Ohio Association of Professional Fire Fighters
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Michael P. Taylor, President William E. Quinn, Secretary/Treasurer

Good morning distinguished members of the committee. My name is Matt Askea and I am a full-time Lieutenant Firefighter for the City of Akron Fire Department. I have worked for over 15 years as a firefighter and paramedic for a department that responds to over 45,000 calls per year. In addition, I serve as the Peer Support Program Manager for the Ohio Association of Professional Firefighters (OAPFF). Prior to my career as a firefighter, I worked in the mental health field for seven years as a counselor and social worker at a large public mental health agency in Summit County. As both a Licensed Professional Counselor and an active firefighter/paramedic for a metropolitan fire department, I feel that I am in a unique position to address proposed legislation in HB308.

Mental health is a serious issue for firefighter/paramedics and first responders. A recent study conducted by the Houston Fire Department found that firefighters are twice as likely to experience PTSD than the general public. This is due to the fact that exposure to traumatic events is within the nature of the work routinely done by first responders. This is why the passage of HB308 is so important.

Under current law, psychiatric disorders such as PTSD must have a correlating compensable physical injury to receive benefits from worker's compensation. However, according to the American Psychiatric Association, the organization that derives diagnostic criteria for mental disorders, physical injury is not a criterion for diagnosis of PTSD.

Academic studies in the field of mental health have recently recognized an increased risk for first responders to develop PTSD because of their repeated exposure to traumatic events. Fortunately, most firefighters and first responders are quite resilient and can withstand a tremendous amount of stress and exposure to traumatic events and disturbing scenes. But despite this overall resiliency, some will develop PTSD due to acute and/or chronic psychological exposures.

Over the past several years, multiple articles have reported that firefighters are approximately twice as likely to die by suicide as they are to die in the line of duty. A survey of more than 4,000 first responders found that 6.6 percent had attempted suicide, which is more than 10 times the rate in the general population, according to a 2015 article published in the Journal of Emergency Medical Services. Friends, family and coworkers reported 132 first responder suicides nationwide in 2016 to the Firefighter Behavioral Health Alliance, an Arizona-based nonprofit that promotes better mental health support for firefighters. According to this organization's founder, the voluntary reports are some of the only data available on firefighter suicide and likely capture only about 40 percent of them.

I can speak firsthand about the psychological traumas that can scar the psyche. Although I do not suffer from a diagnosis of PTSD, I can certainly empathize with those who do. Like most first responders, I have experienced many calls throughout my career that I can vividly remember years later. I remember the location, images, sounds, smells, and specific details about these calls, of which I will spare you the details today. I feel like I will remember these experiences throughout my life. Luckily, I have been able to effectively deal with these exposures over the years.

I have heard the argument that recognizing PTSD (without a co-occurring physical injury) will "open the floodgates" for workers compensation claims for other mental disorders such as depression and anxiety across all types of careers. These are nothing more than scare tactics. The fact is that PTSD is a unique mental diagnosis that puts first responders at a much higher risk than the general population as the very nature of our work exposes us to life threatening situations. It is silly to suggest that the BWC cannot recognize the difference between the work done by first responders and most other occupations. Many other states have been able to recognize this.

There is a growing movement in the field of psychiatry to change the name of "Post Traumatic Stress Disorder" to "Post Traumatic Stress Injury". Frank Ochberg, a world renowned psychiatrist, who is an editor of the first text on the treatment of PTSD recently stated in a letter to the American Psychiatric Association: "Prior *to a trauma that caused PTSD, there is no PTSD, by definition. After the shattering experience, the alteration in memory function, with unwanted, uncontrollable episodes of re-experiencing, persists. It is not a disease. It came from something that happened, like a traumatic amputation. PTSD is unique. The person is not "disordered" but a brain function is injured. It no longer works the way it used to work. We are past the point in medical science when gross tissue damage is necessary for a wound. Alteration of myocardial conduction due to electrical shock, leaving no demonstrable bruise, is an injury with a grave consequence."*

During my career as a Licensed Counselor, I was able to see how effective mental health treatment can be. We know that there are very effective treatment options for those who suffer from PTSD. For example, eye movement desensitization and reprocessing (EMDR) is a fairly new, nontraditional type of psychotherapy, which has shown tremendous effectiveness with the treatment of PTSD. There are also other therapeutic interventions that, when used correctly, can help those suffering from PTSD recover and return to full duty. The American Psychological Association reports that as few as 15-20 therapeutic sessions are sufficient for 50% of people to report feeling better after a diagnosis of PTSD. Since first responders are dedicated men and women who focus on the well-being of others and take great pride in having the strength to do such demanding and essential work, they will want to receive treatment and return to the job they are trained to do as quickly as possible.

As you can see, first responders are at an increased risk for PTSD due to their repeated exposure to traumatic events and by frequently witnessing traumatic events. The DSM 5 does not require that a person suffer a physical trauma to their own person in order to

be diagnosed with PTSD. We ask that changes be made to the current law that reflect the universally accepted diagnostic criterion for PTSD. We need to adjust our policies accordingly to comply with the diagnostic guidelines and remove the requirement of a physical injury for filing a worker's compensation claim. It is for these reasons that we ask you today to make the necessary changes outlined in HB308. We owe it to our first responders to make mental health a priority. Thank you for your consideration. I am glad to answer any questions that you may have.

Sincerely,

Matt Askea
Lieutenant, Akron Fire Department
OAPFF Peer Support Manager