



INTERNATIONAL ASSOCIATION
OF FIRE FIGHTERS



IAFF Center of Excellence for Behavioral Health Treatment and Recovery

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Chairwoman Daughtry, Representative Sylvester, and distinguished members of the Committee on Labor and Housing. It is truly an honor to be here with you today and I thank you for allowing me to present to you my testimony to support Maine's LD 1879 Presumptive PTSD Bill.

My name is Dr. Abby Hope Morris and I am a physician of almost 20 years. I am a graduate of the Georgetown University School of Medicine and a residency from the Johns Hopkins Hospital. I am boarded in psychiatry/neurology, and addiction medicine. I have dedicated the last five years of my life to treating first responders as the medical director of the International Association of Fire Fighters Center of Excellence for Behavioral Healthcare and Recovery. The Center is a unique treatment facility of 64 beds that offers behavioral health recovery services to only first responders who are or were IAFF members. We have changed the lives of over 2000 members. I also volunteer as a medical consultant for my county's police SWAT/Crisis intervention team, and I teach crisis intervention classes as well as travel the country to educate first responders and others about PTSD, resilience, and the effects of untreated stress on the brain and adrenal system. I am speaking today to address the issue of post-traumatic stress disorder presumption for first responders and how LD 1879 is a vital piece of legislation to help our uniformed officers receive the healthcare and treatment they need and deserve in order to return to their communities and careers as healthy, productive spouses, neighbors, friends, and earners.

Overview: I am aware that much I have to say may be a reiteration of the facts and statements of the other experts at hand, but I will present the facts that are meaningful to me as a provider whose path has crossed so many of the lives of first responders. As a matter of background, the following statistic is so jarring it bears repeating. In a recent publication looking at trauma exposure among general American adults, 90% of adults had at least **one** traumatic exposure, and the most common number of potentially traumatic exposures in a **lifetime** for the general population was 3. In contrast, firefighters routinely encounter as many as **four** unique potentially traumatic events in response to a **single alarm**. Thus, firefighters can be exposed to the common **lifetime** number of events in a single shift. The numbers are similar for police who are **also** exposed to a variety of **indirect but equally appalling** descriptive traumas as they take multiple reports of horrific crimes and indiscretions as a routine part of their jobs. The overwhelming majority of career first responders work a minimum of 20 years and start in their teens so, therefore, the number of exposures in a year, let alone a lifetime for a uniformed officer is almost unimaginable. We send our police, fire fighters and EMS workers where we fear to or

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refuse to go, day after day, to clean up after the worst of our messes—murders, suicides, fires, collapses, rapes, terrorism, natural disasters, and more. However, I ask you to remember something important about first responders and it is--**that nothing ever gets clean without something else becoming dirty.**

My work and the research of others in the field of stress and trauma has demonstrated that repeated exposures to traumatic events combined with stressful workplace conditions (long shifts, interrupted sleep, circadian rhythm abnormalities, jarring tone and siren exposures, exposure to extreme natural elements and psychological distress from the bureaucratic and political environment of the uniformed services careers) results in meaningfully increased rates of post traumatic stress disorder. Although we do not have a specific lab test or radiograph to order that can give an objective picture of it on a screen, PTSD is real and painful and destroying the lives of so many men and women who serve so bravely. According to the Journal of Occupational Health, approximately 22% of all fire fighters will experience full blown PTSD at some point in their careers and that many more may suffer subsyndromal symptomatology as a function of their occupational exposure. **At the center**, because we are being referred more serious cases and because we have the expertise to screen more precisely, out of the 2137 patients treated both in and outpatient, **32%** have been given PTSD as a primary or secondary diagnosis. This is so incredibly important because the secondary mental health and psychosocial consequences of PTSD which include domestic violence, divorce, addiction, bankruptcy, and worst of all, suicide. The suicide risk in the fire, EMS and police services is incredibly high. On October 15 2016, Chief David Dangerfield posted on his FaceBook page “PTSD for Firefighters is real. If your love one is experiencing signs get them help quickly. 27 years of death and holding babies dying in your hands is a memory that you will never get rid of. It haunted me daily until now.” That day, Chief Dangerfield took his life. Florida now has a presumption law that may have helped to save his life and the lives, marriages and jobs of many others. A telling statistic worth repeating is from a 2015 a Florida State University study which found that nearly one half of the firefighters studied had thought about suicide, 19.2% had planned their own deaths, and 15.5% had attempted suicide. These rates were significantly higher than the general population. If this were not eye-opening enough, multiple research studies show that those **who suffer from PTSD** are at **six** times higher risk of completing suicide than those who do not carry the diagnosis. I personally know more than 10 firefighters who have succumbed to their illness and have lost their battles with PTSD and depression. Each year since 2014, the number of suicides in the fire service has surpassed the number of line of duty deaths by significant amounts. In 2020, according to the FBHA, there were 95 line of duty deaths and 119 suicides and the latter number is unfortunately an underestimation due to underreporting caused by stigma.

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One of the interesting things we have learned about first responders at the center is that they do not struggle with the “typical” kind of PTSD one might see in a victim of a “usual” trauma such as a car accident or mugging. They are suffering from “complex” PTSD which has always been reserved for prisoners of war or holocaust survivor or children sold into the sex trade. What the latter three groups have in common is that every day when they wake up they know that something horrific is awaiting them and moreover, they have no control over their situation. Similarly, with first responders, they wake up every morning and go to a job where even if they do everything correctly and follow every protocol to the letter, they ultimately may not have control over the outcome. This lack of control and repeated exposure to death, pain, mistrust is not unlike being a holocaust survivor or prisoner of war in its effects on the brain and psyche. This complex PTSD is not as easy to recognize and not as stereotypical in its presentation so often requires going to a professional for diagnosis. LD 1879 would allow first responders the opportunity and resources to seek the care they need to receive this important diagnosis and start on the road to recovery.

Positive Outcomes: After working with so many first responders over the years, the most important things that I have learned is that PTSD is treatable, **and** that first responders love their jobs. At the center, we use a variety of evidenced based practices including CBT (Cognitive Behavioral Therapy), CPT (Cognitive Processing Therapy) and EMDR (Eye movement desensitization and reprocessing). The average length of stay for a patient is around 33 days and of the patients who completed the treatment and the follow-up assessments with our team, only 6% still screened positive for PTSD at one month post discharge. Also in 2021, at one month post discharge from the center, 60% of the patients had returned to full duty, 7% had transitioned back into modified or light duty and 11% had come to the center for treatment from retirement. In fact, in post discharge outcome studies, at one month, 95% of respondents report continuing all or most of the care with which they had been referred at discharge.

Need for Presumptive Coverage of PTSD: What makes my job such a joy is that once the emotional and financial barriers are removed for first responders to enter treatment, there is not a population with whom I have had the privilege to work that invests more or tries harder to succeed. It has been my experience in working personally with over 2000 firefighters and police that as incredibly purposeful and driven humans, it is often their greatest desire to reach a point in their recovery where they can return their careers. They are not looking for excuses to leave the jobs they love and the identities which have defined them often since adolescence. There is no one who works harder, is more grateful, or gives more back than a first responder in recovery. However, without bills to support their care such as LD 1879, fewer firefighters, police, and paramedics will have access to the quality care they need, the time off to get treatment offered or the recognition of their illness as legitimate for them to even ask or seek recovery in the first

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place. To my knowledge, presumptive PTSD laws or mental health legislation successfully exist in 23 states and presumptive cancer laws have existed since 1982 and are signed into law in 40 states. Many have been lauded for bringing people more swiftly and completely into treatment and saving the lives of people who may otherwise may have delayed or foregone healthcare. None, to my knowledge, have ever been repealed for costing too much or being too burdensome to any jurisdiction which has enacted them.

Speaking from the heart, the public sees first responders as heroes. The stereotype is of a tough, intimidating person who run into situations we would rather run away from. But my patients although on the surface look like the previous description, were all still born humans, will leave this earth as humans and after experiencing intolerable suffering, hearing unimaginable screams of pain and grief, and witnessing situations that no one should have to endure *again* and *again* and *again*, will respond as humans—they break. LD1897 is the important conduit that will allow Maine Law uniformed officers to receive the resources they deserve to heal and recover from a mental health injury sustained in the performance of their sworn duty. It is imperative that treatment be delivered swiftly and in an evidenced based manner so that they can return to the lives they find so rewarding.

I would like to once again thank Chairwoman Daughtry, Representative Sylvester, and the distinguished members of the Committee on Labor and Housing for allowing me to share my thoughts and present my testimony.

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