

February 6, 2005

EXHIBIT 2  
DATE 2-9-05  
HB 469

Dear Ladies and Gentlemen of the Legislature;

My name is Debra Wolverton; I am writing this letter because I am an injured worker, and I would like to bring to your attention some of the problems we injured workers face within the Workers Compensation system.

I was injured February 9, 1993 while working as a Railcar Switch person. I had just unhooked the last car onto the reserve track and was walking on a crust of snow over 1 foot deep piled between the tracks, the only place available to walk back to the train engine; when I stepped into an air pocket in the snow which caused my knee to hyperextend backwards. The pain was so intense that I thought I would faint, I couldn't talk or stand, I broke out in a full sweat despite it being frigid temperatures outside. This is how my journey began through the work comp system.

My injury was unique because my tendons and ligaments didn't tear or come loose when the accident happened, they stretched. When the Doctors would examine me they could have me sit with my legs straight out in front of me and by holding onto my toes they would lift my leg; from the knee down it would raise over 30 degrees before my thigh would lift off of the surface. This was without any force, if they applied any force it could and would go even further backwards, but became too painful for me to endure. Because of the uniqueness of the injury the Doctors didn't have a well laid out plan on how to deal with my condition. Finding a Doctor was a challenge on two fronts; the first challenge was to find one to deal with my injury and the second challenge to find one that would deal with a Work Comp case. As some Doctors refused to even talk with me because my case involved Work Comp. This was extremely frustrating to be told that a certain Doctor is very good, or specializes in an area that may be beneficial to me and not be able to get an appointment with them because my case was work comp.

Initially I trusted the Work Comp system, I thought as long as I did everything that I was asked to do, everything would be fine. Not knowing what my options or rights were I trusted the adjusters to guide me. But the guidance was always very one sided, it was always focused on the companies dollar rather than my best interest. I soon found out that some of the most reliable information was to come from other injured workers who had already been through the system. Example: after my traveling a substantial amount of miles to medical appointments another injured worker asked me if I knew that I could be reimbursed for my mileage, I didn't know that I could. When I asked my adjuster about it I was informed that they could only go back 90 days and as the rest of my mileage was outside of the deadline I could not be reimbursed for it. So by my not knowing what questions to ask and not being informed of my rights and/or benefits by my adjuster, I gave up benefits that were rightfully mine. To this day I don't know what or how many other rights or benefits I gave up unknowingly.

I learned to keep very detailed records of my case so I could make sure what I was being told from the adjusters was on track with what really happened, in essence I was trying to stop as many errors as I could, but no matter how much I documented it never seemed to be enough. With each change of an adjuster, 12-14 times in my case, information was lost or misinterpreted. I would have to start completely over with each adjuster, and many times they would interpret my benefits differently, which meant more paperwork and even interruption or worse ending of benefits. Years after my injury and many different adjusters, I had 3 different adjusters assigned to me within a 2 week time frame. Each new adjuster called me, not very politely, but more like demanding me to explain to them all of the details, dates, and findings of my case instead of them reading my file, and I was told that these conversations were being taped by them. So when I answered the phone I was suppose to remember all of the pertinent information of my extensive file at the drop of a hat with no prior notice over and over again. It was too much the whole process is overwhelming, confusing, emotional and physical taxing. The 3<sup>rd</sup> adjuster in the 2 week time frame tried to run the same routine on me but I had had enough, I told her to read my file and then if she had anything that she needed clarified she could call me and I would look it up and get back to her with the details. She informed me again that I was being recorded and I told her that I hoped so, and then I promptly hung up. I am an intelligent person but I was exhausted from trying to find my way though the process without any guidance from someone with my best interest in mind. At this point I decided I couldn't do this by myself anymore and that I needed to hire an attorney. This too proved to be quite a challenge, I was turned down by several attorneys for reasons from; "your case will take to long", or "not enough money in your case for the amount of work over the years it will take" or other various reasons before I finally found an attorney to represent me. But by that time I was a wreck both physically and emotionally.

Even after years of being in the system, I must analyze each and every bit of information in any correspondence from Work Comp and/or Adjusters for would be traps. Example: In what was presented to me as a couple of forms that I needed to sign to agree to my MMI benefits; one form was actually a form to permanently settle my claim, which would have denied me of any rightful future benefits. I didn't understand or feel comfortable about some of the language on the 2 forms so I took them to an attorney to look at too. The attorney informed me as to what the forms really were and advised me not to sign them. As work comp owed me my MMI benefits even if I didn't permanently settle my claim. Work Comp adjusters and I are both aware that I will need more surgery in the future. So if they could have gotten me to sign their form it would have saved them money no doubt, but at who's expense? Mine, the injured worker, the worker who did nothing wrong, the one whose life has been forever changed, the one that didn't chose to be in the system, the very one that the system was set up to help.

Not only is my life forever changed because of my injury, in which I can no longer do many things that I loved doing before the accident. But I was also forced to give up a high paying job and benefits to live on a small percentage of my previous earnings, which many times are late or don't come at all. When they are late or don't come at all it forces me to call, write, fax, e-mail, or all of the mentioned, in order to get

someone to respond, to try and find out what happened to my benefits check. This takes a lot of energy and effort on my part, but seems to be part of the norm by Work Comp standards, as even the attorney's don't seem rattled by it, its more or less expected as something that happens. I have been told by my adjusters that I was mysteriously booted from the system and that is why my benefit check(s) were cancelled; I believed it the first time. After the 3<sup>rd</sup>, 4<sup>th</sup> or what ever number of times we are on it gets rather frustrating. We were forced to deplete our savings account just to make ends meet or try to fill in the gaps when the benefits are late or missing. Thank god we were frugal enough and had the foresight to have a savings account in the first place or we could have lost everything that we've worked hard for; I am sure that there are others that are not so fortunate. On top of that my husband has also lost a large amount of wages, of which we will never be reimbursed, from having to take time off from his work to assist me during my convalescences. What do we injured workers have to do in order to receive our benefits in a timely manner?

I have lost a way of life that I loved, had to endure excruciating physical pain, go to numerous medical appointments, panels of Doctors, Neurologist, Psychologist, 3<sup>rd</sup>, 4<sup>th</sup> opinions, through painful surgeries and therapy, wade through a daunting amounts of paperwork, answer what seemed to me as harassing phone calls from rude Work Comp employees, all in order to get through the system. A lot of wasted time and energy to prove an injury that is the same as was stated from the very first and something that couldn't be faked. Enough time had elapsed that I had ruined my good knee compensating for my injured knee, creating even more physical pain for me and more issues to deal with for Work Comp. Their own system cost them more money. I am glad that I didn't have anything that was terminal or I could have died before this complicated process addressed my problem. my fear is that there are other injured workers that are shorter on time that won't make it through the system. The system has flaws, I have just touched on a few, but I bet if each of you had to go through what we injured workers have to go through there would be many changes made fast.

Why shouldn't we injured workers have the choice to choose our own advocates to help us through the system, someone that we felt would truly have our best interest in mind? Instead of someone that is suppose to be our advocate but who is paid by the insurer and/or company and who are focused on trying to limit as many payments flowing out as possible at the injured workers expense.

Why shouldn't we injured workers be able to switch our advocates if we feel they aren't doing their job to help us through the system?

Why should the injured workers be forced to give up benefits because they didn't know what questions to ask?

Why should we injured workers be forced to hire an attorney to guide them through the system just to get the benefits that are already rightfully ours?

Why should injured workers be turned away from qualified Doctors for treatment, because the hassles and paperwork for the physicians dealing with Work Comp are so overwhelming?

Why should the Doctors that choose to treat the injured workers be forced to take a portion of their fees because the injured workers case went to trial?

Why should the injured workers, the Doctors and Lawyers who assist them be pitted against one another trying to obtain the injured workers rightful benefits?

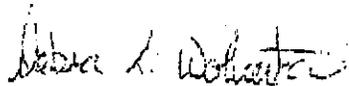
Why should the first reliable information about the Work Comp system come from other injured workers who have already been through the system, who then give a heads up to the other injured workers?

Isn't the system set up to help the injured workers? Wasn't the system set up to stop the lawsuits of the injured workers towards their companies? So what is the purpose of this system if the only way an injured worker is to receive their rightful benefits is to hire an attorney who is willing to put in many years, fighting for those very benefits?

With all of the intelligence that we have elected into this legislature I hope that you can see the way to make some changes to this flawed system. Help the injured workers mend the fences with their Doctors so they can get care once again. Help the injured workers claim the right to choose their own advocates. Help the injured workers get a raise in their benefit amounts so they don't have to loose everything that they have worked so hard for. Help the injured workers focus on healing their bodies instead of trying to detect hidden traps. Help the injured worker, their Doctors and their Attorneys stay on the same team. It is too late for my case; for I have 12 years of scars, but I hope that you will take a moment and think how this process would be for you or your loved ones to deal with at a time of injury and pain. Ladies and Gentlemen in this day and age there has to be a better way and I know that you can put your heads together and find it.

Thank you for your time and consideration.

Sincerely,



Debra Wolverton