

Hello,

My name is Stephenie Wolf, and I thank you for allowing me to provide my testimony today in support of HJR038 – urging the United States Congress to recognize public safety telecommunicators as first responders; and urging the United States Congress to pass the Enhancing First Response Act. I have worked as a Public Safety Telecommunicator for almost 18-1/2 years for the Anchorage Fire Department (AFD), where over 15 years of that has been in a supervisory role. My testimony today reflects my experiences and does not reflect the Anchorage Fire Department. Reclassifying Public Safety Telecommunicators from clerical workers to protective service operations on a federal level has been long overdue.

Why should we support the Enhancing First Response Act (ERFA) or S.725?

Reclassifying over 100,000, 9-1-1 professionals as protective workers is a more accurate reflection of the work we do. Some states and localities have recognized their Public Safety Telecommunicators as First Responders, acknowledging their service to the community is more than clerical; however, a federal reclassification as protective workers will have a consistent category for every state and territory in the union. The ERFA would create a consistent database for the federal government to collect accurate data to reflect the increasing PTSD and chronic emotional trauma and improve the 9-1-1 system. S.725 passed the senate unanimously and is now in the house waiting for a vote.

What is the fiscal note attached to S.725? There is no fiscal note attached to this bill.

Public Safety Telecommunicators are the first point of contact when a citizen needs help. Keep in mind that we have no idea what the caller needs until we ask them, “what are you reporting?” We must be ready to make quick decisions in a dynamic environment that can have either a positive or negative impact on patient outcomes. Some of these calls and/or decisions can weigh heavily on our mental health months or years later.

We are trained to triage and provide pre-arrival instructions from critical calls to non-critical calls:

CPR, childbirth, AED admin, choking, sinking vehicle, person on fire, trapped in a structure fire, burns, tourniquet, seizure, diabetes, allergic reactions, avalanche, mudslide, structure collapse, swift water rescue, electrical hazards, hazmat, gas leaks, train incidents, water rescues, mental health, front country rescues, and industrial entrapment, just to name a few.

Imagine answering the phone only to hear a distraught mom screaming that her baby is not breathing. First, you confirm the address, then gain control using only your voice so we can calmly walk her through Telecommunicator Assisted CPR (T-CPR). When a caller is that distraught, they either go in flight or fight. We understand that time is crucial in this scenario and the paramedics/firefighters are being dispatched simultaneously. The caller does not understand that; unfortunately, they see us as a barrier. We need to use our back pocket phrases to keep the caller engaged and compliant with the pre-arrival instructions. As a professional, we must remember that it is not our emergency; however, we are human beings and caregivers by nature. Easier said than done.

Throughout my career, I have taken hanging, Gun shot wounds, violent sexual assaults, overdoses, wife finding her husband dead after going shopping, horrific vehicle accidents, babies not breathing, structure fires w/entrapment. One call that has stayed with me was a bear mauling call that happened 16 years ago on the bicentennial trail while I was in training. Technology was a lot different with GPS, and unfortunately, our computer maps did not have trail overlay on them. I have never felt so helpless and abandoned by our tools. I was thankful the coach that found her was very knowledgeable of the area. During the 25-minute phone call, it was heartbreaking to hear him comfort the patient and worrisome if the bear was going to return. Our center coordinated the Police, Troopers, and notified the hospital of the significant injuries the patient sustained. I have a lot of residual emotions from this call, and it is the single reason why I am obsessive on our map reflecting accurate information. Time was crucial in this incident and could have cost the patient's life if the caller was not cooperative and knowledgeable of the area.

As a supervisor, we also oversee our fellow crew members and responders. We are aware of the types of calls they take and watch the mental toll it can take on them, which has an impact on us just the same. I have watched one Public Safety Telecommunicator stay on the phone for over 15 minutes trying to find a person that was trampled by a moose – ensuring they were safe from the moose and trying to provide pre-arrival instructions to the wounded. I watched another PST's demeanor change after directing T-CPR on a small child that was a victim of a horrific traffic accident. The bystander doing CPR was stating "come on buddy." After witnessing these incidents, it is hard not to project the horror and sadness in your personal life. Many times, I have called my loved ones to ensure they are okay.

Adding to the call type trauma, we have a staffing shortage issue, and we are still expected to provide the same level of service with less people. Regardless of the staffing shortage, the calls still come in the center. It is hard to keep calm when the workload continues to increase with no light at the end of the tunnel. It is hard to take care of your crew when the

center is inundated. On a given day, we can take back-to-back calls ranging from a person not breathing – to a structure fire- to a publicly intoxicated person. We have no time to compose ourselves to quickly answer the phone for the next call-in queue. Adding on the staffing crisis, if a person calls out sick, we could be mandated for up to 18 hours.

Are the calls always sad? No! The endings are not always sad. I met a survivor’s wife that told me that she wanted to meet the person that empowered her to take her 250# husband off the couch and perform CPR on him. I am in constant contact with a out of hospital cardiac arrest survivor that refers us as “Angels.” One of my longest friends in Alaska received T-CPR a month ago. He is alive and well. These are some happy endings. Unfortunately, we do not always get closure on our calls, which can lead to mental health issues.

What I provided is one aspect of the job. We are the lifeline for our firefighters/paramedics/mobile care team, battalion chiefs, PIO, private ambulance, anchorage safety patrol to name a few. Their scene safety is the most important thing when we dispatch them to a call, and we must be ready to make quick decisions in a dynamic environment. I was monitoring a structure fire when one of the firefighters asked for APD because a man had a gun in his face. Although it is not a normal incident, we must be ready for that type of situation, because we are that lifeline to law enforcement.

Our Mental Health Clinician Dr. Jennifer Pierce, provided some staggering statistics:

	Dispatchers	General Population
PTSD	17.8% ⁱ	3.6% ⁱⁱ
Depression	28.2% ⁶	8.3% ⁷
Suicidal Ideation	12.4% ⁵	5.5% ⁷
Hazardous Drinking	40% ³	12.6% ⁱⁱⁱ

Outcome	Police Officers (Literature)	Firefighters (Literature)	EMTs / Paramedics (Literature)	Rural Alaska First Responders (Dissertation Sample)
PTSD	12–35%	17–32%	EMTs: 9–22% Paramedics: 20%	21.9% probable PTSD
Depression	16–22%	11–22%	15–37%	20.5% moderate–severe depression 7.3% suicidal ideation
Hazardous Alcohol Use	26–40%	34–58%	26–39%	31.6% males 48.2% females

Compared to the general population:

PTSD 15% more

Depression 20% more

Suicidal ideations 7% more

Hazardous drinking 30% more

Our statistics are like firefighters and peace officers. This is proof that we sustain the same type of trauma without the recognition and protection.

Since we are classified as clerical, we must work 30 years to qualify for retirement or be able to pull money out of our HRA. We are compared to Air Traffic Controllers **who qualify for a specialized pension allowing retirement at age 50 with 20 years of service, or any age with 25 years of service, with mandatory retirement at 56. We deserve the same respect for the service we provide to the community to be able to enjoy a dignified retirement.**

The first 9-1-1 call occurred in 1968 in Alabama, where the person answered the phone, dispatched Law enforcement, and hung up the phone. We have demonstrated how our jobs have evolved from a person that answers the phone to an integral part of the emergency response system– we are the First, First Responder. Thank you for listening to my testimonial and we invite you all to the Anchorage Fire Department Communications Center.

ⁱ Osório, C., Talwar, S., Stevelink, S. A. M., Sihre, H. K., Lamb, D., & Billings, J. (2025). Systematic review and meta-analysis on the mental health of emergency and urgent call-handlers and dispatchers. *Occupational Medicine*, 75(6), 282-291.

ⁱⁱ National Institute of Mental Health. (n.d.). Post-traumatic stress disorder (PTSD). National Institutes of Health.

ⁱⁱⁱ Schuckit, M. A. (2017). Remarkable increases in alcohol use disorders. *JAMA psychiatry*, 74(9), 869-870.