

WISCONSIN STATE
LEGISLATURE
COMMITTEE HEARING
RECORDS

2007-08

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on
Corrections and
Courts
(AC-CC)

(Form Updated: 07/24/2009)

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Nowlan, Andrew

From: Anderson, Debra L - DOC [DebraL.Anderson@Wisconsin.gov]
Sent: Thursday, May 24, 2007 1:13 PM
To: Rep.Musser; Rep.Boyle; Rep.Albers; Rep.Berceau; Rep.Kaufert; Rep.Hintz; Rep.Gunderson; Rep.Jorgensen; Rep.Garthwaite; Rep.Mason; Rep.Parisi; Rep.Hines; Rep.Bies
Cc: Rep.lassa@legis.wisconsin.gov; Rep.Roessler@legis.wisconsin.gov; Rep.Hansen@legis.wisconsin.gov; Rep.schultz@legis.wisconsin.gov; rep.Erpenbach@legis.wisconsin.gov
Subject: AB 354

Would AB354 include psychologists who regularly have to GO TO institutions but are not in them as a primary worksite? I do not read it that way. (Reading the bolded items below will give you a quick overview of my request to you today.)

There is a small group of 5 full-time DOC-employed psychologists who are part of a special purpose evaluation unit. Our job is evaluating offenders for possible commitment under Ch. 980 (the Sexually Violent Persons law), and testifying in court commitment proceedings about our opinions. If we do not think the offender should be committed to Sand Ridge, then they never are, but if we think they should be, 90+% of the time they get committed. Even though we are not the final arbiters of the decision, for the offenders, we are the first identifiable people in line in terms of making the decision that they get committed and they correctly perceive us as instrumental. As a result, offenders and their loved ones are often very angry at us.

Though our offices are in the community, we are regularly at risk not only when we go to institutions (prisons) to interview offenders, but in court proceedings (where the respondent may be under control, but not necessarily his friends or family who are often there and among whom we pass unprotected), AND, perhaps worst of all, from offenders who were committed and who may want to vengefully seek us out after they are released from Sand Ridge. These offenders are by definition highly dangerous, all sexual offenders, and some have homicidal and/or sadistic histories. The longer we work in the unit, the more people we have had a hand in committing, and the more at risk we are as they are being released over time from Sand Ridge. For example, I personally have played a significant role in the commitment of more than 30 such offenders, at least four of which have known histories of homicide or diagnosed Sexual Sadism. I have gotten three death threats in the 12 years I have been doing these evaluations, all of which were communicated to authorities through other jail inmates who became alarmed, so presumably these were serious.

There is really no other position in Corrections that involves work resulting in continuing confinement after incarceration, which makes the anger offenders have at us quite unique within DOC. While guards and other personnel are at risk while working in institutions, **we remain at permanent risk long after the offenders leave DOC - even after our own retirements - as long as any of the offenders we had a hand in committing are still alive and living in the community.** The Internet has added an additional threat, as our home addresses are readily located if an offender simply knows our names and general living location.

For these reasons, we are in as much or more peril than any other employees within DOC, and giving us protective status and earlier retirement potential makes eminent sense.

Please consider making this small addition a part of AB 354, or introducing it in whatever other way would be necessary. It is a small reward for people who will have devoted years of their lives to segregating dangerous sex offenders from Wisconsin communities, at very real personal risk. In terms of cost, it would be miniscule, as the Special Purpose Evaluation Unit is currently comprised of only five employees and will

probably not ever even reach double digits in that regard.

Thank you for your attention to this matter and please do not hesitate to write or call if I may provide further information, clarification, or assistance.

Debra L. Anderson, Ph.D.

Chief Psychologist - Sex Offender Programs/Chapter 980 Evaluator

Wisconsin Department of Corrections

POB 26575

Wauwatosa, WI 53226

Telephone: (414) 777-0551

Cell: (414) 750-4993

Fax: (414) 777-0564



Nowlan, Andrew

From: nellie [pdcnellie@centurytel.net]
Sent: Friday, June 22, 2007 9:57 AM
To: Rep.Bies
Subject: Assembly Bill 354

Good morning Representative Bies,

My name is Catherine Nelson and I work at the Prairie du Chien Correctional Facility as a Correctional Food Service Leader. I find the job very interesting and a cultural education. I have worked there for seven years and will continue for a couple more. You may wonder why I am writing you concerning this bill because I will not gain anything from it by the time it becomes a reality. I truly believe all these people that work in a secured work area should receive the same annuity as correctional officers. I personally walk thru the same four locked gates as the officer does. That alone rings a bell.

I work directly, side by side, at times 18 to 1 with inmates. I am in an area where the inmates use knives, scissors, metal stirring paddles taller than I am, dough hooks that are heavier than me. I could go on and on but I think you understand my situation. I would invite you to visit my work area. Or visit one close to you home to see how we work.

Think of the maintenance departments with tool chests that have many hazardous tools in the hands of inmates. The shopkeepers that deal with wooden pallets that can be made into daggers, forklifts that could ram them, cases of products that can be a missile of attack. You understand the predicaments they are in.

I find it hard to understand this problem has not been corrected long ago. In my research I have found that Wisconsin is the only state in the area that does not give Secure and Public Safety Status to all correctional workers. Michigan, Illinois, Iowa and Minnesota do. Wisconsin should be very ashamed that it does not take care of all their hazardous area workers.

I would like to know what I can do to help you move this bill along thru the general population of this state. Myself and Bryon Wenzel have been spearheading this drive for about a year now. And we are willing to do anything to help.

Our union Lobbyist, Susan Mc Murray is being updated regularly on where we are at. I mention that incase there needs to be some action on that side.

Thank you for your time, Cathie Nelson



Nowlan, Andrew

From: Aguillard, Brian N - DOC
Sent: Monday, June 25, 2007 3:16 PM
To: Rep.Bies
Subject: Correctional Employees Protective Status

1 copy of all.
Corrections Com.
Code is 221

Representative Garey Bies,

Dear Rep. Bies, I work at the Stanley Correctional Institution in the maintenance department. As a maintenance worker I can tell you first hand that we maintenance staff work one on one with inmates often in remote areas with tools that could be turned against us or used to inflict injury on others. Most of the maintenance staff here at SCI work with more than one inmate at a time.

It appears to me that the non-security staff are subjected to situations which could be come life threatening, just as often as a correctional officer, but sadly we are not considered as protective status.

It seems to me that a way to gather information on this issue is to have public hearing on the matter so staff and the general public could have there voices heard.

Thank you for your time and attention on this matter.

Sincerely,
Brian Aguillard
Stanley Correctional Institution
Facilities Repair Worker-Advanced

Found In
AB 354
Folder



Nowlan, Andrew

From: Robert & Gail Korb [bob_korb@hotmail.com]

Sent: Wednesday, August 22, 2007 9:59 PM

To: Rep.Bies

Subject: Protective status for State employees in state prisons hold a public hearing on AB354

Just want you to know that I think it is important to have protective status for all state employees in the state prisons. Teachers, Social Workers, nurses, food Service, office assistants and maintaince workers all are at risk in prisons and yet have no extra coverage for the risk they take each day and should be covered. During past hostage and aggressive acts they have been the people that were harmed yet they are not covered. It is time to grant equal coverage with officers parole agents and supervisors in the prisons. Thank you for your support.

Gail Korb
4417 Smith Dr
Deerfield, WI 53531



Nowlan, Andrew

From: Williams, Rodney I - DOC
Sent: Wednesday, August 22, 2007 10:24 AM
To: Rep.Bies
Subject: LRB 2176 / 2007 Assembly Bill 354

Good morning Rep. Bies. I'm writing in support of granting protective occupation status for state employees working at state correctional institutions. I understand that the current Bill before the Assembly is 354 of which LRB 2176 has been introduced. I have worked for the DOC for 22 years and I'm currently a social worker at WCC. I have been employed at maximum, medium and minimum custody facilities across the state of Wisconsin during this time. I can assure you that this work is demanding and stressful. These positions also carry a high degree of danger on a daily basis. Just recently a social worker was attacked at OSCI. Anything that you can do help social workers get protective status like correctional officers and parole agents already have would be greatly appreciated. Thank you

Rod Williams social worker Winnebago Correctional Center





October 4, 2007

Chairman Bies and Members of the Committee:

Thank you for allowing me to testify today on Assembly Bill 354. My name is Dr. Roman Kaplan and I am a primary physician, working for the Department of Corrections for almost 12 years.

This job requires daily communication with dozens of inmates, including multiple physical contacts and performance of various procedures. To provide privacy for our patients, most of these interactions need to be performed in exam rooms without security officers in the room. Despite the fact that in most of Health Service Units at least one guard is present, our security is not always guaranteed.

As an example I will describe what happened with me approximately 7 years ago at the Oshkosh Correctional Institution.

One of the inmates was not happy with my refusal to provide narcotics per his request (a situation which happens all too often). While the patient was leaving the office, he suddenly attacked me, hitting my temple with his boot. Fortunately, I was able to confront him and defend myself, while yelling for help. In only a few minutes, two security officers entered my exam room and, with some difficulty, they were able to subdue the attacker.

The inmate kept repeating: "I tried to kill him, but he did not let me!"

I am sure that if in my place there was a smaller or weaker health worker he or she would have suffered significant injury or even gotten killed. Later, I found out that this inmate was already serving a life sentence, and, even I did testify in the court, this would have no impact on his fate. I sustained only a minor injury, having been treated in the local Emergency Room. I returned to my duty next day.

I think that this story serves as a good example of our working conditions. Thank you for consideration of protective status for employees who perform this dangerous work. Thank you also for any efforts that make conditions safer for us.

Sincerely,

Roman Kaplan, M.D.



October 4, 2007

REPRESENTATIVE TERRY MUSSER TESTIMONY

AB 354 - Classifying correctional and mental health institute and facility employees as protective occupation purposes of the WRS

GOOD MORNING Chair & Committee Members:

Thank you for holding a public hearing on Assembly Bill 354.

Numerous state employees are in close contact with individuals that are in institutions for a reason.

For example:

We have librarians supervising inmates using the library, often 50 or more without an officer present.

We have teachers who have direct contact with inmates in a classroom setting.

These personnel are more at risk and they do not have the training of a correctional officer, but many times are performing the same security duties.

Most of the residents in these facilities and institutions have been convicted of a crime or are of some danger to themselves or others.

Some are cruel and malicious individuals and always will be. The violence of these individuals, adult or juvenile, can erupt in a split second.

Classifying these employees as "protective status" is the right thing to do for the jobs they perform.

They are currently handling many of the duties of others classified as "protective occupation" participants.

They are placing themselves in dangerous conditions on a daily basis equal to that of the correctional officers.

I urge the committee to recommend the bill for passage.

Thank you





AFSCME®

Thursday, October 4, 2007

To: Members, Assembly Committee on Corrections and Courts

From: Susan McMurray, AFSCME Legislative Representative

Re: AB 354, protective occupation status for those who work in secure institutions

We thank Rep. Musser for introducing AB 354 and for providing us with an opportunity to explain our reasons for asking for protective occupation participation status for social workers, food service workers, psychologists, teachers, librarians, maintenance staff and others who work in the presence or alongside dangerous criminal inmates housed in correctional facilities and other secure institutions.

AB 354 would extend POP status to employees of the state's adult correctional institutions, the three juvenile correctional facilities, the Winnebago and Mendota Mental Health Institutes and Sand Ridge Secure Treatment Center. These employees work with the most dangerous criminals, the most seriously mentally ill people and the most deviant sex offenders in our society.

Wisconsin recognizes the dangers that criminals pose to staff in corrections, and that is why, currently, correctional officers and probation and parole agents enjoy POP status. Why do we not grant the same consideration to other employees who are equally exposed? The law is inconsistent and it is unfair. AB 354 seeks to remedy the situation. AB 354 recognizes the important contributions and the risks that these other state workers face every day.

Most of our correctional institutions have staffing shortages that exacerbate the already stressful working conditions. Our state prisons are, on average, 30% overcrowded. Overcrowding and staff shortages create conditions that are ripe for inmates to act up and take advantage of situations, putting our staff at risk.

At Winnebago and Mendota Mental Health Institutes, a similar strong argument can be made to grant staff protective status. There has been increase in staff assaults and staff injuries recently (due to several factors) and our members believe the situation is nearly out of control. While we understand that AB 354 will not solve the problems at Winnebago or Mendota, it would give our staff the kind of support and backing they need. It would be easier for the state to recruit and retain people for these jobs, thus helping to relieve the staffing situation somewhat.

Let me talk briefly about the situation of the staff at Wisconsin's three juvenile correctional institutions - Ethan Allen, Lincoln Hills and Southern Oaks Girls School (SOGS). Many of the kids who are being sent to these facilities nowadays are so

in the public service



Page two
AFSCME Testimony on AB 354
Assembly Corrections and Courts Committee

dangerous and damaged that it is hard to imagine that they ever can be rehabilitated. Counties send kids to these institutions as a last resort, after community correctional remedies have been tried without success. There has been increase in staff assaults as a result of the increasingly difficult to manage youth population at the schools. While the youth counselors (YCs) have protective status, others who work around dangerous youthful offenders do not; but they should get it.

Our staff who deal with offenders committed under Chapter 980 also are facing unique challenges from the "patients" who used to be inmates. Again, this is another area that merits more discussion another time, but the workers at Sand Ridge and the Wisconsin Resource Center face unique challenges due to the unique patients they deal with every day. Our members at the WRC and Sand Ridge also deserve POP status benefits.

AFSCME recognizes that protective occupation status will not cure many of the serious issues at these institutions. We hope to have another opportunity to speak to this committee about some of the issues I've brought up today.

We ask you to consider the importance of AB 354 as a first step in acknowledging the work that staff do with these difficult populations. AB 354 will go a long way to give them peace of mind and the potential to leave the job before they get to an age when they can no longer manage.

You will hear more testimony today from people whose daily work lives and routines revolve around serving offenders in the DOC and in DHFS facilities. They can tell you much better than I about the pressures and stress they face on a daily basis.

We wish to thank Rep. Garey Bies for scheduling AB 354 for a hearing and for his past support for similar legislation. More importantly, Mr. Chairman, we also thank you for the consistent support for our issues and for your understanding of the incredibly difficult and dangerous work that our members do, and why protective occupation status a critical issue for our members.

We urge this committee to give a favorable recommendation to AB 354 and send the bill on to the Joint Survey Committee on Retirement Systems.

Thank you for your consideration.



Thursday, October 4, 2007

9:30 AM

225 Northwest
State Capitol

Assembly Bill 354

Relating to: classifying members of the Parole Commission and state employees who are employed at a state correctional institution, juvenile correctional facility, the mental health institutes at Mendota and Winnebago, the Wisconsin Resource Center, and any secure mental health unit or facility for sexually violent persons as protective occupation participants under the Wisconsin Retirement System.

By Representatives Musser, Boyle, Albers, Berceau, Kaufert, Hintz, Gunderson, Jorgensen, Garthwaite, Mason, Parisi, Hines and Bies; cosponsored by Senators Erpenbach, Lassa, Roessler, Hansen and Schultz.

Thank you, Representative Bies for holding a hearing on this important bill.

My name is Dian Palmer. I am president of the SEIU Wisconsin State Council and SEIU Healthcare District 1199 Wisconsin AND I am a registered nurse.

Assembly Bill 354 addresses a real problem facing nurses working in Wisconsin's correctional and mental health facilities.

Other healthcare professional
When a nurse treats an inmate or a mental health patient, quite often that nurse is alone with that person. It doesn't take a stretch of the imagination to see that the situation can become dangerous within a matter of seconds. You've heard (you'll hear) today some frightening stories about these kinds of experiences.

workers
These ~~nurses~~ put their safety, their lives, on the line every day they go to work. But current law does not recognize this fact. Nurses in correctional and mental health facilities deserve to be treated fairly by the state of Wisconsin.

There is also the issue of recruitment and retention. Given the high demand for nurses in the private sector – attracting and keeping nurses in these positions is becoming exceedingly difficult. Of the 145 nurses employed by the Department of Corrections in 2002, 58 of those nurses have since left the Department. That is 40% turnover. Yes – some of those were likely due to retirement but I think we can all agree that 40% is a large percentage over 5 years.

There needs to be an incentive to work in an environment where your personal safety is at risk. Classifying these employees as protective occupation participants can provide that incentive.

This isn't a Democratic or Republican issue. This is an issue of treating employees fairly and with respect, which is why it has bi-partisan support in the legislature.

I ask this committee to recommend passage of AB 354 and to urge your leadership to bring this important bill up for a vote on the floor.

Thank you for your time.





In AB 354
File

October 4, 2007

AFT-WISCONSIN COUNCILS
Graduate Employees
Higher Education
K-12 Teachers
PSRP
State Employees
WTCS
Retiree Chapter

Dear Representative Bies and Members of the Assembly Committee on Corrections and the Courts:

My name is Erik Knudson and I have worked as a psychiatrist for Mendota Mental Health Institute since July 14, 2003. For the majority of my employment, I have been a psychiatrist on the Secure Assessment and Treatment Unit. In this role, I perform evaluations of criminal defendants when judges question whether they are competent to stand trial. I also provide treatment to patients on a maximum-security unit when they are initially admitted to the forensic program at Mendota.

My role as a forensic psychiatrist often places me in a position where I am at risk to be harmed by patients who are under my care. I am asked to provide written reports and testimony to courts that result in prosecution for serious offenses. I am also charged with providing involuntary psychiatric care to patients with violent criminal histories. I have been threatened dozens of times while at Mendota.

Separate from threats, I have observed numerous acts of aggression while working at Mendota. The majority of violence in this setting involves fighting between patients. Staff on the units are required to intervene to de-escalate the situation and prevent injury to the other patients and people who work on the unit. Mendota's nurses and psychiatric care technicians (PCTs) are very skilled at resolving conflicts verbally, but physical interventions are frequently required. These events often result in staff becoming targets for violence by patients who are upset with them afterwards.

Unlike a prison or jail, a hospital environment does not permit for violent patients to be simply locked in their rooms because they are dangerous. This intervention is permissible only in the immediate timeframe when they are out of control. As a result, we frequently have multiple episodes of aggression involving the same patients.

As a physician, I have observed many injuries and provided first aid treatment to staff and patients. Injuries have ranged from minor cuts and scrapes to loss of consciousness and serious injuries requiring hospitalization and surgery.

I have also personally been the victim of violence while at work. On August 18, 2004, I was attacked by a patient on the Secure Assessment and Treatment Unit. This was a man who had a lengthy history of violent behavior prior to his hospitalization. He was facing 60 years in prison

if convicted of his charges. I wrote a report stating that he was competent to stand trial, a task that I have done hundreds of times. He remained on my unit afterwards despite being informed by his attorney that I had notified the judge that he was ready to proceed to trial. I was not aware that he knew this information. I had requested that his county return him to jail and not provide him this information until after he left. My requests were not honored despite the reassurances I received.

While meeting with the patient, I became fearful for my safety and attempted to escape from the dayroom where I was interviewing him. He blocked my exit from the room. My next memory was much later in the day. I have been told by staff who witnessed my injury that he knocked me to the ground, jumped on top of me and slammed my head into the floor several times. Eventually, three staff on the unit (a nurse, an occupational therapist, and a PCT) overpowered him and saved me from further injury.

I suffered a serious concussion and an injury to my back. After several months of severe pain and unsuccessful efforts at physical therapy, I had surgery to repair a herniated disk in my lower spine. The surgery was partially successful. I lost some sensation in my feet. I still have pain. I do not anticipate further recovery. I manage this problem with daily physical therapy exercises.

The concussion was severe enough that I was unable to return to work for several months. Confusion and difficulty speaking resolved over several months. I have occasionally fallen. I still have problems with dizziness, but it is no longer a daily occurrence. I do not expect that this will improve further.

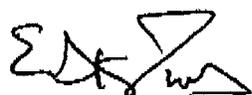
My experience has affected me emotionally and caused distress for my family. I am not comfortable describing this further.

I am pleased to learn that there is interest in learning more about the risks faced by employees in my work environment. I work with staff who accept these risks every day to provide care to the patients who are the most seriously impaired by mental illnesses in our state. I believe that our patients deserve the best staff possible to treat them because they are so ill.

All of the employees present in this environment accept the risk that they might be injured while working. I appreciate consideration of protective status for employees who perform this type of work and any efforts that make conditions safer for them.

Thank you for your time and consideration of this issue.

Sincerely,

A handwritten signature in black ink, appearing to read 'Erik D. Knudson', with a stylized flourish at the end.

Erik D. Knudson, M.D.



Room 225 North Wood 9:30

Date??

My name is Cathy Rathermel and I ^{am employed by} ~~work for~~ the Department of Corrections, Division of Community Corrections as an Office Operations Associate. I wish to thank you for this opportunity to read my testimony on behalf of all ~~Office Operations Associates~~ ^{for protection of their status} affiliated with the Department of Corrections.

^{Clerical staff}
On May 10th, 2007 an offender reported into a probation/parole office for his initial appointment. The Office Operations Associate ^{Clerical} informed the Agent of Record that the man was sitting in the front lobby wearing a hat. Another Agent reported that the offender was actually wearing a clown mask. The offender was asked to remove the mask. When the agent of record came to get the offender for his initial appointment he was wearing the mask again. At that point she was assisted by two other agents in searching him. Two shanks were found on him. An envelope was found on him with the words "kill all living" written on it. The Office Operations Associate noted something out of the ordinary and informed the probation/parole agent. These type of incidents are becoming more frequent and the ~~Office Operations Associates~~ ^{are} in the forefront of these incidents and ~~could have~~ ^{been} in grave danger.

In
AB 354
File

we hold
place
status

I have worked for the Department of Corrections for approximately 15 years. Over the years we have seen the nature of supervision change and the amount of control necessary increasing because of the higher risks of danger the offenders pose. In the ^{position of an} ~~Office Operations Associate~~ ^{we} have been afforded access to trainings in the area of de-escalation, pepper spray, Arrest, Custody ~~and~~ Transport and self-defense. ^{Therefore} ~~the~~ ^{Department of Corrections also believes we are in positions of danger.} In my position I have assisted in transportation of inmates, administered antibuse orally, observed urinalysis samples, taken offender photos, observe custodies for agent and office personal safety, and informed agent of alcohol/drug consumption of offenders awaiting appointments in the lobby. I have traveled in a vehicle with inmates helping our office move to a different location.

The position we hold is one of vulnerability. We are the first people an offender sees when coming in from court after being placed on supervision. At this point we are the only contact the offender has. We are the first person an inmate sees when being released from an institution. ^{With} ~~the~~ ^{access that the offenders reporting into the office have to our work spaces,} we are at the forefront of any possible confrontations and danger within the office. We have daily face to face contact with offenders under every

putting into
the file

conceivable circumstance as they report into the office. Our work stations are located in the front ^{a joining} ~~near the~~ lobby where offenders are seated. We are the first people in sight and the only people accessible when entering the office. The Probation/Parole Agents who have already been granted protective status are located behind locked doors, which the offenders do not have access to until we or the Probation Agent admit them in. We have not been afforded bullet proof glass, bullet proof walls or metal detectors.

We believe our positions hold us in grave danger. Offenders are becoming more brazen and our senses need to be heightened to maintain personal. Office and community safety. We believe while assisting in making the community a safer place and protecting the public from danger we put ourselves at risk daily in the position of Office Operations Associates. With that thought in mind I would ask that you pass the bill 354 with the addition of ~~Office Operations Associates~~. Thank you.

AB
clerical working for the Department of Corrections
into protective status.



Heidi Gammon
SRSTC

2 5 19 734 + 120mo
280 741

- Introduction - 980

Verbal and Physical aggression daily
Nurses are present without
security officers c up to 25 patients
While passing medication to the
units

Date??
In AB 354 File

Nurses are doing assessments
1:1 c patients and no security
staff present

On my unit a nurse has been
struck in the head ^{while} OA was
punched in the face ^{which}
caused a leave c employee being
unable to ~~attend~~ resume her
employment at SRSTC

A We have had several episodes
where nurse's are present
and respond to altercations
30y old patient was
physically attacking a
80+ year - nurse intervened
to protect the elderly patient
even though a trouble/call
was called - the response
was greater than 4 min.
for security to arrive

Another altercation occurred where a patient was in the process of assaulting a staff member when I stepped in and was able to prevent injury to other staff and patient

During mid pass without security staff present ✓ B.S. of patient & blood still present on hand he dipped hand in cup of H₂O and splashed this H₂O into my eyes other incidents have included table and chairs thrown at nurse - In the kitchen recently a staff member was sexually assaulted by a patient worker

Therapists often do 1:1 with patients in their office with no security present - They also run self offender groups without security immediately available

Offices one on units -
Nurses have no safe place - Open
But locked on unit.

I work daily with Violent
Sex Offenders who are at
high risk for re-offending
They are dangerous
individuals ^{and are a threat at all} ~~while I~~ ~~put~~ ^{time}

~~All~~ ~~and~~ my co-workers ~~and~~
~~I~~ who work side by
side with me on my
unit are in Protective
Status Thank you!



144

Am I

Reduces penalties from 67H +
inline w/ other escap

Am 2

Changes to bill from DOC
~~cost~~ to officer

DOC correctional officer included
as they transport prisoners

tech A

