

Good morning esteemed members of the committee, thank you for taking the time to consider legislation that could save those who save others. My name is Jennifer Cramer and I have been a licensed professional counselor in the state of Ohio for a decade. I currently work as a counselor for the Safety Forces Support Center in Akron serving all first responders and their families. I have also worked for the Firefighter Behavioral Health Alliance for the past 5 years as an instructor traveling across the United States educating first responders on suicide prevention and awareness. The Firefighter Behavioral Health Alliance is the only organization in the United States tracking and validating Fire and EMS suicides. To date over the past 5 years the Fire/EMS suicide statistics are above the line of duty deaths. Our leading known causes of suicide are marital and family relationship issues, depression, PTSD, medical/physical issues and addictions.

I share the following story every time I speak because we as the general public do not understand the magnitude of what first responders do. I met my now Husband, Captain on the North Canton FD while I was finishing my master's degree. I was beyond excited to see him in action on our street one day and could not wait to hear all about it when I talked to him. He called to see if I was coming up to the station that night for dinner and I told him I saw him down the street, very excitedly. Thinking I was going to hear a heroic story of a kitten rescued from a tree or lifesaving CPR I heard that a Father of 3 had taken his life. How this Father called 911 so that his wife and children did not see his body. My Husband described the gun shot they heard as police were approaching the house and then he told me about the brain matter falling from the walls and ceiling as he asked if I was still coming up for dinner that night. I could not wrap my head around how these men and women were sitting down to eat dinner and continuing to work the rest of the 14 hours left on their shift after seeing this. This is how I became an advocate for mental health care and PTSD coverage like the coverage in HB308 for our first responders.

As the years have gone by and I have heard trauma after trauma and diagnosed PTSD more than I ever thought was possible, I have learned that it comes with the job. When you sign up to be a first responder you know that you will see trauma however, you can never predict how the brain will respond to trauma. I have worked with members who have been on the job for as little as 9 months or as long as 33 years and are now diagnosed with PTSD. It is not an easy task to meet all of the required diagnostic criteria to be diagnosed with PTSD however, the one criterion that is not part of PTSD is a physical injury. I have never diagnosed a first responder with PTSD who also has an accompanying physical injury. We ask our first responders to show up and be their best on our worst day and it is their everyday. Murders, suicides, drownings, children dying in their arms as their parents are screaming for you to save their baby. Running into shootings and fires to stop the mass casualty as a possible sacrifice. The sounds, smells, tastes, feelings, nightmares and flashbacks that come with PTSD are not as easy to recover from as a broken leg. Treatment for PTSD in certain circumstances does require time off work to prevent possible injury to the first responder or peers that rely on them in life or death situations. When PTSD is present there is an actual impairment in brain function and we want our first responders functioning at 100%. PTSD in first responders can only be compared to the military as there are no other trades with exposure to complex trauma over a career.

Thank you so much for allowing me to speak with you today and I hope I can help to answer any questions you have.

- Jennifer Cramer, LPC –