

Honorable Ladies and Gentlemen and Mr. Chairman. My name is Steven Mayer, and I am here in support of Senate Bill 2181. I am here to testify as an off-duty State Trooper with almost 28 years in law enforcement.

I chose to come in today instead of attending the funeral of a friend of mine. Lt. Matt Mcleod a veteran police officer shot and killed himself in Minot last week while on duty. This marks the 3<sup>rd</sup> suicide within the Minot PD in less than two years. Enough is enough, more needs to be done to stop this trend.

Currently I have lost at least 10 good friends due to suicide who have worked as police officers or correctional officers and countless others who have simply quit the profession because there was no help available for them or the help was substandard.

According to research, a first responder is estimated to experience around 800 traumatic events over their career, compared to a civilian who might experience only around 10 in their lifetime, highlighting the significantly higher exposure to trauma faced by first responders due to the nature of their job.

Police officers and firefighters are more likely to die by suicide than in the line of duty, according to research. Experts suggest that chronic workplace stress may place first responders at increased risk for suicide and mental health issues, such as post-traumatic stress disorder and substance abuse.

When we experience a traumatic event, our day does not end. We are off to another call and are expected to put on a smile and act as if nothing ever happened. We may have just done CPR on a 3-month-old child and lost them. We can't go home after these events because others may need us. We suck it up and move on to the next one. Maybe telling a family member that their 14-year-old kid won't be coming home because he just shot himself at the park. When our shift is over the thoughts and sights, we have seen throughout the day do not end. They follow us home to our families and even haunt us into our retirement.

EAP is not adequate for first responders, although it might be beneficial for the lay person it is not adequate for those in our field.

My wife performed CPR on me for 15 minutes when I had a heart attack, and she needed to speak with someone after. She went into EAP and was told after the very first visit that she had great coping skills and would be able to handle things on her own and there was no need for her to come back in.

We have had officers who live in the rural areas who needed to speak with someone and were told that the only opening was a month out and they would have to travel over 100

miles to the appointment. This husband and wife had young children which even compounded the problem. Could you imagine calling 911 and being told that it would take a month to respond to your emergency?

The same year I had my heart attack; I was involved in a shooting where I unfortunately took the life of another. I needed help processing everything. I reached out to our counseling program through work and left a message. A week later I received a call from them apologizing for missing the call and asking if I would like to schedule an appointment. During that time, I found a therapist who specializes in PTSD for first responders but was not in our network.

I went to her and had great results. However, after my 6<sup>th</sup> visit, I was billed \$185 for each visit due to it not being covered by insurance. The incident I dealt with was the direct result of an incident due to work and now I am paying a punishment financially for it. Others might have been deterred from further visits due to the high cost and unaffordability of the service thus putting them at risk mentally and physically.

When we are sick, we are allowed to pick our physician who we want to see for the most part. One who we feel comfortable visiting with and are confident that they can help cure what ails us. When it comes to mental health, we are not allowed to see who we wish to. We are told to go to EAP or one of the designated counsellors who our agency states we should see regardless of our comfort level and how we feel about them. This is not beneficial to helping us cope with the things we see and do. We may end up seeing someone who specializes in forensic psychology and not PTSD and Trauma. You don't go to a heart doctor for your eyes, do you?

Society has changed, it has gotten more violent, and individuals flat out hate law enforcement unlike respecting them like years past. We are continuously being degraded in public and on TV and expect that it does not bother us. We can often push it to the side and ignore it but at some point, enough is enough and we can no longer take it anymore. As stated earlier, first responders are more apt to die from suicide than dying in the line of duty. It is more dangerous for us to go home and sit on our couch than it is to go to work.

Irony of it all is the ND Supreme Court is now asking for 10 hours of therapy sessions for jurors who sit in on cases that are traumatic. HB 1047 is the bill that would assist jurors with counseling sessions within 6 months of a court hearing. It seems as though the ND Supreme Court is recognizing a need for help for individuals who are sitting on a bench and hearing and seeing testimony. Could you imagine them actually being on the scene then and having to deal with it like a first responder?

It would help us all immensely if PTSD was covered by WSI and we would be allowed to see the therapist that matches our needs. This is more of a work-related issue than anything else due to what we experience in our job, and it is costing people their lives without it.

When you and your family are in dire need of help you call 911. The first responder you speak with is the dispatcher. Police, firefighters, ambulance all will come running to you or your family members to help them any way that they can. But when the first responders need help who can they call? Right now, we are calling 911 with the passage of SB 2181. Will you answer our call?