

SCR102 / SR75

Measure Title:	DECLARING JUNE 27 OF EACH YEAR AS POST-TRAUMATIC STRESS INJURY AWARENESS DAY AND DESIGNATING THE MONTH OF JUNE OF EACH YEAR AS POST-TRAUMATIC STRESS INJURY AWARENESS MONTH IN HAWAII.
Report Title:	Post-Traumatic Stress; Resolution; Awareness; Designated Day
Description:	
Companion:	HR190
Package:	None
Current Referral:	CPH
Introducer(s):	BAKER, K. RHOADS, RUDERMAN, S. Chang, Fevella, Ihara, K. Kahele, J.Keohokalole, Kidani, Kim, Nishihara



Statement of Honor for ALL

Before the

LATE

Senate Committee on Consumer Protection and Health

DECLARING JUNE 27 OF EACH YEAR AS POST-TRAUMATIC STRESS INJURY AWARENESS DAY AND DESIGNATING THE MONTH OF JUNE OF EACH YEAR AS POST-TRAUMATIC STRESS INJURY AWARENESS MONTH IN HAWAII

Thursday, March 21st, 2019

Chairman Baker, Vice Chairman Chang, and distinguished members of the Senate Committee on Consumer Protection and Health, on behalf of Honor for ALL I would like to extend our gratitude for being given the opportunity to provide input this important issue.

My name is Thomas Mahany. I am the Executive Director of Honor for ALL, a 501(c)3 non-profit organization established in 2010 to promote increased awareness of invisible wounds. Although initially a veterans focused organization, our concern has grown to include all who suffer the psychological and moral injuries presently grouped together in the American Psychiatric Association's Diagnostic Statistical Manual (DSM) as *post-traumatic stress disorder* (PTSD) – a term which by itself can prove to be problematic, discouraging some from seeking care and others from caring.

In the interest of promoting care and diminishing stigma, we urge you to forward a resolution designating June as Post-traumatic Stress Injury Awareness Month, and June 27th as Post-traumatic Stress Injury Awareness Day for the State of Hawaii.

Honor for ALL applauds the committee's continued dedication in addressing the critical issues surrounding mental health care. Again, our concern is with all who

suffer invisible wounds. This is more than just a veteran's issue. Post-traumatic stress injury can and does occur following exposure to extremely traumatic events other than combat.

The diagnostic term PTSD was crafted in 1980 by the APA to commonly describe and categorize the psychological aftermath of combat stress on Vietnam veterans. Since that time, as a result of intensive research and significant advancements in electro-magnetic imaging, it has been shown that severe post-traumatic stress, combat induced or otherwise, can cause physical, but not irreversible, changes within the brain which more accurately describe an injury than a disorder – a treatable wound calling for definitive treatment.

Beyond the harmful affect it has on cure, the dispassionate use of the word “disorder” assails the sense of honor due the brave men and women who have received these wounds in action against an enemy of the United States and similarly fails to acknowledge the gallantry exhibited by first-responders while putting themselves at risk on a regular basis. At the community level, its use can inadvertently disparage the character of victims of crime and abuse, as well as survivors of life-threatening accidents and natural disaster.

Plainly, there is room for advancement here. Elimination of stigma together with an elevation in recognition can translate to increased care and decreased hardship, saving lives and preserving families.

Although any movement away from the word "disorder" can be considered intellectual growth, we do not support merely dropping it from the title, leaving that as post-traumatic stress or PTS. We do not wish to create any unnecessary confusion concerning the APA's existing distinction between common post-traumatic stress and the more debilitating, unrelenting embodiment of that condition. As specified in DSM 3 through 5, under paragraph A of the PTSD criteria, it is normal to have post-traumatic stress (PTS) after directly or indirectly experiencing a traumatic event or stressor - only when symptoms persist and conform additionally with criteria B through H, is disability confirmed. A traumatized, yet only slightly injured, brain stays in appropriate alarm mode as needed, returning to normal within a month. A critically injured brain remaining in alarm mode for more than a month has been physically altered and requires timely medical attention.

Removing the "D" takes away from the stigma and that is good. Adding the "I" for injury introduces honor and that is better.

Finally, consider the sentiments of Dr. Bertram Brown - former Director for the National Institute of Mental Health (NIMH) in Bethesda, MD who asserts “the change of PTSD to PTSI will NOT change the basics of the biology and clinical

manifestations of this diagnosis. It WILL provide a sense of dignity to the men and women and their families who were injured when they were in harm's way".

Thank you for your consideration

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Testimony for CPH on 3/21/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Quinn	Individual	Support	No

Comments:

Dear Honorable Committee Members:

Please support SCR102. Veterans and the mentally and physically abused often suffer from post traumatic stress disorder. An awareness day may help them get the help they need for their PTSD, which is often debilitating.

Thank you for your time and the opportunity to present my testimony.

Andrea Quinn

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