



ANDRÉ JACQUE

STATE SENATOR • 1ST SENATE DISTRICT

Phone: (608) 266-3512

Fax: (608) 282-3541

Sen.Jacque@legis.wi.gov

State Capitol • P.O. Box 7882
Madison, WI 53707-7882

*Testimony before the Senate Committee on Labor and Regulatory Reform
State Senator André Jacque
December 10th, 2019*

Chairman Nass and Members of the Committee on Labor and Regulatory Reform,

Thank you for the opportunity to provide testimony in support of Senate Bill 511, the Public Safety PTSD Coverage Act. This very bi-partisan legislation was drafted in partnership with a coalition of Wisconsin's public safety first responders to enable them to receive the necessary help to properly heal. I am pleased that a bi-partisan majority of this committee are co-authors of this proposal and have helped significantly in advancing this discussion since the previous session.

Law enforcement and firefighters are routinely subjected to catastrophic incidents involving severe injury or death. The individual and cumulative effects of exposure to these incidents while serving our communities has had a debilitating effect on our brave public safety officers, causing many to suffer from and be diagnosed with Post-Traumatic Stress Disorder or PTSD.

With increasing suicide rates for first responders suffering from PTSD, now outpacing on-duty deaths, there is a general consensus that something needs to be done. The Public Safety PTSD Coverage Act will make changes to finally clarify the conditions of liability for worker's compensation benefits for a law enforcement officer or a fire fighter who is diagnosed with post-traumatic stress disorder to ensure the coverage they need is received. Similar legislation has been passed in recent years by several other states, including Minnesota, with negligible impact on overall workers compensation system costs.

While current law provides that an employer is liable for accidents or diseases of its employees if the accident or disease causing injury arose out of the employee's employment, it also requires that for a mental injury to be compensable under the worker's compensation law, the mental injury must result "from a situation of greater dimensions than the day-to-day emotional strain and tension which all employees must experience," stemming from a 1974 Wisconsin Supreme Court Case. However, the day-to-day situations faced by public safety first responders (by the very nature of their occupation) involve death, danger and violence with such frequency that they are much more likely to experience PTSD from the cumulative effect and suffer greatly as a result.

This bill eliminates the "greater dimensions" requirement for coverage of a public safety first responder's work-related PTSD diagnosis, recognizing that while a single event can trigger PTSD, so can repeated exposure to dangerous high stress events (the emotional responses to which may often be very different between any two people). SB511 requires a preponderance of evidence standard and that the mental injury is not the result of or first reported during a good-faith employment action by the person's employer. Additionally, this bill includes a key compromise between all stakeholders of 32 weeks of covered treatment after the injury is first reported. Helping public safety employees with the treatment needed to recover from PTSD and return to work also reduces the long term costs of duty disability and training of new personnel.

PTSD can be treated effectively, and allow those affected to return to protecting and serving the public. It is critical that the men and women we have depended on as first responders that are affected by PTSD have access to treatment and the support they need to recover, both for their own health and those who depend on them.

This committee voted in favor of this legislation in a bi-partisan fashion last session and it continues to enjoy strong bi-partisan co-sponsorship this Session. I also want to thank the members of the Worker's Compensation Advisory Council and its Labor and Management Caucuses for their consideration and support in development of the language of Senate Bill 511. Please join myself, 40 of my fellow co-authors and co-sponsors, the Wisconsin Professional Police Association, Wisconsin Chiefs of Police Association, Professional Fire Fighters of Wisconsin, Wisconsin Troopers Association Inc, Wisconsin Sheriffs and Deputy Sheriffs Association, and Badger State Sheriffs' Association in supporting the Public Safety PTSD Coverage Act.

Wisconsin Legislative Council



Anne Sappenfield, Director
Jessica Karls-Ruplinger, Deputy Director

TO: SENATOR ANDRE JACQUE

FROM: Margit Kelley, Senior Staff Attorney

RE: 2019 Senate Bill 511, Relating to Claims for Compensation for Post-Traumatic Stress Disorder by Police Officers and Firefighters Under the Worker's Compensation Law

DATE: December 6, 2019

This memorandum briefly describes 2019 Senate Bill 511, relating to a worker's compensation claim by a police officer or full-time member of a fire department for post-traumatic stress disorder (PTSD). The memorandum also provides information regarding questions about the bill that have been raised by the City of Milwaukee.

BACKGROUND

Under current law, employment-related PTSD could be covered as an "injury" by worker's compensation, as a type of mental injury that is recognized by the law. [s. 102.01 (2) (c), Stats.] However, under current case law, in order for the claim to be recognized, a person must prove that it was caused by **unusual stress** compared to other similar employees.

The Wisconsin Supreme Court has held that mental injury is compensable only if it results from a situation of greater dimensions than the day-to-day mental stresses and tensions that all employees must experience. This is commonly referred to as the "unusual stress" test or the "greater dimensions" test. [*School Dist. No. 1 v. DILHR*, 62 Wis. 2d 370 (1974).]

This has been interpreted to mean that the stress that caused the disorder must be unusual for someone similarly situated in that type of occupation. If an event could foreseeably be encountered by personnel in a particular field, then it would not be compensable.

For example, courts have held that a special weapons and tactics (SWAT) team officer who shot and wounded a suspect who was armed with a knife experienced an event that could foreseeably be encountered, while a deputy sheriff who was transporting a person in custody experienced a grisly event that was out of the ordinary when the deputy sheriff witnessed the person self-inflict fatal wounds with a scalpel that had not been discovered. [See, for example, *Swiss Colony, Inc. v. DILHR*, 72 Wis. 2d 46 (1976); *Probst v. LIRC*, 153 Wis. 2d 185 (Ct. App. 1989); *Jensen v. Employers Mut. Cas. Co.*, 161 Wis. 2d 253 (1991); *Bretl v. LIRC*, 204 Wis. 2d 93 (Ct. App. 1996); *County of Wash. v. LIRC*, Wis. Ct. App. No. 2012AP1858-FT (Jan. 9, 2013, unpublished); *Burt-Redding v. LIRC*, Wis. Ct. App. No. 2016AP916 (July 18, 2017, unpublished).]

THE BILL

Senate Bill 511 creates specific circumstances in which PTSD may be a covered injury, if all other worker's compensation requirements are met.

Specifically, under the bill, a worker's compensation claim by a law enforcement officer or a full-time member of a fire department may be compensable for a mental injury that results in PTSD if the PTSD diagnosis is made by a licensed psychiatrist or psychologist and the mental injury arose out of and in the course of the employment. The bill specifies that the diagnosis does not need to be based on unusual stress of greater dimensions than the day-to-day emotional strain and tension that may be experienced by similarly situated employees.

The bill also specifies that a PTSD claim by a law enforcement officer or a full-time member of a fire department is not compensable if the mental injury is the result of certain actions taken in good faith by an employer. In particular, a claim cannot be based on a good faith disciplinary action, work evaluation, job transfer, layoff, demotion, or termination.

The bill limits the period of disability for which worker's compensation can be paid to a law enforcement officer or member of a fire department for a mental injury that results in PTSD to 32 weeks from the first report of the injury.

The bill does not modify the unusual stress test that would continue to apply under current case law for all other work-related mental injuries, such as anxiety disorder or depression.

QUESTIONS FROM THE CITY OF MILWAUKEE

The City of Milwaukee submitted a memo to the worker's compensation advisory council on November 11, 2019, which suggested two potential changes to the bill.

First, the city suggests that language be added to indicate that a mental injury may not be the result of an investigation or notice of investigation into allegations of misconduct. The bill could be amended to accommodate that language, or to re-phrase the list of good faith actions to clearly specify that the list is not exhaustive. However, the bill requires a specific diagnosis of PTSD by a licensed psychiatrist or psychologist, and the Diagnostic and Statistical Manual (DSM) used in those professions identifies certain trauma to which a person must have been exposed. Among the criteria that are required for a diagnosis of PTSD, a person must have direct or indirect exposure to death, serious injury, or sexual violence, or direct or indirect exposure to a threat of one of those traumatic incidents. Accordingly, it appears that an investigation into allegations of misconduct could not be considered to be a cause of mental injury for a PTSD claim by a law enforcement officer or member of a fire department.

Second, the city suggests language be added to require evidence of a link between the PTSD diagnosis and a specific work activity, experience, or situation during which the employee was fulfilling job responsibilities. However, the bill specifies that other worker's compensation requirements must be met, in addition to the professional diagnosis of PTSD. In particular, among those other provisions, the employee must be performing services growing out of and incidental to the employment at the time of the injury, and the mental injury must arise out of and in the course of the employment. Accordingly, it appears that the bill already satisfies this suggestion by requiring that those other conditions of liability for worker's compensation be met.

If you have any questions, please feel free to contact me directly at the Legislative Council staff offices.

MSK:ty



CODY HORLACHER

STATE REPRESENTATIVE • 33RD ASSEMBLY DISTRICT

(608) 266-5715
Toll-Free: (888) 529-0033
Rep.Horlacher@legis.wi.gov

P.O. Box 8952
Madison, WI 53708-8952

December 10th, 2019

Chairman Nass and Senate Labor and Regulatory Reform Committee Members,

Thank you for holding a Public Hearing on SB 511 related to claims for compensation for post-traumatic stress disorder by police officers and fire fighters under the worker's compensation law.

With increasing suicide rates for first responders suffering from PTSD, there is a general consensus that something needs to be done. The Public Safety PTSD Coverage Act will make changes to finally clarify the conditions of liability for worker's compensation benefits for a law enforcement officer or a fire fighter who is diagnosed with post-traumatic stress disorder to ensure the coverage they need is received. Similar legislation has been passed in recent years by several other states, including Minnesota, with negligible impact on overall workers compensation system costs.

While current law provides that an employer is liable for accidents or diseases of its employees if the accident or disease causing injury arose out of the employee's employment, it also requires that for a mental injury to be compensable under the worker's compensation law, the mental injury must result "from a situation of greater dimensions than the day-to-day emotional strain and tension which all employees must experience," stemming from a 1974 Wisconsin Supreme Court Case. However, the day-to-day situations faced by public safety first responders (by the very nature of their occupation) involve death, danger and violence with such frequency that they are much more likely to experience PTSD from the cumulative effect and suffer greatly as a result.

This bill eliminates the "greater dimensions" requirement for coverage of a public safety first responder's work-related PTSD diagnosis, recognizing that while a single event can trigger PTSD, so can repeated exposure to dangerous high stress events (the emotional responses to which may often be very different between any two people). SB 511 requires a preponderance of evidence standard and that the mental injury is not the result of or first reported during a good-faith employment action by the person's employer. Additionally, this bill includes a key compromise between all stakeholders of 32 weeks of covered treatment after the injury is first reported. Helping public safety employees with the treatment needed to recover from PTSD and return to work also reduces the long term costs of duty disability and training of new personnel.

PTSD can be treated effectively, and allow those affected to return to protecting and serving the public. It is critical that the men and women we have depended on as first responders that are affected by PTSD have access to treatment and the support they need to recover, both for their own health and those who depend on them.

The Public Safety PTSD Coverage Act is supported by the Wisconsin Professional Police Association, Wisconsin Chiefs of Police Association, Professional Fire Fighters of Wisconsin, Milwaukee Police Association, Milwaukee Professional Fire Fighters Association, Wisconsin Sheriffs and Deputy Sheriffs Association, Wisconsin Troopers Association, and Badger State Sheriffs' Association.

This legislation was presented to the Wisconsin Worker's Compensation Advisory Council and has been approved by both the Labor & Management Caucuses as well as the full Council.

I appreciate your consideration of this bill and I would be happy to answer any questions you may have.

Wisconsin Chiefs of Police Association, Inc.

River Ridge – 1141 South Main Street, Shawano, Wisconsin 54166 • Telephone (715) 524-8283

Sean M. Marschke
President
Sturtevant

Kenneth M. Pileggi
1st Vice President
Jefferson

Patrick S. Mitchell
2nd Vice President
West Allis

Steven G. Roux
3rd Vice President
Rice Lake

Donald L. Thaves
Executive Director
Shawano

Timothy J. Styka
Treasurer
Menasha



December 10, 2019

To: Chairman Nass and members of the Senate Labor and Regulatory Reform Committee

From: Chief Greg Leck, WCPA Legislative Co Chair

RE: Support SB 511, workers compensation coverage or law enforcement officers with PTSD.

Thank you, Chairman Nass, for your willingness to hold a hearing again this year on this bill. This is a serious issue for law enforcement. We urge this committee to support SB 511 which has come a long way since last session. It will provide a path for law enforcement officers who have PTSD from the demands of their day to day jobs, to get workers compensation insurance coverage, and more importantly, get help. Today's bill represents a lot of hard work and compromise from many stakeholder groups.

The Wisconsin Chiefs of Police Association represents more than 700 communities across this state. As Police Chiefs, we oversee the well-being of more than 10,000 men and women who wear a badge every day and take an oath to protect and serve citizens in their community and across this state.

In addition to Senator Nass, we also thank the lead authors of this bill ---Senator Andre Jacque, Senator Van Wanggaard, Senator Janet Bewley and Rep. Cody Horlacher and Rep. Jodi Emmerson for working with us and a variety of stake holder groups representing the business community, insurance companies, and the League of Wisconsin Municipalities to name a few—to get us to an agreed upon compromise bill that is before you today. Of course, we also thank the Workers Compensation Advisory Council, (the WCAC), who has indicated that as a part of whatever legislative package they plan to present yet this session --- this exact bill language will be included in their package.

We understand the importance of trying to make changes via the WCAC. This legislation is merely a safeguard for this issue to be addressed this session, in case the WCAC does not end up with an agreed upon bill in time to be acted on before the legislature adjourns early 2020.

This year, the National Law Enforcement Officers Memorial Fund released its mid-year [line of duty death statistics](#) showing that 60 officers nationwide have died in the line of duty as of July 1, 2019.

This same report showed that twice as many police officers have taken their own lives as have been killed in the line of duty. The suicide rate among police officers is about 16 per 100,000, according to 2013 figures, the latest available from a Centers for Disease Control and Prevention database.

Wisconsin Chiefs of Police Association, Inc.

River Ridge – 1141 South Main Street, Shawano, Wisconsin 54166 • Telephone (715) 524-8283

Sean M. Marschke
President
Sturtevant

Kenneth M. Pileggi
1st Vice President
Jefferson

Patrick S. Mitchell
2nd Vice President
West Allis

Steven G. Roux
3rd Vice President
Rice Lake

Donald L. Thaves
Executive Director
Shawano

Timothy J. Styka
Treasurer
Menasha



It is a sad day when an officer commits suicide because of their PTSD, because they cannot get the help they need. That is why insurance coverage for PTSD for law enforcement is the number one issue for police departments around the country. Tragically, we all see law enforcement suicides as an ever-present challenge across this country. The good news is more officers suffering from PTSD want to get help. The stigma is improving. Other states have already passed different forms of workers compensation coverage for PTSD treatment for law enforcement officers. We hope through passage of SB 541, Wisconsin will join their ranks.

At time when fewer people are going into law enforcement, passage of this bill will signal that yes, the citizens and lawmakers of this state do care about the men and women in uniform. We know policing is a much tougher job today than it was years ago. With fewer people going into law enforcement, the average cost to replace an officer with training, experience and all those community connections is about \$100,000 per officer. When we lose a good officer, who cannot pass the fitness for duty test because of their PTSD, agencies struggle to replace those officers. No one talks about that cost.

We urge you to support this separate legislation or the WCAC package that will include this exact language, if it comes forward. Thank you in advance for your consideration.

WISCONSIN PROFESSIONAL POLICE ASSOCIATION

Law Enforcement Employee Relations Division • Supervisory Officers Relations Division • Civilian Employees Relations Division

MEMORANDUM

DATE: December 10, 2019

TO: SENATE COMMITTEE ON LABOR AND REGULATORY REFORM

FROM: Jim Palmer, Executive Director
Wisconsin Professional Police Association

RE: 2019 Senate Bill 511

Representing over 10,000 members from more than 300 local association affiliates, the Wisconsin Professional Police Association (WPPA) is the state's largest law enforcement group. Our mission is to protect and promote public safety, as well as the interests of the dedicated men and women that serve to provide it. In that vein, we offer this memorandum to express our **SUPPORT of 2019 Senate Bill 511**, which would create specific circumstances in which post-traumatic stress disorder (PTSD) may be a covered injury under Wisconsin's Worker's Compensation Laws.

For decades, far too many first responders in Wisconsin have been significantly harmed by the fact that they could not obtain worker's compensation benefits and protections after developing PTSD as a result of the stressful and dangerous incidents they had to endure in the line of duty. This began in 1974 when the Wisconsin Supreme Court held that, in order for an employee with PTSD to receive worker's compensation, they "must show that the mental injury was caused by unusual stress of greater dimensions than the day-to-day emotional strain and tension experienced by similarly-situated employees." This ruling has been applied to prevent first responders from receiving worker's compensation benefits on the basis that the horrific duty-related incidents that have caused PTSD "was what they signed up for." As a result, first responders suffering from PTSD have found themselves faced with the impossible choice of either having to return to work without the ability to first get the help that they need or to leave the profession entirely.

Since 1974, however, the medical community's understanding and acceptance of PTSD has changed dramatically. The diagnosis and treatment of PTSD is now well-established, and many states throughout the country are updating their worker's compensation laws to enable officers to get the help they need and deserve. Medical professionals and public policymakers across the United States have demonstrated a growing recognition of PTSD and of the obligation to take care of those that incur this devastating mental injury in the course of their service to their communities. SB 511 reflects the value that we ought to place in the duties performed by our dedicated first responders and take care of those after they have suffered in their service to protect us.

The precise measure before this committee was recently approved by the Wisconsin Worker's Compensation Advisory Council for inclusion in the Agreed Upon Bill. For that reason and those outlined herein, we respectfully request that this committee approve SB 511 as soon as it is possible to do so in order to advance this reform of extraordinary importance to our law enforcement community and other first responders.

Thank you in advance for your consideration.



MIDDLETON POLICE DEPARTMENT

7341 Donna Drive Middleton, WI 53562

Charles Foulke - Chief of Police



Good morning, my name is Charles Foulke and I am the Chief of Police for the Middleton Police Department. I have been a law enforcement officer for 38 years.

A little over a year ago, on September 19, 2018, Middleton became yet another community affected by gun violence. Without warning or provocation, an employee of Paradigm stood up from his desk and began shooting fellow employees. Because of the brave reactions of Paradigm employees, prompt response and decisive actions by law enforcement, and remarkable medical care by Emergency Medical Services and Hospital staff, no one died that day other than the shooter.

September 19, 2018 was a traumatic day for our community, first responders and the employees of Paradigm.

I would like to share a story from one of the first responders, who has given me permission to speak of his experience, without identifying him. Let's call him Richard. Richard has worked for Middleton PD for 21 years. As is the case of most police officers in the United States, he has never fired his weapon in the line of duty, at least not until September 19, 2018. On that day, Richard was one of about a dozen Middleton officers and Dane County Sheriff's deputies who initially rushed into the business. Many employees were able to flee the business when the shooting began, but we estimate there were about 20 who were still in the building...hiding under desks, barricaded in offices or closets, some still trying to find a way out as law enforcement entered. The shooter was actively hunting them. Officers encountered the suspect and negotiated with him for one minute to drop his weapon. He did not, as a matter of fact he pointed his weapon at the officers and began shooting at them. 4 officers, including Richard responded by resorting to using deadly force and firing back at him, killing him.

While this was certainly a case of justifiable deadly force, as the Dane County DA ruled 3 months later, it was a tremendously traumatic event for all involved, certainly for those who had to use deadly force. The officers who fired their weapons, including Richard, were placed on paid administrative leave for 3 months.

Immediately after the shooting, Richard was paired with a buddy officer, an officer not involved in the shooting who stayed with him for the rest of the day. He worked with the peer support team, participated in critical incident debriefings which included his family and saw a trauma psychologist several times. We had a number of debriefings with Richard and his colleagues over the months.

Richard was authorized to come back to work on December 28, once the DA determined that the officers' actions were justified. Richard was glad to be back to work, to be back

with his work family. We eased him back to work that first week and he was beginning to get back in the swing of things.

On January 7, DA Ozanne, Sheriff Mahoney and I held a press conference to relay the DA's findings and update the public on the investigation. It was at this time that all reports were released, including dramatic body worn camera footage. The most dramatic body worn camera footage, the one played over and over by the press, was from Richard's body worn camera.

It was at that time that Richard, who is the picture of health and is in his early 40's came down with a bad case of shingles, which he had never experienced before. He was miserable and unable to work. He went to the doctor and was diagnosed with shingles. The doctor told him that it was his opinion the shingles had been brought on by stress, which made sense because it coincided with the release of the reports and body worn camera footage.

Richard missed over 3 weeks of work then and has missed several weeks since then. We filed a workers comp claim with our carrier, which was denied. The denial letter read in part: "We have received the medical records from UW Health regarding your office visit on January 14, 2019. The diagnosis is herpes zoster (shingles) without complication. There is no indication in the medical records that this is related to your employment as a police officer. At this time, based on information obtained, we will be unable to accept responsibility for your worker's compensation claim, either indemnity or medical expenses."

Our city decided to put Richard on Administrative Leave with pay, but how many cities would do that? What if his leave had been longer, what if it had been permanent?

I told you that I have been a police officer for 38 years. I have seen the consequences of stressors brought on by a single event like what Richard is still going through or the cumulative emotional impact of stressors affecting police throughout their career. People handle trauma differently, but all emergency responders experience it because of the profession we have chosen. More police officers die from suicide than are killed in the line of duty, we have high rates of alcoholism, drug abuse, domestic abuse and divorce. We have gotten much better in my profession in recognizing these issues and prioritizing employee wellness, but we have a long way to go and roadblocks like workers comp denials do not help.

The Wisconsin Chiefs of Police Association has worked with stakeholders on this issue for over 2 years. Although the proposal is not perfect in our eyes, we have achieved consensus around this compromise bill. This bill will help officers like Richard get back to work, to the profession that they love, are passionate about and that they are very good at.

Richard and his fellow officers saved lives on September 19, 2018. Law Enforcement officers save lives every day. The passage of this bill may help save an officer's life one



MIDDLETON POLICE DEPARTMENT

7341 Donna Drive Middleton, WI 53562



Charles Foulke - Chief of Police

day, it will certainly help them return to work after experiencing traumatic events, and will show them that the state cares about their well-being also and will help them remain in their chosen profession.

I am retiring at years end and I would be so proud if AB 560 and SB 511 were signed into law by Governor Evers before adjournment early next year for the benefit of current and future law enforcement officers. The timetable is short thank you for your consideration.

I worry about Richard every day.

Fox 21 News

Mother Speaks About Superior Firefighter Son's Suicide; Dept. Holds New Support Training

March 7, 2019

Dan Hanger, Andrew Kirov

SUPERIOR, Wis. – Cheryl Sutton, the mother of Erik Sutton — a retired Superior fire battalion chief — broke her silence Thursday about her son's suicide to FOX 21's Dan Hanger.

This, as the Superior Fire Department — for the first time — takes on special mental health training to help prevent another tragedy involving one of their own.

“Each step of his career, it was like, wow, this kid has made it. This is great. This is fantastic. But underlying it, we had no clue what was going on,” said Cheryl Sutton, Erik's mother.

“Whenever that bell goes off, you put the personal stuff aside and you go on the call — and sometimes you have to deal with some pretty traumatic things,” said Suzi Olson, captain of the Superior Fire Department and president of the Superior Firefighters Local 74.

Olson says the old days of firefighting are long gone with traumatic medical calls becoming far too common.

“Just in my 17 years here, the job has changed significantly and I'm dealing with things now I never thought I would have to deal with as a firefighter,” Olson said.

Olson says the added life-and-death stresses of the job are pushing too many firefighters into a dark path.

“It's becoming a problem on a national level where we have more firefighters passing away from suicide than in the line of duty,” Olson said.

National statistics show firefighter suicides are on the rise in the U.S., exceeding 100 deaths every year since 2014.

In 2018, one of those deaths was retired Superior Battalion Chief Erik Sutton.

“As his family — didn’t have a clue. He was a hell of an actor,” Erik’s mother Cheryl said to a group of Superior firefighters and area first responders at the Northland’s first-ever behavior and mental health training from the International Association of Fire Fighters on Thursday.

Cheryl says Erik always wanted to be a firefighter since he was a young kid, and he always had a heart for helping others — even up until his death at 46 years old.

“He was tall, good looking, easy to get along with, fantastic sense of humor, always a big smile on his face, first one to help if anybody to need help,” Cheryl said.

But things began to change as all types of stressful medical calls became the norm for the fire department.

“Just really, really horrific — lots of death. And he didn’t know how to deal with it, how to process it — and so he buried it,” Cheryl said.

Burying it, Cheryl said, meant getting off the rig and taking a promotion as battalion chief.

But when his demons still ate away inside, he retired from the department after 20 years of service hoping for relief — relief that never came and only got worse after Erik’s father took his own life while battling a debilitating disease.

“He had Parkinson’s. He just couldn’t deal with being disabled anymore,” Cheryl said. “I think Erik blamed himself. He should have been able to stop it.”

Erik, their only child, would end his life just three months later.

“I didn’t see anything. That’s probably the hardest thing, but when I hear now from his co-workers that he sometimes was isolating himself, that just wasn’t Erik,” Erik said.

“When you lose someone to suicide that you work so closely with and you see all the time, you can’t help but kind of wonder what did we miss — what could we have done different,” said Superior Fire Capt. Lindzi Campbell-Rorvick.

Campbell-Rorvick worked side by side with Erik throughout his career, and is part of the reason the special two-day support training was set up.

“If we can do anything to honor Erik’s memory, it’s that we can put this class on and help other people that might need help and create that safety net to catch people before they fall too far,” Campbell-Rorvick said.

And that’s exactly how Cheryl is choosing to keep Erik’s memory alive while keeping her spirit alive as well.

"I would have preferred he was a poster child for something else right now, but if his death can save somebody else's by training that's going on right now, then I'll be grateful," Campbell-Rorvick said.

The \$7,500 two-day training with the International Association of Firefighters was paid in part by the support of the city of Superior, Essentia Health, Superior Water Light & Power and WITC.

72,851 views Aug 23, 2018, 09:43am

Forbes Magazine

More Firefighters Committed Suicide In 2017 Than Died In Line Of Duty

Nicole Fisher Contributor

Healthcare

TWEET THIS

- That is more than 10 times the rate of the general population.
- And if the FFBHA is correct, that means more than twice the number died at their own hand than in the line of duty.



Shutterstock

Last week, Southern California was stunned by the disappearance of an LA County Fire Department Captain. For almost a week family, friends, firefighters and first responder communities came together to help locate him. Unfortunately, for the loved ones of Wayne Habell, five days after his disappearance he was found, having taken his own life.

Sadly, for those in first responder roles, suicide is nothing new. In fact, the Journal of Emergency Medical Services reports in a 2015 survey of more than 4,000 first responders, that 37% had contemplated suicide and almost 7% had attempted it. That is more than 10 times the rate of the general population. Nevertheless, the Firefighter Behavioral Health Alliance (FFBHA) says that despite that staggering number, they estimate only 40% of firefighter suicides are voluntarily reported. Another study concluded that at least 143 firefighters had taken their own lives in 2015, while far fewer had died in the line of duty. This same report also highlighted that firefighters commit suicide at a higher rate than even their police officer peers. And if the FFBHA is correct, that means more than twice the number died at their own hand than in the line of duty. At the time of publication, FFBHA had confirmed 43 firefighter suicides in 2018.

Firefighters, like many first responders, spend a career facing death and destruction. Shift after shift trying to save others while putting themselves in harms way. But for firefighters, a challenging schedule can intensify issues. Sleep deprivation, 24-hour work shifts, lots of missed family time and generally low pay. Consequently, there is plenty of opportunity for frustration and stress – professional and personal. And despite being five times more likely to suffer from depression and PTS symptoms than the rest of the population, very few fire stations support mental health care needs (supposedly less than 5%).

With increasing frequency, the mental health of full-time firefighters is compared to those who serve in the military. Populations who self-select into physically demanding, high-risk taking careers, purposefully running into danger with the aim of helping others. And that, especially in these male-dominated fields, the occupation is how they define themselves. Thus, once they pass the peak of their physicality or face retirement, they often report feeling a loss of identity. Add in a Superman complex of feeling like it's their job to save others, frequent reports of decreasing testosterone levels with age, and the effects of hiding their emotions following years of traumatic situations, and it's no wonder the stigmas, symptoms and outcomes often look similar between firefighters and service members.

Strategic Successes

Although suicide in the U.S. has reached epidemic levels, the media is selective in highlighting celebrities. Media also covers the deaths of first responders lost in the line of duty extensively. But the ones who are lost to their own demons are left to cope in silence, feeling isolated. First responders in particular are

afraid to speak up, for fear of career limitations or being seen as less brave by those around them. But, as more individuals and families begin to speak up, the less alone and stigmatized others feel. And with that, come added resources and strategies.



JACKSON POLICE DEPARTMENT

N168 W20733 Main Street, Jackson, WI 53037

Integrity - Respect - Courage



RYAN D. VOSSEKUIL
CHIEF OF POLICE

PHONE: (262) 677-4949
FAX: (262) 677-8570

Written Testimony of: Chief Ryan VossekUIL, Jackson Police Department
Before the: Senate Committee on Labor and Regulatory Reform
December 10, 2019

I'd like to thank the chairman and the committee for the opportunity to provide testimony regarding Senate Bill 511. My name is Ryan VossekUIL and I serve as the Police Chief in the Village of Jackson. I'd like to share with you my department's experience as it relates to post-traumatic stress disorder and the work comp claim process. Officer Kyle Henning is a ten-year veteran police officer with our department, and he has given permission to share his name and his story with this committee.

On July 1, 2016, Jackson Officers responded to a domestic violence incident in the village. A woman had called 911 to report that a man had forced entry into her apartment and was assaulting her and had threatened to kill her. Screaming could be heard on the line when the call abruptly disconnected. When officers arrived on scene, they entered the apartment and found the woman had been taken hostage in her shower. The man, a 58-year-old former boyfriend of the woman, held her head with his arm and held a knife to her face.

The man ignored commands to drop the knife and Officer Henning was forced to use deadly force to save the woman's life. This officer-involved death was investigated by the Wisconsin Department of Justice – Division of Criminal Investigation. Ultimately, the shooting was reviewed by the Washington County District Attorney and determined to be justified.

Officer Henning returned to duty several months later and dealt with ongoing flashbacks to the shooting. In August of 2019, Officer Henning responded to a domestic violence call. As he walked up the driveway, a man lit off a firecracker inside the residence. Officer Henning began experiencing sleeplessness, panic attacks and flashbacks to the 2016 officer-involved shooting. Officer Henning became unable to work in September. As of today, he is still unable to work and receiving treatment for PTSD.

Officer Henning's claim for worker's compensation was denied. According to our insurance carrier, the shooting was not considered "extraordinary stress", and he has exhausted his paid



JACKSON POLICE DEPARTMENT

N168 W20733 Main Street, Jackson, WI 53037

Integrity - Respect - Courage



RYAN D. VOSSEKUIL
CHIEF OF POLICE

PHONE: (262) 677-4949

FAX: (262) 677-8570

leave. Officer Henning upheld his oath to protect our community, but unfortunately the state's "extraordinary stress" standard prohibited Officer Henning from receiving the benefits he and his family need and deserve. For the benefit of police officers and firefighters that will experience similar situations in the future, I respectfully request that you vote in support of this measure.

Thank you for your consideration.

Respectfully,

Chief Ryan VossekUIL



131 W. Wilson St., Suite 505
Madison, Wisconsin 53703
phone (608) 267-2380; (800) 991-5502
fax: (608) 267-0645
league@lwm-info.org; www.lwm-info.org

To: Senate Committee on Labor and Regulatory Reform

From: Curt Witynski, J.D., Deputy Director, League of Wisconsin Municipalities
Richard Ceman, Jr., Bascom, Budish & Ceman, S.C.

Date: December 10, 2019

Re: Proposed changes to SB 511, Workers Comp Coverage for PTSD Claims by
Police and Fire

The League of Wisconsin Municipalities and Cities and Villages Mutual Insurance Company (CIVMIC) neither support nor oppose SB 511, but recommend the following three changes to the bill for your consideration:

- Make mental stress disorders short of a PTSD diagnosis covered by workers compensation.
- Allow masters level mental health practitioners to be eligible to provide PTSD treatment in addition to psychiatrists and psychologists
- Clarify that the extraordinary stress standard for non-traumatic mental injuries applies to duty disability claims under sec. 40.65 so that in order to qualify for duty disability only, the employee must still prove extraordinary stress. The bill in its current form eliminates the extraordinary stress standard for worker's compensation and for duty disability. We propose restoring it for duty disability only.



Department of Employee Relations

Tom Barrett
Mayor

Maria Montegudo
Director

Renee Joos
Employee Benefits Director

Nicole Fleck
Labor Negotiator

City of Milwaukee Testimony regarding SB 511/AB 569

December 10, 2019

Senate Committee on Labor and Regulatory Reform

Thank you for the opportunity to testify in support of this important legislation. We have recognized and appreciated changes already made to address Milwaukee's concerns. We share your interest in ensuring benefits and protections are available to public safety personnel as they continue to be exposed to an increasing number of traumatic events while performing their difficult work.

Over the last several years, the City of Milwaukee has made a firm commitment to the health and well-being of our employees, including our protective service personnel. Every program is designed to help employees manage work and personal stressors for a better work/life balance. We have invested in an on-site workplace clinic, dedicated EAP resources, Peer Support Teams, Care 24 Programming through UnitedHealthcare, and have funded an on-site health advocate to help employees navigate through difficult healthcare decisions.

The City recognizes the need and the importance of a system that allows public safety personnel to file worker compensation claims when they are exposed to traumatic critical incidents. We also support the need to facilitate access to help to ensure immediate and appropriate medical care and recovery.

In order to ensure that only the individuals truly impacted by these unfortunate events receive the help and benefits they are entitled to under applicable law, we believe that one additional provision should be added. The City of Milwaukee is respectfully requesting the addition of an employment investigation or notice of investigation into allegations of misconduct as one of the situations that can't trigger a claim of PTSD.

This addition is necessary because we don't believe, as documented in the December 6th Legislative Council memo, that the Diagnostic and Statistical Manual definition of PTSD is by itself a bar to filing a claim when there is an investigation into allegations of misconduct. Furthermore this definition does not preclude a psychiatrist from assigning a PTSD diagnosis to a member who is a patient. The proposed language is consequently needed to deal with actual cases where members have used an investigation or notice of investigation as a triggering event for filing a PTSD claim as described below.

1. A Police Detective was witnessed entering a secure work area of the Chiefs Office of Management, Analysis & Planning which is responsible for the research, data, and policy matters. The Detective and a coworker, who were not assigned to work within that location, accessed this office after hours without authorization. The Detective was investigated for being in a secured locked area after hours for an office she was no longer assigned to. The investigation did not result in disciplinary action but the Detective filed a workers compensation claim for stress and a medical provider diagnosed her with PTSD as a result to the internal investigation.



2. A number of Police Officers were being investigated due to allegations of illegal strip searches. Many of the allegations began with a stop, followed by a pat down and illegal cavity searches. Officers were charged with violating strip search law, misconduct in public office and second degree sexual assault. During the investigation, stress claims were filed under workers' compensation.

3. Milwaukee Fire Department Engine house 32 in which extensive vandalism, disorder and damage to the firehouse by MFD staff personnel which were permanently transferred from the engine house to other work at other engine locations. The damage included defecation of property, apparent urine and feces in inappropriate areas, broken equipment, and a dead rat hung on someone's locker. Two stress claims were filed by members being investigated while the investigation was going on.

4. A number of Police Officers and a Sergeant went sledding in a cemetery when they were supposed to be on duty. One officer broke some ribs. According to the criminal complaint the Sgt. not wanting to get anyone in trouble, advised the officers to go to another location and invented a crime in order to justify the accident of the broken ribs. While being placed under investigation, employees filed both false injury claims and stress claims. The charges were substantiated and both w/c fraud charges and criminal charges were filed. Employees were disciplined or discharged as a result of this matter.

Employment investigations into allegations of misconduct are a key component of the due process rights members have per applicable state statutes and provisions of collective bargaining agreements. The proposed language is designed to ensure that notice of the investigation or the investigation itself does not trigger a claim of PTSD as was the case in the examples provided.

These investigations are separate and distinct from investigations conducted by law enforcement agencies after a traumatic critical incident such as an officer involved shooting or after an incident involving excessive use of force. The proposed language does not interfere with an employee's ability to file a worker's compensation claim after a traumatic incident. An investigation after a traumatic incident has absolutely no effect on an employee's ability to file a worker's compensation claim based on the underlying event. It is up to the employee how they want to shape their claim. If the traumatic incident is the basis of the claim, then the employee can simply claim as much.

We have been made aware of concerns shared with legislators that investigations or notice of investigation into allegations of misconduct should not be included as an exception to the current bill because of the lack of clearly-defined legal standards used to determine if the investigations are lawful and made in good faith. However, it is important to recognize that the same way a member has a legal mechanisms to challenge the exceptions listed in the current bill (discipline, work evaluation, job transfer, layoff, demotion, termination), that member could also challenge the same personnel action by claiming it violates the ADA, Title VII, the Wisconsin Fair Employment Act, or the Municipal Employment Relations Act. The same is true of a personnel investigation; an employee could claim that the investigation is undertaken for an illegal purpose based on a protected characteristic or the employee's union activity or that the investigation demonstrates harassment or retaliation for protected action. These are the appropriate remedies for such cases.

Thank you for the opportunity to participate in this hearing. Your serious consideration of the proposed addition is truly appreciated.



December 10, 2019

Senator Roth,

It has come to my attention that SB 511 does not include a provision for EMS Providers (Paramedics, EMTs, and Emergency Medical Responders). Currently the bill only allows for Firefighters and Police Officers to qualify for the benefits from this bill. I urge you to try and get EMS Providers added to this bill. In addition to my work as a Captain and Instructor at Town of Neenah Fire Department, I also work part-time as an EMT up in Mountain. I have seen first-hand how PTSD and related mental health issues can affect not only our Firefighters and Police Officers, but also our EMS Providers. If you have any questions i would love to help answer them, otherwise I'm sure my friends at the Wisconsin EMS Association can do a better job at that than I can!

Yours in service,

Captain Dan Koland

Town of Neenah Fire Department

Good Afternoon Senator Wanggaard and Representative Kerkman,

I am sending this e-mail to you in the hopes that you would please include EMS Personnel in addition to Police Officers and Firefighters in the SB511 PTSD Bill. I first became certified as a Wisconsin EMT-Basic back in 1989 and my very first call as an EMT only is what triggered my PTSD. The call involved a 16-year-old boy who stole his Mom's Camaro and was driving drunk on the road near the Kenosha Drive-In across from the Kenosha Drive-In. He lost control of the vehicle and it flipped onto its roof and slid down the guardrail about 1000 ft. before flipping end over end down the embankment. He was ejected through the windshield and we ended up having to do a search to find him. I stepped on his hand which was still fortunately attached to his body; rolled him over; checked for breathing and pulse and then started CPR. We climbed up the hill with our patient on the backboard doing CPR the whole way. On the way to the hospital, our patient started to thaw, and blood started going everywhere. In addition to blood, there was cerebrospinal fluid and brain matter on my gloves by the time we got him to the hospital. Just as we got him into a room at Kenosha Hospital ER, his Mom arrived at the hospital; pushed the curtain back and saw her son lying there. She let out a blood curdling scream and I do not remember the rest of that call. I am only sharing this with you not to gross you out but to let you know that this call happened over 30 years ago, and I still recall a lot of it in detail. It is etched in my mind forever.

Back in 1989, there was no official diagnosis for PTSD. So, I went through all of the signs and symptoms on my own wondering what was wrong with me. As a department, we didn't discuss those bad, nasty calls. I ended up having to drop out of EMS (Emergency Medical Services) for 15 years until I was able to "get a grip", so to speak. I rejoined a Fire/EMS Department in 2005 and my first call on that department was looking for a dead body in a cornfield. My PTSD was triggered, and the Chief of that department was the one who told me that I had PTSD. Of course, I didn't know what that was until I started working with a Chaplain who was trained to debrief personnel with PTSD. I worked with him for 6 years. It took 2 years just to get to the emotional level where I had stuffed everything from that call which came to the surface in a rage if triggered. I was sent for a complete physical; blood work up; and psychological evaluation. It wasn't until 2007 that a Psychiatrist finally made an official diagnosis and prescribed the proper medications to combat the insomnia, depression, and anxiety that my brain and body have come to deal with as "my new normal." My brain and body are now naturally on "high alert" 24/7. I now meet with my Pastor when the PTSD is triggered, and I do have a support system in place to "work through the situation" but it is tricky to figure out what these triggers are when you first develop PTSD. The initial emotions are very intense, and it is extremely difficult not to act on them. There is also a "stigma" still attached to having to receive help for being affected by a rescue call.

This is why I am asking that you would please work to have the wording changed for this bill to include Emergency Medical Technicians at every level, including Paramedics. Everyone working in these professions is somehow affected by calls they respond to. Way too many first responders are taking their own lives performing a service for the public.

Sincerely and Respectfully,

Ginny Randle, Wisconsin AEMT
Pleasant Prairie

244 Royal Ridge Dr
Oconomowoc, WI 53066

December 10, 2019

Senator Stephen Nass
Room 10 South
State Capitol
PO Box 7882
Madison, WI 53707

Dear Chairman Nass and members of the committee;

Thank you for allowing me to provide written testimony regarding Senate Bill 511.

I am writing in support of Senate Bill 511 which seeks to include Post Traumatic Stress Disorder as an event eligible under worker's compensation for emergency responders.

I have spent my entire adult life serving Wisconsin's citizens as an emergency responder. In 1993 I began as a volunteer first responder, becoming an EMT in 1995, and Paramedic in 1997. I joined the fire department in 1994. I became a law enforcement officer in 1998. I am the third generation in my family to work as an emergency responder following my father, and grandfather.

I have served in several different municipalities leading to my current role as the Director of Public Safety with the Village of Palmyra. I serve as the Village's Police Chief, Fire Chief, and EMS Service Director. I am a part time Firefighter/Paramedic with Western Lakes Fire District in Oconomowoc, WI. In addition, I am an instructor in the Wisconsin Technical College system where I hold credentials to teach Fire and EMS subject matter. I have served the citizens on a variety of emergency response related committees both regionally and statewide. Most notably, I served on the Wisconsin Legislative Council Study Committee on Fire and EMS Volunteers and I presently serve on the Wisconsin Law Enforcement Standards Board.

In recent years public safety employees have been recognized as being at risk for Post Traumatic Stress Disorder (PTSD) due to high frequency repeated exposures to traumatic events. This has led many to prematurely leave their roles as emergency responders and in some cases choosing to take their lives due to the depression and stress that accompanies PTSD.

Several years ago I was supervising a police officer who responded to a motor vehicle crash and witnessed a person burn in the vehicle and only a few weeks later responded to a homicide of a child. These are both very stressful events for an emergency responder. Understandably, this employee needed additional support due to critical incident stress and I was astonished to discover that this event was not covered under Worker's Compensation. The adjuster explained to me that there was a rule that determined that this type of event was "normal" occupational exposure. I chose to use budget funds to pay for this officer's treatment. I was advised that we were not obligated to assist with this expense but I felt that it was important to support our officer who was placed in such terrible circumstances. This officer is one reason I feel strongly about supporting this legislation to ensure that we have appropriate tools available to assist our responders with their wellness due to their exposures to these critical events.

244 Royal Ridge Dr
Oconomowoc, WI 53066

I have been treated for PTSD due to effects of repeated trauma exposures. By 2016 I had been experiencing symptoms of PTSD for well over a decade and had become very adept at hiding them from others. I ignored them because the public safety culture said that it was a "weakness" if I needed help. Although I was a highly trained and educated leader, I had received no training on critical incident stress and really did not know how to get help if I wanted help. Fortunately, I attended a training for Police Chiefs where I spent 8 hours being trained on identifying PTSD in subordinates. I spent 8 hours listening to the speaker talk about me and the symptoms I was experiencing. I called my Employee Assistance Program that day and went in for treatment which I paid for mainly on my own as it was not covered once my EAP coverage expired. I credit that decision with saving my career and I doubt I would not currently be working in public safety had I not chosen that path. Please note that I never missed work for my treatment. The cost of my treatment was less than if I had sprained my ankle on an emergency scene.

When considering this legislation, I ask that you also include all firefighters and EMS providers including part time and volunteers. These responders are not immune from the effects of occupational exposures to traumatic events and in many cases are at greater risk.

When I was a member of the Wisconsin Legislative Council Study Committee on Fire and EMS Volunteers, there was a recognition that the volunteer and part time emergency responders were personally subsidizing emergency response in Wisconsin in the billions of dollars annually. This legislation, as presently written, leaves them behind and treats them as second class citizens. Please consider amending this legislation to include all emergency responders.

Thank you for your work on considering this much needed legislation.

Sincerely,

James Small

James Small

My name is Kati Guseck and I hope I'm not too late to be heard. I am unable to speak tomorrow but if I could I would like the following to be known.

I would like people to understand that with a military member they come home with PTSD they go to therapy in hopes to learn to Reacclimate to everyday society norms. Being in EMS you have to come home after a 24-hour shift and be able to "leave it at work". We are then home for a couple of days and go back to it. Our mind is in constant turmoil. There is tons of research on how to help vets adjust but little on how to adjust after telling a young mother and father you can't get their child to breath or their heart to beat again. We have very little resources and most services don't even offer insurance to seek out proper mental health. When we come home it can also affect our families again no health coverage means no way to learn to overcome and maintain a normal lifestyle.

It is my hope that we can start the process in protecting the mental health of EMS providers in WI.

Thank you

Kati Guseck

Paramedic/Firefighter

Clintonville Area Ambulance

Clintonville Fire Department

Manawa Rural Ambulance

To the legislature of the state of Wisconsin regarding Senate Bill 511:

First off, as both a retired volunteer firefighter and EMS professional in the great state of Wisconsin I thank you all for bringing forth this bill to the Senate floor. It is because of hard-working individuals like yourselves that hard-working public servants like me can continue to provide for both their families, their co-workers, and their communities.

I write this letter today because I bring forth the concern of many in the state of Wisconsin whom this bill is looking past. This is not something we as a state can look past or should look past. We have seen throughout our country the importance of mental health and what happens when those who are hurting do not receive the help that they so desperately need.

This bill is written to include law enforcement and firefighters, but it leaves out stand alone EMS agencies. There seems to be a huge disparity in the state of Wisconsin about the need for including EMS providers as I believe many times it is thought that EMS and firefighters act within the same agency. This however is not true.

In my time as an EMS provider I worked for mostly municipal agencies. In 20 years of service as an EMS I worked for 9 different agencies through the state of Wisconsin as an EMS provider practicing at levels varying from First Responder through Critical Care Paramedic. None of these agencies were career departments that also housed firefighters. None of these departments were departments that housed both firefighters and EMS together. Oftentimes what I witnessed were providers who may work in one capacity as well as another and offered their time to multiple departments. For instance, in my time volunteering with a fire department I was also a first responder that would respond to 911 emergency calls linked me to an entirely different department. Not all providers that do EMS will do firefighting. It is no different than the thought that just because one decides to be a firefighter does not mean that they will be a law enforcement officer. Doing multiple roles is the exception in public service, not necessarily the rule.

There is much diversity across our state, oftentimes not seen as part of the bigger picture. I have worked as far north as Douglas County, as far west as St. Croix County, and as far east as Manitowoc County. In each of these scenarios the care model was different. I can speak firsthand for the fact that many services in the western and northern part of our great state of Wisconsin are small town municipal services who run on a mostly volunteer paid capacity.

What concerns me about not including EMS in this bill is that there are so many providers being left behind. People that go to work everyday and volunteer in their communities at night are being threatened by the next time the pager goes off. Is this going to be the call that keeps them from going to work their normal job tomorrow? Could this be the call that keeps them from functioning for their family? What happens when they can't supply for their family and function because what they saw when the pager went off helping their community last night is now etched in their brain? Small town services are at an increased risk when you consider everyone knows their neighbor. What happens when the car crash they respond to is their neighbor's teenage daughter who is deceased?

I have my own PTSD story. Sadly, I spent years being embarrassed to talk about it. We are trained in the public service industry whether it be police, fire or EMS to be strong. You swallow it down and move on to the next call. That is how it gets you though. One day you have the call that changes it all. It's never

the same again. The thing that you lived and breathed to spend your life doing now paralyzes you with fear. You wake up in the middle of the night in a cold sweat reliving old calls of the people you couldn't save.

See, it doesn't just happen to law enforcement. It doesn't just happen to firefighters. The average life expectancy of an EMS provider is 5 years. Five years! For someone looking at a career, that's not very encouraging. I have people that I will never erase from my mind. The importance of Critical Incident Stress Debriefings is still not as commonplace as it should be.

I am passionate about ensuring that our EMS providers are covered because I don't want someone else to suffer my same story. I had to walk away from the only career I ever loved. I have not been back on an ambulance in almost a year and prior to that my call time on the service I was working for was very sporadic. I spent over 6 months after the call that changed everything shaking every time I went past the location of the call. Certain things present on the call that day would cause me to tremble whenever I would see them in public. That call brought up other things that haunted me from the past and eventually it all began to pile on.

To say as an EMS provider that my experiences were any less valid or important than that of a firefighter or law enforcement officer is just truly not fair. My life forever changed on a warm summer day in May 2016. I spent years attempting to bury it. My marriage dissolved and eventually I walked away from the only career I ever loved. I still miss it today, but I know I can never go back. I don't want others to have to walk this road. I don't want others to have to suffer in silence.

We must take care of everyone if we expect to continue the great work our public safety has done in this great state. When so much of our state is made up of separate agencies that come together to do the job, it would be wrong to leave anyone off of that bill.

In a time when there is an increasing number of suicides of public health professionals, we must do better. We must ensure that we take care of those who have taken care of us, our family, friends and loved ones. We need to be there for them so we can ensure that they will continue to be there for us into the future.

Thank you so very much for your time and your dedication to this PTSD bill.

Sincerely,

Sara L. Vnuk

Retired critical care paramedic
Retired volunteer firefighter
Serving the great state of Wisconsin