

Professional Fire Fighters of North Dakota

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Senate Industry and Business Committee

Re: SB 2181

Chairman Barta and members of the Senate Industry and Business Committee.

My name is Darren Schimke, President of the Professional Fire Fighters of North Dakota. I represent approximately 420 professional firefighters throughout North Dakota. We appreciate the opportunity to provide testimony in support of SB 2181.

Paramedics, EMTs, police officers, firefighters, and rescue workers are the first to respond to emergencies. The scene of critical incidents often involves exposure to life threatening situations, frightening events, and stressful experiences. These experiences can lead to post traumatic stress disorder (PTSD) among first responders.

Firefighters and other rescue personnel develop PTSD at a similar rate to military service members returning from combat, according to an August 2020 study from the Journal of Occupational Health Psychology. The report reveals that approximately 20% of firefighters and paramedics meet the criteria for PTSD at some point during their career. This compares to a 6.8% lifetime risk for the general population. The connection between PTSD and traumatizing rescue work is clear.

An increasing number of firefighters are dying by suicide as a result of suffering from behavioral health issues including post-traumatic stress disorder (PTSD) from exposures that they have suffered while

delivering emergency services to the public.

Did you know that nearly 37 percent of EMS personnel and firefighters in the US have contemplated suicide at some point in their lives? This is nearly 10 times the rate in average Americans.

The number of firefighter suicides is estimated to be at least 100 per year. According to the “Ruderman White Paper on Mental Health and Suicide of First Responders,” the suicide rate for firefighters is 19 per 100,000 compared to 12 per 100,000 for the general public.

More than 80 percent of first responders experience traumatic events on the job. And because they face challenging and dangerous situations, first responders are at a high risk of developing PTSD as a work-related injury or condition.

According to one study, PTSD is present in approximately: 15% of emergency personnel (paramedics), 13% of rescue teams, 10% of firefighters, 5% of police officers. In absolute numbers, an estimated 400,000 first responders in America have at least some symptoms of PTSD.

The most common symptoms of PTSD are nightmares and flashbacks of distressing events. PTSD can also cause physical symptoms such as chronic pain, sweating, jitteriness, headaches, dizziness, and chest pain. Other PTSD symptoms include irritability, angry outbursts, sleep problems, difficulty concentrating. Mental health problems like depression and anxiety, alcohol and/or substance abuse, suicidal thoughts. The symptoms of PTSD can make it difficult for emergency workers to do their job properly. First responders with PTSD sometimes experience emotional numbing and avoidance, leading to strained relationships with friends and family. The clinical picture can be further complicated by the presence of chronic pain, opioid dependence, depression, weight gain, and sleep problems among PTSD patients.

PTSD is a debilitating condition that affects first responders at a disproportionately higher rate.

Yet, several barriers prevent first responders from receiving proper care for PTSD, including: Cost of Treatment, Transportation to clinic, Difficulty getting time off work, Lack of availability of effective PTSD Treatments, Stigma associated with seeking help, Fear of job repercussions.

Because PTSD can cause such a wide range of symptoms, the treatment for this condition needs to be multi-pronged. State government has a responsibility to protect those who protect us by investing in the protectors' mental health. We are doing everything we can to combat this disease. Peer-supported behavioral health and wellness programs within fire departments have been established within 8 out of the 9 departments that have member representation in the PFFND. Resources should be available to health care providers highlighting best practices for addressing PTSD among public safety officers. According to evidence-based research, behavioral health awareness campaigns provide effective intervention methods. It is our collective responsibility to provide those who serve with the tools they need to help themselves and each other. Those tools start right here with SB 2181.

It is our position that we need to provide behavioral health resources and suicide prevention initiatives for all firefighters and employees. Like other injuries, early detection, access to culturally competent behavioral health specialists and proper screening can help reduce the effects of PTSD. Many insurance providers cap the costs related to behavioral health assistance, and treatment centers for behavioral health programs are often out of the reach of the average firefighter and employee.

The PFFND respectfully requests a Do Pass on SB 2181. I stand for any questions at this time.

Darren Schimke