

“It’s Over but Never Forgotten”

Stories of the First Responders of the 2001 Café Fire of
Volendam, Twenty Years After the Disaster

Master Thesis

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Hoe lang zijn je armen als het er werkelijk toe doet?
Iemand zei: wie je niet redt blijft je langer bij
dan hele rijen op het droge.
Het zal ook wel zo zijn. Niemand die mij iets verwijt
en niemand die iets vraagt. Het is je baan.

Uit: *Terug*

Ester Naomi Perquin (2018)

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INDEX

TERMS AND ABBREVIATIONS	6
1. INTRODUCTION	7
1.1 Method and Research Question	8
1.2 Relevance	8
1.3 Reading Guide	9
2. THE VOLEDAM DISASTER	11
3. THEORETICAL FRAMEWORK	13
3.1 First responders at the 2001 café fire of Volendam	13
3.1.1 Police	13
3.1.2 Firefighters	14
3.1.3 Medical aid providers	16
3.1.3.1 <i>The Red Cross</i>	16
3.1.3.2 <i>The EHBO Organisation</i>	17
3.1.3.3 <i>Paramedics</i>	18
3.1.3.4 <i>General Practitioners</i>	19
3.2 First responders and adverse events	19
3.2.1 Pre-, peri-, and post-disaster factors	20
3.2.2 Primary, secondary, and hidden victims	22
4. METHOD	24
4.1 Data collection	24
4.2 Operationalization	25
4.3 Participants	25
4.4 Participant input	28
4.5 Reflection on the narrative interviews	29
4.6 Data-analysis	30
5. THE STORIES OF THE POLICE	32
5.1 The story of Erik	32
5.2 The story of Simon	33
5.3 The story of Monique	34
5.4 The story of Kitty	35
5.5 The story of Andre	36
5.6 The story of Gerard	37
6. THE STORIES OF THE FIREFIGHTERS	39

6.1 The story of Erwin	39
6.2 The story of Hendrik	40
6.3 The story of Gerrit	41
6.4 The story of Wim	42
6.5 The story of Dirk	44
6.6 The story of Jaap	45
7. THE STORIES OF THE MEDICAL AID PROVIDERS	47
7.1 The story of Marcel	47
7.2 The story of Martine	48
7.3 The story of Herman	49
7.4 The story of Kees	51
7.5 The story of Jan	52
7.6 The story of Marga	53
7.7 The story of Carola	55
8. RESULTS	57
8.1 The cultural narratives	57
8.1.1 The cultural narrative of the police	57
8.1.2 The cultural narrative of the firefighters	59
8.1.3 The cultural narrative of the medical aid providers	62
8.2 The analysis of narratives	65
8.2.1 Experiences during the disaster	65
8.2.2 Living and working in Volendam as a double-edged sword	66
8.2.3 “I am not a victim, I am a first responder.”	68
9. CONCLUSION	70
9.1 Limitations	71
9.2 Recommendations	72
10. REFERENCE LIST	74
11. APPENDICES	81
Appendix A	81
Appendix B	82
Appendix C	83

TERMS AND ABBREVIATIONS

BOT	Bedrijfsopvangteam <i>Organisational Care Team</i>
CPR	Cardiopulmonale resuscitatie (reanimatie) <i>Cardiopulmonary resuscitation</i>
EHBO	Eerste Hulp bij Ongelukken <i>First Aid</i>
GHOR	Geneeskundige Hulpverleningsorganisatie in de Regio <i>Medical Aid Organisation in the Region</i>
PTSD	Post Traumatische Stress Stoornis <i>Post-Traumatic Stress Disorder</i>
Parate Groep	<i>Ready Group</i>
SIGMA	Snel Inzetbare Groep ter Medische Assistentie <i>Fast Deployable Group for Medical Assistance</i>
SSNV	Stichting Slachtoffers Nieuwjaarsbrand Volendam <i>Fund for Victims of the Volendam New Year's Eve Fire</i>

On January 1st, 2001, disaster struck in a small town called Volendam, located in the Netherlands. The disastrous night took place in bar “*de Hemel*”², where over 300 young people were gathered to celebrate New Year’s Eve. A few minutes after midnight, a pack of sparkler fireworks caused the festive decorations on the ceiling to catch fire. As the decorations turned into flames, the people inside were trapped (Nuijen, 2006). Quickly, emergency calls reached the Dutch alarm centrals. First responders rushed to de Hemel, a response operation existing of firefighters, police officers, paramedics, and specialized medical teams. The scope of this disaster is one that is rarely seen in the Netherlands, and the consequences of that night are still felt and seen to this day. Books, movies and interviews dedicated to the incident highlight that many of the survivors still live with visible scars, and that the community of Volendam still feels the impact of the event in their daily lives (e.g.: Janssen, van der Velden & Kleber, 2002; Smit & Smit, 2012; Veerman, 2010). The disaster also had an impact on the first responders, who for example experienced problems sleeping years after the disaster (e.g. Janssen, van der Velden & Kleber, 2002; Kingma, 2003). This research explores how the 2001 Volendam disaster impacted the lives and careers of the first responders that provided aid to the small, close-knit community of Volendam they were a part of themselves.

When studying disasters, attention is usually given to the impact of the disaster on the survivors (e.g. Gersons, Carlier & IJzermans, 2000; Grievink et al., 2004; Van der Velden et al., 2005). While it is recognized that first responders can experience severe negative effects from a disaster, their stories are often overlooked (Cetin, Kose, Ebrinc, Yigit, Elhai & Basoglu, 2005). When the experiences of first responders are studied, this is usually done in settings of short-term studies (e.g. Cassutto & Tarnow, 2003; Van der Velden et al., 2005). Studies that do focus on the impact on first responders over a longer time, are studies of disaster of such a scale that first responders were less likely to be familiar with or closely involved in the affected community (e.g. Robbers & Jenkins, 2007; Smith, Holmes & Burkle, 2019). This research therefore opens a new avenue, where the focus lies on the long-term impact on first responders that are familiar with the community affected by the disaster.

² Translated in English as ‘heaven’

1.1 Method and Research Question

This research is conducted through a narrative approach. The narrative approach revolves around the idea that communities and individuals have stories, and that these stories can influence behaviour and personal change (Rappaport, 1995). A narrative approach privileges the voices and stories of those studied and is useful to give meaning and context to a person's stories and experiences (Hammack, 2010; Rappaport, 1995). To understand the context of the Volendam disaster, this research first describes the incident, and then moves to a literature review on first responders, their organisations, and the impact of disasters on first responders. The stories of the first responders are set out, after which the findings of narrative interviews with first responders will be explained, discovering their experiences and the impact this night had on their professional career and personal life. This way, the long-term impact of the disaster can be understood, given meaning to, and placed in context. The guiding research question is:

“How did the 2001 Volendam café fire impact the professional career and personal life of first responders involved in the first response operation, during the last twenty years?”

1.2 Relevance

It is important that lessons and best practices from the night of the disaster and its aftermath are being reported. There is not yet an understanding of what happens when first responders work in a high-stress, high-impact adverse event, while being a part of the small, familiar community that is affected. This is partially due to the fact that most long-term research on this topic has focused on large-scale terrorist attacks such as 9/11 and the 2015 Paris attacks (e.g. Motreff, Pirard, Baubet, Ravaud, Chauvin & Vandentorren, 2017; Robbers & Jenkins, 2007; Smith, Holmes & Burkle, 2019). To a limited extent, research has been conducted on disasters in environments more comparable to Volendam. When a clubhouse in Gothenburg, Sweden set fire in 1998, 63 teenagers were killed. Research on this case is limited to short-term lessons learned from the disaster itself such as operational shortcomings of the emergency response (e.g. Cassutto & Tarnow, 2003). In 1992, an airplane crashed into apartment buildings in the Bijlmermeer, Amsterdam. A study was conducted six years later, where the health of people involved in this disaster was monitored including a few first responders that lived near the site (IJzermans et al., 1998). However, they were only a small part of the study and no conclusions or recommendations were provided for first responders. A study by Gersons, Carlier and IJzermans (2000) provides an extensive literature review on mental health consequences of the Bijlmer disaster such as PTSD. However, this research focuses on all of

those involved and not specifically on first responders. One study that did look particularly at the mental well-being of first responders was by Carlier, Uchelen, Lamberts and Gersons (1995), but was limited to the effect of debriefing on the mental health of police officers involved in the Bijlmer disaster. In 2000, a fireworks storage caught fire and an explosion destroyed a neighbourhood in the city of Enschede, the Netherlands. Research on the long-term impact of this disaster focuses on direct victims and their mental and physical well-being, but not on the first responders (e.g. Grievink et al., 2004; Van der Velden et al., 2005) One study focuses on the mental and physical health of the first responders of the Enschede disaster who were closely related to the community, but took place three weeks after the disaster and therefore did not look at the long-term impact (Van Kamp & Van der Velden, 2001).

Understanding the impact of a disaster on first responders is important. It is known that even though first responders are trained to deal with incidents, disasters can be very overwhelming as the scale is often much larger than what they are trained for (Witteveen et al., 2007). The aforementioned cases show some similarities to the Volendam disaster in terms of the type of community they affected, the people they affected and the year in which they took place, but none have led to an extensive investigation of the impact on the first responders. If first responders develop trauma or even PTSD and this is not signalled and treated on time, the consequences can be far-reaching. Symptoms can impair the ability to function professionally, sometimes causing first responders to be fired (Zwarthoed et al., 2010). Trauma can also lead to depression, and even suicidality (Zwarthoed et al., 2010). In 2003, a report published by Kingma for the Dutch Ministry of Health, Wellbeing and Sports already warned of possible future mental health problems in the first responders of the Volendam fire. It is therefore important to pay attention to how their well-being has developed over time. Through exploring the stories of these first responders and placing them in context, an avenue can be opened for improved guidance and understanding of those professionals that experienced a traumatic event.

1.3 Reading Guide

This paper will first explain what happened during the Volendam disaster and in its aftermath. Second, the relevant theoretical concepts and research applicable to this study will be discussed. Third, the method and operationalization of the study will be elaborated and fourth, the analysis will explore the stories of the first responders and the themes that occurred from them. The results chapter will discuss the findings from the interviews, after which the

conclusion chapter will provide an answer to the research question, the limitations of this study and suggestions for further research and policy implications.

Volendam is a town located in the Netherlands (Nuijen, 2006). Generally, the inhabitants of Volendam are described as close-knit and hard workers (Nuijen, 2006). Most of the nightlife of Volendam is concentrated around ‘the dike’³, and inhabitants often go out with friends during the weekend (Nuijen, 2006). The dike is also where café de Hemel was located⁴. De Hemel could be found in a larger building, where three cafés were located on different floors: the *Wir War bar* directly on the dike, de *Blokhut* in the basement and de Hemel on the first floor (Commissie Onderzoek Cafébrand Nieuwjaarsnacht, 2001; Nuijen, 2006).

During the night of the fire, over 300 young people were celebrating New Year’s Eve in de Hemel. The fire itself only lasted three minutes, but caused the inside temperature to rise to 500 degrees Celsius (Commissie Onderzoek Cafébrand Nieuwjaarsnacht, 2001). The café was now filled with smoke, and some victims died due to the heat and lack of oxygen. The remaining people inside tried to flee but were unable to get out of the building (Commissie Onderzoek Cafébrand Nieuwjaarsnacht, 2001). The exits of De Hemel were either small stairs down to the other café, an emergency exit that was difficult to open due to a wooden bar above the door and a hard to open door in a storage space that lead to a roof without stairs down (Commissie Onderzoek Cafébrand Nieuwjaarsnacht, 2001; Nuijen, 2006). De Hemel also had several windows that were all locked and barred (Commissie Onderzoek Cafébrand Nieuwjaarsnacht, 2001). People attempted to flee through the narrow stairs to the *Wir War bar* but got stuck. Later, the door to the storage was found that led to the flat roof, but as there were no stairs down people had to jump (Commissie Onderzoek Cafébrand Nieuwjaarsnacht, 2001).

Firefighters and police officers were the first to reach the café at around 40 minutes after midnight, and quickly called for backup from surrounding towns because of the panic and chaos that dominated the scene (Commissie Onderzoek Cafébrand Nieuwjaarsnacht, 2001; Nuijen, 2006). Ambulances from surrounding areas arrived at the site, and together with police, firefighters, and locals from Volendam the survivors were taken care of (Nuijen, 2006). Because of the magnitude of the incident survivors were brought to different hospitals in the Netherlands, Belgium, and Germany (Nuijen, 2006). Of those inside, 339 survived the fire but

³ Translated in Dutch as ‘de dijk’.

⁴ Appendix A provides a map highlighting the location of de Hemel.

14 did not. They succumbed either due to a lack of oxygen or because of severe burns (Nuijen, 2006). A 2006 report stated that 63 survivors remained with severe burns on their body and mental health problems. According to this report, 276 of the survivors were left with physical injuries and an increased risk of mental health problems (Nuijen, 2006).

Inhabitants of Volendam are often described as independent, which was also visible during the aftermath of the fire (Nuijen, 2006). Several projects were initiated by the people of Volendam to help survivors, their loved ones, and the families of those who succumbed to the fire (Commissie Onderzoek Cafébrand Nieuwjaarsnacht, 2001). Only two weeks after the fire, the Dutch ministry of Internal Affairs initiated an official investigation into the Volendam disaster led by the Alders Committee ⁵ (De Vries, 2001). This independent committee was instructed to keep oversight over the different governmental institutions that would investigate the fire. Six months later, the Alders Report ⁶ was presented (De Vries, 2001). This report included an investigation on the first responders that worked during the disaster, both in terms of their performance during that night and organisational components. Mister Alders also personally presented the findings of the report in Volendam. The conclusions of the report on fire safety regulations and their adherence would later form the basis for many national reforms in regulation and fire safety practices (De Vries, 2001).

⁵ Translated in Dutch as Commissie Alders

⁶ Translated in Dutch as Rapport Alders

3.1 First responders at the 2001 café fire of Volendam

First responders are defined as police, medical teams, firefighters and search and rescue personnel (Prati & Pietrantonio, 2010). At the site of the Volendam disaster, several types of first aid responders were present: police, firefighters, the Red Cross, local general practitioners, ambulances from different hospitals, first-aid workers from the *EHBO*⁷ organization of Volendam, several *GHOR*⁸ units and other specialized medical teams (Inspectie voor de Gezondheidszorg, 2001). This chapter will set out the context of the organisations and tasks of the different first responders. Understanding this context will help to put the experiences of the first responders in perspective and to gain a full apprehension of their narratives (Hammack, 2010).

3.1.1 Police

At the time of the disaster, the Dutch police organisation was divided into 25 regional police forces (Politiewet, 1993). Each regional police force existed of several districts with its own units or teams, that operated on a local level (InfoPolitie, 2006). At the time of the disaster Volendam was part of the regional police force Zaanstreek-Waterland. On the night of the fire, the Zaanstreek-Waterland police were called about the disaster around half past 12 (Inspectie voor de Gezondheidszorg, 2001). Tasks of the police included taking care of victims in nearby café's and keeping bystanders at a distance so other first responders could focus on their tasks (Inspectie voor de Gezondheidszorg, 2001).

The Dutch police organisation uses BOT-teams⁹ to provide aftercare after an incident. These teams consist of employees that received additional training to help colleagues in the case they witnessed a shocking or traumatizing event (Stichting Impact & Jacobs, 2018). BOT-teams offer a first conversation with colleagues, and after one or multiple conversations BOT-team members can advise their superior to refer an employee to professional psychological

⁷ Eerste Hulp Bij Ongevallen, translated in English to First Aid

⁸ Geneeskundige Hulpverleningsorganisatie in de Regio, translated in English to Medical Aid Organisation in the Region

⁹ Bedrijfsopvangteams, translated in English as Organisational Care Teams

care (Stichting Impact & Trimbos Instituut, 2010). Information on BOT-teams in the police organisation is only of limited availability. When looking at the organised aftercare of the police, it is emphasised that police officers are responsible for their own well-being (Hoijtink, Young & Ter Brake, 2012). The police organisation only has a facilitating role in the provision of aftercare. Information about aftercare, traumatizing events and psychological support are shared through the intranet and on introductory programs, but the police is also wary of spreading too much information as employees may misdiagnose themselves (Hoijtink, Young & Ter Brake, 2012).

In terms of police culture in the Netherlands, a study by Jan Terpstra and Dorian Schaap in 2011 revealed that almost 80 percent of police officers think that the Dutch police has a community on its own, including its own norms, values and relationships. Researchers such as Paoline, Reiner and Chan suggest that a distinct police culture is a way for police officers to cope with stressors and problems that occur in police work (Chan, 1997; Paoline, 2003; Reiner, 2010). This hypothesis was confirmed by the studies of Terpstra and Schaap (2011) and Van Koetsveld, Hartmans, De Man and van Werven (2016) in the Netherlands, that showed that exposed danger during work, a lack of respect and a feeling of lack of support from superiors increase the strength of police culture. This connection is mediated by feelings of solidarity and pragmatism among police officers, which are caused by stressors and a lack of proper supervision. When experiencing stressors or when feeling disappointment in their supervisors, police officers tend to turn to their colleagues for solidarity and support (Van Koetsveld et al., 2016) Thus, it is suggested that the Dutch police culture is characterised by a feeling of being part of a special and important mission or family, a sense of danger and risk from the outside world and a need for mutual solidarity among police officers (Terpstra & Schaap, 2011; Van Koetsveld et al., 2016). It should however be noted that it is not unlikely for different sub-cultures to exist within the larger scale of police culture, depending on for example the type of police work or physical location (Van Hulst, Terpstra & Kolthoff, 2016)

3.1.2 Firefighters

In the present day, the Dutch firefighter organisation exists of 25 safety regions, in which fire departments cooperate (Brandweer, n.a.). However, at the time of the disaster, fire departments in the Netherlands were part of a municipality. There were approximately 500 fire departments, with 26.000 firefighters of which 80 percent were volunteers (Ministerie van Sociale Zaken en Werkgelegenheid, 2000). Each department had a commander, who was

responsible for the daily functioning of the department. When the fire in de Hemel occurred, Edam and Volendam both had their own fire department. The first truck of the fire department of Volendam arrived at the Volendam disaster shortly before one o'clock (Inspectie voor de Gezondheidszorg, 2001). It is known that the departments of Edam and Monnickendam were present too, but their exact time of arrival is unknown. Almost all firefighters of Volendam and Edam had received first aid training, including doing CPR, from the Volendam EHBO organisation St. Willibrordus (Inspectie voor de Gezondheidszorg, 2001). As the fire was already out when they arrived, tasks of the firefighters that night mostly included taking care of victims together with medical aid providers.

In terms of aftercare, the fact that firefighters are divided into volunteer firefighters and professional firefighters brings a challenge to the aftercare process. Volunteers usually only come to the station once a week, making them less visible to their supervisors (Hoijtink, Young & Ter Brake, 2012). BOT-teams are a part of the firefighter organisation. Each department has its own procedures surrounding aftercare, and the way BOT-teams are used depends on the supervisor. The main task of the BOT-team is to give practical support, be a sympathetic ear and signal problems in the course of processing an incident (Hoijtink, Young & Ter Brake, 2012). BOT-teams started to come into existence in the late 1990's to early 2000's, and at the time of the Volendam disaster the quality was deemed insufficient: BOT-members were often inexperienced, worked with outdated methods or were deployed too late (Hoijtink, Young & Ter Brake, 2012). When BOT-teams arrived late, this could be a point of frustration for volunteer firefighters who wanted to go home after an incident as they usually had a day job to return to (Hoijtink, Young & Ter Brake, 2012). Another problem was that the use of BOT-teams was highly dependent on the supervisor of a specific station, who sometimes had the attitude that firemen should not complain. This is in line with the fact that a macho culture was and still may be dominant in the world of firemen, and firefighters were hesitant to admit when something was wrong (Hoijtink, Young & Ter Brake, 2012).

There has not been much research conducted on the occupational community of Dutch firefighters (Van Lochem & Verhallen, 2017). Most Dutch firefighters are male, and they are usually local volunteers that want to support their town or community (Van Lochem & Verhallen, 2017). In terms of work, firefighters tend to focus on the task at hand - such as putting out a fire - and are usually not involved in tasks like the aftercare of victims (Van Lochem & Verhallen, 2017). The firefighters have a strong occupational community, with

shared norms and values and strong ties between the firefighters (Van Lochem & Verhallen, 2017). Versleijen (2007) describes the firefighter community, or ‘family’, as a closed community that heavily relies on mutual support. Dutch firefighters usually have strong ties with each other outside of their firefighting work as well, and social ties usually remain after people leave the force (Versleijen, 2007). Firefighting practices and communities are characterised by teamwork, impactful events that strengthen the communal feeling and shared vocabulary, norms, values, and rules (Versleijen, 2007). Because of the decentralized nature of firefighting organizations, firefighting communities are context-specific, and each department has its own characteristics (Versleijen, 2007).

3.1.3 Medical aid providers

The organization of medical aid in the Netherlands is different compared to the police and firefighters. At the time of the fire, medical teams did not have a fixed location in Volendam or the surrounding area like the fire department and police (Inspectie voor de Gezondheidszorg, 2001). In the Netherlands, medical aid during disasters is organized through the GHOR ¹⁰ (GGD/GHOR, 2020). The GHOR is responsible for the organisation of the medical aid provided by for example hospitals, ambulances, and the Red Cross. Specifically, the GHOR is responsible for coordination between these different types of care during a disaster. Each safety region in the Netherlands has one GHOR bureau (GGD/GHOR, 2020).

3.1.3.1 The Red Cross

The Red Cross is an international organisation, that also has a sub-organisation consisting of both professionals and volunteers in the Netherlands (GHOR Zuid-Holland Zuid, n.a.). The Red Cross can deliver local first aid volunteers during emergency situations where the GHOR is involved (Inspectie voor Gezondheidszorg, 2001). The Red Cross states that local volunteers can step in during emergencies that go beyond the capabilities of professional emergency services (Rode Kruis, 2009). Key in this strategy is that volunteers are part of the local community and are therefore nearby and able to provide aid quickly. Next to persons of the local community that obtained their First Aid diploma, the Red Cross also has special volunteers that are part of a SIGMA-team (Rode Kruis, 2009). Members of a SIGMA-team are at the availability of the GHOR and have had additional training to be able to assist ambulance

¹⁰ Geneeskundige Hulpverleningsorganisatie in de Regio, translated in English as Medical Aid Organisation in the Region

personnel. They are expected to be ready to provide aid at any time. A SIGMA-team consists of eight persons and has its own car and medical supplies (Inspectie voor de Gezondheidszorg, 2001; Rode Kruis, 2009). At the time of the fire, the Netherlands had several SIGMA-teams. The SIGMA-team of the Zaanstreek-Waterland region, where Volendam is located, received a call at one o'clock that they had to come to the site of the disaster. The SIGMA-team of the Amsterdam region received the same call five minutes later (Inspectie voor de Gezondheidszorg, 2001). Because of the scale of the emergency, five other SIGMA-teams from across the Netherlands were called as well.

As SIGMA-teams are deployed during large-scale disasters, they are likely to witness traumatizing events (Hoijtink, Young & ter Brake, 2012). Sometimes, SIGMA-volunteers have access to professional aftercare provided by ambulance services after a traumatizing event, but can also sometimes feel forgotten (Hoijtink, Young & ter Brake, 2012). SIGMA-volunteers often immediately go home after their work is done. SIGMA-teams are also only deployed during large-scale calamities, and thus they do not work in organized shifts. The social ties and control that exists in other occupations among close colleagues therefore often lacks among SIGMA-volunteers (Hoijtink, Young & ter Brake, 2012). Volunteers can also have a tendency not to admit they experience any problems after being deployed (Hoijtink, Young & Ter Brake, 2012).

3.1.3.2 The EHBO Organisation

EHBO organisations also play a part in the GHOR (Inspectie voor de Gezondheidszorg, 2001). In the Netherlands, individuals that obtained an EHBO diploma can provide first aid while a victim waits for professional help, such as an ambulance, to arrive (EHBO-Volendam, n.a.). Dutch citizens can follow EHBO courses independently, or they can be a member of an EHBO organisation. EHBO organisations are independent and give their own trainings but are overseen by the Orange Cross. The Orange Cross is an organisation tasked with supervising the adherence to the EHBO guidelines by EHBO organisations (EHBO-Volendam, n.a.). As EHBO organisations operate independently, there is no literature on the quality of aftercare or organisational cultures of EHBO organisations in the Netherlands.

Volendam has one EHBO organisation, St. Willibrordus, of which many members provided first aid during the Volendam disaster. This was especially the case for members of

the Parate Groep ¹¹, a group of 35 volunteers that received additional SIGMA training (Inspectie voor Gezondheidszorg, 2001). During the night of the disaster, members of St. Willibrordus were called on the phone by other volunteers. 70 members, who were locals of Volendam and of whom 20 obtained the SIGMA training, provided aid during the Volendam disaster.

3.1.3.3 Paramedics

The Dutch ambulance organisation is structured according to the 25 safety regions in the Netherlands (Witte Kruis, 2020a). These local ambulance organisations are called the regional ambulance provisions ¹² (Witte Kruis, 2020a). Each region has its own control room from where dispatchers send ambulances to incidents and emergencies (Witte Kruis, 2020b). An ambulance is usually staffed by two paramedics (RAVU, n.a.). During the Volendam disaster, 98 victims were transported by 61 ambulances to 20 different hospitals, in the Netherlands, Belgium, and Germany (Inspectie voor Gezondheidszorg, 2001). The control room in the Amsterdam region had the responsibility to call for ambulances and to upscale the first response and GHOR. Ambulances encountered difficulties reaching the site of the disaster as the dike was narrow, several police cars and fire trucks were parked there, and many people were on the dike making it difficult to drive. Therefore, ambulances took relatively long to reach the location (Inspectie voor de Gezondheidszorg, 2001). When ambulances did arrive, the personnel encountered a chaotic scene, and reported that there was so much panic that people tore their uniforms apart (Inspectie voor Gezondheidszorg, 2001).

In the world of ambulance, BOT-teams exist of ambulance personnel that received additional training to provide support to colleagues that went through a difficult or traumatizing experience (Stichting Impact & Jacobs, 2018). Ambulance personnel must actively approach these teams. This is seen as a limitation, as personnel tends to have a ‘wait and see’ attitude (Hoijtink, Young & Ter Brake, 2012). Looking at the organisational culture of the ambulance organisation at the time of the disaster, a report published in 2005 by Smidt and Willems provides information on the mental well-being of paramedics. This report states that paramedics were at risk of psychological stress due to experiencing trauma, stress, and aggression during their work. It is also noted that ambulance personnel often did not receive adequate help and usually had to take care of themselves “on their own” (Smidt & Willems,

¹¹ Translated in English as Ready Group

¹² Translated in Dutch as regionale ambulancevoorzieningen

2005, p. 5). Also, causes of psychological distress were often sought in their private life rather than their work. While the report of Smidt and Willems (2005) gives an indication on the organisational culture of the ambulance organisation, research on the mental well-being of paramedics both at the time of the disaster and in the current day is limited. Sources are either aged or do not mention the organisational culture or mental health of paramedics (e.g. Hoijtink, Young & Ter Brake, 2012, Huizinga et al., 2018). It is therefore difficult to provide an in-depth overview of the organisational culture of the world of ambulance and the quality of aftercare and BOT-teams, both at the time of the disaster and in the present day.

3.1.3.4 General Practitioners

In the Netherlands, general practitioners work in medical centres. Usually, these centres exist of one or two general practitioners (RIVM, 2019). General practitioners can choose to become a part of an association or union, but the Netherlands does not have a national organisation governing local general practitioners. As these general practitioners work independently and have their own practices, there is no information on for example their organisational culture. Six general practitioners from Edam and Volendam were present during the Volendam disaster (Inspectie voor de Gezondheidszorg, 2001). The general practitioners that were present were either warned about the disaster by a medical centre or by locals, as they were not part of the GHOR organisation (Inspectie voor de Gezondheidszorg, 2001).

3.2 First responders and adverse events

Having obtained an insight in the occupational circumstances of the first responders of the Volendam disaster, it is also important to understand how first responders experience disasters. First responders are often deployed for critical incidents, but less frequently for disasters (Witteveen et al., 2007). Disasters can therefore be overwhelming, even for first responders. The mental and physical impact of severe incidents for first responders has been studied, but is mostly focused on terrorist attacks such as 9/11 or the 2015 Paris attacks (e.g.: Motreff, Pirard, Baubet, Ravaud, Chauvin & Vandentorren, 2017; Robbers & Jenkins, 2007; Smith, Holmes & Burkle, 2019). Bromet, Hobbs, Clouston, Gonzalez, Kotov and Luft (2016) assessed the long-term presence of PTSD among 9/11 first responders and revealed that a fifth of the examined first responders developed PTSD in the decade after the event. Similar findings resulted from a study by Potera (2008), who found that 9/11 first responders were four times more likely to develop PTSD than the general United States population. Both studies found

that the development of PTSD was related to stressors such as experiencing death and environmental hazards such as fire or breathing toxic air. Similar studies were conducted in the months after the 2015 Paris terrorist attacks. Aubert (2017) and Motreff et al. (2020) found increased levels of PTSD among the first responders in Paris, especially in police officers. Overall, first responders report increased levels of conditions such as depression, anxiety, and PTSD after experiencing severe adverse events (Sadhbh et al., 2019). The following sections will explain the underlying mechanisms of why first responders can experience these problems.

3.2.1 Pre-, peri-, and post-disaster factors

Alexander and Klein (2009) created a literature review on the effects that a disaster can have on the well-being of first responders, both professionals and volunteers. They divided the factors that affect the mental well-being of first responders into three categories: pre-disaster, peri-disaster, and post-disaster. Pre-disaster factors refer to factors that were present before the incident, such as gender, social context, and personality traits (Witteveen et al., 2007; Marmar et al., 2006). For example, Robbers and Jenkins (2007) examined PTSD levels among 9/11 police officers. Their study suggests that occupation makes a difference in PTSD levels, which is likely related to factors such as organizational culture. There is also evidence that a pre-existing history of trauma or abuse can increase the chance of a first responder developing PTSD (Zwarthoed et al., 2010). However, to this day, research on pre-disaster factors has not yet led to vast conclusions, but rather to suggestions and hypotheses (e.g. Witteveen et al., 2007; Marmar et al., 2006; Levy-Gigi, Richter-Levin & Kéri, 2014).

The mechanisms of peri-disaster factors are better understood. These are factors present during a disaster, such as the tasks given to the first responders. First responders that witnessed death, provided first aid, or helped injured people can show increased levels of trauma (Witteveen et al., 2007). This is related to what is called the ‘caseload’, which consists of the hours worked, the number of victims helped, or the number of traumatic experiences a first responder accumulates over the years (Zwarthoed et al., 2010). Certain tasks such as reanimation can be especially emotionally exhausting for first responders (Witteveen et al., 2007). Also, the handling of the deceased can have a large impact. A significant factor that plays a role in the handling of bodies is a feeling of identification (Cetin et al, 2005; Zwarthoed et al., 2010). Identification refers to feelings such as ‘it could have been me’ or ‘it could have been my family member’ (Cetin et al., 2005). The study of Cetin et al. (2005) found that rescue workers who identified with deceased victims showed higher levels of PTSD symptoms. This

finding was already discussed by Ursano and McCarroll in 1990, who found that feelings such as ‘I have children of that age’ or even the resemblance of carrying a deceased child with the feeling of carrying one’s own child increased distress. Ursano and McCarroll (1990) also reported increased levels of stress in first responders because of the innocence of children and the fact that “they had not yet lived” (Ursano & McCarroll, 1990, p. 397). Another form of identification that can play a role is empathic identification, which means that the first responder empathises with the pain and suffering of the victim. This empathic identification can result in physical and emotional reactions such as headaches, guilt, and anger (Zwarthoed et al., 2010). However, not all first responders experience trauma after handling bodies. For example, Alexander and Wells (1991) found that police officers that dealt with bodies after the Piper Alpha disaster of 1988 seemed to be able to deal relatively well with the disaster. The officers stated that factors such as humour, talking with colleagues and support from their work environment helped them in the aftermath of their experience.

Continuing with post-disaster factors, Witteveen et al. (2007) found that exposure to the aftermath of a disaster, for example through media coverage, can lead to increased psychological distress. However, the exact mechanisms between exposure and psychological distress are yet to be understood. Alexander and Klein (2009) found that going back to one’s regular, daily tasks after a disaster could have two very different effects on first responders: while some first responders may find going back to work rewarding, others may experience a debilitating effect after being further exposed to traumatic events which impairs their coping abilities. McCaslin, Jacobs, Meyer, Johnson-Jiminez, Metzler and Marmar (2005) studied the lives of Red Cross employees who were first responders during 9/11. This study revealed that experiencing negative life events in the year following the disaster fully mediated the relationship between the disaster itself and depression, and partially between the disaster and PTSD symptoms. The study thus concludes that experiencing negative life events in the year after being a first responder in a disaster can impair the recovery process. Alexander and Klein (2009) stress the importance of monitoring the health and welfare of first responders after they have been involved in disaster work, especially if they are exposed to fear after the disaster. Employers and organisations can play a role in this monitoring and can have a supporting role. However, prerequisites are that employees experience a culture where they feel appreciated and supported, that the organisation or employer puts effort in providing care for its employees, that employees want to accept the offered services and that employers recognise high-risk situations (Zwarthoed et al., 2010).

3.2.2 Primary, secondary, and hidden victims

This research aims to understand the impact of the Volendam disaster on first responders. Having looked at disaster-related factors that can influence the well-being on first responders, it is important to further investigate the mental health risks that first responders face. After experiencing severe traumatic events, a first responder may be classified as a victim. A primary victim refers to an individual that is a direct victim of an action or situation (Cooney, Allan, Allan, McKillop & Drake, 2011). A first responder can become a primary victim on several occasions. For example, during a disaster a first responder may face actual or perceived risks to their own safety by being exposed to danger (Alexander & Klein, 2009). Their own health also may be at risk when they encounter problems such as lack of sleep, fatigue, work overload, failure of a task or having to deal with excessive or frustrating bureaucracy within one's organisation (Alexander & Klein, 2009). A first responder can become a secondary victim when he or she is confronted with the injuries or stories of victims and understands and empathises with the trauma of the other (Zwarthoed et al., 2010). One can think for example of first responders that must deal with severely injured or dying victims (Alexander & Klein, 2009). The first responder then 'co-experiences' the trauma of the victim, which can lead to secondary trauma (Zwarthoed et al., 2010). Related to secondary trauma is compassion fatigue, with symptoms resembling a burn-out, which refers to the tension, exhaustion and stress that can come with taking care of injured or traumatized victims (Zwarthoed et al., 2010). Differently phrased, it means the fatigue that results from the helping of and having compassion towards others. It is possible for responders to develop primary and secondary trauma simultaneously (Zwarthoed et al., 2010).

Generally, first responders are known to be reluctant to address mental health concerns and seek mental health support and services (Gurwitch et al., 2006). This can for example be because they feel like there is a stigma surrounding mental health, there are no resources available or because they cannot get time off from work to attend the services (SAMHSA, 2018). When the mental health implications of first responders go unnoticed, they become the so-called 'hidden victims' (Dyregrov, Kristofferson & Gjestad, 1996). A clear example of a hidden victim was given by Kanno in 2010, who examined secondary trauma in social workers in New York after 9/11. She pointed out that after 9/11, the focus of society was on the direct victims of 9/11 such as those who were injured in the attacks, and not on indirect victims such as social workers. Therefore, the developed secondary trauma of these social workers received

very little attention. She suggested that these social workers may therefore be classified as hidden victims.

This chapter has set out the occupational circumstances of the first responders present at the Volendam disaster, as well as the mechanisms that may affect first responders before, during and after a disaster. This information allows us to put the stories of the first responders in this research in their context as to provide a complete understanding of the experiences of these first responders over the last twenty years. The following chapter will introduce the research method, after which the stories of the first responders are set out.

4.1 Data collection

Data was gathered through interviews according to the narrative method. The narrative method is a multi-disciplinary approach deriving from domains such as anthropology, sociology, and psychology (Hammack, 2010). It enables the researcher to place a person and its narratives within the larger culture and community. The narrative method is based on the fact that stories and events are a way for people to make sense of their lives (Anderson & Kirkpatrick, 2016). This ‘narrative identity’ is the way in which one’s life story develops, and how one maintains a sense of self within a certain context (Ricoeur, 1986; Taylor, 1989). The narrative approach thus emphasises the stories of individuals and communities and acknowledges that there is a mutual process of influence between these stories (Rappaport, 1995). Stories generally consist of a scene, a context, characters and a crisis or event (Anderson & Kirkpatrick, 2016). When thinking of using a life story or narrative identity to give one’s life meaning and context, it is important to consider the disruptive aspects of a crisis. When a disruptive event occurs, the continuity of one’s story is broken (Crossley, 2000). This disruption can be described as an attack on one’s life assumptions, and can “unmake the world” (Crossley, 2000, p. 539 in Pemberton, Mulder & Aarten, 2019; Janoff-Bulman, 1992). Whether or not one fully recovers from such a disruptive event, the narrative method acknowledges how the incident and its aftermath become a part of one’s life story (McAdams, 1993). A narrative approach is fit to understand events over a longer period of time and can provide a framework to understand why events and experiences develop as they do. It also provides an insight into what an event means to the interviewee (Anderson & Kirkpatrick, 2016; Fivush, 2009; Rappaport, 2015).

In a narrative interview, the direction of the interview is controlled by the interviewee (Anderson & Kirkpatrick, 2016). As a researcher, I adopted the role of ‘active listener’, following the example of Freedman (2004). This means that throughout the interview I emphasized the fact participants were listened to by asking follow-up questions and showing compassion. I noticed that it sometimes helped to shortly engage in conversation, and when deemed appropriate I did so through sharing experiences from my own life and work (Freedman, 2004). The length of an interview was difficult to determine beforehand as it

depended on the participant. Participants were informed beforehand that the interview would take approximately an hour and a half, but that any timeframe was possible as they directed the interview. The shortest interview lasted a little over an hour, while the longest interview lasted approximately two and a half hours. Each participant signed a consent form stating the goal of the study and their rights¹³.

The interviews followed the division of four sections as described by Anderson and Kirkpatrick (2016). First, as a researcher I introduced myself and the interview process including practical matters such as consent. Second, the interviewee was encouraged to tell his or her story, usually starting with the night of the disaster itself as to adhere to a chronological order. Third, after the participant had told his or her main story there would be a phase where I asked questions to fill gaps or ask for more details. Fourth, the interview would be concluded. I ended every interview with the question whether the participant would like to add anything that was not discussed yet, as this usually led to new topics or would give the participant a feeling of closure when the interviewee felt that everything was discussed. I made clear that participants could always contact me if they wanted to add or ask anything, and I explained the further processes of the research.

4.2 Operationalization

This research was conducted in close collaboration with the Volendam municipality. In total, our research group consisted of two professors at Leiden University and four master students at Leiden University including myself. Each student had his or her own research topic and project, and a database was created in which all interviews were stored. This allowed the us to use information from all interviews for our research, including those we did not conduct ourselves. The interviews took place on a day, time and location that was suitable for the respondent. The interviews were conducted in a period from July to September 2020. In total, 19 interviews were used for my research on first responders.

4.3 Participants

The aim of our research group was to build awareness in and surrounding Volendam about the study. By spreading the word that research would be conducted, word of mouth was stimulated within the community. Ideally, with this knowledge, participants would contact us

¹³ The consent form can be found in Appendix C

to announce their interest in participating in the research. The call for participants was shared in collaboration with the municipality. First, a website dedicated to the 2001 fire was created. This website contained a 'research' tab ¹⁴, explaining the aim of the research project and announcing a call for participants. Second, the research was covered by several news outlets such as a local newspaper and local TV programs (Studio Klein, 2020; Veerman, 2020). To convey the aim of the research in a clear way, I created a video. I edited this video in DaVinci Resolve, a free video editing tool created by Blackmagic Design. The short video contained clips of all researchers involved in the study explaining the scope of the research and their specific research project. The end of the video showed contact information for potential participants to sign themselves up for the research. This video was suited to share via WhatsApp and was also used on the website and in the TV programs. At first, the aim of my research was to include only firefighters and police officers, the reason being that I was afraid the scope would otherwise be too broad and not feasible within the limitations of the study. For this reason, my explanation in the video only contained a call for firefighters and police officers. However, as two medical professionals responded to the call and signed up for the research, and not many other first responders had yet done so, I decided to expand the research scope and include medical teams as well.

As a result of the shared message one firefighter, one paramedic and one general practitioner signed up to participate, after which a more active search for participants was initiated. I approached the local police department through a general contact form. Soon after sending in the form, I was contacted by a Volendam police officer who had seen the video message and wanted to participate. This officer then offered to find more respondents, and she found five more colleagues willing to take part in the research. While conducting the literature review, an online interview was discovered with a volunteer of the Red Cross who had worked during the Volendam disaster. This volunteer was contacted through the Red Cross and agreed to participate. From the network of this participant, four more volunteers of the local EHBO signed up to participate. Finally, I contacted the local fire departments through a general contact form, in a similar way as the police. A local captain of the fire brigade found six more firefighters that were willing to participate in the research. Of those six firefighters, only five were able to participate in this study. Restrictions in the Netherlands because of COVID-19

¹⁴ The website can be found via <https://www.hemeltjevolendam.nl/onderzoek/>

increased during the interview phase, and as the sixth firefighter was not comfortable being interviewed through a videocall the interview was postponed.

Participants were included in the research based on four selection criteria. The first criterion was that first responders provided help during or shortly after the disaster on the dike. The group of first responders present at or shortly after the disaster did not only consist of professionals that were working their shift, but also local volunteers and first responders that happened to be nearby. Therefore, the second criterium is that participants were either professionally or voluntarily involved in the disaster. This research aims to understand the effect of being a first responder in one's own community. Therefore, the last two selection criteria were created. Participants either had to work in or near Volendam at the time of the disaster and/or they had to be living in or near Volendam at the time of the disaster. Thus, participants all met the following criteria:

- 1. Participants provided aid during or shortly after the 2001 Volendam café fire,*
- 2. Participants were either professionally or voluntarily involved,*
- 3. Participants lived in or near the municipality of Edam-Volendam and, or*
- 4. Participants worked in or near the municipality of Edam-Volendam and were familiar with the community.*

An overview of the participants including their role during the disaster, work location and residential location can be found in Table 1. Most of the participants chose to stay anonymous and were therefore given fictitious names. Appendix B provides a map showing Volendam and the mentioned surrounding towns.

During the interview phase, each researcher in the research group was responsible for their own respondents that fell within their specific research topic. However, as the participation of the last group of firefighters came in unexpectedly, these interviews were split between the research team to level the workload. I interviewed three of the firefighters, and each other team member interviewed one more.

As a token of appreciation, all the participants that I interviewed received a hand-painted thank you card, with a flower or tree representing the personality or the story of each participant. On the backside, I wrote a short message of thanks and appreciation. At the end of every interview I conducted, the participant received a card.

Table 1*Overview of participants and their characteristics*

Name	Role	Work location	Residence
Marcel	Paramedic	Purmerend	Purmerend
Martine	SIGMA-team	Zaanstreek-Waterland	Monnickendam
Herman	SIGMA-team/EHBO	Zaanstreek-Waterland/Volendam	Volendam
Kees	EHBO	Volendam	Volendam
Jan	EHBO	Volendam	Volendam
Marga	EHBO	Volendam	Volendam
Carola	General Practitioner	Volendam	Volendam
Erik	Police	Volendam	-
Simon	Police	Monnickendam	Marken
Monique	Police	Volendam	-
Kitty	Police	Volendam	Edam
Andre	Police	Monnickendam	-
Gerard	Police	Purmerend	Edam
Hendrik	Firefighter (volunteer)	Volendam	Volendam
Gerrit	Firefighter (volunteer)	Edam	Edam
Erwin	Firefighter (volunteer)	Volendam	Volendam
Wim	Firefighter (volunteer)	Volendam	Volendam
Dirk	Firefighter (volunteer)	Volendam	Volendam
Jaap	Firefighter (volunteer)	Edam	Edam

4.4 Participant input

After the interviews, participants were contacted on two more occasions: they were first sent the transcript of their interview, and later their core story. This was done to secure the credibility component of this research, also known as a member check (Korstjens & Moser, 2018). The aim of a member check is to ensure that the researcher correctly interprets the stories of the participants, and that the transcripts are correct. Except for minor corrections, all participants agreed with their transcript. Most participants also read their story, and some provided small factual corrections about for example an order of events. In the e-mail with the core stories to the participants, I asked whether participants felt like the core story reflected their interview, and - if they wanted to stay anonymous - whether information was too directly traceable to them as a person. None of the participants sent back changes on the way the story itself was written, but had they done so I would have checked their changes with their transcript to ensure objectivity.

4.5 Reflection on the narrative interviews

As the participants lead the interviews, the structure and content of the stories could differ per interview. Most interviews started by the researcher asking about the night of the fire, and then the interview would naturally move on in a chronological order. But this was not always the case. For example, some participants initiated the interview by talking about the community of Volendam or their mental health after the disaster. This also means that depending on the participant, the weight of and focus on certain topics would vary. Some participants would for example rather talk about helping survivors in the years after the disaster, while others would focus on the organisational culture they experienced. This is in line with the narrative method, where each participant experienced unique events that they deem important or impactful. Thus, the freedom in the direction in the interviews was necessary to bring forward the personal stories of each participant.

While conducting a narrative method, the aim of the researcher is to be as neutral as possible and to only ask follow-up questions. However, a researcher is still likely to influence the way a participant tells his or her story. The interviews were shaped not only by what a participant chose to tell, but also interactions such as questions, remarks, non-verbal communication, and accidental interruptions by the researcher. During most of the interviews, participants would naturally tell their story in depth with minimal follow-up questions from the researcher. However, to some participants talking without a direction given by the researcher was uncomfortable. This was either because they found it difficult to share their experiences, or because they were unsure what to talk about. While attempting to stay with the narrative method as much as possible, the direction of some interviews was steered more by the researcher than the participant. When this was the case, the interview would be conducted through asking open-ended questions that were mostly follow-up questions on what the participant had already told. Sometimes explaining the aim of the research or sharing experiences from my own life or perspective would be beneficial for the interview, as it opened up new conversations.

The aim of this research is not to find the factual truth on what happened during the disaster and afterwards. The notion of an 'objective, static truth' does not exist in the narrative method (Aarten & Ceulen, 2019). Instead, the focus of the narrative method is on how one subjectively experiences the world (Peshkin, 1988). By collecting data on these subjective experiences, these experiences can be understood and learned from by capturing its

complexities, layers, and nuances (Etherington, n.a.). As described by Aarten and Ceulen (2019), psychologist Bruner (1987) suggested that life exists on three levels: the lived life, the experienced life, and the narrative life. The lived life exists of what factually happens, and the experienced life of feelings, emotions, desires, and meanings (Aarten & Ceulen, 2019; Bruner, 1987). The narrative life is one's life story within the context of culture, interactions, and the listener to the story. Thus, whether something is 'true' is not pertinent (Aarten & Ceulen, 2019). Instead, this research looks at the organisational and cultural contexts of the first responders and the descriptions and meanings they give to their life stories.

4.6 Data-analysis

The interviews were analysed according to the example of Polkinghorne (1988), who emphasises that a narrative is more than a single story. Rather, it is the collective wisdom of the individual stories of people (Emden, 1998) These narratives are then described as schemes, that lead people to give meaning to their experiences in life. Emden (1998) describes the idea of core story creation, based on the work of Polkinghorne. The idea of core story creation is to reduce a full-length story or interview to a 'core story': a short version of a participant's narrative created to aid the process of analysis.

A cultural narrative, as described by Emden (1998), means a collective of stories of a certain culture. An example is a professional culture, such as of the police. The first part of the analysis of the interviews in this research will follow this idea of a cultural narrative, where the division lies between cultures of the police, firefighters, and medical specialists to reveal themes from the stories present per occupational branch. Polkinghorne (1995) talks about the 'analysis of narratives', an inductive and pragmatic analysis resulting in overarching themes that help understand the narratives of the respondents (Aarten & Ceulen, 2019). Through an analysis of narratives, these overarching themes can be analysed to gain a deeper understanding of the narratives of the participants.

During the analysing process, the interviews were coded into themes based on the research question, literature review and the content of the interviews. The themes were: experiences during the night of the disaster, the short-term aftermath of the disaster, organisational culture, the influence of the disaster on work and personal life, providing aid to a community the first responder is a part of, and the identity and community of Volendam. Quotes from the interviews that contained relevant and descriptive information were taken

from the interviews and placed in the relevant category. This served a two-way purpose: by filtering relevant and descriptive information from the interviews a core story could be created in order to understand the narratives of the respondents, and the core story could be effectively separated into themes that could then be analysed and compared.

The following three chapters will consist of the core stories of the participants, starting with the police and followed by the firefighters and the medical aid providers, after which the results from the analyses will be set out and discussed.

This chapter describes the narratives of the police officers that were involved in the disaster of Volendam. In total, six police officers were interviewed who all worked in or near Volendam. On the night of the fire, some officers were on duty while others were at home but heard the commotion or got a call from colleagues. This chapter will set out how the police officers experienced not only the night itself, but also its aftermath in the police organisation and their community.

5.1 The story of Erik

On the night of the fire, Erik had already been in the police for about 13 years and was part of the Volendam team. On the night of the disaster he was not on duty, but heard from his colleagues that disaster had struck Volendam. Being fully aware of the severity of the situation, he put on his boots, went into the freezing night and spent the next hours guiding ambulances through the complex streets of Volendam. He witnessed severely burned victims, encountered a good friend whose daughter was severely injured, and saw from up close the effort of the local population to take care of the survivors.

Looking back, Erik feels he had some distance from the disaster, as he was able to physically turn away from the horrible scene - for some of his colleagues, this was not the case. Erik still remembers the collegiality at the police station, where his co-workers found each other for support: *“we now have a special team, and the path to social and mental care is found quickly. Back then there was no space for that. We had to do it together, as colleagues.”*¹⁵ Talking to others helped Erik to process the event. He thinks that this collegiality helped the officers to bond, but at the same time the mentality to *“move along and get back to work”*¹⁶ was present as well. Erik soon moved on to his regular work, as new severe events started to occur: *“police work is an odd thing. You act from incident to incident, and from disaster to disaster.”*¹⁷

¹⁵ “We hebben nu een TCO, de weg naar een bedrijfsmaatschappelijk werk of psycholoog wordt heel snel gevonden. En daar was in die tijd geen ruimte voor. Je moest het als collega’s onderling doen.”

¹⁶ “Niet lullen maar poetsen.”

¹⁷ “Politiewerk is ook wel een heel raar iets. Je acteert van incident naar incident, en dat geldt eigenlijk ook van ramp naar ramp.”

He felt that after the fire, the police gained support and respect from the community. He looks back on that night as a moment where many lessons were learned. The fire is still a part of his life: *“I can give it a place, it is still present in the background, I think about it, but it does not strike my core, I did not develop PTSD or something like that.”*¹⁸ Something that did strike his core were the times when first responders were critiqued, as he felt that the first responders had done everything they could. When describing his colleagues, one thing is clear: *“the real heroes were my colleagues who were the first to arrive. I have a lot of respect for them.”*¹⁹

5.2 The story of Simon

During the night of the fire Simon was a police officer stationed at the Monnickendam office, which cooperated closely with the Edam-Volendam police. He had just found his bed, when he noticed commotion: *“I heard many sirens, something was really wrong. I thought, I can wait until I am awake and work my normal shift, but I thought no, I am going there.”*²⁰ He went to the Monnickendam station, took one of the cars and found his colleagues at the Pellersplein in Volendam²¹. His tasks included making sure first responders could do their jobs, reuniting parents with children, identifying victims, and searching victims that went wandering around in shock. He was eventually sent home, even though he wanted to stay and help more: *“you get sent home with the message: you can still sleep a little bit. That does not happen.”*²² Overall, Simon feels like he was able to make a meaningful contribution that night.

The day after, he and his colleagues got together to divide tasks. Simon and another colleague took care of the classmates of the victims who had gathered at the school. He describes how the police were close to the Volendam population and shared their pain from a small distance. About the police officers among each other, he says: *“the moment you saw someone else or yourself struggling, there was attention. [...] There was attention for the people*

¹⁸ “Ik geef het ook wel een plek, het borrelt nog altijd wel wat na bij mij, dan denk ik erover na, maar dat raakt mij niet in mijn kern, zoals ik er PTSS van op kan lopen of andere zaken.”

¹⁹ “De echte helden van die avond dat zijn de collega’s die als eerste ter plaatse waren. Ja. Daar heb ik groot respect voor.”

²⁰ Dus ik hoorde ook tal van sirenes en d’r was echt wel iets aan de hand. Dus ik heb besloten van ja, nou kan ik wel wachten tot ik wakker ben en dan ga ik de dienst draaien, maar ik denk nee, ik ga erop.

²¹ See Appendix A for a map indicating the Pellersplein

²² “[Je wordt naar huis gestuurd] met de mededeling van: ja dan kun je nog even bijslapen. Dat gebeurt dus niet.”

among each other.”²³ Even though there was a BOT-team, Simon mainly sought support from his buddy and other colleagues that had been on the dike: *“I can easily talk to you about an incident, but your experience of an incident where you were not present is different than the experience that I tasted, felt, smelled.”*²⁴

In a way, taking care of matters in the aftermath of the fire was a way for Simon to process the event. However, he regards the incident as a *“door that is always a little bit open.”*²⁵ The fire in Volendam is one of the memorable events in his career, but not necessarily in a negative way: he experienced feelings of unity and engagement, and feels he developed a sense of empathy that others may not have. He felt engaged with the community of Volendam, as he already worked in the community for 14 years: *“the fire is a part of the community of Volendam, like it is a part of the special moments in my career.”*²⁶

5.3 The story of Monique

Officer Monique had worked in the Zaanstreek-Waterland region for a few years when the fire occurred. That night, she and her colleague were driving a police car when they received a call: a fire on the dike. Monique remembers that when they arrived, people almost dragged them out of their car, victims walked towards them like zombies and her colleagues were trying to free people from de Hemel. While Monique was keeping bystanders at a distance, she was also part of the BOT-team and tried to locate and check upon her colleagues. Monique worked a long night until long after the dike was empty, as the police had to guard the building where de Hemel was in. After she came home, she took a shower, got a drink, and fell asleep. *“However dramatic, it was a beautiful night. I was able to do so much. That is my advantage, I never had a feeling of powerlessness.”*²⁷

At four o’clock the next day she went to the police station of Volendam to offer aftercare to her colleagues for the next 14 days. Two days after the disaster, she and her co-

²³ “Op het moment dat je zag dat het even bij een ander of bij jezelf minder goed ging dan was daar oog voor. [...] Maar d’r was aandacht voor de mensen onder mekaar.”

²⁴ “Ik kan rustig met jou spreken over een incident, maar jouw beleving van dat incident waar je niet geweest bent dat is anders als de beleving die ik heb geproefd, gevoeld, geroken.”

²⁵ “[...] een deur die eigenlijk altijd op een kier blijft staan”

²⁶ “Het is onderdeel van de gemeenschap van Volendam geworden net zoals het onderdeel is van bijzondere gebeurtenissen van mijn politiecarrière.”

²⁷ “Hoe dramatisch ook, een hele mooie nacht geweest. Want ik heb wel heel veel kunnen doen. Ik heb, en dat is mijn voordeel, nooit een gevoel van machteloosheid gehad.”

workers were invited to visit de Hemel, which allowed her to better understand what had happened. Aftercare consisted of conversations with the BOT-team and with colleagues among each other, and a local priest that came over to talk. As a member of the BOT-team, Monique talked to others and organized gatherings: *“I really liked that. I am an easy talker, and I can easily talk about feelings. So, that also helps other colleagues.”*²⁸

Monique received many signs of appreciation, and she felt valued. The BOT-team was a small group of volunteers that provided aftercare, and she described that when they saw someone was struggling, they sent them to a professional or notified their supervisor. Some co-workers felt like they did not receive adequate help, but Monique had a different experience: *“if you feel so terrible and you need help, you know where to go. I understand it is difficult, but continually keeping an eye on all the colleagues with a small team is hard.”*²⁹ With the colleagues she worked with during that night, she feels like she has a close bond: *“you share something. However difficult, however beautiful.”*³⁰ Generally, Monique did not experience significant mental or emotional consequences and feels optimistic about her experience. The fire will always be a part of her life, but Monique looks back with a sense of positivity.

5.4 The story of Kitty

Kitty, currently a community officer and part of the police force for 35 years, was at home with her daughter during the disastrous New Year’s Eve. Her husband, also a police officer, worked the night shift. It was around nine o’clock the next morning when Kitty turned on the TV and found out something had happened at the dike. Her husband, who would usually be home by that time, had not come home yet. When he eventually arrived, he explained to her what had taken place that night. She brought her daughter to a babysitter and went to the Volendam police station: *“many other colleagues had arrived too and asked what they could do. The colleagues that worked the night had to be replaced.”*³¹ From previous experience, Kitty knew it was important to find and store personal belongings of victims and survivors, that often had great meaning to their loved ones. In the days after, she talked with her colleagues

²⁸ “Ik vind dat gewoon heel fijn. Ik ben een hele makkelijke prater en eh, ik kan ook heel makkelijk over gevoel praten. Dus dat helpt dan ook andere collega’s.”

²⁹ “Dan heb ik zoiets van als jij zo omhoog zit en je hebt die hulp nodig, je weet ook waar je aan kan kloppen, en dat dat dan moeilijk is die begrijp ik wel, maar als je zo veel collega’s eigenlijk continu in de gaten moet houden met een klein team, dan is dat lastig.”

³⁰ “Je deelt iets met mekaar. Hoe heftig ook, en hoe mooi ook.”

³¹ “D’r waren op dat moment ook heel veel andere collega’s al gekomen. Zo van ja, wat kan ik doen, wat kan ik doen. Want ja, de collega’s moesten vervangen worden, die die nacht gewerkt hadden.”

about what had happened that night, and shared her experiences with her husband. Kitty also remembers how she talked with persons that came to collect personal belongings at the station, an interaction Kitty describes as professional but caring.

Kitty's team was close-knit, and they all knew each other, which she thinks made it easier to talk about what happened. A positive experience in Kitty's eyes is that colleagues from other stations provided support in the next 14 days, so that the Volendam office could focus on the aftermath of the fire. During the night itself, many colleagues from Volendam came to the dike spontaneously because they heard the commotion, of which some developed PTSD. In Kitty's opinion, things should have been organized better for them: "*it became a struggle for them to receive a compensation or a salary [...]. It was established they developed PTSD because of the fire, so why do you have to litigate for so many years? Why the additional mental burden?*"³² Because of these issues, she thinks that her superiors were sometimes not understanding enough of what the officers had gone through.

The days after the fire the police took part in guiding the funerals, which helped Kitty to feel a sense of closure. She still runs into survivors when walking in Volendam, but Kitty does not believe the fire has changed her or her work. Living near Volendam, she was able to see how the community of Volendam got together in the aftermath: "*it was a beautiful and powerful period. How people manifested themselves, how they helped each other.*"³³

5.5 The story of Andre

At the time of the disaster, Andre was a police officer with 20 years of experience. He was on duty on the night of the disaster and while in a police car with a colleague, he received the message to go to the dike. They were one of the first persons to arrive and could still see the smoke coming out of de Hemel and the young people in front of the windows. Andre immediately jumped on the roof of de Hemel and tried to break open the bars blocking the windows, but without success. When survivors were finally able to get out of the café, Andre

³² "En dat dat dan een getouwtrek wordt om je, ja, je geld te krijgen, je salaris, weet ik veel, uitkering. [...] het is vastgesteld dat het daardoor komt en ja, waarom moet na zo veel jaar procederen dit nog doorgaan? Waarom die extra geestelijke belasting nog?"

³³ "Dan is het gewoon een hele mooie, ja krachtige tijd ook wel geweest. Hoe de mensen zich hier gemanifesteerd hebben, mekaar geholpen hebben."

took care of them and brought them to houses nearby: “*we rang people’s doors, put [the children] in their hands and said: put them in the shower.*”³⁴

At 11 o’clock the next morning, he got back home. In the weeks after, Andre engaged in tasks such as documenting to which hospitals the survivors were sent. He says this helped him to understand what had happened and to process the event. He also had conversations with the BOT-team on which he looks back positively, even though he felt like he did not really need it: “*I could tell my story at home very well.*”³⁵ In his small and close-knit team, he saw that colleagues kept an eye on each other and that there was a lot of compassion among each other.

One of the main reasons that made Andre want to become a police officer was to help people, and he feels like the Volendam fire was one of those moments where he could help his community. Andre feels like he still carries that night with him, but that it does not cause him any problems. However, he does think that it is one of the many incidents that eventually made him switch from working on the street to working at a desk: “*I had a thick Teflon layer, but partially because of that incident it wore out.*”³⁶ Andre feels like the entire community of Volendam was impacted by the fire. He would sometimes run into survivors and he heard stories of people he knew - such as his neighbour, a volunteer firefighter - who encountered problems because of the disaster. As a police officer, he was a regular attendee of the yearly commemorations: “*we always went in our uniform. You know, this was very out of the ordinary for us too.*”³⁷

5.6 The story of Gerard

It was the night of the fire, when Gerard was working a night shift and realized he had forgotten his keys. Shortly after midnight he went home to retrieve his keys, and only minutes later he received a call: a fire in a bar in Volendam. Being nearby, Gerard put his “*pedal to the metal*”³⁸ and quickly went to the dike. At first, there was no fire in sight. However, as he neared de Hemel, he saw people walking towards him: “*these people were burned by the heat,*

³⁴ “We hebben bij mensen aangebeld en [de kinderen] in de handen gegeven en gezegd: zet ze maar onder de douche.”

³⁵ “Ik kan hier mijn verhaal thuis heel goed kwijt.”

³⁶ “Ik had een behoorlijke Teflon laag en die is mede daardoor dusdanig versleten.”

³⁷ “We gingen ook altijd in uniform daar naartoe. Ja. Ja weetje, ook voor ons was het niet zomaar iets.”

³⁸ “[...] gas op de plank [...]”

*their skin hung loose and their ears... The first thing I thought was: what is going on?"*³⁹ Gerard describes the scene as total chaos, and he tried to focus on his tasks at hand: helping as many people as possible, while keeping distressed parents at a distance to clear the way for other first responders. He came home around nine in the morning. After only a few hours of sleep, he went back to the police station, where he talked with colleagues and helped with tasks. His focus lied on gathering information and understanding what had happened.

To process the incident, Gerard found comfort in talking to his wife - also a police officer – as well as close friends and colleagues. Regarding aftercare, Gerard remembers that a lot of effort was put into supporting the officers and that many sessions were organized. Not long after the fire he joined the BOT-team, where he implemented an important lesson: *“shower, bread, hydration, rest. [...] Provide that [to first responders after an incident] as fast as possible and find tranquillity.”*⁴⁰ While he never uses the fire itself as an example, Gerard does use his own experiences to teach others about mental well-being and PTSD. Gerard thinks it would be good if higher commanders also received BOT-training, so that everyone in the organization would be able to provide aftercare. Another thing he would like to see is the categorisation of events: *“categorise certain incidents as: this leads to a debriefing. No discussion.”*⁴¹

Gerard describes himself as someone who always wants to do something to help: *“sitting at home does not help. At least, not for me.”*⁴² Being part of the Volendam community, he found a way to help survivors after the fire: Gerard joined a ski-trip that was organized for those who had been in de Hemel. The main reason for Gerard to join, was to help survivors work out their future and give them a nudge in the right direction. While the confrontation with their severe burns was intense, he also remembers the small things he helped them with: *“I closed their shoes or gave them a hand, or whatever to get them up that mountain.”*⁴³ He got to know the survivors personally, and still runs into them in his daily life. Gerard always makes time for a chat, where they still call him by his nickname from the ski trip.

³⁹ “Mensen waren al gewoon eh, echt aangetast, wel echt verbrand ook door de hitte, hingen de vellen d’r bij en de oren en... Dat is het eerste dat ik denk wow, wat is dit?”

⁴⁰ ““Douchen, brood, drinken, rust”. [...] Moet je allemaal regelen en zo snel mogelijk in de rust.”

⁴¹ “Bepaalde incidenten echt te categoriseren van: dit is gewoon een debriefing, punt.”

⁴² “Je wil gewoon wat doen. Thuis zitten dat helpt echt niet. Tenminste, niet voor mij.”

⁴³ “Ga ik wel schoenen dicht maken of ze een hand geven of wat dan ook maar dat ze wel de berg op komen.”

Having looked at the stories of the police, this chapter describes the experiences of the firefighters that were involved in the disaster of Volendam. All six interviewed firefighters were volunteers: two working at the Edam department, and four at the Volendam department. This chapter will provide an insight of how the firefighters experienced the night of the fire, its impact on the firefighter organisation and on their personal lives.

6.1 The story of Erwin

On the night of the fire, Erwin was celebrating New Year's Eve at home with a firefighter colleague. A bit after 12, their pagers went off and they hurried to the Volendam fire station. Still unsure of what was going on, they arrived at the dike - a familiar place, as they had done practice sessions in the bars before with the fire department: "*it was stifling because of all the blockades, the fences and all those things that barred the café.*"⁴⁴ After searching for a fire that was not there anymore, they first inspected the Blokhut downstairs and then put their efforts into cooling survivors. Erwin describes it as a chaotic scene. A few of the commanders had family inside and were therefore unable to work, leaving Erwin and a colleague in charge until commanders from nearby departments arrived.

Visiting de Hemel the next day allowed Erwin to understand what happened, which gave him a sense of closure. He was able to process the incident quite well. He could talk to acquaintances that had for example been in the Enschede disaster, and to his wife who worked in the burns clinic of Volendam. The first aftercare session was organised by colleagues from Purmerend and was mostly focused on providing concrete information and creating a complete picture of the disaster. Erwin describes the further psychosocial aftercare as appalling: "*that was mainly because we were put in a big room together, and well, then you know, the first one to cry is a coward.*"⁴⁵ Another problem was that volunteer firefighters often had to return to their regular job quickly and were not able to take the time for decent aftercare. He knew from

⁴⁴ "Wat best wel angstig was door middel van [...] alle afsluitingen, hekken en dat soort dingen die ervoor zaten."

⁴⁵ "Dat kwam voornamelijk doordat we eigenlijk met zijn allen in een grote ruimte gezet werden en nouja, dan weet je, de eerste die gaat huilen is een lafaard."

colleagues that had been in the Enschede disaster that there were better ways to organise the aftercare, but his remarks to his supervisors were left unused.

In Erwin's eyes, the firefighters were one big family that spent much time together before the incident. After the disaster, this changed: "*we were put under a magnifying glass. [...] A professional commander came, and then another one, and another one that had a different opinion [...] The changes happened so quickly.*"⁴⁶ Many colleagues left because they disagreed with the organisational changes, or because the incident had such an impact that they had to quit. Thinking back, Erwin can still get angry thinking about the Alders Report. While he did not disagree with the report, he felt it was too formal and the critiques were too focused on Volendam: "*there were humans involved too, and [adherence to fire safety procedures] was the same everywhere and not just here in Volendam.*"⁴⁷ Erwin found out many years later that there was quite a big group of firefighters that had sought professional help in the aftermath. He thinks that for some, help came too late and that more attention should have been given to the first responders: "*there are first responders that are victims as well.*"⁴⁸

6.2 The story of Hendrik

Hendrik was a volunteer firefighter in Volendam who was celebrating New Year's Eve with one of his colleagues, when his pager went off. Together, they ran to the fire station to get in a truck and soon arrived at the Europaplein⁴⁹. Hendrik provided help until approximately four o'clock: "*then we went back to the fire station. There, feelings of dismay filled the air.*"⁵⁰ He remembers sessions with a psychologist to process that night, but Hendrik also found solace in another way: using his skills from his career in insurance to support survivors. Hendrik got into contact with acquaintances, and together they established a fund called the SSNV⁵¹ to take care of financial compensations for the survivors: "*that team got together and,*

⁴⁶ "Daarna zijn we als corps onder een vergrootglas gelegd [...]. Er kwam een beroepscommandant, er kwam weer een andere beroepscommandant, en er kwam weer een ander die vond daar weer wat van en...[...] Op dat moment gaat die verandering, gaat zo snel."

⁴⁷ "Er zat ook iets menselijks in, dat het altijd zo ging en niet alleen hier op Volendam."

⁴⁸ "Er zijn ook gewoon hulpverleners die zijn ook slachtoffer."

⁴⁹ See Appendix A for a map that shows the location of the Europaplein

⁵⁰ "Toen daarna naar de kazerne weer terug. Daar was de verslagenheid groot natuurlijk."

⁵¹ Stichting Slachtoffers Nieuwjaarsbrand Volendam, in English translated to the Fund for Victims of the New Year's Eve Fire.

*I think, brought it to an unique ending. Aside from one signature, we were able to arrange [a compensation] for all survivors.”*⁵²

*“It would be weird to say that well, it happened, and you continue happily with life. That is just not the case.”*⁵³ Hendrik can still get emotional when talking about the fire, and it is something that often returns in his daily life. Still, Hendrik can look back with relative positivity. In his daily life he talked about what had happened on his own terms, and his work for the SSNV helped him to process the incident. Shortly after the fire, Hendrik quit his work as a volunteer firefighter as he felt that the reorganisation and the new rules that followed the disaster *“took away the soul of the voluntary organisation”*⁵⁴. As firefighters, they were buddies and enjoyed spending time together, but after the reorganisation Hendrik felt too much was expected of them: *“you cannot expect of a volunteer firefighter to be like a professional firefighter.”*⁵⁵

Hendrik got into contact with survivors and families of those who passed away through his work for the SSNV. Still in contact with some survivors, he states: *“I am still proud of how it was all settled and that now, 20 years later, you see people of whom you would have thought they would never make it, being highly educated and having a nice job.”*⁵⁶

6.3 The story of Gerrit

Twenty-three-year-old Gerrit was celebrating New Year’s Eve with his parents in Edam when they saw several police cars and ambulances rush to Volendam. Soon after, his pager went off. He rushed to the Edam fire station and went to the dike with his colleagues. The fire of de Hemel would be his first ever mobilisation with victims. Gerrit and his buddy went into De Hemel, and he spent most of the rest of the night taking care of a survivor with severe burns:

⁵² “Zo is dat ploegje bij elkaar gekomen en heeft dat, ja, vind ik tot een uniek einde gebracht. Dus op één handtekening na, van alle slachtoffers de zaak hebt kunnen regelen. Ook zo objectief mogelijk.”

⁵³ “Het is gek om te zeggen van nou, het is gebeurd, en ja jongens te gaat vrolijk verder. Dat is gewoon niet zo.”

⁵⁴ “De kern van de vrijwillige brandweerorganisatie, die raak je een beetje kwijt.”

⁵⁵ “[...] dat je niet mag verwachten van een vrijwillige brandweer dat het is alsof je beroepsbrandweer bent.”

⁵⁶ “Ik ben er nog steeds trots op dat het allemaal is afgewikkeld en dat je nu twintig jaar later, ja, terugziet dat heel veel mensen waarvan je ‘t nooit gedacht had dat het goed zou komen, dat ze toch hebben gestudeerd, goede baan hebben.”

*“you talk with the survivor. You get to know things about him. You stay with him until he is taken to the hospital.”*⁵⁷

Gerrit met with his colleagues at the fire station the next evening to receive aftercare from a professional psychologist, who did several check-ups with the firefighters. Gerrit felt like everyone was able to share their story, and through talking about that night Gerrit was able to process the event well. For him it is now a closed chapter, even though he is reminded about that night often as he still works at the fire department and still spends time in Volendam. About six months after the fire, Gerrit received a request from the father of the survivor he had helped, who wanted to talk to him. He was welcomed by the survivor’s circle of family and friends, and Gerrit still often runs into him: *“it is nice to see him walk around and do his thing. You really talk to each other. You do not treat him like a victim.”*⁵⁸

Now a career firefighter, Gerrit has seen the organization change since the disastrous night in Volendam. In his eyes, there is a distinction between those who were at the disaster and newcomers who were not: *“they did not experience the disaster, they do not know what it is like, they stand more on the outside.”*⁵⁹ While he still describes his colleagues as a group of friends, he has also seen a professionalization of the organisation with less space for fun activities: *“I would not say it is a downside, but it is a big change, partially because of the disaster.”*⁶⁰

6.4 The story of Wim

Wim, a volunteer firefighter at the Volendam station, was celebrating New Year’s Eve with his friends on the night of the disaster. At 30 years of age, he had just become commander. Around half past midnight, Wim’s pager alarmed him that there was a fire on the dike. He went to the fire station, jumped in a fire truck, and hurried to de Hemel. On his way, he heard that something was horribly wrong which was confirmed upon arrival: *“what we saw that night was dehumanizing and it was so odd, and I said to the guys: well, just do your best, we are*

⁵⁷ “Dat slachtoffer ja daar praat je mee. Daar kom je alles van, ja, aan de weet, noem maar op. [...] Dus zodoende, ja, blijf je bij zo’n slachtoffer gewoon totdat ‘ie weggaat naar het ziekenhuis.”

⁵⁸ “Ja, de leuke dingen om hem dan toch weer te zien lopen en zijn ding te doen. [...] Maar je doet gewoon echt een praatje met hem. Het is niet van ja, jij bent slachtoffer.”

⁵⁹ “Ja die hebben de ramp niet meegemaakt, die weten ook niet wat het is, die staan toch even wat meer d’r buiten.”

⁶⁰ “Keerzijde wil ik niet zeggen, maar het is wel een grote verandering, mede door een incident geweest.”

going inside and let's see what we can salvage."⁶¹ Not only did the firefighters witness severely burned victims, but they also had to save their own firefighter colleagues from de Hemel. Wim remembers that the first hour was very chaotic. This chaos was caused by the many bystanders on the dike, and the fact that the son of the post commander was inside making him unable to work. Wim called his wife at the time, around half past two: *"I was crying on the phone, being the big thirty-year-old firefighter that I was."*⁶²

Around seven in the morning, Wim gathered with his colleagues at the fire station and he still remembers the dismay that filled the air. Working full-time while also still in school, Wim had no time for grief as he had exams the following week. He went on with his life, and it was not until years later that he really felt the impact of the incident: *"I never would have thought I would feel the consequences 15 years later."*⁶³ Wim eventually went into therapy, which helped him to process the incident.

Wim thinks there is a distinction of the firefighting organisation before the fire and after the fire. For many of his colleagues, the incident was too much to handle and they left the brigade. The many reorganisations that were a direct consequence of the fire also made many people leave. While aftercare was provided, he feels like it was impaired by the chaotic organisational changes and the critiques that were delivered on the firefighters by the Alders Report: *"a consequence of the fire was that we felt pressured, as if they said we had not done our work right in the past years."*⁶⁴ Wim thinks that as a result, the firefighters became closed-off and preferred to process the disaster among themselves instead of accepting help from the outside: *"the aftercare process perished during that period because we felt left behind by the municipality."*⁶⁵ In Wim's eyes, the firefighter volunteers had done a good job and did what they could during the disaster: *"we did well. That's it."*⁶⁶

⁶¹ "Ja en wat we toen eh, toen zagen die nacht, nou dat is mensonterend en het was zo gek en, ik zeg jongens: nou, doe je best, en we gaan naar binnen en kijk maar wat er te redden valt."

⁶² "Toen heb ik wel effe staan janken aan de telefoon als grote brandweerman van 30 jaar oud."

⁶³ "Ik had eigenlijk nooit gedacht dat ik er 15 jaar later pas last van zou gaan krijgen."

⁶⁴ "Het gevolg van de ramp was dat wij veel meer druk op ons gelegd voelden, van jongens jullie hebben het gewoon niet goed gedaan al die jaren."

⁶⁵ "Toen sneuvelde eigenlijk ook heel veel nazorg in die periode omdat we ons eigen een beetje in de steek gelaten voelden door de gemeente."

⁶⁶ "We hadden dat ook goed gedaan. Klaar."

6.5 The story of Dirk

Dirk is born and raised in Volendam, and was a volunteer firefighter of approximately 20 years old at the time of the fire. He was celebrating New Year's Eve in a local café with friends, when his pager went off. As Dirk reached de Hemel, he encountered the first victims: *"it looked like they were wearing sleeves [...], but that was their burned skin hanging loose."*⁶⁷ Dirk's commander sent him to the Kakatoe café next to De Hemel, where he spent time cooling victims together with EHBO volunteers.

Immediately after the fire, a psychologist came to the department to provide aftercare. There was also a debriefing, but Dirk's mind was absent. Dirk thinks that there was a desire among the firefighters to talk. However, there was also the dominant idea that one should *"just move on, do not talk about it."*⁶⁸ When the Alders Report appeared, Dirk felt like the blame was put on the firefighters: *"they said the firefighters were not there. But we were there, we evacuated more than 750 people."*⁶⁹ The critiques hit the firefighters hard, and Dirk remembers the resentment among his colleagues. A year later, an appreciation day was organised, and the firefighters were invited. Dirk and his colleagues went there to talk to survivors, but to their discontent the event turned into an alcoholic party instead: *"another smack in the face."*⁷⁰

Dirk went back to his day to day life, but the fire often made a re-appearance. His boss's daughter had not survived the disaster. Dirk's close colleague had worked in the hospital during the disaster, and also felt the impact. Working with a colleague who also felt the mental burden was challenging sometimes: *"we were always working together. Sometimes that went well, and sometimes not at all."*⁷¹ One year after the fire, Dirk received a flyer from a psychiatrist. He attended sessions for about a year and felt like this helped him. Yet, 15 years later, Dirk experienced a relapse: *"my wife would come home and I would be crying in the kitchen."*⁷² He went through therapy again and can now better cope with the effects of the disaster: *"I notice*

⁶⁷ "Het leek hele lange mouwen [...], maar dat was gewoon afgebrande huid wat je zag hangen."

⁶⁸ "Gewoon lekker doorgaan, niet over praten."

⁶⁹ "De brandweer stond er niet stond in het rapport. Maar de brandweer stond er wel, we hebben 750 mensen geëvacueerd."

⁷⁰ "En dat was ook weer een klap in het gezicht."

⁷¹ "We waren ook altijd samen aan het werk. Ja, soms ging dat goed en soms helemaal niet goed."

⁷² "Dan kwam m'n vrouw later en dan stond ik te janken in de keuken."

that I still have flashbacks at night, but they are easier to handle."⁷³ While going to therapy felt like a taboo, Dirk later found out that many of his colleagues had sought help too.

To Dirk, being a first responder in his own community had only downsides. He kept running into survivors, who triggered a feeling of guilt in him: *"should you have helped them better, could you not have done more?"*⁷⁴ Dirk feels like he learned a lot from his therapy sessions, and he can implement it in his work as a firefighter: *"you approach people more positively when something happens [...]. You used to say: you did that wrong. Now you say: could you have done that differently?"*⁷⁵

6.6 The story of Jaap

Jaap was celebrating New Year's Eve with his family on the night of the disaster. After lighting fireworks with his children and with a glass of champagne in hand, Jaap heard his pager sent out an alarm: *"we had pagers with verbal communication [...] and I could hear in [my colleague's] voice something was seriously wrong."*⁷⁶ He immediately rushed to the Edam fire station. While approaching the dike in the truck, the firefighters already encountered many burned children. Remembering the night as very chaotic, commander Jaap tried to coordinate the cooperation between first responders and the necessary tasks: *"that small area on the dike with so many victims. You try to do what you do."*⁷⁷ He felt like during that night, everything happened in a flash: *"you are at work. You shut down your personal feelings."*⁷⁸ Around half past three Jaap's team was relieved and they went to the Volendam station for aftercare.

At the fire station, the group of firefighters shared their stories. Jaap returned home around half past six in the morning, in a mood his wife describes as apathetic. Being aware of the severity of the disaster and the worrying state of her husband, Jaap's wife called his commanding officer. More sessions at the fire station followed, and Jaap stayed home from work for about a month before returning to his normal life. Yet, 20 years later, Jaap finds himself at home diagnosed with PTSD: *"about six years ago everything came out. I left my job*

⁷³ "Persoonlijk merk wel dat ik wel soms 's nachts herbelevingen heb, maar ik ga er makkelijker mee om."

⁷⁴ "Had je ze niet beter kunnen helpen, had je niet meer kunnen doen?"

⁷⁵ "Je gaat veel positiever met mensen om als er wat gebeurt. [...] Eerst zeg je dat doe je fout nu zeg je had je het anders kunnen doen?"

⁷⁶ "Op dat moment hadden we nog piepers met een gesproken woord [...] en ik kon aan [mijn collega zijn] stem horen dat het goed fout was"

⁷⁷ "Dat kleine stukkie op de dijk met zoveel slachtoffers. Je probeert te doen wat je doet."

⁷⁸ "Je bent aan het werk. En persoonlijke gevoelens sluit je je af."

with a burn-out, I could not do it anymore, started crying spontaneously.”⁷⁹ Looking back, Jaap realises that he was unable to talk about the disaster and that he had pushed his feelings away. The therapy sessions he attended many years after the disaster taught him to talk about what had happened, and he is now more comfortable sharing his story.

Looking back, Jaap wished the fire brigade had done more to help process the event. While professional help was offered, he thinks this was too non-binding: *“you really had to indicate that something was wrong with you. But think about it, when do you acknowledge something is wrong?”*⁸⁰ Looking back, he describes how he would have liked to see personal follow-up sessions on a longer term. Jaap thinks that the short-term aftercare sessions did not help much in processing the event: *“that is nice, but it has no effect, because you have to let it sink in first.”*⁸¹ In his experience, feeling the true consequences of such an event can happen many years later: *“the bucket is not full yet.”*⁸²

⁷⁹ “Zeg maar zes jaar geleden het eruit kwam en uh. Toen ben ik eruit gegaan met een burn-out, toen kon ik niet meer, uh begon te janken spontaan.”

⁸⁰ “En nu moet je dan echt zelf aan gaan geven van goed ik mankeer wat. Maar ga maar ook bij je eigen te raden in die zin, want wanneer erken je dat er iets is?”

⁸¹ “Nou ja, leuk, maar dat heb geen invloed, want je moet het eerst allemaal laten bezinken.”

⁸² “Het emmertje is nog niet vol.”

After setting out the stories of the police and firefighters, this chapter describes the narratives of the medical aid providers that were involved in the Volendam disaster. The group of medical aid providers consists of a broad range of disciplines divided into career and voluntary personnel. Career personnel consisted of a paramedic and a general practitioner, and the group of volunteers consisted of members of the Zaanstreek-Waterland region SIGMA-team and Volendam EHBO organisation. This chapter will provide insight in their experiences during the disaster and in its aftermath.

7.1 The story of Marcel

Marcel was approaching 40 years of age when the disastrous night in Volendam occurred. He worked as a paramedic in Purmerend, a town close to Volendam. On New Year's Eve, Marcel and his ambulance chauffeur received the order to go to Volendam: "*there was a fire in a café, with one injured person who jumped out of a window and broke his leg. That was the reason we had to go there.*"⁸³ When they arrived at the dike, they encountered chaos: "*parents approached me, they wanted something from me, they tore the sleeves of my jacket.*"⁸⁴ Marcel's tasks included triage, trying to revive victims, and preventing them from passing out, while sometimes receiving death threats from panicking parents. Marcel was one of the only paramedics from his team in Purmerend that was present at the site. The reason was that only one other ambulance from Purmerend was active that night, and dispatchers from the alarm centrals did not call colleagues from Purmerend that were at home. Marcel evaluated the disaster with his BOT-team through multiple conversations. However, as his direct colleagues did not fully share in his experience, he felt misunderstood.

If one would ask his co-workers to describe Marcel, they would say that it was like "*he was always wearing a backpack filled with Valium*"⁸⁵, as Marcel never seemed to be stressed. It was therefore no wonder that at first Marcel seemed to have processed the disastrous night well. However, during a vacation, everything changed: "*nightmares, the smell of burned human*

⁸³ "Een brand in een café, d'r was één gewonde, die was uit het raam gesprongen. Been gebroken. Dus dat was de reden waarom we d'r heen moesten."

⁸⁴ "D'r kwamen allerlei ouders op me af en die wilde wat van me, die wilde wat van me, ze hebben de mouwen uit mijn jas getrokken"

⁸⁵ "Het lijkt wel of jij een rugzakje met valium op je rug hebt [...]."

flesh in my nose, gloomy, depressed. We cancelled the vacation.”⁸⁶ Quickly, he was diagnosed with PTSD. His well-being fluctuated for years, and he was finally declared unfit to work in 2016 and diagnosed with chronic PTSD in 2018.

*“Unfortunately, in the world of ambulance, nothing is taken care of. No recognition, no compensation, nothing.”*⁸⁷ Marcel failed to find recognition and solace from his co-workers, which he thinks is partially due to his own inability to talk about his feelings and partially due to the fact they had not shared his experience. He also got into a conflict with his employer and did not receive compensation when he left the organisation. Marcel feels left behind, but is now able to find companions in police and military support groups. His service dog aids him in his daily life, but Marcel still faces the struggle of being misunderstood. His municipality is hesitant to give him the tools he needs to improve his quality of life and he also faces a lack of understanding from people he encounters in his daily life. He notes that over time, organisations such as the ambulance and police have gained an increased understanding of the need for psychological support. Meanwhile, Marcel tries to raise awareness for mental well-being and implications of PTSD to the wider public: *“I want people to know there is a human behind a first responder, it is not a robot, and I want first responders to know that you witness a lot of suffering and you need to process it somehow.”*⁸⁸

7.2 The story of Martine

Martine was an elementary school teacher of approximately 40 years of age at the time of the disaster, and a volunteer for the Red Cross. She was part of the local SIGMA-team during the night of the fire, and expected a happy new year wish from her beeping pager. Instead she saw that she had to go to Purmerend immediately to gather with her SIGMA-team. Because her team had already left Purmerend in a hurry, she instead took her own car and went straight to the dike.

When thinking back to the night of the fire, it is with great admiration for the people of Volendam: *“in all bathrooms, everywhere they put children in showers.”*⁸⁹ With some help, she put up a SIGMA tent to take care of victims while the ambulances arrived. Martine

⁸⁶ “Nachtmerries, geur van verbrand mensenvlees in mijn neus, somber, depressief, vakantie afgebroken.”

⁸⁷ “In de ambulance wereld is helaas niks geregeld. Geen erkenning, geen vergoeding, helemaal niks.”

⁸⁸ “Ten eerste wilde ik aan de bevolking duidelijk maken dat er een mens achter een hulpverlener zit, dat het geen robot is, en de hulpverleners duidelijk maken dat je een hoop ellende meemaakt en dat je daar een kant mee op moet.”

⁸⁹ “Want in alle badkamers, overal zaten kinderen onder de douche.”

remembers she worked with a kind of tunnel vision, and experienced the night as a very quiet one. Eventually her SIGMA-team was replaced by another, which took over the care of the victims that were still waiting to be transported. Martine gathered with her team, and after a cup of coffee they were sent to Purmerend to talk with a psychologist who was deployed by the Red Cross.

*“I think we were taken care of very well.”*⁹⁰ Martine and her team had several sessions with the psychologist in the following weeks and were told they could call anytime. For three months they were put on pause to prevent them from becoming overworked. *“I went through all the stages,”*⁹¹ she described the processing of the incident, but did not encounter major problems in her full-time job or daily life. With her colleagues of the SIGMA-team she could share her emotions and experiences, and the disastrous night made her group a very supportive and tight-knit one: *“we really did it together.”*⁹² The fire in de Hemel remained a recurring topic during her volunteer work, as it often came back during practice sessions and she figuratively *“had the stamp that said - you were at the fire.”*⁹³

Martine felt only a minor impact of her first response operations. Her family thinks that she is a bit more emotional than before, but besides minor frustrations at her daily job she has not encountered significant obstacles. Shortly after the night, she avoided doing her groceries in Volendam as she normally would. However, when she needed to take care of something in Volendam, she was able to pass the mental threshold and her hesitation went away. Nowadays she does her groceries in Volendam like she always used to do. She describes encountering survivors with visible burns in Volendam often, but because she was focused on first aid only during that night and did not know any victims personally it is *“close yet further away.”*⁹⁴

7.3 The story of Herman

With approximately 30 years of age and with two young children, Herman was working a full-time job at the municipality of Amsterdam at the time of the fire. He was also a volunteer and board member of St. Willibrordus, and in training to become part of the local SIGMA-team of the Red Cross. The EHBO organisation had a phone tree through which Herman, also

⁹⁰ “Ik vind dat wij erg goed opgevangen zijn.”

⁹¹ “Ik dus alle stadia die je moet doorlopen heb ik doorlopen.”

⁹² “dat je toch sámen iets gedaan had.”

⁹³ “je had toch het stempel van “jij bent bij die brand geweest”.”

⁹⁴ “Dichtbij maar net wat verder af.”

a member of the Parate Groep, was reached during the night of the fire. He rushed to the dike, and his duties of that night consisted of providing first aid in bars and in the SIGMA-tent.

Herman was surrounded by a group of fellow volunteers that he knew well, and: *“I got lucky because I helped a lot of people that night, but no-one that I knew.”*⁹⁵ The protocol of the Parate Groep was to gather at the fire station after a disaster to talk, but Herman quickly left to be with his wife who he knew was at home waiting nervously. St. Willibrordus did not have a protocol for aftercare in case of disasters, and Herman was one of the organizers of the aftercare that was spontaneously called into life. On January second, he bought two crates of beer and announced a session for EHBO volunteers: *“we thought well, maybe 10 or 15 people will show up, and then we sat there with 50 people.”*⁹⁶ The goal was clear: *“make sure you start talking, because you need that to give this all a place.”*⁹⁷ He experienced the session as beautiful and special, and many stories were shared.

Herman took part in an extensive aftercare process from the Red Cross and local initiatives. He attended sessions with the SIGMA-team, sessions for volunteers in Volendam with a local psychologist and gatherings at the community centre. At St. Willibrordus, aftercare was improvised, with sometimes even regular training sessions turning into counselling sessions. Herman’s face had been on TV that night, so at work many co-workers asked him how he was doing: *“for me that was great because I talked so much about it, which is an important part of my own aftercare process.”*⁹⁸ At times he felt like nothing else mattered but the disaster, and he could get angry or emotional. Herman found support in his own circle, as his employer was empathic, and his wife would point out that other things mattered too. At times he almost felt ashamed of working for a municipality, as reports showed that municipalities had failed in some of their tasks, leading to the disastrous night. Still, he was generally happy to go to work and be outside Volendam as it gave him a way out of the environment.

In Herman’s eyes, the close-knit community of Volendam was a benefit to first responders and victims, as there was a lot of social support: *“because those networks existed, I*

⁹⁵ “Mijn mazzel is volgens mij geweest dat ik die nacht al heel veel mensen onder handen heb gehad maar geen bekenden”

⁹⁶ “We dachten nou, misschien komen er een stuk of 10, 15, en toen zaten we daar met 50 mensen.”

⁹⁷ “Zorg ervoor dat je aan het praten raakt want dat heb je zelf ook gewoon nodig om de boel een plekkie te kunnen geven.”

⁹⁸ “Voor mij was dat ontzettend goed, in dat je d’r zó veel over sprak en dat was wel een heel belangrijk onderdeel van het nazorgtraject voor mezelf.”

think many things were established quickly and people were quick to act.”⁹⁹ A downside that Herman describes is that because he knew many people that were severely impacted by the fire, the question arose whether one was ‘badly impacted enough’ to seek help. The fire is still a part of his life: *“it is still the case that it very regularly, and not in a negative way I must say, but it comes along.”*¹⁰⁰

7.4 The story of Kees

Kees was a member of the board of St. Willibrordus when disaster struck Volendam. He and his wife heard the commotion from their house, and when they found out what had happened the next day they immediately realized that young children had to be involved: *“it turned out to be true, one of the first people to die was a girl of 13 years old.”*¹⁰¹ Being a board member, Kees was one of the people to call a meeting with the volunteers the next day. He remembers the meeting as quiet, some people being unable to speak. He sometimes had conversations with volunteers that had a difficult time in the aftermath of the disaster. In those conversations, there was one message that Kees wanted to get across: *“you did well. You made no mistakes. If something bothers you, bring it forward.”*¹⁰²

When describing the organisation around the time of the disaster, Kees remembers a time where volunteers would stay around for years and everyone knew each other. Even though he was not present during that night, Kees heard the many stories about how the volunteers had done a great job: *“very adequate help, while they were not trained for it at all.”*¹⁰³ Even though his tasks mostly evolved around the logistical side of the organisation and he did not attend all aftercare meetings, Kees is well aware of the benefits of those meetings. He knows that the volunteers were able to talk to each other and to seek support, and that they were able to share their stories. When he looks back, Kees is positive: *“we already were a beautiful organisation, but the shock was that you cannot prepare for disaster. We did a great job, a message that came from the whole country.”*¹⁰⁴

⁹⁹ “Omdat die netwerken d’r waren werden er gewoon dingen, denk ik heel snel opgestart en werd er tot handelen overgegaan.”

¹⁰⁰ “Het is nog steeds zo dat je d’r echt heel regelmatig, niet op een vervelende manier dat zeg ik er wel bij, het komt langs.”

¹⁰¹ “En dat bleek ook, één van de eerste doden was een meisje van dertien.”

¹⁰² “Je hebt het goed gedaan. Je hebt geen fouten gemaakt. En als er wat is, kom maar op.”

¹⁰³ “Heel adequate hulp terwijl je daar absoluut niet op getraind bent.”

¹⁰⁴ “Nou we waren al een mooie vereniging, maar ehm, nou, de schok was gewoon dat je je niet kunt voorbereiden op een ramp. De dank was, we hebben het fantastisch gedaan, landelijk kwam dat binnen.”

As a person, Kees was and still is a familiar face in Volendam and he witnessed the impact of the fire from up close. His children had luckily not been inside the bar, and a family member had survived after being inside. This helped Kees to relativize the situation, but he still encountered impactful situations. For example, as a high school teacher, he had two survivors in his class: *“the impact there was enormous. They sat right in front of you.”*¹⁰⁵ Kees witnessed sad turns of events related to the fire with people he knew, but also saw the strength of a community where everyone helped each other: *“it was the primal force of Volendam at that moment.”*¹⁰⁶ When asked to describe himself, he says he is a stable person. He was hesitant to go to aftercare sessions because he had not been present at the disaster, and at the same time he had not been approached with offers for help: *“maybe I would have just blown them off, I could talk about everything [at my job].”*¹⁰⁷ Kees is still in contact with some of the survivors, and is always available to give a good piece of advice: *“I still hear back sometimes - you will not believe the impact you have had on my life.”*¹⁰⁸

7.5 The story of Jan

Jan is a familiar face in Volendam. He knows many people through his job in a community centre and his social work and volunteering. On the night of the disaster, Jan was organizing a New Year’s Eve party in his company building. Shortly before midnight, he waved his daughter goodbye who headed for the dike. Around half past 12, his wife called who was having a get-together with a befriended firefighter: *“there is a fire on the dike. In de Hemel.”*¹⁰⁹ With the memory of his daughter leaving for the dike, Jan jumped over the bar and hurried towards the site of the disaster. Slowly realizing the severity of the situation, he had to make a choice: would he look for his daughter, or take care of survivors as a first aid volunteer? Trusting in the fact that others would help his daughter, he chose to stay put and try to manage the situation. While cooling survivors, he regularly saw a familiar face: *“I am not an unfamiliar person, the youth knows me [...]. That person came to me, and that person came to me, burned like you would not believe.”*¹¹⁰ Around quarter past two, someone approached him: they had found his daughter alive.

¹⁰⁵ “Daar was de impact héél groot. Want ze zaten voor je neus.”

¹⁰⁶ “Dat is denk ik de echte oerkracht geweest van Volendam op dat moment.”

¹⁰⁷ “Maar ik had misschien ook dat wel afgewimpeld hoor, maar ik kon mijn ei wel kwijt [via werk] hoor.”

¹⁰⁸ “Dat hoor ik nog wel eens een keer terug, “je wil niet weten welke invloed jij op mijn leven gehad hebt.”

¹⁰⁹ “Er is brand op de Dijk. Ja, in de Hemel.”

¹¹⁰ “Ik ben geen onbekende want de jeugd kent mij [...]. En die kwam op me af en die kwam op me af, verbrand, wil je niet weten.”

After his work at the dike was done, he went back to the party he was organizing where his colleagues were still present. Soon, the phone calls started coming in: first from his friend whose brother passed away, and later from a colleague whose children did not survive the fire either. Jan visited them all that same night, and when he finally got home the phone rang again: his cousin was brought to the hospital. This call would be the start of a process that would last for many years, with Jan taking the role of caregiver in the recovery process of his cousin. Meanwhile, Jan still worked full-time, and he used his work facilities to organize community events for survivors and their families: *“in Volendam, we do it our way.”*¹¹¹

Describing it as being on autopilot, Jan spent years helping his community in the aftermath of the disaster. However, when things settled down his own well-being took a turn: *“that is when you get it yourself. I have been to hell and back for one and a half years.”*¹¹² Concerned acquaintances had approached Jan before, but not seeing himself as a victim he refused to accept help. When a befriended psychologist finally got through to him, Jan went into therapy. To this day, the fire is still a part of his life: *“you have to give it a place. But it is still difficult, it will always be that way”*¹¹³ Jan explains that his family and friends keep him on his feet, and that he has found his own ways in coping with the disaster. He feels like he was able to help many people in the community after the fire, and had personal conversations with many survivors. He still runs into them often: *“I see them being positive, recover from it. [...] When I see them, I get a lump in my throat, and I think: I am so damn happy that it went that way.”*¹¹⁴

7.6 The story of Marga

On the night of the disaster, Marga was at home putting her daughter to bed. She was an instructor at St. Willibrordus and lived near the Volendam fire station. Opening a window, she heard truck after truck leaving the station. Her father in law, who had a scanner, called Marga and her husband and in the background they heard that *“victims were rolling off the dike.”*¹¹⁵ Marga grabbed her bag and went to the location, where she was confronted with severely burned survivors. The severity and the type of burns was something her first aid

¹¹¹ “Wij doen het op Volendam op onze eigen manier.”

¹¹² “Ja, en dan krijg je het zelf. Dus uiteindelijk ben ik dus echt, écht 1,5 jaar helemaal naar de verdommenis geweest.”

¹¹³ “Je moet het gewoon een plekje geven. Kijk het is natuurlijk gewoon moeilijk dat, dat hou je gewoon.”

¹¹⁴ “Waar ik dan ook weer een, eh, positief zien, d’r boven zie komen [...]. En als ik ze dan tegenkom dan, dan krijg ik een brok in mijn keel, dan denk ik godverdomme wat ben ik toch blij dat het zo gegaan is.”

¹¹⁵ “Dat de slachtoffers van de Dijk af rolden.”

training had not prepared her for: *“you talk about barbecue fires, with burned or charred skin you know? But the [draping of the skin because of the] heat... They never told us about that!”*

¹¹⁶ Marga treated one survivor after another and was done around seven o'clock in the morning. The next day, the EHBO organisation opened the doors for its volunteers. In Marga's eyes, it was important for volunteers to talk to each other, people that had gone through the same experience. Professional psychologists were present at the organisation as well, for those who preferred to tell their story in a more anonymous setting.

Still an instructor at St. Willibrordus, Marga has paid a lot of attention to aftercare and the well-being of volunteers. In her experience, in the aftermath of an incident there is only one thing that is important to the volunteers: *“did I matter? Did I do it right?”* ¹¹⁷ Marga has seen that many volunteers tend to doubt themselves: *“people find it hard to say: I got the call, I went, I did my best, I did what I could, and we are not going to look at what I did not do, because there are many things I did do.”* ¹¹⁸ Looking at the disaster, Marga believes everyone did a great job and that the organisation has learned many important lessons from the incident. She still uses examples from the fire in her first aid classes.

To this day, Marga feels the impact of the disaster. For a long time, she tried to forget about what had happened. Shortly after the fire, Marga felt as if helping people and staying busy was a way to process the event. Now, she thinks that it was an attempt to push her feelings away. In Marga's eyes, being a first responder in a small, familiar community is difficult: *“we hear the hospital stories, the recovery, what it did to them, the whole package. [...] That makes it more difficult. If you go somewhere you do not know anyone, you just do your best and never see them again. Then you do not know the impact it has on them.”* ¹¹⁹ Marga knew many people who became victims of the disaster and so she heard many tragic stories, and she is still dealing with the impact of that night. Looking back at the volunteers and Volendam as a community, she says: *“I am so proud of them all.”* ¹²⁰

¹¹⁶ “Een vlamverbranding van een barbecue of in de fik staan, ehm, dan heb je het over gekookte huid of verkoold, weet je wel? Maar door de hitte, [die lappen met huid die echt zo van hun lichaam afdropen.] Maar dat is nooit verteld.”

¹¹⁷ “Deed ik ertoe? Heb ik het goed gedaan?”

¹¹⁸ “Dat mensen het erg moeilijk vinden om te zeggen van: ik ben uitgerukt, ik heb mijn best gedaan, ik heb gedaan wat ik kon, en we gaan niet kijken naar wat ik vergeten ben of niet gedaan heb, ik heb ook een aantal dingen wel gedaan.”

¹¹⁹ “Ja wij krijgen de ziekenhuisverhalen, het herstel, wat het met hun gedaan heeft, het hele pakketje. [...] Veel moeilijker. Want als jij ergens naartoe gaat en je doet je ding en je kent de mensen niet dan heb je je best gedaan en je ziet ze nooit meer. Dus je weet ook niet wat het met ze doet.”

¹²⁰ “Ik ben zo trots op ze allemaal.”

7.7 The story of Carola

Carola is a local general practitioner, born and raised in Volendam and still a part of the community. During the night of the disaster she was at home with friends, when someone rang the doorbell: *“my cousin was at the door with my aunt and with a friend: Carola, it is horrible she said, de Hemel is on fire!”*¹²¹ The girl that accompanied them had jumped through the window of the café, and after giving her stitches Carola rushed to the dike. Without realizing the severity of the incident, she arrived at the dike and encountered total chaos. Carola did everything she could to help the severely burned survivors. When she got back home, Carola got a phone call: *“the son of my best friend passed away.”*¹²² She went back to attend the identification process and to support her friend. Being very familiar with the Volendam community, Carola would later find out that more people in her circle were injured badly or had passed away.

The days after the disaster, Carola bandaged the survivors and saw their severe injuries from up close: *“layers of skin would come off. It was horrible.”*¹²³ Having her own practice, Carola received assistance from another doctor so she could go visit survivors in the hospitals. This allowed her to check upon the well-being of her patients, and to communicate with their parents: *“you are so close to these people, you know them. So, I think that was appreciated.”*¹²⁴ Carola was not offered psychological assistance for herself, but she knew the local pastor and they found each other for support. She also thinks that the visitations in the hospitals were a good way for her to process the incident: *“visiting the hospitals and talking to people, that was therapy for me.”*¹²⁵ The fact that she was so involved in the community made the emotional impact of the disaster large for Carola: *“you know each other so well. It really gets to you, you know?”*¹²⁶

After the fire, Carola came together with four acquaintances and together they formed a group. This group would voluntarily use their expertise to advise local and governmental organisations that were involved on how the available money for the victims should be spent.

¹²¹ “Toen kwam mijn nichtje aan de deur met mijn tante, met een vriendinnetje. “[Carola] het is verschrikkelijk zegt ze, de Hemel staat in brand!”

¹²² “De zoon van mijn beste vriendin was overleden.”

¹²³ “Toen haalde ik zo die vellen met huid, dat was verschrikkelijk.”

¹²⁴ “Ja weet je je staat al dicht bij die mensen, je kent ze. Dus dat werd wel op prijs gesteld denk ik.”

¹²⁵ “Dat ik ook naar de ziekenhuizen ging en gesprekken met die mensen en, ja, dat dat voor mij ook gewoon therapie is geweest. “

¹²⁶ “Je kent mekaar zo goed. Het grijpt zó aan, snap je?”

Carola felt very connected to the community, but this was a double-edged sword. On the one hand, she was constantly reminded of the disaster by encountering survivors or knowing people who did not do well: *“of course you have seen much in your life, but in this case everything piled up.”*¹²⁷ On the other hand, she also witnessed positive events such as survivors marrying and having children, and the solidarity of the community: *“they have each other. They do it together.”*¹²⁸

¹²⁷ “Je hebt natuurlijk al veel gezien in je leven, maar dit was keer op keer op keer gewoon iedere keer weer en weer er bovenop.”

¹²⁸ “Ze hebben elkaar. En ze doen het met mekaar.”

Having looked at the core stories of the first responders, this chapter will discuss the results that came from these stories. The experiences of the first responders differed significantly per occupational branch. By conducting a cultural narrative analysis, the themes and experiences per occupational branch are revealed and discussed. Second, an analysis of narratives revealed that certain themes also existed between the different occupational branches. The results from both analyses are set out and discussed in this chapter.

8.1 The cultural narratives

During the interviews, participants described several instances where their organisation and its organisational culture played an important role in the aftermath of the Volendam disaster. This section looks at the core stories of each occupational branch, to reveal the cultural narrative that is present in each group. To gain a full understanding of the mechanisms that underly the stories of the first responders, the findings of the stories are discussed and accompanied by findings from academic literature.

8.1.1 The cultural narrative of the police

Among the police officers, it was clear that as an occupational group there was a strong feeling of ‘being in it together’ caused by the severity of the Volendam disaster: *“you share something. However difficult, however beautiful.”*¹²⁹ One of the reasons for this unity was the small sizes of the teams, which meant that the police officers knew each other well. This mediated their tendency to turn to each other for support. Also, none of the police officers felt like there was a taboo on talking about one’s feelings or experiences: *“you could always talk about it.”*¹³⁰ The police officers found comfort in talking to their colleagues, specifically those who had been in the disaster as well. This sense of mutual support and solidarity as a part of the police culture was also described by Van Koetsveld et al. (2016) and Terpstra and Schaap (2011). However, these authors suggested that a lack of supervision from superiors plays an important role in shaping this solidarity. A perceived lack of supervision was not evident from the interviews, where only one officer mentioned a critique on the support from their superiors.

¹²⁹ “Je deelt iets met mekaar. Hoe heftig ook, en hoe mooi ook.” - Monique

¹³⁰ “Je kon er wel altijd over praten.” - Kitty

There were also no critiques on the BOT-team, which was deployed immediately after the fire and organized many types of aftercare. The BOT-team existed of police officers, who would warn their supervisors if they signalled problems among colleagues. One of the interviewed police officers was a BOT-team member at the time of the disaster. She was positive not only about the work of the BOT-team, but also the support they received from their superiors and colleagues: “[The police chief] would stop by [...] to ask: “how is it going, do you need anything from me, can I be of help to you?”¹³¹ While all interviewed officers were positive when talking about the BOT-team, the overall trend among the participants was that they preferred talking to close colleagues or family: “it sounds odd, but I never feel like I need [the BOT-team]. I can tell my story very well at home.”¹³² From the interviews can thus be derived that while support from supervisors and trained colleagues was appreciated, the police officers present at the Volendam disaster preferred to deal with the situation among themselves: “we are together, we do it together, we take care of it together.”¹³³

Police officers were also asked how the disaster had impacted their life and career. Generally, the officers described the night as if they “*flipped a mental switch*”¹³⁴ focusing on the task at hand and not the severity of the situation. Some officers felt like the incident added to the total mental burden that police work brings, sometimes causing them to turn to a desk job after some years. Others describe that they processed the event well and continued their work like they did before. Regardless, all police officers felt that the disaster was one of the significantly impactful events of their lives. The fact that children were involved made the work of the police officers more difficult, partially because they felt empathy for the panicking parents on the dike: “I mean, maybe their child is on their deathbeds in one of those places. You know, parents have to be with them.”¹³⁵ This is in line with the idea of ‘co-experiencing’ the trauma or distress of another which can be mentally burdening for a first responder (Zwarthoed et al., 2010). While co-experiencing trauma can lead to secondary trauma, this was not evident among the police officers as none of them felt that they experienced mental health problems because of the disaster. While the interviewed officers do not give a direct reason as

¹³¹ “[De korpschef] is af en toe ook wel eens langs geweest [...] om even van: hoe gaat het en, heb je wat van mij nodig, kan ik wat betekenen?” - Monique

¹³² “Het klinkt heel raar, ik heb daar zelf nooit zo veel behoefte aan. Ik kan hier mijn verhaal thuis heel goed kwijt” - Andre

¹³³ “We zijn met mekaar en we doen het met mekaar, en we regelen het met mekaar.” - Monique

¹³⁴ “Er gaat een knop om.” - Erik

¹³⁵ “Ik bedoel misschien ligt dat kind wel op sterven in één van die ruimtes. Ja weetje, daar moeten gewoon ouders bij zijn.” - Andre

to why this is the case, Alexander and Klein (2009) noted that monitoring the well-being of first responders is important. From the interviews can be derived that this monitoring happened among colleagues and that signs of possible problems were signalled, which could possibly have prevented severe mental health problems among the interviewed officers. Overall, it can be concluded that the disaster did impact the lives and careers of the police officers, but that to them this is not necessarily in a negative way: *“it is okay and I do not suffer from it, but you never forget it.”*¹³⁶

8.1.2 The cultural narrative of the firefighters

During the interviews, firefighters described several factors relating to their tasks and their organisation that may have eventually led to mental health problems among the firefighters. The exact nature of these mental health problems will be explained in this section after setting out the possible causes mentioned during the interviews. First, firefighters described that they were deployed to the Volendam disaster to put out a fire. However, once at the site, the fire was already out. The firefighters had an EHBO diploma and could therefore engage in helping survivors: *“we cooled [the survivors], that was the only thing you could do.”*¹³⁷ During that night, they encountered severe injuries, deceased people of a young age and had to engage in burdening tasks: *“I can still see my colleagues doing CPR on the rooftop. We did not have the slightest idea of what to do with all those victims.”*¹³⁸ The tasks that firefighters engaged in differed from the tasks they usually have. Firefighters normally focus on the task at hand such as putting out fires and not the aftercare of victims (Van Lochem & Verhallen, 2017). It is known that burdening tasks such as CPR, experiencing traumatic events such as witnessing deceased children and working long hours can increase the risk of trauma (Ursano & McCarroll, 1990; Witteveen et al., 2007; Zwarthoed et al., 2010). It could therefore be suggested that the fact that the firefighters present in Volendam were not used to providing medical aid and supporting victims could have added to the total mental burden of the firefighters: *“what we saw that night was inhumane.”*¹³⁹ Shortly after the disaster, the Alders Report was presented which included statements about causes of the disaster and the quality of the work of the first responders during the disaster. Many of the interviewed firefighters were disappointed in the report. They felt that part of the blame for the occurrence of the disaster

¹³⁶ “En dat is verder niet erg en daar heb ik geen last van verder, maar, je vergeet ze nooit.” - Andre

¹³⁷ “Wij koelden, dat is eigenlijk het enige wat je kan doen.” - Dirk

¹³⁸ “[...] maar ik zie mijn collega’s nog zitten te reanimeren boven op het dak. Wij wisten bij God niet waar we zo snel met die slachtoffers naartoe moesten.” - Wim

¹³⁹ “Wat we toen eh, toen zagen die nacht, nou dat is mensonterend.” - Wim

was put on the firefighters, and that they were told they had not provided adequate help that night. To many, this was and still is aggravating. They felt that as volunteers, they had done everything they could and therefore the critiques made a large impact: *“that hurt. [...] Angry, powerless. We had given everything we had.”*¹⁴⁰

Second, all but one of the interviewed the firefighters were unhappy with the quality of the aftercare provided by the BOT-team. It was brought forward that the BOT-team members did not go through a selection process, but that anyone could be part of the BOT-team. This led some to question the quality of the aftercare. This is in line with the suggestion of Hoijtink, Young and Ter Brake (2012), who write that BOT-team members are often volunteers and therefore can lack a certain level of experience. Another problem among the participants was the tension between the time it takes for a BOT-team to arrive and the responsibilities of volunteers in their day to day life: *“sometimes the time between, because you are a volunteer, between an incident and the arrival of the BOT-team is too long, and then most want to go home because they have to go back to their boss.”*¹⁴¹ This tension between aftercare and day to day responsibilities was also suggested by Hoijtink, Young and Ter Brake (2012), who found that volunteers would rather go home and get some rest as they usually have to return to their work soon after a disaster or incident. From the interviews can be derived that the firefighters present at the Volendam disaster may have returned to their day to day lives too soon, without having had time to process the incident: *“as a volunteer you do not have time to process it, because your boss is waiting for you.”*¹⁴²

Third, a professionalisation process was initiated in the fire departments following the disaster. Professional commanders were instated, and volunteer firefighters received monetary compensations. Most of the interviewed firefighters were unhappy with these changes, as they felt it took away the atmosphere of the organisation: *“you lose the core of the voluntary firefighter organisation. The atmosphere, yes. Gathering after a training session, having a beer afterwards...”*¹⁴³ Therefore, the description of Van Lochem and Verhallen (2017) of fire brigades as a family is in line with the interviews, but for the Volendam and Edam firefighters

¹⁴⁰ “Dat doet zeer. [...] Ja. Boos, machteloos. Je hebt alles gegeven wat je had.” - Jaap

¹⁴¹ “Soms is die tijd tussen, omdat je allemaal vrijwilliger bent, tussen een incident en dat het BOT-team komt duurt te lang en dan willen de meesten alweer naar huis toe omdat ze weer naar hun baas toe moeten.” - Erwin

¹⁴² “[...] dat je eigenlijk als vrijwilliger soms geen tijd hebt om te verwerken want je baas wacht weer op je.” - Erwin

¹⁴³ “Daarmee raak je eigenlijk de kern van de vrijwillige brandweerorganisatie, die raak je een beetje kwijt. De sfeer, ja. Het bijeenkomen met oefenavond, dan na afloop een biertje drinken.” - Hendrik

this was mostly the case before the disaster. The interviewed firefighters suggested that because of the reorganisations, many volunteers left the firefighter family. This made it difficult to keep an eye on their well-being: *“they left the organisation and you lost them out of sight, we had no grip on them anymore.”*¹⁴⁴ Another effect of the professionalisation and re-organisations that emerged from the interviews was an impairment of the aftercare process. The firefighters feel that the constant changes within the organisation resulted in chaos, which made it difficult to establish aftercare. Firefighters describe that commanders were alternated often and that new changes were implemented constantly, which took up most of the time and attention: *“we had no time to think about the disaster.”*¹⁴⁵ Thus, the already seemingly insufficient aftercare from the BOT-teams was further impaired by the reorganisations that followed the Volendam fire. Therefore, it can be derived from the interviews that the re-organisations negatively impacted both the recovery process of the firefighters, the monitoring of their well-being and the overall atmosphere within the departments.

Fourth, all but one of the interviewed firefighters felt hesitant to share their feelings and emotions with other firefighters after the disaster. This was partially because of how firefighters regarded themselves: *“you are young, flexible, and you do not feel the need for aftercare.”*¹⁴⁶ Another obstacle was the perceived ‘macho culture’, which indicates the extent to which first responders felt it was accepted to talk about feelings and emotions. Especially the firefighters of Volendam describe that this macho culture appeared dominant in the organisation. These firefighters were put together in a group to talk about their feelings, but they did not want to appear weak and therefore would not admit they were struggling: *“in the beginning no one is suffering, no one feels anything, we are all tough guys. And later you hear someone went to seek help, and someone else had to leave his job....”*¹⁴⁷ While Versleijen (2007) suggested that fire departments are characterised by a communal feeling or sense of ‘family’, this sense of a ‘family’ that was also present among the interviewed firefighters did not lead to an openness to be able to talk about the incident. Strong norms and values that often characterise the

¹⁴⁴ “Die gingen gewoon weg bij de brandweer en daar had je geen zicht meer op en daar had je geen grip meer op.” - Wim

¹⁴⁵ “Dus wij hadden helemaal geen tijd meer om over die ramp na te denken.” - Wim

¹⁴⁶ “Je was jong, flexibel nog, en je had geen behoefte aan nazorg.” - Piet

¹⁴⁷ “In het begin niemand heeft er last van, het doet niemand wat, we zijn stoere jongens. En dan later hoor je toch dat een bepaald figuur, ja die ging toch hulp zoeken, nou ja ja, er is nog iemand die is uitgevallen van zijn werk...” - Erwin

firefighting organisation (Versleijen, 2007) may therefore have impaired the recovery process of the firefighters, as the norm seemed to be to stay strong and not talk about one's feelings.

The effect of these four themes became evident during the interviews when asked about the impact the disaster had on the firefighters. All firefighters brought up that the disaster of Volendam is still a part of their daily lives. Some of the participants stated that they still think back to that night when they hear about a disaster somewhere else: *"every time there is a fire somewhere, in India or Pakistan... You always think about it."*¹⁴⁸ Others are still a part of the firefighting organisation, where the disaster sometimes makes a re-appearance: *"we have courses on fire prevention, the disaster still appears in the literature, or it is mentioned."*¹⁴⁹ Most of the interviewed participants sought psychological help on their own account in the years after the disaster. While the perceived macho culture in the organisation made it feel like a taboo at the time, firefighters would later find out that many of their colleagues had sought help too: *"I think I know of 10 people who sought help."*¹⁵⁰ Some of the interviewed firefighters explained that these stories eventually reached the fire departments, and that additional support was offered years after the disaster. However, participants describe that this was too little too late. Some of the interviewed firefighters still suffer from mental health problems or even PTSD: *"... and it is not just the disaster, we go through a lot. Every time another drop fills the bucket."*¹⁵¹ The disaster of Volendam thus still plays a role in the lives of the firefighters to this day, and many had to seek help years after the disaster because of mental health problems.

8.1.3 The cultural narrative of the medical aid providers

Among the group of medical aid volunteers, which existed of Red Cross and EHBO volunteers, there was a general positive opinion of the aftercare processes and organisational cultures. SIGMA volunteers were part of an established aftercare process from the Red Cross, which was experienced as positive: *"I think we were taken care of very well."*¹⁵² While literature suggests that SIGMA volunteers lack supervision and a social network to keep an eye on each other (Hoijsink, Young & Ter Brake, 2012), this does not seem to have been the case

¹⁴⁸ "Iedere keer als er weer een brand is ergens, in India of in Pakistan... Dan denk je er altijd weer aan." - Hendrik

¹⁴⁹ "Wij hebben natuurlijk cursussen op brandpreventiegebied, komt de ramp nog wel vaak voor in de literatuur, of hij wordt toch nog wel even aangehaald" - Gerrit

¹⁵⁰ "...dat er denk ik wel 10 waren die hulp gezocht hadden." - Erwin

¹⁵¹ "Het blijft niet alleen bij de ramp, wij maken wel meer mee. Er komt elke keer een druppeltje bij die de emmer doet overlopen." - Dirk

¹⁵² "'Ik vind dat wij erg goed opgevangen zijn.'" - Martine

after the disaster in Volendam. The SIGMA volunteers felt they had strong ties with their colleagues, and the regular medical training sessions would sometimes spontaneously turn into aftercare sessions as well. Participants also described that if during training sessions it seemed like someone was not doing well, the Red Cross would act accordingly. The bond that SIGMA volunteers felt with each other became stronger because of the disaster: *“you really did it together.”*¹⁵³ While no specific literature on SIGMA-teams is available regarding this subject, it seems to be in line with the trend that is normally present among police officers where stressors and perceived danger during work reinforce unity and solidarity (Van Koetsveld et al., 2016). The interviewed SIGMA volunteers experienced some effects of the disaster in their daily lives: *“I did not develop [mental health problems], but I think I was on the edge once in a while.”*¹⁵⁴ However, they feel like the disaster did not result in severe mental health problems on the long term. From interviews with the second group of volunteers, members of St. Willibrordus, it became clear that the organisation was aware of the importance of talking after an incident. St. Willibrordus organised a few aftercare sessions after the disaster where volunteers could talk, which were experienced as helpful: *“we always said in the EHBO organisation: make sure you start talking. [...] That has helped me a lot.”*¹⁵⁵ Participants explained that volunteers could feel like they had failed when they were not able to save someone. Those involved in the organisation therefore put an emphasis on the self-esteem of their volunteers: *“do not think: “could I have done it differently?” I say, you could not have done it differently.”*¹⁵⁶ A trend that emerged from the interviews with EHBO volunteers was the personal impact of helping others in the aftermath. EHBO volunteers described they felt like helping others after the disaster was a form of therapy for themselves: *“we were there for them and forgot about ourselves for a while. That was therapeutic by the way, because you felt strong.”*¹⁵⁷ However, this often turned out to be an escape rather than a successful strategy to process the incident. This escape could result in a long and difficult process of emotional recovery that would last for many years after the disaster. Some of the EHBO-volunteers still feel the impact of the disaster to this day: *“it is still difficult, it always will be. Especially when*

¹⁵³ “Dat je toch samen, sámen iets gedaan had.” - Martine

¹⁵⁴ “ik ben niet [mentaal] ziek geweest enzo maar ik denk wel dat je af en toe tegen het randje aan zat.” - Herman

¹⁵⁵ “Dat hadden we al wel binnen de EHBO, van jongens, zorg ervoor dat je aan het praten raakt [...]. Nouja, mij heeft dat in ieder geval ontzettend geholpen

¹⁵⁶ “Moet je niet denken “had dat anders gekund?” Ik zeg dat had niet anders gekund.” - Kees

¹⁵⁷ “Wij waren er voor hun, en we vergaten onze eigen even. Ook dat was ook therapeutisch trouwens. Want jij maakte je eigen sterk.” - Marga

you see [victims], because then you see the images, it is seared into your brain."¹⁵⁸ It thus seems from the interviews with the two groups of volunteers that having strong social ties had two very different effects. For the SIGMA-volunteers, their social support system helped them to recover from the incident. For the majority of the EHBO volunteers, their closeness to the community and efforts to help survivors after the disaster seemed to have negatively influenced their own recovery process as they did not find the time to process the incident.

Two of the interviewed medical aid providers were professionals: a paramedic and a local general practitioner. The paramedic felt that within his organisation, there was a taboo on mental health issues: *"a macho culture."*¹⁵⁹ While he was offered aftercare by a BOT-team, he felt misunderstood because his colleagues had not been at the disaster. As a result of both the disaster and other traumatic experiences during his career, the paramedic is now diagnosed with chronic PTSD. He felt like his employer did not support him when he received this diagnosis: *"in the world of ambulance, nothing is taken care of. No recognition, no compensation, nothing."*¹⁶⁰ These findings are in line with the literature of Hoijtink, Young and Ter Brake (2012), who suggest a taboo on talking about emotions within the world of ambulance, and paramedics being expected to take care of their own well-being. When the paramedic turned to support groups from other occupations such as the police, he found that talking with others helped him to feel better. It therefore seems that the macho culture and the inability to talk with colleagues may have negatively impacted his recovery process. The interviewed general practitioner had her own practice and was therefore not part of an organisational aftercare process. Instead, she found companions in her own network: *"I went to our priest."*¹⁶¹ She did receive practical support from her insurance, where a locum would take over her practice once a week: *"on that day I went to [to visit survivors], otherwise I was not able to do that."*¹⁶² These visitations were a positive experience, as she could personally talk to the parents of the survivors about the well-being of their child and give them emotional support. The general practitioner also felt the impact of the disaster because she witnessed trauma in her personal circle. The son of her best friend had passed away, and she was friends with the local undertaker who took care of the 14 funerals. As a general practitioner, she also

¹⁵⁸ "Kijk het is natuurlijk gewoon moeilijk dat, dat hou je gewoon. Vooral als je ook mensen ziet, want je krijgt al die beelden, blijven op je netvlies." - Jan

¹⁵⁹ "Een machocultuur." - Marcel

¹⁶⁰ "Bij ons in de ambulancewereld is helaas niks geregeld. Geen erkenning, geen vergoeding, helemaal niks. Dus ik zit in lotgenotengroepen van politie." - Marcel

¹⁶¹ "Ik ben op een gegeven moment naar ons pastoor gegaan." - Carola

¹⁶² "En dan ging ik die dag [naar overlevenden], want anders kon ik dat niet." - Carola

bandaged burned victims shortly after the disaster every day. It is known that witnessing the suffering of others can be burdening to a first responder and can even lead to secondary trauma (Alexander & Klein, 2009; Zwarthoed et al., 2010). It could therefore be suggested that a heavy burden was put on this general practitioner, and that she could have benefited from relief from tasks such as bandaging victims at the time: *“you are a professional so you are able to do it. But when you get home [...] you curl up in the corner.”*¹⁶³

8.2 The analysis of narratives

Having set out the themes per occupational branch, an analysis of narratives was conducted to gain an understanding of the themes that occurred between the first responders regardless of their occupation. The stories were deconstructed to reveal three themes that provide a deeper understanding of the narratives of the first responders (Aarten & Ceulen, 2019; Hunter, 2010).

8.2.1 Experiences during the disaster

First responders encountered many cases of severely burned and even deceased children, an experience they found impactful: *“you see people walking towards you like zombies, skin hanging from their hands.”*¹⁶⁴ Some first responders felt like they were not prepared for the severity of the injuries. Another overwhelming aspect was the number of victims, and their young age: *“you cannot train yourself for 200 children, fully or partially burned. Or pulling at the skin that fell down their necks. You cannot train for that. That is impossible.”*¹⁶⁵ At times, first responders had to make difficult decisions. For example, at some point a medical aid provider had to take care of 25 survivors with only one oxygen tank: *“I barely gave the oxygen to one person, when another fell off a barstool who I had to revive.”*¹⁶⁶ There were many panicking parents and bystanders surrounding de Hemel. Once they noticed someone in a uniform, they tried to stop them and asked for help: *“we were dragged out of the car, our doors were pulled open: come help!”*¹⁶⁷ While first responders tried to keep

¹⁶³ “Je bent professional dus dat lukt wel, maar als je thuiskomt dan uh [...] ja dan kruip ik in een hoekje.” - Carola

¹⁶⁴ “Dan zie je op gegeven moment ook mensen als zombies naar je toe lopen met de vellen aan hun handen.” - Monique

¹⁶⁵ “Je ken je eigen hier niet op trainen als je 200 kinderen op je af ziet komme met helemaal verbrand of gedeeltelijke verbranding. Of als ze aan hun nek staan te trekken waar het helemaal naar beneden gelopen is. Nee, daar ken je je niet op trainen. Dat is onmogelijk.” - Jaap

¹⁶⁶ “Nou ik had ‘t nog niet gegeven of d’r flikkerde d’r een van de barkruk af die moest ik reanimeren.” - Marcel

¹⁶⁷ “[...] werden we gewoon uit de auto, de deuren werden opengetrokken en: kom helpen.” - Gerrit

everyone at a distance, they also empathised with the distressed parents who worried about their children. These findings are in line with the notion that even though first responders are trained to deal with critical situations, disasters can be very overwhelming (Witteveen et al., 2007). In contrast, some first responders experienced the night as calm and feel like they were able to do their job well. As the police kept bystanders at a distance, firefighters did not necessarily encounter the panicking parents and chaos described by other participants: *“I was working inside the building, and the police were standing outside and did not let anyone in. We were not hindered at all.”*¹⁶⁸ A similar experience was described by many SIGMA and EHBO volunteers, who mostly worked inside café’s or a SIGMA-tent.

The participants in this research were familiar with Volendam because they lived or worked there. During the disaster, there were first responders that ran into friends, family, or acquaintances: *“there was a boy hanging onto the bar, in hindsight that was a friend of mine. He was burned badly.”*¹⁶⁹ However, the majority of the first responders describe that they worked on a sort of autopilot and did not necessarily recognize people in the moment: *“I do not remember their faces, it was just... I think there were too many of them.”*¹⁷⁰ Therefore, the majority of the first responders do not think that their familiarity in the area had a significant personal or emotional effect on them during the disaster: *“it is like a mental switch - just put your shoulder to the wheel.”*¹⁷¹

8.2.2 Living and working in Volendam as a double-edged sword

Being a part of the community a first responder provides aid in has emerged from the interviews as a double-edged sword. Many of the interviewed first responders encountered survivors regularly, and personally knew people involved in the fire. Often, this was described as something positive - first responders would see that the survivors were able to return to a relatively normal life, start a family and find a job: *“you run into them in your daily life. You still have contact with them and ask how someone is doing.”*¹⁷² Positive developments would often give the first responders a sense of pride, not just towards the survivors but also to the

¹⁶⁸ “Ik zat echt binnen in het object, daarvoor stonden politieagenten ja en die liet niemand binnen dus ja. Wij hadden totaal geen last daarvan.” - Gerrit

¹⁶⁹ “Er lag een jongen tegen de bar aan, achteraf was dat een grote vriend van me [...] en die was zo verbrand.” - Jan

¹⁷⁰ “Ik heb er geen gezichten meer bij, dat is gewoon... Het zijn er denk ik te veel geweest” - Andre

¹⁷¹ “Er gaat een knop om, van schouders eronder.” - Erik

¹⁷² “Die kom je ook gewoon in het dagelijks leven gewoon weer tegen. Daar heb je nog wel eens contact mee en dan vraag je hoe het gaat.” - Hendrik

first responders and Volendam as a community. Some first responders went on to provide aid long after the disaster. This could happen in many forms, such as joining on a ski trip. For these first responders, this would often lead to a more personal connection with survivors: *“I wanted to help them, point them in the right direction.”*¹⁷³ Participants noticed that because Volendam is such a small and tight-knit community, survivors would integrate fast despite visible scars and disabilities: *“we still run into survivors with great burn scars. But I do not notice it anymore, it is part of our community.”*¹⁷⁴

To other first responders, the constant reminder of the disaster - for example through running into survivors – came forward as a negative experience. Some participants describe that encountering survivors could lead to flashbacks, or thinking of the disaster which could make it difficult to find closure: *“there is a moment of: where did I see you, did I see you on the dike? There are always three minutes where you think about that.”*¹⁷⁵ This is in line with the research of Witteveen et al. (2007), who suggested that exposure to the aftermath of the disaster can lead to psychological distress. One explanation for this distress that emerged from the interview was that some first responders would hear about negative consequences of the disaster: *“it was a bit... depressing when you arrived at a call where survivors had problems at home, you know, such as domestic violence, divorces, unpleasant things.”*¹⁷⁶ Other first responders repeatedly heard about severely injured or deceased people, or incidents like surgeries of survivors going wrong: *“we get the hospital stories, the recovery, how it impacted them, the whole package [...] That makes it much more difficult.”*¹⁷⁷ While some first responders describe a combination of the positive and negative experiences as described above, for others the constant reminders and the fact that it is never a closed chapter are still difficult: *“there are no benefits. No, absolutely not.”*¹⁷⁸ Because of these effects, some first responders suggest that providing help in a disaster in one’s own community - especially one where

¹⁷³ “Om ze verder te helpen, om richting te geven de goeie kant op zegmaar.” - Gerard

¹⁷⁴ “En we komen natuurlijk nog steeds slachtoffers tegen die geweldige brandwonden hebben. Alleen ik kijk er niet meer van op, want dat is onderdeel van de gemeenschap.” - Kitty

¹⁷⁵ “Dan is er wel een moment van eh: oh waar heb ik jou gezien, heb ik jou nou op de dijk gezien, heb ik jou daar gezien? Dat is altijd effe 3 minuten dat je kop aan het malen is.” - Wim

¹⁷⁶ “Dan was het wel, eh, ja wat terneergeslagen en als je dan weer bij een melding kwam waar een van de slachtoffers problemen had thuis ofzo, weetjewel, daar is ook gewoon huiselijk geweld uit voortgekomen, en scheidingen, vervelende dingen.” - Monique

¹⁷⁷ “Wij krijgen de ziekenhuisverhalen, het herstel, wat het met hun gedaan heeft, het hele pakketje [...] Moeilijker. Veel moeilijker.” - Marga

¹⁷⁸ “Er zijn geen voordelen. Nee, absoluut niet” - Dirk

everyone seems to know each other - is much more impactful than in an anonymous environment.

8.2.3 “I am not a victim, I am a first responder.”

The final theme that emerged from the interviews is that it is highly unlikely for a first responder who was at the Volendam disaster to consider him- or herself a victim. During the interviews, most first responders would not bring up the idea of being considered a victim or they would emphasise they were definitely not: *“I am not a victim, I am a first responder.”*¹⁷⁹ This trend was consistent regardless of the effect the disaster had on a first responder’s career or personal life. Some first responders feel like they were able to process the event well and that they were able to continue with their work and lives in a normal way, and therefore do not regard themselves as a victim: *“you continue with your life and, well, life is fun and the cases you witness are exciting. Without diminishing the severity of the disaster.”*¹⁸⁰ This line of thought was mostly evident in police officers, who collectively stated that the disaster is still a part of their lives and had an impact while not necessarily in a negative way: *“it is not like I respond to a call differently, no. We are back in the old familiar ways.”*¹⁸¹ Some police officers give the suggestion that this can be explained by the nature of police work and the personalities of police officers: *“the calls come in again anyway. You just go on.”*¹⁸²

Another recurring reason for first responders to not categorize themselves as victims is because they chose to be at the disaster, whereas the ‘real victims’ had no choice. However, as some participants noted, some first responders experienced severe negative effects resulting from the disaster. These trends are most evident among the medical aid providers and the firefighters of whom the majority was a volunteer. Some of these first responders went through therapy for many years. Others also described that at times they took their trauma out on their loved ones: *“I acted oddly, I acted differently towards my children [...], I snapped at them and everything was too much.”*¹⁸³ Some first responders still have triggers and flashbacks in their daily lives, even 20 years after the disaster. Participants also saw the impact of the disaster on their colleagues: *“there are people that will not say it but have a difficult time when [the*

¹⁷⁹ “Ik ben geen slachtoffer ik ben hulpverlener.” - Jan

¹⁸⁰ “Je gaat gewoon weer door en het leven is een beetje, ja, het leven is leuk en de zaken die je meemaakt zijn spannend. Zonder daar ook maar enige afbreuk aan te doen aan het incident.” - Erik

¹⁸¹ “Het is niet zo dat ik nu anders naar een melding ga ofzo. Nee. Nee, we zitten weer in het ouwe vertrouwde zegmaar.” - Kitty

¹⁸² “De meldingen komen toch wel weer. [...] Dus je gaat gewoon door.” - Monique

¹⁸³ “Ik deed wel raar, raar tegen mijn kinderen [...], afblaffen en niks kunnen hebben.” - Wim

*disaster] is brought up. The flashbacks. We also see it during classes.”*¹⁸⁴ When first responders sought help, this was usually years after the disaster and on their own account. Sometimes they would find out much later that their colleagues had done the same, but that they had not told each other. Some respondents therefore emphasise that first responders need to pay attention to what they are going through: *“I wanted to make clear [...] to the first responders that you witness a lot of suffering and you need to process it somehow.”*¹⁸⁵ This theme not only shows that first responders can experience post-disaster issues related to primary and secondary trauma (e.g. Alexander & Klein, 2009; Zwarthoed et al., 2010), but can also become what Kanno (2010) describes as hidden victims. After disasters, attention often goes out to ‘direct victims’ such as the children inside de Hemel (Kanno, 2010). While the first responders agree that the victims of the fire were the children inside, some would have wished to see more attention and care towards the first responders: *“there are also first responders that are victims. They also must go to their wife and children to tell their story and tell what they have been through. [...] First there was attention for the children that passed away, then their parents, and the first responders fell through the cracks.”*¹⁸⁶

¹⁸⁴ “En dat zijn ook de mensen die, nou ja, dat mag ik niet echt zo uitspreken maar ook best wel het moeilijk krijgen als het weer eens voor komt. Het herbeleven weer. En dat zien we ook wel eens op lessen terug.” - Marga

¹⁸⁵ “[...] wilde ik aan de [...] de hulpverleners duidelijk maken dat je een hoop ellende meemaakt en dat je daar een kant mee op moet.” - Marcel

¹⁸⁶ “Er zijn ook gewoon hulpverleners die zijn ook slachtoffer. En die moeten ook weer naar hun vrouw en kinderen toe om, om dat verhaal te vertellen wat ze meegemaakt hebben. [...] Eerst de overleden kinderen, toen de slachtoffers, toen de ouders van de overleden kinderen, en dan eigenlijk de hulpverleners vielen tussen wal en schip.” - Erwin

This research aimed to understand the impact of the 2001 Volendam disaster on the involved first responders over the last 20 years. By means of a cultural narrative analysis and an analysis of narratives, themes were revealed that explained the impact of the disaster on the first responders and the underlying mechanisms. The cultural narrative analysis revealed that the impact of the disaster on first responders differed per occupational branch. The interviewed police officers did not experience severe mental health problems because of the disaster. The officers experienced a strong sense of unity and support among each other, which may have helped mitigate negative consequences of the Volendam disaster. Of the interviewed firefighters, most participants described that they had experienced mental health problems because of the disaster. Some firefighters were still coping with mental health problems at the time of the interview, 20 years after the disaster. These problems seem to have been inflicted by underlying problems such as the quality of aftercare, organisational changes shortly after the incident, a macho culture, critiques on volunteers and the burden of the tasks engaged in. Of the medical aid providers, the group of volunteers felt supported by their organisations. Some of the EHBO volunteers experienced mental health problems, mostly because they engaged in helping others after the disaster which impaired their own recovery process. The interviewed paramedic developed chronic PTSD partially because of the disaster. He experienced a lack of organisational support and a macho culture within the organisation, which may explain the personal impact the disaster made on him. For the general practitioner, witnessing traumatic events shortly after the disaster may have increased the burden of the disaster.

This research also aimed to understand the effect of being a first responder in one's own community. Being in an emergency response operation in a familiar location did not affect the first responders during the emergency. However, living in the community one provides aid in emerged as a double-edged sword. On the one hand, first responders could gain a sense of positivity and pride from seeing survivors recover. On the other hand, the reminders of the disaster, such as encountering victims in one's daily life, could be distressing to first responders and could make it difficult to find closure. This research also suggests that first responders of the 2001 Volendam disaster may have become hidden victims. After the disaster, most attention and care went to the survivors or their families. However, as some of the first responders still

deal with mental health problems because of the disaster to this day, some would have liked to see more attention go towards the first responders as well.

9.1 Limitations

While this research included stories of many different first responders, the sample may not be representative of all first responders present at the 2001 Volendam disaster. Many participants mentioned during interviews that some of their colleagues were still unable to talk about the disaster or were lost out of sight by their employers or colleagues. It should be considered that this research may have attracted mostly participants that are doing relatively well or could talk about their experiences more easily. The results may therefore reflect a more positive image than is the case in reality.

Stories are a product of the teller and the listener, and this may influence the data collected in this research. Participants may for example assume what a researcher wants to hear, and could therefore tell a different story than they would for example tell their friends or family. While the goal of the researcher is to be as neutral as possible, no person is without pre-existing bias. By only using direct quotes from the interviews as data, this bias was mitigated as much as possible. I should however acknowledge that the results of this research may be, albeit as little as possible, influenced by my own interpretations and pre-existing ideas, norms, and values.

This study included a large pool of participants, who were representative of the first responders present at the Volendam disaster. However, some occupations are better represented than others. While 61 ambulances were present at the disaster only one paramedic was interviewed. Similarly, while six general practitioners provided aid only one participated in this research. Due to the time- and size constraints of this research and because no more participants from these occupations signed up, no more first responders from these groups were included. It is therefore difficult to provide conclusions and recommendations for these groups, compared to for example police officers or firefighters who are better represented in this study. Still, the stories of the paramedic and general practitioner are valuable as they support in understanding the impact of the Volendam disaster on first responders in general and medical aid providers specifically.

9.2 Recommendations

As this research shows, a narrative research can give both a broad and a deep understanding of the factors that are at play when a first responder works in a large-scale disaster in a familiar environment. Further research could look at the long-term impact of disasters comparable to the Volendam disaster, such the Bijlmer disaster in Amsterdam, the clubhouse disaster in Gothenburg and the fireworks disaster in Enschede. In none of these cases it is researched how the first responders were impacted by the incident. The narrative approach could also be fit for impactful events happening now. For example, one can think of investigating the stories of emergency hospital workers during COVID-19 to understand how this crisis impacted their work and personal life and give a broad understanding of their needs and challenges. It is thus recommended that similar studies are conducted on other disasters, crises, and incidents, to fill a gap that is still present in academic research to this day: understanding the stories of first responders.

In the recent years, increased attention has gone towards mental health problems of first responders and the barriers they experience in seeking help (e.g. Haugen, McCrillis, Smid & Nijdam, 2017; SAMHSA, 2018). An important theme that occurred in this research is that it can take years before first responders notice mental health problems. The fact that it can take years for these problems to occur – for participants in this research this could be as late as 15 years after the disaster – has important policy implications. The interviews brought forward that many first responders only received aftercare for a few weeks, and that addressing mental health problems due to the disaster to their employer many years later could result in bureaucratic obstacles. It is recommended that organisations such as the police, fire departments and ambulance take on a prevention-based approach, where first responders are monitored not weeks but years after a possibly impactful disaster – even when mental health problems have not yet occurred. Ideally, these first responders would still be monitored even after they have left the organisation. Some participants suggested that all persons in the organisations should receive a training like the BOT-team, including the upper hierarchy. This could increase awareness surrounding mental health within the organisations and the likelihood of symptoms of mental health problems being signalled on time, to mitigate the impact of severe incidents on first responders.

Ik weet dat ik niet schuldig ben. Ik heb mijn best gedaan.

**Het was secondewerk dat uren duurde
en dit viel buiten mijn bereik.**

Uit: Terug

Ester Naomi Perquin (2018)

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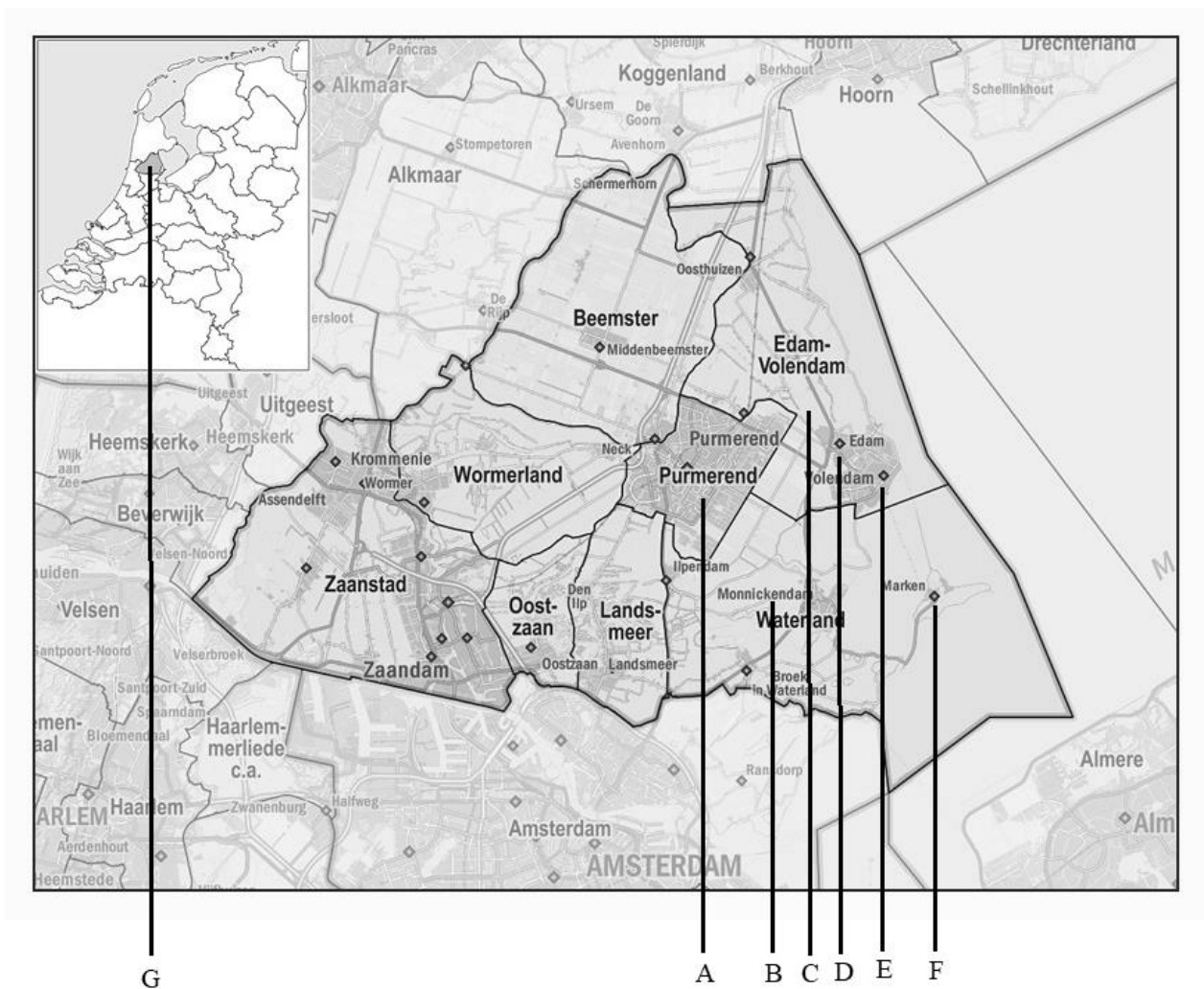
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Appendix B

Map highlighting the location of Volendam and the surrounding towns mentioned in this research (Van Aalst, 2017)

The locations highlighted show the work and residential locations of the participants as mentioned in Table 1. In order, location A points to Purmerend, location B to Monnickendam, location C to Middelie, location D to Edam, location E to Volendam and location F to Marken. Location G signifies the location of the safety region of Zaanstreek-Waterland where Volendam located, within a map showing the safety regions in the Netherlands.



Appendix C

Consent form given to the participants



Na de nazorg: Het gemeenschapsnarratief van Volendam

Toestemmingsformulier

U bent gevraagd deel te nemen aan het onderzoek *Na de nazorg: Een onderzoek naar de lange termijn invloed van rampen op de nazorg van de individu en haar gemeenschap*. Deze wetenschappelijke studie wordt uitgevoerd door onderzoekers van Universiteit Leiden, onder leiding van Vincent van der Vlies (v.vandervlies@berenschot.nl) en Pauline Aarten (p.g.m.aarten@fgga.leidenuniv.nl).

Het doel van het onderzoek is drieledig:

- Ten eerste willen we inzicht krijgen in de individuele en gemeenschapsnarratieven van de betrokkenen bij de cafébrand in 2000/2001 en bij de gemeenschap als geheel.
- Ten tweede willen wij een eerste aanzet maken om te komen tot een theoretisch en conceptueel kader voor de effecten van rampen op het narratief van gemeenschappen.
- Tot slot willen we deze narratieven gebruiken om samen met de betrokkenen een plan van aanpak te formuleren ter verbetering van de (lokale) responsiviteit en interventies 20 jaar na de cafébrand. Alle narratieven, waaronder uw interview, worden verwerkt in een rapport, wetenschappelijke artikelen en presentaties.

In dit onderzoek worden uw gegevens vertrouwelijk behandeld en zullen nooit op een wijze gebruikt worden die tot u herleidbaar is. We zullen uw gegevens anoniem nog 10 jaar (de wettelijke termijn) na het einde van dit project bewaren.

Toestemming deelname onderzoek

Hierbij bevestig ik dat ik:

- Zowel mondeling als schriftelijk over het bovenvermelde onderzoek geïnformeerd ben
- De opzet van het onderzoek begrijp
- De gelegenheid heb gehad om aanvullende vragen te stellen over het onderzoek en dat deze vragen naar tevredenheid zijn beantwoord
- Toestemming geef voor deelname aan het onderzoek en voor verwerking van de te verzamelen gegevens in een rapport en voor wetenschappelijke artikelen en presentaties.

Ik behoud me daarbij het recht om op elk moment zonder opgaaf van redenen mijn deelname aan dit onderzoek te beëindigen.

(respondent)

(onderzoeker)

Naam: _____ Naam: _____

Datum: _____ Datum: _____

Handtekening: _____ Handtekening: _____