variety of actors. Exposure to racism is hypothesized to be a routine occurrence for Black providers.

Critical approach: Through race and racism research in EMS is limited, informal explanations for low recruitment and retention include a lack of interest in EMS work among Black people.

Results

General Stress in EMS

"If an experience is stressful, it's stressful. It, you know, it's a critical call, everyone's stressed, everyone feels some kind of way. I think that, you know, everyone experiences stress, anxiety, depression, um, whether acutely or long-term. And that is across race, gender, across everything, just as humans."

Interactions with White Patients

Experiences of being called racial slurs directly, while caring for patients

"It's a white elderly lady, where you're there truly to help. She looks at you and tells you, 'You know, I usually don't let niggers touch me.' But you know, you're there to help. You know, [sighs] so you gotta turn it into a joke. I try not to let those things get to me. So I just, 'Yes ma'am!' like it's a joke."

"I don't like to go to the nice part of town. Because, you know, it's a bunch of nursing homes over there. And you always run into that one patient over there who has dementia and forgets everything but racism. We get a lot of that over there."

Negative interactions with White patients sometimes impeded participants from carrying out their critical role

"[The patient] just started spewing all of this racist stuff. It was just like, 'You Black bitch! You a black bitch! You ain't-' You know, he just started cursing at me and just saying all types of mean things. And he didn't want me to touch him, work with him. And, in that situation, you know, I called my supervisor and she became my partner's partner."

"When we check in, like, to see if they are able to make sound decisions, I don't like asking them like who's the current president. Like, 'cause sometimes [asking about the president] spark ups some things."

Interactions with White Colleagues

Experiences of being singled out to comment on protests and police violence

"I feel like the reason he asked me about how I feel about George Floyd was because I was the only black man in there."

"I'm all for people speaking how they feel- um, provided it doesn't, like, target me specifically. We had several- they had several discussions. And everybody is totally against the protests. [sigh] And, I- you know, I have- my efforts have been to try to help them understand."

Experiences of being singled out while working medical response at the protests

"I'm the only black person in the huddle. And my supervisor was like, 'Nobody go missing, especially you.' And I said, 'When have I ever gone missing?' And everybody just looked at me and she looked at me and then that was it. But I was just like, why would you say that to me?"

Interactions with Black Patients

Increased sense of comfort and safety with Black provider

"He thought he was about to be penalized or in trouble or something. And we- I was just letting him know, like, this ain't you being in trouble, this about your safety. But I just feel the energy that was brought towards me was not the same energy he was giving to my [White] lieutenant."

"She constantly tried to engage me and get me to be the one who made the decisions for her. She kept looking at me, and I'm like, 'These are good guys. They know what they're doing.' And she was like, 'Nah, sis, what you think?' And so, I was just- she was just more comfortable with me, I guess."

Critical Moments

Decisive moments of trust building or dismantling, when White colleagues witnessed either subtle or outright racism

"Instead of your partner, your white partner, being disgusted by this conversation, they take it in jest."

So the patient looks at me and states, 'You don't have to be so aggressive, I'm White. You don't have to treat me like George Floyd.' Meanwhile, my partner, she wasn't paying attention, I guess. Um, so for her it's kind of like, it doesn't really impact her."

"[The patient] was like, 'I don't like you people' and called me a nigger. And my partner was like, 'Hey you don't talk like that, this is not what we do,' like he stood up for me. And we talked about it afterwards. It made me feel good that I had like a partner that was able to like, support me and be there, and stand up for me."

"It kinda discourages [me] a little bit. Kinda ruins the relationship 'cause I don't really like trust them and it's kinda like I'm like, by myself."

Hermeneutic Phenomenology⁴

This study seeks to explore and characterize the experiences of Black EMS providers. These experiences were described to the author, whose identity, presence, and biases cannot be separated from the data gathered and the ways in which the data were understood and interpreted.

This differs from traditional phenomenology in which the author attempts to take an objective stance towards the participant experience.

Participant Acknowledgement

The author offers her utmost gratitude to the participants who gave their uncompensated time and energy to share their experiences. Their willingness to speak candidly about their own lives and to trust in this researcher and in academia to respect and promote their voices in a field that has largely ignored them is a act that cannot be understated.

Conclusion & Future Direction

Black EMS providers throughout the United States are experiencing racism in their job role from both patients and colleagues in the form racial slurs, slights, microaggressions, racially-charged and targeted comments, and otherizing. These experiences are happening throughout rural and urban settings, regardless of whether providers are the only or one of many Black professionals in their EMS system and community. These experiences affect providers' ability to carry out their job roles and affect the trust they can place in their colleagues, which is a crucial element of the team-based nature of EMS work. These experiences demonstrate exposure to stress above and beyond that which is shared among the EMS workforce.

It is critical that the EMS research community explore the ways in which these experiences impact Black provider mental health, physical health, career potential, and patient care.