

To whom it may concern,

Right off the bat, I'd like it to be known that I am naturally a very private person. I am not choosing to divulge personal information light-heartedly and am only doing so because I feel that it is imperative that the OSH administration, the people calling the shots, hear stories like mine.

My journey at OSH began in 2008, back in the old building. I was nineteen, a wide-eyed MHT that was new to psychiatric care. By 2009, I transferred into the safety and security department as an MHST and found my calling, something I could make a career of. I was good at it, loved it, and felt like I was making a difference. Two to three years into my career, around 2011, OSH moved campuses. This move prompted new policies and many changes as everyone collectively adapted to the new environment. I didn't know it then, but this move marked a turning point in the amount of violence that I would experience in my career.

Shortly after the move, I responded to a code green- a patient having a behavioral crisis. It was a familiar patient with an extensive history of extreme violence against others. The patient had broken off a piece of wood from the cabinets on the unit, approximately two and a half feet long, 2 feet wide, and an inch thick, and was wielding it as a weapon. The patient, full swing and force, slammed it across the top of my head. The force of the blow dropped me to my knees, and I was stunned. I stood up as quickly as I could, dazed and confused, and stumbled toward the dog pile of my coworkers who were desperately trying to contain the violence. It wasn't until after the chaos of the moment that I realized that my head was bleeding and that I needed medical attention. I suffered a severe concussion, a laceration on my scalp, and mild to moderated PTSD symptoms. After I recovered, I noticed increased mood swings and agitation, new pieces of my personality that had never been there.

When I returned to work, I made a conscious and genuine effort to put the whole event behind me, focusing on all the positive aspects of my job. Unfortunately, however, the assaults just kept coming.

Assaults seemed to become a regular occurrence for myself and my fellow MHSTs. It now seems like someone from our department is out every week due to an injury. Some examples of my significant injuries over the years have been:

- 2014- severe concussion (my 2nd)- Struck in the head by a sock filled with batteries by a historically assaultive patient during a reverse transfer.

- 2014- Assaulted during a code green- My entire body was slammed against a wall. I injured my elbow, wrist, and knee.

- 2014- Major back injury- assaulted by a 2nd patient during a seclusion event.
- 2016- Reinjury of the above back injury during a code green.
- 2019- Moderate concussion-Headbutted by an assaultive patient.
- 2019- Assaulted during code green- Punched in the jaw and suffered a mild concussion.

I would like it noted that I had NOT included any incidents on that list in which I have been significantly bruised, had my clothes ripped off my body, been scratched, spit on, or had blood, urine, or feces flung onto me as those assaults are too numerous to count and occur regularly for security techs.

Being aware of the new and dangerous trend at work, I did what any sensible person would do and tried to adapt. I rested my body, ate healthily, exercised consistently, and practiced self-care through my hobbies- gardening and fishing. Yet, at the end of a very rocky year, two days after being assaulted in a separate incident, my life changed drastically when I received my first major back injury. I was responding to a code green- same crew, same shift, same policies. While assisting a patient to seclusion, another patient ran towards the side room where we were and attempted to assault multiple staff, myself included. I remember thinking to myself as we struggled how remarkably strong this other patient was, that he was able to fight so hard for so long against so many people. It took what felt like forty-five minutes to contain the individual safely. When it was over, it wasn't like before, and I knew I was hurt badly. Slowly I got up and limped off from the unit, all the while feeling like half of my body was going to break off and fall to the floor. It took months of physical therapy, pain medication, chiropractic care, and rest for me to start to have somewhat normal function again. During that time, I was completely isolated, unable to be released to work, unable to partake in any of my normal hobbies, do daily things around my house, or certain cares for myself. I was twenty-five years old, and I couldn't even bend over to tie my own shoes. I became depressed, which became its own new issue for me to recover from as it ate away at my overall sense of well-being. Physical therapy, counseling, and taking prescribed medications became my new routine.

Eventually, I returned to work, first on light duty, which still felt like social isolation. I felt guilty hearing the codes, knowing the tiresome posts, and being unable to contribute to my team on the floor. My fellow coworkers, who'd known me for years, seemed confused by my situation. I had always been so tenacious about my job, with high energy levels and an upbeat attitude.

I understood the looks and comments, though, at a glance, they couldn't see the extent of my injuries, nor could they psychically gauge my pain level.

Two years later, I reinjured my back during another physical intervention with an assaultive patient. I was anguished with starting the recovery process all over again and dealing with all that comes with it. However, this time, I had a new obstacle as I worked with SAIF. e Quick fact for those of you who aren't familiar with SAIF, they cover the medical bills for work-related injuries. During the time that I was the most hurt and vulnerable, I spent arguing with anonymous SAIF employees, repetitively providing information, and hashing out details of my day-to-day work-related traumas. They called almost biweekly, asking a wide range of personal questions as well as information about the incident. They wanted to know my medical history, my hobbies before my back injury, how healthy I was, and if I'd ever injured that part of my body before. The calls were all very formal and recorded, which began with me agreeing to a pledge to give honest information and full participation or risk legal consequences and/or claim denial. So, I gave them total transparency. When they asked, "have you ever in your life injured that part of your body?" I answered "yes," and explained how SAIF would have adequate documentation of it because the original injury to my back happened at work. Almost immediately after providing that information, my claim to cover my reinjury was swiftly closed. I was told that even though the reinjury happened at work, it was a pre-existing injury and could have also been a "spontaneous injury" Yes, you're reading that right. SAIF's working theory was that it could have been a spontaneous injury during the physical intervention, purely a coincidence that I threw out my back while wrestling an assaultive patient.

After an embarrassing legal battle involving me hiring a lawyer and being evaluated by a doctor employed by SAIF, it was determined that it was a work injury after all, and the claim was reopened.

Despite the struggle to have my medical care covered, it didn't change the outcome of the injury, which is that, to this day, I suffer from physical pain and depression. I modify my day-to-day life and activities as things such as riding in the car, putting on my shoes, or picking up my toddler is painful.

Through all the injuries and hardships, I keep coming back, and it's not just for a rewarding career. To share a little more of my personal life, I am a devoted husband and a very proud father. I come to work to provide a life worth living for my family and me. They make everything worth it, and to be 100% honest, being a dad is the best thing I've ever been able to do. But, man, do I enjoy it. I spend every minute that I can with my little guy and neither of us like it when we have to part. So when my work week comes around, and he gets teary-eyed, I tell him, "don't cry buddy, daddy will be home soon," Each morning on the drive to work, those words haunt me. In the

back of my mind, I reflect on what I've been through at OSH and wonder, "Is this the time that I inadvertently lied to my son? Is this the day that something happens as it has before, only this time I won't get to come home?"

These thoughts are the realities that OSH direct care staff get to grapple with.

Getting to what all of this is boiling down to, I'm sharing this because I hope that whoever is reading this will sincerely understand and take to heart that OSH is a terrifying place to work. Decisions that are made that affect direct care staff should never be made lightly or without extensive consideration. Direct care staff-RNs, MHTs, and MHSTs deserve recognition and acknowledgment for what we do. However, those who make policies shouldn't do so with inaccurate job descriptions or minimize our sacrifices. We deserve to be fairly compensated, heard by the administration, and prepared with job-specific training and proper PPEs.