

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 14 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.

Some of you may recognize me as I've been here before to present on this important issue ...3 times in fact. As a firefighter for the City of Akron, I work 24 hours and then off for 48 hours. Today is one of my days off and instead of mowing my lawn, resting from being up most of the night, or picking my daughter up from school, I chose to get in my car and drive almost two hours to, yet again, implore you to make a change to benefit the first responders in our state. I am not compensated for this and have no business community lobbying me. I am here because I believe strongly in this issue and am willing to give my personal time to explain my position to you.

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.

The recent attention to firefighter mental health has led to the development of the Ohio Association of Professional Firefighters Peer Support Program. This program is made up of approximately 30 firefighters from throughout the state who have been trained in first responder mental health. The Peer Support Team has been called upon multiple times since its formation to assist other firefighters and departments with issues ranging from PTSD, suicide, depression, relationship problems, anxiety, and substance abuse. We believe that Peer Support is crucial in reaching firefighters because they are more receptive to assistance if offered by peers, but Peer Support alone is not enough. The passage of HB308 will further help us to save first responder lives.

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.

As I said earlier, this is the third time that I have provided testimony on PTSD coverage for first responders. I have heard the counter 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. I would like to counter this argument for the fact 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. Certainly the board can 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”. This movement has gained attention because PTSD is a unique psychological condition. The hallmark of “PTSD” is that the problems associated with it begin **AFTER** an identifiable situation. These situations can vary, but the difference between PTSD and other mental illnesses is that there is an identified specific “injury” that takes place in order to receive the diagnosis. With first responders, these injuries may take place after an encounter with an extremely traumatic event in which that individual is exposed to a life threatening situation. These events may include “near misses” like police shooting, firefighters getting lost and disoriented in building fires, or the multitude of life threatening events that first responders may be exposed to over the course of their careers.

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