

HB439 Workers Compensation 911

Cross filed SB 374

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Support Bill

I, Shariff Thomas, representing 9-1-1 Specialists across the state of Maryland, support House Bill 439 Workers Compensation 911, which is cross filed with State Bill 374. I have been a 9-1-1 Specialist for approximately 3 1/2 years, and over the years, I have taken multiple calls that have affected me mentally and emotionally. I strongly believe this bill will help not only myself, but other specialists across the state who are answering and responding to 911 calls daily, no matter what the emergency is.

9-1-1 Specialists are frontline workers, who responds to calls for service and aid every citizen that we come in contact with. Calls can range from non-emergent calls, like noise complaints, up to more mentally and emotionally taxing calls like instructing citizens on how to perform high performance CPR on their loved one, over the phone. When 9-1-1 Specialists pick up the phone, we never know what kind of emergency we will be asked to provide service for. Each call is different, resulting in different processes being followed, and varying levels of impact being made on the 9-1-1 Specialist. But one thing remains the same, an impact is made on that 9-1-1 Specialist. However, despite the amount of distress a given call may cause, 9-1-1 Specialists still need to maintain their composure during the call to provide adequate care and instructions, and after the call so they can give the same quality of support and attention to the next caller. We cannot let our levels of distress impede our ability to provide service; but this is a constant losing battle, as we are humans after all. The calls we take on a daily basis do not leave us unscathed and cause continual wear and tear on our mental and emotional wellbeing.

As I reflect on the most impactful calls I have taken, two come to mind. One night I received a call from a young lady recently move into a new neighborhood. As she was doing laundry, she was assaulted by an unknown male. Over the course of the conversation, as I was processing the call, she was able to remain calm on the phone as she explained the situation.

Everything took a turn when the first arriving officer, a man, walked into the room. The woman became audibly upset, crying, begging me not to get off the phone. I felt terrible because I could not see this woman, only hear and feel her despair. This left me feeling dreadful and helpless as there was not much more I could do. What many people may not realize is while we do not see the emergency, we can hear it and feel it and it affects us.

Barely a few hours later, I received a second call which was a little bit different from the first one. A young man called 911, reporting that his brother had been shot; in the background I could hear his mother screaming, asking for help. At this time, I was still mentally dealing with the first call, but I needed to push it to the back of my mind so I could process this new call and provide as much support as I could over the phone until Police and EMS services arrived.

Despite providing instructions for bleeding control management, I felt helpless. There was nothing more I could do beyond telling them to get a clean dry cloth press it down on the wound and hold firmly, all the while listening to the gut-wrenching screams of a man losing his brother, and a mother losing her son. They were watching their love one die and I heard and felt their pain. Sometimes when you hear someone at that level of distress, you just want to hold them, but you can't. Once I hung up the phone, I broke down and cried so I had to walk off the floor.

While I have answered more calls than I count over the last few years, the two aforementioned calls are the two that I hold with me daily and makes me think about the structure of our job. We hang up from one emergency, collect ourselves, and then move on to the next emergency, because at the end of the day we can't stop – people need us. I have seen the nature of what we do not only impact me, but my coworkers as well. The calls I see weigh on them the most, are the emergencies involving children. When a call comes from a parent about their four-year-old child who has stopped breathing, those who are parents cannot help but think

about their own children as well. It is heartbreaking to think about children in that level of distress, and it is only human nature to form a connection on a personal level, which can cause an incident to feel even more mentally and emotionally taxing. An additional layer to these incidents, that most may not realize, is the mental tolls that can occur due to the lack of the unknown. Once EMS personnel arrive, the loved ones hang up the phone, leaving 9-1-1 Specialist in the dark. Is the child alright? Will they make it? We never know but we pray. We pray and then collect ourselves for the next call.

Reflecting on the most challenging parts of the job, also makes me grateful for my support system. I have been in public safety for 10 years, predominantly as a Volunteer Firefighter/EMT but most recently, also a 9-1-1 specialist, but that does not make me numb to the incidents I hear. The anguish I hear in the voices of the callers, asking for help in their most vulnerable time. Despite the coping strategies and support system I have developed over the years, some calls still leave their mark. Recently I took a call from a gentleman who was having trouble breathing. As I was processing the call, his asphyxiation and urgency to breath was clearly audible over the phone. Then, all of a sudden, I hear a thud and the phonenumber is silent. The man, who was unconscious, and in need of CPR, lived alone. He needed immediate intervention, and while I was there on the phone, I was also helpless to assist. I could not do anything more for him aside keeping the line open, waiting for EMS personnel to arrive. Time seemed to move slow until I heard the knocking and banging of EMS personnel at the door, trying to determine if they were at the right location. I frantically typed into the call that I could hear them and to make entry so they can start CPR as soon as possible. Help finally arrived. I am not sure if the gentleman was able to be saved. I know I did all I could do but the gut-wrenching situation still left me thinking if there was more, I could have done. I cannot help but wonder.

My therapist has helped me process this situation so I could try to continue moving forward, to which I am grateful, but the memory is still with me.

Throughout this testimony, I have shared just three calls out the hundreds I have taken over the years. We do not hang up the phone unscathed from these incidents. Due to the policies, procedures, and resource in place, all we can currently do is walk off the floor for a couple minutes, collect ourselves, and then go pick up the next call. We are very fortunate at my center to have a Licensed Clinical Social Worker that we can talk to that is willing to help us through these calls. This bill is going to help our responders, 9-1-1 Specialist, be able to get the help that they need. Across just 3 ½ years, I have begun to feel the mental and emotional toll this job is taking, which makes me feel bad for my coworkers who have been in there five, seven, and even ten plus years. This bill, which will put Post-Traumatic Stress Disorder (PTSD) under workers compensation, will allow not only allow responders to receive the help they need to have a quality work and personal life experience, but it will also allow these services to be affordable. A realistic necessity when considering balancing the cost for services with other bills needed to maintain a functioning household. This bill needs to be passed. We need this service to continue providing quality service to our community. Thank you for taking the time to read this.