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## Rousmaniere: Fear, Hypocrisy and PTSD

03/01/17 / Peter Rousmaniere ([news\\_author.php?author\\_id=714](news_author.php?author_id=714))

The Sandy Hook Elementary School shooting catastrophe took place on December 14, 2012. Shortly, news reports appeared that surviving workers could not get mental health counseling benefits through workers' compensation. Connecticut is one of the states that bar all or almost all workers' comp claims for work-induced mental stress if no physical injury has occurred. Left unmentioned in the media, including in the insurance media, that even where so-called "mental-mental," as opposed to "physical-mental" claims are allowed, being awarded benefits can be difficult.

The ghost of Sandy Hook haunts some state legislatures this season. Some are considering bills to expedite workers' comp benefits to emergency responders for post-traumatic stress disorder. Some of these proposals would establish a rebuttable presumption that benefits should be awarded.

It is well past the day on which the workers' comp system should have corrected shameful flaws in how work-related mental conditions are treated. The third class citizenship given these conditions legalizes stigma, fear and hypocrisy.

Four steps need to be taken to get PTSD right. The first step is for the insurance industry to stop misleading the United States Congress. Through a pattern of deception, the industry not only enables denial, it abandons the worker. It has to be aware of what it has done.

What is the quintessential work-related condition arising out of a terrorist attack? It's PTSD, the Terrorist Cocktail. Now, see how the industry deceived Congress into thinking that, by granting insurers a generous reinsurance backstop, it was actually helping the victims of terrorism and not throwing them under the bus.

**The Property Casualty Insurers Association of America**

([http://www.pciaa.net/docs/default-source/federal-](http://www.pciaa.net/docs/default-source/federal-alerts/joint_trial_letter_house_070814.pdf?sfvrsn=0)

[alerts/joint\\_trial\\_letter\\_house\\_070814.pdf?sfvrsn=0](http://www.pciaa.net/docs/default-source/federal-alerts/joint_trial_letter_house_070814.pdf?sfvrsn=0)) wrote Congress that the Terrorism Risk

Insurance Act is designed to “protect consumers and ensure continued widespread availability and affordability of terrorism insurance coverage.” An injured worker with a validated work-induced condition of PTSD is probably not one of the consumers the PCIAA had in mind.

The **Insurance Information Institute** (<http://www.iii.org/issue-update/terrorism-risk-and-insurance>) assured Congress that “on-the-job injuries under workers’ compensation insurance are covered whatever their cause.” The III assuredly knows that this sentence is deceptive to anyone not deep into workers’ compensation.

I wonder what was on the mind of **Bob Hartwig** (<http://financialservices.house.gov/uploadedfiles/hrg-112-ba04-wstate-rhartwig-20120911.pdf>), then President & Economist Insurance Information Institute, when he testified to a house subcommittee on Sept 12, 2012, as he said “workers’ compensation is a compulsory (all employers must purchase coverage) combined with the fact that states do not allow exclusions for terrorism losses in workers’ compensation programs.” Hartwig knows that workers’ comp laws can exclude Terrorist Cocktail claims.

Why did they misinform Congress? I suspect, because they knew they could get away with it.

We are not going to move forward on PTSD until the insurance industry turns honest. One modest step it can make is to create a model of how work injuries arise out of terrorist acts. Amazing as it sounds, insurers have never funded a study of scenarios of terrorist attacks and the specific resultant psychological and bodily harm.

The second step is to amend state laws to, in the end, give mental conditions about the same legal recognition as physical conditions. To do so it must catch up with science.

Brain imaging and brain science have thrown into question the usefulness of distinguishing physical and mental conditions. For workers’ comp professionals, the most apparent body-brain conundrum is chronic pain, which is not an injury but the result of a physical injury, and which is tangentially related to the actual physical injury. To treat chronic pain, one is really treating the brain.

PTSD, which is always caused by exposure to a stressful external event or process, is associated with brain changes. When they are abnormalities, these changes are closely related to measurable functional impairments of the patient. These abnormalities are more likely than not to produce severe cognitive, emotional, behavioral and functional impairment. The precise mechanism is not yet worked out by which exposure to an external stressful event or process leads to a change in brain function.

A third step is to act on the legitimate concern about misdiagnosis, mistaken assignment of cause, and mistreatment. One cannot expect that any licensed psychiatrist or psychologist will be competent for work-related mental conditions, any more than any internal medicine doctor can correctly manage severe asthma or congestive heart failure.

We have to learn how to set standards of care, not rely on denial of care.

A fourth step is to instill in claims professionals, including case managers, a sense of best practice for managing mental condition claims in this new environment without stigma.

The way we treat mental conditions shows our system at its worst.

### **About the Author**



Peter Rousmaniere is widely known throughout the workers' compensation industry, both for his writing and consulting experience. Based in the picture perfect New England town of Woodstock, VT, he is a regular on the conference circuit, and is deeply in tune with trends and developments within the industry. His passion is writing and presenting on issues largely related to immigration, and he maintains a blog on the subject at **[www.workingimmigrants.com](http://www.workingimmigrants.com)**

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