

Testimony of Anthony “Peter” Morrell on behalf of The Professional Firefighters of Maine

Before the Joint Standing Committee on Criminal Justice and Public Safety

Public Hearing: 10 May 2021

“An Act to Enhance use of Critical Incident Stress Management Teams for Firefighters”

Good Morning Senator Deschambault, Representative Warren, and esteemed members of the Joint Standing Committee. My name is Anthony “Peter” Morrell. I am currently employed as a 20+ year veteran of the Lewiston Fire Department, member of IAFF Local 785 Lewiston Firefighters Association, and Peer Team Leader with the Professional Firefighters of Maine. I am providing testimony today in support of LD1504.

First responders are always at the forefront of each incident or disaster, and they ensure the safety and well-being of the population. They are, however, at great danger of being exposed to potentially traumatic situations that pose risk of harm to them or the people under their care. This constitutes a great risk for the behavioral health of first responders, putting them at further risk for stress, PTSD, depression, substance use, and suicide ideation or attempts. Recent studies show that suicide is rapidly approaching and soon may overtake cardiac arrest as the leading cause of firefighter fatalities. Both natural and technological disasters were found to be associated with increased risk of these conditions, as were factors such as resiliency, trust in self and team, duration on the disaster scene, individual coping style, and post-disaster mental health support. To improve the behavioral health of the first responders, a cooperative effort is needed between organizational leadership and coworkers to establish a work environment that provides adequate training and ensures the resiliency and health of first responders by protecting them from overwork and excessive stress, as well as supporting them in seeking help when needed.

First responders carry the weight of their own safety and well-being as well as those they serve, thus making programmatic changes to educate them, offer them support, and protect their health and well-being would reduce the risk of burnout, fatigue, or other behavioral health issues associated with being overworked, uncertain, or stressed. Behavioral and public health agencies can help

prevent or alleviate behavioral health issues in first responders through preventive training on resiliency and behavioral health care prior to disasters or other events, interventions to address burnout, and peer support programs. As noted, such efforts and programs are a cultural shift in fields in which professionals sometimes have coped with disastrous and traumatic experiences on the job by trying to disregard their reactions or using other maladaptive techniques such as substance misuse. As more first responders discover the resilience they can access through others, and particularly their peers, they become better able to maintain their own behavioral health while addressing the myriad challenges of disaster response. With all this in mind and just as important, is the need to develop and maintain sustainable Critical Incident Stress Response programs that provide an immediate intervention and response to traumatic incidents we may be exposed to. The sooner we can provide support for those exposed to traumatic events, higher success rates can be expected and have proven to be a very effective way to ensure the health and well-being of our first responders.

Using my own experience as an example and case study, In January 2019 I was admitted and spent 60 days of treatment at the IAFF Center of Excellence in Maryland for PTSD treatment as a co-occurring disorder with alcoholism and drug addiction. During my treatment I learned that the PTSD I was suffering from was considered Complex PTSD. The symptoms I was experiencing were not only job related but happening as a result of a traumatic event that happened to me directly. My time there was life changing to say the least and has served to bring me where I am today, with you and my peers, discussing these topics that I have actively sought to address. I met several of my peers at the center from various parts of the country who suffered from the exact same symptoms I experienced. I formed relationships with a core group of individuals that remain a part of my life today. One striking common theme that we have all experienced is the lack of qualified and accessible aftercare upon release from treatment. As an example, the therapist I was fortunate enough to be connected with was located in Kingston New Hampshire which equated to an overall three-hour commute for one-hour sessions for the first 16-18 months of my continuing aftercare. Luckily, she has since relocated to Maine reducing the travel time for me and that is very helpful. However, not all of us have been that lucky. I've heard several stories of how some these guys have found no nearby therapists trained in treatment of first responders or if they were lucky enough to find someone they ended up traveling hundreds of miles to see them. One of my close contacts from Washington state had a

similar travel dilemma and to compound matters further was only able to receive therapy every other week. He confided in me several times about how difficult this was. Not ideal for folks fresh out of inpatient treatment.

There have been at least four others that I became close with and were part of my trauma groups who took their own lives after returning home. To that end, it became my personal mission with the guidance and assistance of Amy Davenport-Daiken and The Professional Firefighters of Maine, in particular Mike Crouse, to find and create solutions for this problem. As a result, we have been working on a peer network currently based in a weekly open forum meeting (on Zoom due to COVID pandemic) where first responders can share their experiences, strength, and hope with each other in a safe environment without judgement or stigma. This is only the beginning though. We have well thought out and formulated plans for the vision of this endeavor. We seek to provide a comprehensive outpatient treatment facility capable of providing a holistic approach to heal these invisible wounds. A mind, body, spirit treatment model that is based on the same principals used and taught at the IAFF Center of Excellence, made accessible to those who seek treatment and prevention locally. I don't believe we need to re-invent the wheel as I know you're well aware of how these treatment modalities have benefitted veterans. The very same approaches are effective when applied to first responders. In my own experience the same principles and steps I've incorporated into my own addiction recovery have also been extremely effective.

Our biggest challenges obviously are (A) lack of funding and (B) the need for legislation to create sustainable, accessible, and viable programs. We require adequate and culturally competent treatment and aftercare programs. We need emergency resources, peer teams, and training for providers and peers to address the needs of our members. We need to implement programs to educate our employers, towns and municipalities, to the importance of addressing these problems in front of them becoming crisis situations.

These components need to become part of our collective bargaining agreements with our employers in order to hold all parties accountable to each other. There needs to be work done in overhauling the workers comp system and breaking down barriers in PTSD treatment. Now that workers comp has recognized PTSD as presumptive in our jobs, very steep barriers remain in realizing the full scope of

what this presumptive clause really means. In other words, this clause only appears to be lip service and in actuality disregards the concept in practice. This has been done by putting up endless administrative and technical restrictions to implementing and recognizing this presumption as viable. To worsen matters further, municipalities apply additional layers of stress by creating contentious work environments, i.e. not bargaining in good faith, poor interpersonal relationships, and inconsistent or unreasonable disciplinary actions.

Obviously, none of the above stated conditions provide for healthy treatment or recovery for the people who find themselves potentially in harm's way everyday they are on duty protecting the public sector. Without viable and sustainable programs available to treat first responders we run the risk of losing dedicated and talented professionals to behavioral and mental health problems which not only impact the public, but the families and friends of our brothers and sisters. The time has come for action and we have the opportunity to make the needed changes to protect and help our coworkers and stop this troubling trend before it's too late. Thank you for your time and consideration.