

TO: Subcommittee on Health / Committee on Energy and Commerce

FROM: Jennifer Feist  
Founder, Dr. Lorna Breen Heroes' Foundation  
Charlottesville, Virginia

DATE: June 28, 2020

RE: Hearing on "High Anxiety and Stress: Legislation to Improve Mental Health Curing Crisis"

My name is Jennifer Feist and I am a resident of Charlottesville, Virginia. I read with interest your agenda for the "Hearing on High Anxiety and Stress: Legislation to Improve Mental Health During Crisis" scheduled to take place on June 30, 2020. I applaud you and encourage you for considering legislation in furtherance of mental health support for Americans during this COVID19 pandemic. As we all navigate these uncertain times, fearing for our health, our jobs, our income, our children's educations, the mental health strain on Americans is surely increasing on a daily basis. The mental health fallout from this pandemic will reach well beyond the day we hopefully find the vaccine, or the cure for this terrible virus.

In particular, I was interested to read reference to reports of suicide attempts and suicide deaths by some health workers. My sister, Dr. Lorna Breen, of New York, New York, died by suicide on April 26, 2020. My sister was head of the Emergency Department at Columbia Presbyterian's Allen Hospital. In a period of three weeks, my sister treated confirmed COVID patients, contracted COVID herself, and returned to an overwhelming, relentless number of incredibly sick patients. My sister and her colleagues worked around the clock during the peak in New York, with limited PPE, insufficient supplies, not enough oxygen, not enough beds, not enough help. They had patients dying in the waiting room and the hallways. After twelve hours shifts, my sister would stay (as would her co-workers) because the onslaught didn't slow throughout the day or night. When Lorna left the Emergency Department, she had to take the train home. As the trains were largely empty due to distancing measures, she was afraid of being mugged. She tried to take cabs home, but some of the cabs that stopped wouldn't take someone who was leaving the hospital for fear of being exposed to the virus. In spite of all of that, she kept going back until she literally could no longer stand.

On April 9, 2020, my sister called me from her home in Manhattan to tell me she couldn't get out of her chair. She was nearly catatonic. She had not slept in over a week. She had been working 12 hour shifts, staying well past the end of each shift. During one shift she covered two emergency rooms in Manhattan at the same time, at locations that are 5 miles apart. She answered the call for her city and for her country. And when she became so overworked and despondent that she was unable to move, do you know what she was worried about? Her job. She was worried that she would lose her medical license, or be ostracized by her colleagues, because she was suffering due to her work on the front lines of the COVID19 crisis. She was afraid to get help, because she was worried it would end the career that she had spent her entire life working for. At the time, I thought her fears were unfounded. What I learned after her death is that licensing boards throughout the country require disclosure by physicians of current or past mental health care (in some cases at any level), hospitals require disclosure for credentialing, and seeking mental health care is considered a sign of weakness amongst many medical professionals.

My sister had no prior mental health issues (known or suspected), she had no history of depression or anxiety. She was very smart, very funny and had just the right amount of sarcasm. But after she died, we learned that in the United States, 400 physicians die each year by suicide. We learned that female

physicians commit suicide at a rate higher than their male counterparts. And we learned that the specialty of emergency medicine has one of the highest suicide rates of all medical specialties. My sister died because she was an emergency room physician during a pandemic.

Consider the following statistics which existed before this pandemic:

- 96% of medical professionals agree that burnout is an issue. (NEJM Catalyst)
- 40% of physicians are reluctant to seek mental health treatment. (Psychiatry Advisor)
- 40% of doctors with burnout say they lack resources (athenaInsight).

On June 2, 2020, the American College of Emergency Physicians (ACEP) issued a joint statement with 44 other organizations encouraging mental health support for physicians, particularly during this pandemic. I attach a copy of that statement to this letter. I encourage you to consider additional legislation specifically in support of physician mental health. We need to provide the resources our care givers need so they can stay healthy and emotionally well. We need to eliminate censure for those who do seek mental health care in any form. We need to prohibit state licensing boards from asking questions about mental health care for physicians. This pandemic has laid bare the emotional toll of practicing medicine in America today and our caregivers deserve our support. No physician in this country should die because she tried to help too many people.

Thank you for your consideration.

# JOINT STATEMENT

## Supporting Clinician Health in the Post-COVID Pandemic Era

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- The COVID-19 global pandemic is an unprecedented modern public health crisis. The extent and nature of lingering health effects of the pandemic on providers, whether or not they themselves have been infected, are not yet known. In order to minimize the loss of life from COVID-19 and its sequelae, and from other current and future public health threats, and to ensure future patient access to medically necessary care, it is vital that we work to preserve and protect the health of our medical workforce.
- Optimal physical and mental health of physicians and other clinicians is conducive to the optimal health and safety of patients. The wellness of our medical workforce, physical and mental health, is necessary to ensure patient care.
- Physicians and other clinicians must be able to safely secure treatment for mental or other health issues, just as any other individual. A provider's history of mental illness or substance use disorder (SUD) should not be used as any indication of their current or future ability to practice competently and without impairment.
- Discrimination based on disability, as defined by the [Americans with Disabilities Act \(ADA\)](#), is prohibited under federal law and applies to professional licensing bodies<sup>1</sup>. We therefore support states that ask questions that do not violate the intent of the ADA not to discriminate against individuals. We strongly urge states that ask inappropriate questions to immediately modify them to be consistent with the principles of the ADA. Specifically, see recommendations and position statements of the [American Medical Association \(AMA\)](#), the [Federation of State Medical Boards \(FSMB\)](#), [American Psychiatric Association \(APA\)](#), [American College of Physicians \(ACP\)](#) and the [American College of Emergency Physicians \(ACEP\)](#).
  - Licensing and credentialing applications by covered entities should only employ narrowly focused questions that address current functional impairment.
- Additionally, we strongly support The Joint Commission (TJC) statement on [Removing Barriers to Mental Health Care for Clinicians and Health Care Staff](#). TJC, "supports the removal of any barriers that inhibit clinicians and health care staff from accessing mental health care services." TJC also encourages organizations not to inquire about previous history of mental health conditions or treatment.
- For most physicians and other clinicians, seeking treatment for mental health triggers legitimate fear of resultant loss of licensure, loss of income or other career setbacks. Such fears are known to deter physicians from accessing necessary mental health care. Seeking care should be strongly encouraged, not penalized.
- Additionally, we support the use of non-clinical mental health support, such as social or peer support. Social and peer support provide a sense of belonging to those with shared experiences. Individuals who are able to express frustrations and share coping strategies to address mutual challenges and provide hope to one another are invariably healthier than those without such support. Social support systems of all types are useful adjuncts that associations can provide to their members.
- Additionally, credentialing agencies should support and expand access to treatment programs, such as including the ability of a physician to self-refer, without fear of reprisal.

<sup>1</sup> Americans with Disability Act, [28 Code Fed. Reg. § 35.130](#)

## Co-signers

American College of Emergency Physicians (ACEP)  
American Academy of Allergy, Asthma & Immunology (AAAAI)  
American Academy of Child and Adolescent Psychiatry (AACAP)  
American Academy of Family Physicians (AAFP)  
American Academy of Hospice and Palliative Medicine (AAHPM)  
American Academy of Neurology (AAN)  
American Academy of Ophthalmology (AAO)  
American Academy of Physical Medicine and Rehabilitation (AAPMR)  
American Association for Emergency Psychiatry (AAEP)  
American Association of Suicidology (AAS)  
American College of Obstetricians and Gynecologists (ACOG)  
American College of Physicians (ACP)  
American College of Preventive Medicine (ACPM)  
American College of Radiology (ACR)  
American College of Surgeons (ACS)  
American Epilepsy Society (AES)  
American Foundation for Suicide Prevention (AFSP)  
American Geriatric Society (AGS)  
American Medical Association (AMA)  
American Psychiatric Association (APA)  
American Society for Clinical Pathology (ASCP)  
American Society of Anesthesiologists (ASA)  
American Society of Colon and Rectal Surgeons (ASCRS)  
American Society of Hematology (ASH)  
American Society of Nephrology (ASN)  
American Society of Plastic Surgeons (ASPS)  
American Thoracic Society (ATS)  
American Urological Association (AUA)  
Coalition on Psychiatric Emergencies (CPE)  
Council of Residency Directors in Emergency Medicine (CORD)  
Council for Medical Specialty Societies (CMSS)  
Depression and Bipolar Support Alliance (DBSA)  
Dr. Lorna Breen Heroes' Foundation  
Emergency Medicine Residents' Association (EMRA)  
Emergency Nurses Association (ENA)  
Federation of State Medical Boards (FSMB)  
Infectious Diseases Society of America (IDSA)  
National Alliance on Mental Illness (NAMI)  
North American Spine Society (NASS)  
Society for Academic Emergency Medicine (SAEM)  
Society of Emergency Medicine Physician Assistants (SEMPA) Society  
of Hospital Medicine (SHM)  
Society of Interventional Radiology (SIR)  
Society of Thoracic Surgeons (STS)  
The Physicians Foundation