

**Testimony for J. Corey Feist, JD, MBA
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Chief Executive Officer
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House Energy and Commerce Committee (10-26-21)

Hello, my name is Corey Feist, and I am the president and co-founder of the Dr. Lorna Breen Heroes' Foundation and CEO of the University of Virginia Physicians Group. I want to start by thanking the Chair and Ranking Member for the opportunity to address the Committee to discuss the mental health crisis prevalent within our frontline health workforce. Unfortunately, the thousands of health care professionals who take such incredible care of all of us, particularly during this pandemic, cannot access mental health support, and it is critical that changes.

On behalf of the thousands of health care professionals, I am here to encourage you to immediately consider passing the Dr. Lorna Breen Health Care Provider Protection Act (HR. 1667), which aims to reduce and prevent suicide, burnout, and mental and behavioral health conditions among health care professionals. The companion legislation to this bill, S. 610, unanimously passed the Senate on August 6, 2021. I'd like to extend a special thank you to Representatives Susan Wild, David McKinley, Raja Krishnamoorthi, and Judy Chu, along with Senators Tim Kaine, Jack Reed, Bill Cassidy, and Todd Young for championing this first-of-its-kind legislation.

Please act now to support the well-being of our health care professionals and pass this bill.

I'd like to begin by sharing a bit about my sister-in-law, the inspiration behind the Dr. Lorna Breen Heroes Foundation, which my wife Jennifer, Lorna's sister, and I formed in June of 2020, and the namesake for the law you have before you today.

This picture on the screen was taken on March 10, 2020, while on a Montana ski trip with our family. This trip had become a tradition so that Lorna could spend time with two of her nieces and nephews and share with them her passion for winter sports. As my wife Jennifer has said, this was the last week that life for our family, and for many of us, was normal.

Dr. Breen was the director of the Emergency Department at Columbia Presbyterian's Allen Hospital. She was passionate about taking care of patients and her colleagues. At the time, she was also immersed in her first year of an MBA program at Cornell in an effort to advance her career as a health care leader and professional.

Lorna left our ski trip to return to New York, the epicenter of the beginning of the COVID crisis. In the three weeks that followed, Dr. Breen treated confirmed COVID patients, contracted COVID herself, and returned to an overwhelming, relentless number

of incredibly sick patients. She and her colleagues worked around the clock during the coronavirus peak in New York City, with limited PPE, insufficient supplies, not enough oxygen, not enough beds, and not enough help. There were patients dying in the waiting room and the hallways.

After twelve hours shifts, she and her co-workers would stay because the influx of sick patients didn't slow throughout the day or night. When Lorna did leave the Emergency Department, she had to take the train home. The trains were largely empty due to distancing measures, and she feared for her safety. Lorna tried to take cabs home, but many drivers wouldn't take someone who was leaving the hospital for fear of being exposed to the virus. Yet, she kept going back until she literally could no longer stand. Despite these overwhelming challenges, she pushed on and tried to push through, sharing with her sister, that she was concerned her inability to keep up was going to end her career.

By April 9, 2020, Lorna hit her breaking point. She called Jennifer from her home in Manhattan to tell her she couldn't get out of her chair. She was nearly catatonic. Lorna had not slept in over a week. The exhaustion plus the mental toll of dealing with a volume of death she described as "Armageddon." We knew then that she needed help.

My sister-in-law answered the call for her city and for her country. But when she needed to make a call to seek care for herself, she was concerned about her job fearing she would lose her medical license or be ostracized by her colleagues. Lorna put off seeking help because she was worried it would end the career that she had spent her entire life working for. Lorna died by suicide on April 26, 2020, just 47 days after that picture.

I know we are not the first people to deal with loss or grief. But when Lorna died, we were all looking at each other, asking "why"? Why did this happen, how did this happen? We were in the news, all over the world. And then something that I found to be completely unbelievable happened: people started reaching out. The families of doctors, nurses, and other health care practitioners told us their own stories about their loved ones who died by suicide—all total strangers.

Many doctors and nurses continue to suffer in silence with mental health challenges due to both cultural and regulatory hurdles, which reinforce and often prevents them from obtaining help.

Jennifer and I very quickly learned that the suicide rate among physicians is twice that of the normal population in the US. In fact, 400 doctors die by suicide each year. Early on, we also learned about a phrase coined by a physician in Virginia called "The parallel pandemic," which refers to the mental health crisis in medicine, as well as the constantly rising burnout rates. And this situation existed well before the pandemic started—before we asked our health care providers to save us from a virus that we didn't understand, to provide emotional support to our dying loved ones who they don't know, and to leave their own families behind to do it.

WHAT?

Lorna kept telling us that she was going to lose her license, lose her job—all because she required psychiatric care. She was mortified, fearing her colleagues would never want to work with her again. We promised her she was wrong. And then, after she died, we learned that she was right.

Throughout the past 18 months, we have received messages from despondent family members of physicians who have taken their own lives, messages from parents of new health care professionals fearing for the wellbeing of their children, and from clinicians who are too scared to speak up. Thankfully, we have also heard from physicians who have seen themselves in Lorna's story and made the choice to get help, though often paying in cash to avoid creating a record of treatment to report to insurance.

I am not just here for Lorna. I am here for the doctors we met in Boston who lost a child to a rare disease. The wife needed to talk to someone but was concerned about her license. So, she sought therapy in another town under a pseudonym. She paid for her antidepressants in cash. She died by suicide.

I am here for our new friend and advocate in Utah. Her husband was an ER doctor, like Lorna, inundated by COVID patients. Overwhelmed. He needed help, someone to talk to, but didn't want to say anything for fear of compromising his career. Ultimately, he was hospitalized. But his insurance would only pay for him to receive psychiatric care in the hospital where he worked. He was cared for by his own colleagues—people he had known for years throughout his career. His wife tells me he was humiliated and despondent at the same time. Shortly after he was discharged, he died by suicide.

I am here for a physician in Kentucky who recently told us, “When it comes to mental health, our health care system is still literally in the Dark Ages when it comes to ignoring and fostering physician stress. We have a daughter about to embark on residency, and I fear for her future unless significant reform can be brought about to end the stigma of mental health on physicians.”

This is not ok. This is not normal. It's not right.

We believe Lorna died because she was a physician. And even though her father was a trauma surgeon, her mother was a nurse, her brother is a radiologist, and I have worked in healthcare for 20 years, we had no idea how close we were to disaster until after it struck.

Dr. Breen had no prior mental health issues (known or suspected) and no history of depression or anxiety. She was very smart and funny and had just the right amount of sarcasm. But in the United States, the suicide rate for doctors and nurses even before the pandemic was twice the national average. 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.

Simply put, all the cards were stacked against her and our Lorna died because she was an emergency room physician during a pandemic.

Like Lorna, thousands of health care professionals across the country have answered the call for their communities and this country. There is much to do to support this health care workforce, and one critical step you can take now is passing the Lorna Breen Act.

Consider the following statistics which existed before this pandemic:

- 96% of medical professionals agree that burnout is an issue;
- 42% of physicians are reluctant to seek mental health treatment;
- 40% of doctors with burnout say they lack resources;
- Physician burnout costs up to \$6.3B per year;
- A 122,000 physician shortfall is estimated by 2032; and
- 50% of registered nurses considered leaving the profession.

Now consider the following statistics due to this pandemic:

- 55% of the health care workforce is burned out;
- 60% say stress from the pandemic has harmed their mental health;
- 75% of nurses are reporting exhaustion;
- 69% of nurses say they put patient health and safety before their own; and
- Only 31% feel like their employers care about their mental health.

On top of these sobering statistics, like in Dr. Breen's case, nearly half of those health care professionals who need mental health treatment won't have access to it for fear of professional repercussions. Given the trauma and burnout they have experienced, this is like sending the entire health care workforce off to war for 18 months and then refusing to support them when they return.

The Lorna Breen Act has bipartisan, bicameral support and has been endorsed by over 70 health care organizations spanning all aspects of the healthcare industry. In addition, thousands of health care workers across the country have written to members of Congress, like yourselves, to support this first-of-its-kind legislation. We encourage you today to take up this critical legislation and demonstrate our collective commitment to supporting those who have supported all of us during the past year and a half. This pandemic has laid bare the emotional toll of practicing medicine in America today, and our caregivers deserve our support. No physician or nurse in this country should die because she tried to help too many people.

Thank you for your consideration and support of our health care heroes.

Appendix 1

List of Organizations Endorsing the Lorna Breen Act

American Academy of Emergency Medicine
American Academy of Emergency Medicine Resident and Student Association
American Academy of Family Physicians
American Academy of PAs
American Academy of Pediatrics
American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work
American Association of Child and Adolescent Psychiatry
American Association of Colleges of Osteopathic Medicine
American Association of Nurse Anesthetists
American Association of Suicidology
American Association on Health and Disability
American College of Emergency Physicians (ACEP)
American College of Physicians
American Foundation of Suicide Prevention
American Group Psychotherapy Association
American Hospital Association
American Medical Association (AMA)
American Medical Women's Association (AMWA)
American Mental Health Counselors Association
American Nurses Association
American Occupational Therapy Association
American Osteopathic Association
American Physical Therapy Association
American Psychiatric Association
American Psychiatric Nurses Association (APNA)
American Psychological Association
American Society of Addiction Medicine
Anxiety and Depression Association of America
Association for Behavioral Health and Wellness
Associated Medical Schools of New York (AMSNY)
Association of American Medical Colleges
Centerstone
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children's Hospital Association
Clinical Social Work Association

Confederation of Independent Psychoanalytic Societies
Depression and Bipolar Support Alliance
Eating Disorders Coalition
Education Development Center
Emergency Nurses Association
Federation of State Physician Health Programs
Federation of State Medical Boards
FEMinEM
Global Alliance for Behavioral Health and Social Justice
Inseparable
Johnson & Johnson
The Joint Commission
The Kennedy Forum
Maternal Mental Health Leadership Alliance
Mental Health America
NAADAC, the Association for Addiction Professionals
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)
National Association of Social Workers
National Association of State Mental Health Program Directors
National Board for Certified Counselors
National Council for Behavioral Health
National Eating Disorders Association
National League for Nursing
Postpartum Support International (PSI)
Psychotherapy Action Network Advocacy
Sandy Hook Promise
Schizophrenia And Related Disorders Alliance of America (SARDAA)
The National Alliance to Advance Adolescent Health
The New York Academy of Medicine
The Trevor Project
Well Being Trust
2020 Mom

Appendix 2

List of Citations

- 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](#))
- Physician burnout costs up to \$6.3B per year; ([Healthcare Dive](#))
- A 122,000 physician shortfall is estimated by 2032; ([AAMC](#))
- 50% of registered nurses considered leaving the profession ([RN Network](#))
- 55% of the health care workforce is burned out ([KFF/The Washington Post](#));
- 60% say stress from the pandemic has harmed their mental health ([KFF/The Washington Post](#));
- 75% of nurses are reporting exhaustion ([CNN](#));
- 69% of nurses say they put patient health and safety before their own ([CNN](#)); and
- Only 31% feel like their employers care about their mental health ([CNN](#)).

Image for the Sharing at the Hearing

