

## COMMONWEALTH OF MASSACHUSETTS

**Middlesex, ss.**

**Division of Administrative Law Appeals**

**Jeffrey Sirois,**  
Petitioner,

No. CR-24-0641

Dated: April 25, 2025

v.

**Methuen Retirement Board,**  
Respondent.

### **Appearances:**

For Petitioner: Leigh A. Panettiere, Esq.

For Respondent: Michael Sacco, Esq.

### **Administrative Magistrate:**

Yakov Malkiel

## SUMMARY OF DECISION

The petitioner suffers from incapacitating posttraumatic stress disorder arising from his experiences as a firefighter. He seeks to retire for accidental disability. Any arguable deficiency in the physician's statement that accompanied the petitioner's retirement application was harmless. And a preponderance of the evidence, including the opinions of a unanimous medical panel, establishes that the petitioner's incapacity was proximately caused by an incident that preceded his application by less than two years. The application should have been allowed.

## DECISION

Petitioner Jeffrey Sirois appeals from a decision of the Methuen Retirement Board (board) denying his application to retire for accidental disability. I held an evidentiary hearing on February 11, 2025. The witnesses were Mr. Sirois and two of his former colleagues, firefighter Christopher Richardson and fire captain Tracy Blanchette. I admitted into evidence stipulations marked 1-26 and exhibits marked 1-65.

## Findings of Fact

I find the following facts.

*I. Background*

1. Mr. Sirois became a full-time firefighter with the Methuen fire department in 1997. He served there for approximately twenty-four years, achieving the rank of lieutenant. (Tr. 45-47; stipulation 1.)

2. Mr. Sirois's duties as a firefighter required him to attend to suicides, violent deaths, and disfiguring injuries to children. He treated one woman who had survived a suicide attempt with half of her face shot off and teeth falling out of her head. Another woman had slit her wrists in the presence of her crying toddler. Another child was badly burnt, with melting electrical wires dripping from his mouth. A stillborn baby was lying on the floor in an amniotic sac when Mr. Sirois arrived. A man who failed to grasp that his brother had died was still attempting to feed the body two days later. Another man was found by Mr. Sirois to be burning alive in his driveway. At the scene of a vicious car crash, one teenaged victim had been thrown from his vehicle, while another was hanging half in and half out of the rear window. (Tr. 51-59, 87; exhibits 8, 9, 20.)

3. The job posed severe dangers to Mr. Sirois's own life. At a house fire in December 2016, one of Mr. Sirois's colleagues fell through the floorboards. Reaching through the broken floor, while choking and vomiting in heavy smoke, Mr. Sirois held onto his colleague and attempted to pull him up and out of the basement. Other colleagues held onto Mr. Sirois's lower body so that he would not be dragged down into the fire. (Tr. 61-65; exhibits 9, 20.)

4. Mr. Sirois suffered from manageable depression and anxiety. At some point, he began to be treated with an antidepressant and occasional psychotherapy. He remained outgoing, well-liked, well-respected, and capable. He found joy and pride in his work. (Tr. 32-33, 114-124, 166, 198-199; exhibit 8.)

5. On December 29, 2020, Mr. Sirois and his team were called to a house fire on Smith Avenue. Mr. Sirois and a colleague descended into the basement. Mr. Sirois's face mask was audibly leaking oxygen. His equipment emitted a low-oxygen alarm. The smoke was too thick to see through. In heavy equipment and an obstructed area, the firefighters could not move quickly. Although they had not walked far, Mr. Sirois became bewildered. He could not recall the way out of the basement. His colleague led him out of the building with little oxygen to spare. (Tr. 65-70, 124-133, 176-203; exhibits 3, 20.)

6. Approximately during the first half of 2021, Mr. Sirois's behaviors at work deteriorated. He began to suffer from panic attacks and weeping spells. He struggled to enter the fire station and to respond to emergency calls. His absences from work became more frequent. On one occasion, Mr. Sirois found himself frozen in place when a choking child needed a simple form of assistance. In another instance, Mr. Sirois lost his temper and berated a team of colleagues for their performance. Mr. Sirois's personal hygiene deteriorated. He gained a large amount of weight. He became curt with his colleagues and less sociable. In February or March of 2021, a close friend and colleague told Mr. Sirois that he appeared to be struggling and might need to seek mental health treatment. Mr. Sirois last reported for work around the end of May 2021, soon after a heated public confrontation between him and members of the city police department. (Tr. 26-42, 71-86, 96-99, 121-122, 138, 170-171; exhibits 8, 58.)

7. In June 2021, Mr. Sirois was admitted for five nights to the mental health program known as the On-Site Academy. In October 2021 and in December 2021, he attended one-week inpatient programs at McLean Hospital. The records from Mr. Sirois's stays at both facilities briefly reference certain of his specific experiences as a firefighter, but not the Smith Avenue fire of December 2020. At least at McLean Hospital, according to an employee there, the

participants' records are intended to "reflect an emphasis on symptoms; relevant thoughts, emotions, and behaviors; and the delivery and impact of . . . clinical interventions, rather than historical details of the individual events that may contribute to these symptoms." (Tr. 91-94, 99-101, 138-146; exhibits 7, 8, 43, 44, 54.)

8. Mr. Sirois specifically identified the Smith Avenue fire as a precipitant of his mental-health symptoms on two occasions in July 2021. Speaking to his therapist, Mr. Sirois referenced an incident at which "he was trapped—no [oxygen] left in tank—could not see either—thought he would die—could not breathe or see, too much smoke." And after behaving distraughtly at a social outing, Mr. Sirois explained to a friend that he "was not feeling well mentally . . . while fighting a fire, he was [low] on air, he panicked and almost pulled his mask off." (Tr. 83-90, 94-96; Exhibits 5, 45.)

9. In November-December 2021, Mr. Sirois attended a three-day evaluation of his fitness for duty. The evaluation included clinical interviews and psychological testing. The evaluating team was led by Dr. Mathew Madonna. The team found Mr. Sirois unfit for duty with symptoms of PTSD (posttraumatic stress disorder). Their report briefly references certain of Mr. Sirois's specific experiences as a firefighter, but not specifically the Smith Avenue fire. (Tr. 144-146; Exhibit 8.)

## *II. Original Retirement Proceedings*

10. In March 2022, Mr. Sirois presented the board with a handwritten application to retire for accidental disability. The application identified Mr. Sirois's diagnosis as PTSD and related symptoms. It described thirteen disturbing fires and emergencies as the incidents responsible for Mr. Sirois's condition. Mr. Sirois filed amended versions of his application in August and October 2022. The revised forms newly included descriptions of the Smith Avenue

fire. They also identified December 29, 2020—the date of that fire—as the onset of Mr. Sirois’s disabling medical condition. (Exhibits 9, 20, 29.)

11. Statements in support of Mr. Sirois’s application were filed by psychiatric nurse practitioner Colette Tefft in March 2022 and by general practitioner Dr. Leo Lane in July 2022. Both statements identified Mr. Sirois’s “date of injury” as “June 2021.” In response to the template form’s request for a description of the events that caused the disability, nurse Tefft referenced certain “attached paperwork.” Dr. Lane wrote: “Please see additional information from . . . his care team including psychiatry and fit for duty form.” (Exhibits 14, 17.)

12. While Mr. Sirois’s application for *accidental* disability retirement was pending, the Methuen fire chief filed an involuntary application to retire Mr. Sirois for *ordinary* disability. The board convened a regional medical panel consisting of Dr. Melvyn Lurie, Dr. Michael Braverman, and Dr. Michael Kahn. The panelists examined Mr. Sirois separately in October 2022. They all then certified that he is permanently disabled by PTSD, with specific symptoms including anxiety, depression, flashbacks, and nightmares. (Exhibits 11, 38-40.)

13. At that time, the panelists were not asked to discuss the cause or causes of Mr. Sirois’s disability. Two of them volunteered their observations nonetheless. Dr. Lurie wrote:

The member described an event which . . . occurred in approximately December 2022 [sic] . . . in which he was lost in a fire. He said he thought he would die. He went in circles . . . .

He clearly has the requisite traumatic event—and actually events—in which he was exposed to trauma and thought he would die. . . . [W]hat is causal [of pertinent symptoms] is the traumatic event in which the person fears for loss or life or significant injury.

Dr. Kahn wrote:

He reports multiple incidents . . . all which weighed heavily on him. He then reports a significant incident in December of 2020 when there was a fire in a cellar. This was a very traumatic experience for him. He could

not see around him . . . . He feared for his safety and he was afraid he would die. . . .

[H]e experienced a severe stressor in December of 2020 when he was caught in the scene of fire, had a very traumatic experience, thought he might die and not survive the fire; and he also experienced numerous traumatic incidents regarding fires involving children who lost their lives and were severely disfigured. These multiple events, particularly the event in December of 2020, triggered significant decompensation, with severe signs and symptoms of PTSD . . . .

(Exhibits 38, 39.)

14. The board retired Mr. Sirois for ordinary disability but not for accidental disability. In a November 2022 decision, the board explained that, among the disabling incidents identified by Mr. Sirois, the only one that predated his application by less than two years occurred in December 2020 (on Smith Avenue); whereas Dr. Lane’s supporting statement “cites to a ‘June 2021’ injury that clearly did not occur.” (Exhibit 32.)

15. Mr. Sirois promptly obtained a follow-up letter from Dr. Lane, which stated: “I am writing to clarify that the date of disability I selected of June 2021, was from paperwork which was completed by . . . Ms. Colette Tefft . . . . In speaking with Mr. Sirois, he has confirmed that the date of disability actually was December 29, 2020.” (Exhibit 34.)

16. Mr. Sirois also timely appealed from the board’s November 2022 decision. His argument on appeal was that “he was traumatized by the [Smith Avenue] fire.” In May 2024, by agreement of the parties, the matter was remanded to the board “for the purpose of advancing the causation element of Mr. Sirois’s application to the same medical panel that previously examined him.” (Exhibits 33, 35, 59.)

### *III. Retirement Proceedings on Remand*

17. On remand, the board furnished the reconvened panel with a three-page instruction letter. The board told the panelists that their responses “must be limited to the

incident that occurred on December 29, 2020.” The board presented the panelists with two descriptions of that incident: one taken from Mr. Sirois’s application, and one offered by a colleague, who concurred with Mr. Sirois about various particulars but “considered [the incident] to be a ‘standard’ exit.” The board emphasized to the panelists that the Smith Avenue fire was not referenced in various records, including those from the On-Site Academy, McLean Hospital, and Dr. Madonna’s evaluation. (Exhibit 50.)

18. Dr. Braverman responded:

Firefighter Sirois clearly reported in the initial evaluation . . . and the current evaluation the severity of the traumatic incident of December 29th, 2020, when he feared he might die, and the emotional impact this had on him. After this event, he was finding it increasingly difficult to go on calls. He was traumatized, had hyperarousal, hypervigilance, disturbing memories, and flashbacks. The traumatic event of December 29th, 2020 also aggravated other traumatic events that he experienced as a firefighter, further contributing to incapacitating PTSD. I found Firefighter Sirois to be a credible reporter of his history and symptoms . . . . I continue to conclude that the December 29th, 2020 was the proximate precipitating event that precipitated the PTSD and that it also aggravated other incidents he endured as a firefighter.

(Exhibit 51.)

19. Dr. Kahn emphasized that the Smith Avenue fire was the capstone of a progressive deterioration:

During a fire in December 2020 he had troubles with his mask, felt like he was suffocating, had a panic attack, and thought he was going to die. It was the “last straw” in terms of him being able to function successfully, although he did not leave work until May of the following year. . . .

Mr. Sirois . . . clearly developed largely untreated post-traumatic stress disorder as a result of . . . multiple incidents . . . . The December 2020 fire caused him to reach a tipping point in terms of his symptoms, following which he became too overwhelmed, panicky, and paralyzed to safely

continue as a firefighter. . . . It should be understood that the causation is based on the exacerbation<sup>[1]</sup> of a pre-existing condition.

With respect to Mr. Sirois's failure to discuss the Smith Avenue fire with certain of his caregivers, Dr. Kahn wrote that Mr. Sirois initially "was not sure why he was feeling as worked up as he was." Dr. Kahn added: "It should be noted that while the December 2020 fire was the 'last straw' for him, it was not necessarily the most traumatic thing that ever happened to him." (Exhibit 52.)

20. Dr. Lurie agreed with his co-panelists, writing: "The event of 12/29/20 by itself qualifies as a traumatic event [and] as a cause of his PTSD. To the extent that there was residual PTSD from other events at work, the 12/29/20 event is an aggravation of pre-existing PTSD." Dr. Lurie added: "His not talking about the event of 12/29/20 seems more like the avoidance of conversations/talking about the trauma." (Exhibit 53.)

21. In October 2024, the board again denied Mr. Sirois's application, explaining that it saw no proximate causal connection between his permanent incapacity and the Smith Avenue fire. Mr. Sirois timely appealed. (Exhibits 56, 57.)

### **Analysis**

Retirement for accidental disability is available only to public employees who are permanently incapacitated as a result of workplace injuries or hazards. *See* G.L. c. 32, § 7(1). There is no dispute that Mr. Sirois satisfies these fundamental requirements. This appeal revolves around the adequacy of Mr. Sirois's paperwork and the timeliness of his application. The pertinent rules are simultaneously important and of a procedural nature. They must be

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<sup>1</sup> In common parlance, the word "exacerbation" does not necessarily denote a transitory problem. *See Bostic v. State Bd. of Ret.*, No. CR-17-193, at \*11 (Div. Admin. Law App. Nov. 22, 2019).



interpreted and applied with attention to the Legislature’s substantive goals. *See Friends & Fishers of Edgartown Great Pond, Inc. v. Department of Env’tl. Prot.*, 446 Mass. 830, 837 (2006); *Normand v. Director of Off. of Medicaid*, 77 Mass. App. Ct. 634, 643 (2010); *Berman v. United States*, 378 U.S. 530, 537-38 (1964) (Black, J., dissenting).

### *I. Supporting Documentation*

The accidental disability retirement statute requires applicants to file a “written application on a prescribed form.” G.L. c. 32, § 7(1). A binding regulation elaborates on the papers that applicants must compile. The regulation’s requirements include “a certificate from a licensed medical doctor.” 840 C.M.R. § 10.06(1)(b).

The Public Employee Retirement Administration Commission has published a template form for the supporting physician’s certificate. The form requires the physician to “check boxes concerning (1) incapacity; (2) likelihood of permanence; and (3) causation, and also . . . provide a narrative report.” *Hickey v. Medford Ret. Bd.*, No. CR-08-380, 2012 WL 13406342, at \*1 (Contributory Ret. App. Bd. Feb. 16, 2012). The beneficial purpose of this format is to “plac[e] before the retirement board a clear summary of the applicant’s grounds for seeking accidental disability retirement, so that the board may assess whether the applicant has made out a prima facie case warranting the convening of a medical panel.” *Id.* at \*2. To be effective, the physician’s certificate—read liberally and with common sense—must endorse the same essential theory presented in the rest of the application. *See Pope v. State Bd. of Ret.*, No. CR-23-0585, 2024 WL 4432418, at \*2 (Div. Admin. Law App. Sept. 27, 2024).

The board maintains that Mr. Sirois’s application remains unsupported by a valid physician’s certificate. The arguments fails on at least two levels. The first is that the papers prepared by Dr. Lane were likely adequate by the time of the May 2024 remand. By then, Dr. Lane had supplemented his original certificate with a letter referencing a disability date of

December 29, 2020. As the board observes, the language of the letter was less than crystal clear. By stating that Mr. Sirois had “confirmed” the revised date, Dr. Lane left room for uncertainty as to whether he was reporting his own analysis or Mr. Sirois’s assertions. But on balance, the former option is more likely. Dr. Lane would have known from his template form that his role in the retirement process was to formulate medical opinions, not to collect statements from the applicant. It is more likely than not that he would have remained faithful to that role.

The other problem with the board’s theory is that any deficiency in Dr. Lane’s statement was harmless. By the time of the remand, the board itself was able to place before the medical panel “a clear summary of [Mr. Sirois’s] grounds for seeking accidental disability retirement.” *Hickey*, 2012 WL 13406342, at \*2. What’s more, those grounds had already been endorsed with reasonable clarity by two members of the medical panel in their pre-remand reports. Neither the board nor the panelists faced any uncertainty about the theory that Mr. Sirois was pursuing or the existence of medical support for that theory. There was no risk that Mr. Sirois’s claim would “become a ‘moving target’ and a source of confusion.” *Zajac v. State Bd. of Ret.*, No. CR-12-444, 2015 WL 14085625, at \*2 (Contributory Ret. App. Bd. Aug. 21, 2015), *aff’d*, No. 1579-00660 (Super. Ct. Aug. 8, 2016). Substantively meritorious claims generally should not be defeated by harmless procedural missteps. *See Schulte v. Director of Div. of Emp. Sec.*, 369 Mass. 74, 80 (1975); *UTrust Co. v. Kennedy*, 17 Mass. App. Ct. 131, 135 (1983); *Harrow v. Department of Def.*, 601 U.S. 480, 483-84 (2024).<sup>2</sup>

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<sup>2</sup> According to a stoutly reasoned recent decision, the causation analysis may not always be tethered to the specific event or events discussed in the physician’s certificate. *See McEachern v. Weymouth Ret. Bd.*, No. CR-17-855, 2025 WL 1092634, at \*7 (Div. Admin. Law App. Apr. 4, 2025). The current case does not call for further discussion of this point.

## II. Timeliness

Subject to exceptions inapplicable here, an accidental disability retirement application must be pursued within two years after the disabling injury or hazard. *See* G.L. c. 32, § 7(1). The purpose of this rule is to afford the retirement board a timely “opportunity to investigate.” *Zajac*, 2015 WL 14085625, at \*3.

Among the traumatic workplace incidents identified by Mr. Sirois, the only one that preceded his retirement application by less than two years was the Smith Avenue fire. The board questions whether Mr. Sirois’s disability was proximately caused by that particular incident.

Causation is considered to be a partly nonmedical issue for the finder of fact. *See Fairbairn v. Contributory Ret. Appeal Bd.*, 54 Mass. App. Ct. 353, 359 (2002). But common knowledge and experience provide limited foundations for conclusions about the life events that are likely to have produced a person’s disabling PTSD symptoms. This area of human experience may be better illuminated by expert medical analysis. *See Bowman v. Heller*, 420 Mass. 517, 521 (1995). *See generally Robinson v. Contributory Ret. Appeal Bd.*, 20 Mass. App. Ct. 634, 639 (1985).

In the context of accidental disability retirement, the Legislature has assigned primary responsibility for questions of medicine to the regional medical panels. *See Malden Ret. Bd. v. Contributory Ret. Appeal Bd.*, 1 Mass. App. Ct. 420, 423 (1973). The retirement statute asks the panelists only whether the member’s disability is “such as might be” the result of the workplace injury or hazard. *See* G.L. c. 32, § 6(3)(a). But the panelists are also permitted to opine on whether the injury or hazard *actually* caused the disability. *See Narducci v. Contributory Ret. Appeal Bd.*, 68 Mass. App. Ct. 127, 134-35 (2007). When the panelists do address that question, their answers tend to carry substantial persuasive force. *See Rogers v. Worcester Ret. Bd.*, No. CR-22-164, 2024 WL 413690, at \*4 (Div. Admin. Law App. Jan. 26, 2024).

The statutory causation requirement is satisfied when a workplace injury or hazard aggravated a member's preexisting medical condition to the point of disability. *See Baruffaldi v. Contributory Ret. Appeal Bd.*, 337 Mass. 495, 501 (1958). All three of Mr. Sirois's medical panelists viewed his case of PTSD as owing its origins to incidents occurring throughout his career. But the panelists also agreed that it was the Smith Avenue fire that transformed Mr. Sirois's symptoms from manageable to incapacitating. Contrast *Scipione v. Barnstable Cty. Ret. Bd.*, No. CR-12-196, at \*29-30 (Div. Admin. Law App. Sept. 4, 2015). The panelists all reached these opinions after considering the board's pointed inquiries about the Smith Avenue fire's absence from certain treatment records.

The panelists' expertise merits deference and weight. It would take especially unusual circumstances for a unanimous panel's views to be worthy of rejection in the absence of conflicting expert analysis. *See Robinson*, 20 Mass. App. Ct. at 639-40. The record here also tends to support a conclusion that Mr. Sirois was able to carry out the duties of his position with reasonable competence until the early months of 2021, i.e., until the Smith Avenue fire. This additional datapoint only buttresses the panel's shared view.<sup>3</sup>

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<sup>3</sup> In its closing brief, the board argues also that the Smith Avenue fire was not "sufficiently traumatic to be a personal injury." It is hard to understand this argument in the context of a firefighter losing oxygen amid a zero-visibility fire. Contrast *Benoit v. Massachusetts Teachers' Ret. Syst.*, No. CR-15-347 (Div. Admin. Law App. Feb. 7, 2018). Regardless, the Appeals Court has said as clearly as can be that a "specific event . . . need not be unusually stressful or traumatic to support a recovery." *Blanchette v. Contributory Ret. Appeal Bd.*, 20 Mass. App. Ct. 479, 485 n.4 (1985). *See Fender v. Contributory Ret. Appeal Bd.*, 72 Mass. App. Ct. 755, 763-64 (2008). As long as causation is established, a single event—as opposed to a deterioration-causing continual feature of the job—is permitted to be as mundane as "walking" or "standing." *See Steinberg v. State Bd. of Ret.*, No. CR-08-171 (Contributory Ret. App. Bd. Mar. 3, 2011).

**Conclusion and Order**

Mr. Sirois is entitled to retire for accidental disability. The board's contrary decision is REVERSED.

Division of Administrative Law Appeals

/s/ Yakov Malkiel

Yakov Malkiel

Administrative Magistrate