

ISSUES



Volume 6, Number 2

April-July, 2001

Published by the Connecticut Workers' Compensation Commission, John A. Mastropietro, Chairman

How Workers' Rehabilitation Services Changed a Life

This is the first in a series of stories highlighting the accomplishments of injured workers who have undergone the rehabilitation process. This month, Margaret Milano-Baldino is being profiled.

Margaret is office manager for TrainAmerica Learning Center in Bridgeport, CT where she recently was awarded the "Professional of the Year" honor by the Southwest Regional Workforce Development Board.

(continued on page 8)

INSIDE: 2 . . Website News

3 . . Symposium to be held in October

4 . . Calculating Concurrent Employment Benefits

5 . . Does your "Lawyer" have to be a Lawyer?

6 . . CRB Update

7 . . Safety Committee Series Excerpts

8 . . Self Insurance

A New Commissioner Appointed

On June 4th, 2001 the Connecticut Legislature confirmed the appointment by Governor Rowland of Howard H. Belkin to be our newest commissioner. Attorney Belkin comes to us after over a quarter of a century of experience in the private practice of law.

Born and raised in New Britain, Mr. Belkin received his undergraduate degree from the University of Connecticut. He then went on to UConn Law School, where he graduated second in his class. After receiving his law degree he established a practice in New Britain where he has lived and worked as an attorney for his entire professional career. "I have enjoyed general practice with all of its varied problems and rewards," Commissioner Belkin states, "but I now look forward to the challenges of serving as a Workers' Compensation Commissioner."

Commissioner Belkin is married to the former Louise Platt and they have two grown sons. Despite some tongue-in-cheek advice from their father to find an alternate form of employment, both of his sons are lawyers. John is with a law firm in Denver, while Steven practices in the corporate legal department of Pitney Bowes Inc. in Stamford.

A strong believer in public service, Attorney Belkin has an impressive record of community service in his home town. The new Commissioner has served on the Board of Education, Finance Board, and Board of Water Commissioners in New Britain. He has been Chairman of the Planning Commission, supervised the drafting and adoption of the New Britain Zoning Ordinances, and served as a member of the Charter Revision Commission.

Commissioner Belkin is currently a Corporator of New Britain General Hospital and the Hospital for Special Care. He has worked as a volunteer for a number of charities, including the United Way, American Cancer Society, and the American Heart Association. In his spare time Commissioner Belkin is an ardent golfer who tries to make up with enthusiasm what he lacks in skill. He claims to have discovered that the secret of success in golf is "a high handicap and low expectations."

Commissioner Belkin, the Workers' Compensation Commission welcomes you with great expectations!

New Bulletin and Annotations Available

The newly-printed Bulletin 44 (*complete with the 2001 statutes, regulations, and more*) and the newest edition of the Bulletin Supplement (*updated annotations to CRB opinions*) are now available at no cost from all Workers' Compensation Commission offices.

You may also obtain a copy of each of these volumes from: WCC Education Services, 21 Oak Street - 4th Floor, Hartford, CT 06106-8011; phone (860) 493-1500; fax (860) 247-1361.

ISSUES is published quarterly by the State of Connecticut Workers' Compensation Commission, John A. Mastropietro, Chairman.

ISSUES covers developments and events in the Connecticut workers' compensation system, as well as news of the Workers' Compensation Commission.

Subscriptions to **ISSUES** are free. To receive a free subscription, call the Workers' Compensation Commission's Education Services in Hartford, CT at (860) 493-1500 or 1-800-223-WORK (*toll-free in Connecticut*).

Visit us on the World Wide Web at <http://wcc.state.ct.us>

ISSUES Newsletter Staff

Editor

Sue Ann Bellucci

Contributing Writers

Sue Ann Bellucci

Hank Kisiel

Toni Loconte

Mike Petosa

Ray Primini

David Sims

Amy Stolfi

Production Staff

Debora Greatsinger

June Joseph

Kristine Spada

What's NEW on the Website?

New & Improved

The Workers' Compensation Commission's website is undergoing a number of changes, both great and small. In addition to the day-to-day upkeep, there are a number of new projects underway. Over the next month or two, you will begin seeing the following additions to our site:

- nearly 200 **updated 2001 Statutes**
- nearly 200 **archived 1999 Statutes**
- over 3,000 **new Annotations to CRB Opinions** — in addition to the newest annotations contained in the recently-printed Bulletin 44 Supplement (*see page 1*), the online Annotations will be updated continuously whenever the CRB issues new opinions or the Courts act upon a workers' compensation case
- we will begin adding **Appellate and Supreme Court decisions** in workers' compensation cases
- more **general information** targeted to various parties in the system, including some information in Spanish

Fully Accessible

The Commission is also in the midst of overhauling its entire site to make it fully accessible to the disabled. Each state agency is required to have its website fully accessible by January 1, 2002.

For those with various types and degrees of disability, we hope to be able to provide a site that can be utilized successfully with:

- screen reading and screen magnification software (*for the visually impaired*)
- braille devices (*for blind users*)
- text-only browsers (*for users who, for various physical and/or developmental reasons, require straight text presentation of web documents*)
- special keyboards and other navigationally-oriented hardware and/or software (*for users with physical impairments which do not allow them to use a standard mouse, for example*)
- monochrome monitors and other specialized and/or older computer equipment (*used by some users to display web documents*); and
- newer displays used by persons with varying degrees of color blindness.

Although initiated by federal and state accessibility requirements primarily aimed at assisting the disabled, our work on the site should benefit all of our customers with quicker, more stable operation, and will lay the foundation for future web content delivery on wireless and other devices. To read more about our efforts toward website accessibility, go to <http://wcc.state.ct.us/access.htm>.

Web Channels to be Discontinued

As part of meeting website accessibility requirements, the Workers' Compensation Commission will no longer be offering its "Web Channels" — however, a number of web browsers now provide offline viewing capabilities, so our channels are no longer necessary to provide this functionality. We apologize for any inconvenience this may cause for our current web channel users.

From Novice to Expert:

“Getting the Workers’ Compensation System to Better Work for You!”

A Symposium to benefit the Disabled Worker Committee Scholarship Program

October 18-19, 2001 at the Radisson Hotel and Conference Center
in Cromwell, Connecticut

Day One

Workers’ Compensation 101: Basics of Practice and Procedure
Pain Management Treatment
Social Security / Medicare Offsets
PPOs / Managed Care / Procedures / Appeals
Return to Work and Related Issues
Workers’ Compensation, Interplay between ADA, FMLA
Workplace Violence: Issues and Prevention
Forming Successful Partnerships between Injured Worker, Healthcare Provider,
and Employer / Insurer

Day Two

History and Perspectives of Cumulative Trauma
Cumulative Trauma: Definitions, Causation, Diagnosis, Controversies
Compliance with Ergonomic Standards in the Aftermath of Stricken Legislation:
Voluntary Compliance, “General Duty” Clause, and Implementation
Identifying Onsite Ergonomic Problems and Cost-Effective Implementation
Employer Models / Successful Implementation of Programs

WATCH YOUR MAIL — As a subscriber to our *ISSUES* newsletter, you will be receiving a symposium brochure and registration form in early August! — If you don’t receive your brochure, please call Arleen Wallack at (860) 493-1525 or Debora Greatsinger at (860) 493-1547.

Early registration by September 15th is \$250 (*which includes attendance at all symposium presentations and exhibitor booths, as well as a lunch and reception on Day One*). Registration at the door is \$350, **if seating is still available.**

Calculating Benefits in Concurrent Employment Cases

Thousands of Connecticut workers are employed in more than one job. In most of these cases the employee has a regular full time job and works part time at another job. If this employee is injured while working at either job, the income from **both** jobs must be included when calculating their workers' compensation benefit rate. This type of situation is referred to in Workers' Compensation parlance as "concurrent employment".

When employees suffer a disabling work injury, their workers' compensation benefit rate should be based on the total of **all** wages earned during the 52 weeks prior to the injury. That means the wages from concurrent employment must be included in the calculations, unless the wages from the employer who is liable for the injury are high enough to bring the benefit rate up to the maximum amount allowed by law.

The injured employee must first file a claim with the employer he was working for when he was injured. This employer's insurance company will bear primary responsibility for the claim, but the employee must inform the insurance company about the concurrent employment. The carrier would then obtain the wage information from both employers covering the entire period of concurrent employment during the 52 weeks prior to the injury. The benefit rate for this injured worker would then be equal to 75% of the average of *all those earnings* after taxes and FICA have been deducted, not to exceed the maximum benefit rate allowed by law at the time of the injury. This would be paid in full by the primary insurance carrier who would then apply to the Second Injury Fund for partial reimbursement. This reimbursement would be based upon the *difference* between the benefits due from the responsible employer and the total benefits due from all employers.

Example: An industrial worker earns \$500 a week on her full time job and \$200 a week on her part time job at a grocery store. She sustains an injury in the grocery store which disables her from both

jobs. In this case, the grocery store would be the responsible party. She is entitled to receive 75% of the **entire** \$700 after taxes and FICA, from the insurer for the grocery store. That insurer would then apply to the Second Injury Fund for reimbursement of the portion over and above the amount *they* owed for their *own* portion.

All costs for hospital and medical treatment are paid solely by the responsible employer's insurance company.

There are some exceptions in which concurrent employment involves work which is not covered by the Workers' Compensation Act. If, for example, a factory worker has a part time job with the

U.S. Postal Service and is injured while working in their full time job, their benefit rate would be based solely on the full time position. This is because federal employment is not covered by Connecticut Workers' Compensation. Likewise, if someone has a full time job, and another job in which they are *self-employed*, they would have to purchase workers' compensation insurance for themselves in order to be entitled to benefits for concurrent employment.

The provisions of the Workers' Compensation Act which cover the issue of concurrent employment can be found in Section 31-310 of the Connecticut General Statutes.

WATS UP?

Question:

I have been out for almost a year with a work-related injury. My doctor has just given me a disability rating and sent me back to work, but my employer has no work available. What happens to me now?

Answer:

Once you have reached your maximum medical improvement date, also known as **MMI**, you are entitled to receive payment for the fact that you have suffered a *permanent disability* to your body. **Sec. 31-308(a)** of the Connecticut General Statutes (CGS), says that you are to be paid a specific amount of money if you have lost a body part, or if you have lost a percentage of use of a body part or function. This is referred to as your *Specific* award and the benefit that you are paid for this is called **Permanent Partial Disability**.

Sec. 31-308(b) provides a list with a specific number of weeks designated for each body part.

Your treating physician determines your percentage of disability. Your *Specific* award is based upon *that* rating and the number of weeks assigned by law to the body part involved, times your own weekly compensation rate.

Example: A back injury which occurred after July 1, 1993 is worth a total of 374 weeks. If your doctor determined that you had a 10% disability, that would mean that you had lost 10% of the use of your back. This would entitle you to 10% of 374 weeks, or 37.4 weeks of payment for Permanent Partial Disability. In most cases this amount would be the same as your weekly Temporary Total Disability benefit.

All of this information must be included in a **Voluntary Agreement** and should be paid in a timely fashion, from your employer's Workers' Compensation insurer. Sec. 31-295 of the Workers' Compensation Act says that the employee shall receive pay-

(continued on next page)

Does your “Lawyer” have to be a Lawyer?

Workers’ compensation laws first appeared in Connecticut in 1913, during the days of the “Model T” Ford and neighborhood five-and-dime stores. The “Workmen’s Compensation Act” was a no-fault system of compensating employees for their injuries, and was designed to be procedurally informal enough that the participants would usually not need attorneys. The idea was that an injured worker would be able to count on a quick and inexpensive means of securing partial recompense for an injury suffered at the workplace, in exchange for giving up his right to sue his employer in a negligence case.

We are happy to report that, 88 years

(WATS UP? continued from previous page)

ments for their permanent partial disability “beginning not later than thirty days following the date of maximum (medical) improvement . . .” In fact, if the compensation payments are not paid in this manner the employer/insurer must “pay interest at the rate of ten per cent per annum on such sum or sums from the date of maximum improvement.”

NOTE: As long as you are able and willing to work you, may be eligible to collect unemployment benefits while you are receiving payment for your permanent disability. Even though you may have been disabled for a long time the Labor Dept. will go back as far as three (3) years to find income which may be applied to your weekly checks. When applying for unemployment compensation you must file your claim with the Connecticut Department of Labor, Connecticut Works Center in the city in which you live. Presently, the maximum rate for Unemployment Compensation is \$397.

If you have any questions concerning your possible eligibility for unemployment benefits you should call the Connecticut Works Center nearest you for information and assistance.

later, we have managed to keep our no-fault system of compensation in place.

We’ve also managed to keep the process streamlined enough that many people can manage their own claims with nothing more than a little bit of guidance. To that end, our Workers’ Compensation Information Packet is extremely helpful. Some claims can be handled perfectly well by using the basic information found there, or with the additional aid of our guide to worker’s compensation. Unfortunately, no matter how hard we have struggled to keep the rules simple, the Workers’ Compensation Act, by its nature, is complex.

Since every person’s situation is a little different, issues have emerged over the years that needed to be addressed by the courts and by our legislature. These developments have made our workers’ compensation system a little complicated in places, and the average person might find certain areas of the law pretty confusing. In those cases, it helps to have representation, especially if an employer or its insurance company is reluctant to accept liability for an injury or a disability.

Section 31-298 of the Workers’ Compensation Act allows a party to appear at any hearing “either in person or by attorney or other accredited representative.” This includes both informal hearings and formal evidentiary hearings. Of course, there is no substitute for the expertise that lawyers obtain through their training and practice, and a claimant will almost always be best served by retaining professional counsel prior to a *formal* hearing. But if a claimant does not wish to hire an attorney, or cannot afford one’s services, we do have guidelines that would allow him/her to be represented by a non-attorney at a formal hearing as long as the trial commissioner decides that the proposed representative is indeed qualified as an “accredited representative.” For the purposes of these guidelines, “non-attorney” includes anyone who is **not** licensed to practice law in this state by virtue of membership in the Connecticut bar.

First, the party seeking to be represented by a non-attorney must apply for such permission with the trial commissioner at a pre-formal hearing. A formal hearing will then be scheduled, at which the proposed representative will be examined by the trial commissioner in order to determine the person’s fitness and capability to act on behalf of the applicant.

The commissioner should consider whatever factors appear to be relevant, including: the candidate’s background as to workers’ compensation matters; his knowledge of law and procedures; his ability to understand the factual and legal issues relating to the party’s case; his relationship to the applying party; his proposed fee, if any; his means of becoming acquainted with the case, the applicant, and their need for representation; the applicant’s willingness to voluntarily and intelligently waive the right to representation by professional legal counsel; and the applicant’s comprehension that, if the representation is ineffective, no recourse may be available to her/him (for example, a suit for malpractice). Our guidelines also require the commissioner to inform the applicant that, in the event it becomes necessary due to legal complexities, the commissioner may reconsider the appropriateness of the applicant’s use of non-licensed representation.

If the trial commissioner is satisfied that the person seeking to act as the applicant’s accredited representative is qualified to perform that role under the circumstances, he/she may be approved to represent the applicant. However, in all proceedings involving a party represented by a non-attorney “accredited representative,” the party must also be present. Any approval of an accredited representative by a trial commissioner is effective only as to the case pending before him or her. With respect to out-of-state attorneys who wish to appear before the commission, the trial commissioner must apply the same guidelines insofar as they are relevant.

CRB Update

Payment For Medical Reports

In Stonkus v. Foster Wheeler, 4194 CRB-4-00-2 (May 1, 2001), the board affirmed the trial commissioner's denial of the claimant's request for payment of a medical report. The medical report was written by a physician who was found to be an authorized treater. In that report, the doctor indicated that the claimant could perform restricted work which did not involve lifting more than twenty-five pounds and did not require repetitive bending, twisting, or lifting. The trial commissioner denied the claimant's request for reimbursement of \$510 for said report. Section 31-279-9(b) provides as follows:

No fee will be charged by the attending physician for the completion of any of the forms approved by the board of compensation commissioners or for routine progress reports submitted to the employer or carrier. Where detailed reports are requested or indicated, requiring a significant expenditure of time by the attending physician, a reasonable additional charge for such time will be appropriate.

The board explained that it was within the discretion of the trial commissioner to determine whether the medical report constituted a "routine progress" report, or whether said report constituted a detailed report requiring a significant expenditure of time. Moreover, the board reviewed the report, and found no abuse of discretion on the part of the trial commissioner in denying the requested payment.

Incorrect Date On Notice Of Claim Timely But Defective Notice Under § 31-294c(c)

In Surowiecki v. UTC/Pratt & Whitney, 4233 CRB-8-00-5 (May 24, 2001), the trier concluded that the claimant failed to satisfy the statutory requirement (§ 31-294c) to file a Notice of Claim within 1 year from the date of his injury.

At issue was the claimant's Notice of Claim, which listed an incorrect date of injury.

The trier found that the claimant sustained an injury to his left knee on December 22, 1997, but had incorrectly listed the date of injury on his Notice of Claim (Form 30C) as December 29, 1997. The claimant filed the Notice of Claim on February 24, 1998. At a formal hearing in 1999, the claimant for the first time testified that the injury occurred on December 22, 1997 rather than December 29, 1997. The respondents immediately sought a dismissal of the claim, as a Notice of Claim with the correct date was not received within one year of the December 22, 1997 injury, notwithstanding the Notice of Claim filed on February 24, 1998 for the December 29, 1997 date of injury. Based on these limited facts, the trier concluded that "the claimant did not file a Notice of Claim within one year of the December 22, 1997 date of injury." Accordingly, the trial commissioner dismissed the claim as late under § 31-294c.

The claimant contended on appeal that his Notice of Claim constituted *timely but defective notice* under § 31-294c(c). The claimant also argued that the defect should not affect his claim because the respondents failed to allege any prejudice as a result of the incorrect date.

Section 31-294c(c) C.G.S. provides in pertinent part:

No defect or inaccuracy of notice of claim shall bar maintenance of proceedings unless the employer shows that he was ignorant of the facts concerning the personal injury and was prejudiced by the defect or inaccuracy of the notice. Upon satisfactory showing of ignorance and prejudice, the employer shall receive allowance to the extent of the prejudice.

The board explained that the trial commissioner did not address the applicability of this statutory section. The board further explained that the facts found by

the trial commissioner indicated that the one-year statute of limitations was satisfied if the incorrect date on the Notice of Claim were to be construed as a curable defect under § 31-294c(c) rather than as an invalidation of said notice. Therefore, the board remanded the matter to the trial commissioner in order to address the provision in § 31-294c(c) which provides that an inaccuracy in a notice of claim shall not bar maintenance of proceedings "unless the employer shows that he was ignorant of the facts concerning the personal injury and was prejudiced by the defect or inaccuracy of the notice...."

Massage Therapist And Acupuncturist: Curative Or Paliative Treatment?

In Zalutko v. Danbury Hospital, 4229 CRB-7-00-4 (May 23, 2001), the board affirmed the trier's approval of 32 visits (out of 44) by claimant to a massage therapist/acupuncturist. The evidence supported finding that these treatments helped the claimant to return to work by alleviating her pain, which satisfied the "curative" requirement of our case law.

Specifically, the claimant testified that she had been unable to work before this treatment, but that the administration of massages and acupuncture enabled her to regain function and to resume employment. Additionally, the treater offered testimony regarding his treatment and services. The trial commissioner ruled that the respondent employer should pay for 32 of the claimant's 44 visits.

The appellants argued on appeal that the trier should not have ordered payment for said medical care because it cannot be considered either curative or remedial, as required by cases interpreting § 31-294d. However, whether or not medical care satisfies the "reasonable and necessary" standard of § 31-294d is a factual issue to be decided by the trial commissioner. The board cited Bowen v. Stanadyne, Inc., 2 Conn. Workers' Comp. Rev. Op. 60, 64, 232 CRD-1-83 (June 19, 1984), which explained the standard as follows:

(continued on next page)

Excerpts from Our Safety Committee Series

PERSONAL PROTECTIVE EQUIPMENT 1910.32

General Requirements

The standard requires personal protective equipment (PPE) for eyes, face, head, hands, feet, respirators, and hearing protection. It also requires that protective shields and barriers be **provided, used**

and **maintained** in a sanitary and reliable manner.

Personal protective equipment is not a substitute for engineering, work practice and/or engineering controls. Rather it should be used in conjunction with these controls to provide for employee safety and health in the workplace.

storage, inspection and use, according to the standard requirements. **Be aware** that some hazardous gases may require *additional* controls and work practices.

Prior to maintenance procedures, the employee should be provided with the proper equipment and personal protective gear to safely do the job.

Compressed gases are a hazardous energy source. Be sure to **LOCK OUT** upstream gas lines leading to the equipment which is being prepared for maintenance.

(CRB Update continued from previous page)

Reasonable or necessary medical care is that which is curative or remedial. Curative or remedial care is that which seeks to repair the damage to health caused by the job even if not enough health is restored to enable the employee to return to work. Any therapy designed to keep the employee at work or to return him to work is curative. Similarly, any therapy designed to eliminate pain so that the employee can work is curative. Finally, any therapy which is life-prolonging is curative.

The board explained that the trier of fact must look at the substance of the referral opinions, as well as the opinion of the treating practitioner himself, in deciding whether the obtained care was reasonable. In this case, the claimant was eventually cleared to return to work, and both the claimant and the treater testified that the massage and acupuncture therapies had appeared to bring her relief.

The board found that the medical reports and testimonials presented at the formal hearing provided substantial evidence that the acupuncture and massage therapy aided the claimant in healing and returning to work by lessening her sensations of pain. Although one physician testified that pain alleviation therapies are all "palliative" in the strict sense of the word, the board noted a different perspective. For the purposes of the Workers' Compensation Act, therapy that is designed to eliminate pain so that the employee may return to work is considered curative, and is reasonable and necessary under § 31-294d.

Basic Requirements of the Program

Hazard Assessment

- Employers are required to assess the workplace to determine if hazards that require the use of PPE are present.
- Employees must be trained to recognize: **When** PPE is necessary; **What** type is needed; **How** it is to be worn; and, **What** its limitations are. In addition, the proper care and maintenance of the PPE must also be taught.
- Employers must certify in writing that a workplace hazard assessment has been performed.
- Employers are required to certify in writing that training has been carried out and that employees understand it.
- Training and hazard assessment must be repeated when necessary, if there are changes in the process or work place, or if it is necessary for the employee to understand proper PPE use.

Safe Practices

- Never use a cylinder that cannot be identified positively. Ensure that all informational markings are on the cylinders and that they are maintained in accordance to **DOT REGULATIONS AND THIS STANDARD**.
- Transport bottles with a hand truck.
- Sort empty and full cylinders in separate areas.
- Close all valves and replace caps before moving. Never move a cylinder with a regulator attached.
- Secure cylinders in an upright position.
- Store cylinders in a ventilated dry area.
- Use appropriate Personal Protective Equipment.
- Check regulators and hoses for damage.
- Compressed gas cylinders and tanks must have pressure relief devices installed.
- Visual and other inspections are required prior to use of gas cylinders.
- Compressed gas or compressed air must not be used to blow away dust or dirt (unless specifically equipped with a 30 psi or less diffuser as used in machine shops).

COMPRESSED GASES 1910.101

Basic Requirement

A review of the applicable requirements for engineering controls, work practices and procedures, must be conducted *before* using any compressed gas.

Work Practices and Procedures

All employees who will be handling compressed gases must be trained in the inherent hazards of the cylinders and their contents; as well as their proper handling,

(continued on next page)

What Exactly is Self-Insurance?

All Connecticut employers must have workers' compensation coverage for all their employees. They may do this by purchasing private insurance from a private, commercial insurance company; or they may set aside their own money to pay their claims. That is known as *self-insurance*.

An employer who wishes to be self-insured must submit an application to the Workers' Compensation Commission. In order to be approved the applicant must be financially able to pay the costs of its workers' compensation claims, and also meet the requirements of the Workers' Compensation Commission. An employer must have been in business for at least 3 years; must provide audited financial statements for the previous 3 years showing positive net income; and, must have sufficient working capital and cash flow to meet current and future workers' compensation obligations. A self-insured employer must obtain a security bond or letter of credit, an excess insurance policy, and must pay assessments to the Second Injury Fund.

For further information about self-insurance, contact Fran Wynn or Linda Oswald at (860) 493-1500 or visit our website at <http://wcc.state.ct.us/wcc/clc.htm>.

(Safety Series continued from previous page)

- When not in use, the cylinder valves should be closed, but the needle valves should only be finger tight in order to avoid ruining the valve and/or valve system.

NOTE: The safety committee series of topics is intended to give safety and health committees a brief introduction to a standard's purpose and requirements. All occupational safety and health standards require further training and program development.

If you would like assistance with this program or additional information, contact the Workers' Compensation Commission's Education and Safety Services Unit at (860) 493-1569.

(A Changed Life continued from page 1)

What makes her story somewhat unique is that, after undergoing a WRS sponsored computer training program at TrainAmerica she was offered a job. So impressed were her WRS coordinator and the school, that after a brief period of on-the-job training she was hired as an admissions counselor there.

Recently, Margaret was promoted to office manager! Her duties include interviewing prospective students, contracts and billing, overseeing the instructors, counseling and job placement for graduates. She finds the most satisfying aspect of her job is helping the students realize that each of them really can learn valuable skills and get the job they want. She feels compassion for her students because she, herself, once went through the same struggle to acquire new skills and a new career. The school's director, Robert A.

Swift, Jr. said that, "Margaret shows empathy, and compassion to her students because she has walked in their shoes and knows first hand the apprehension and doubt they have to be re-trained and re-enter the workforce."

Margaret finds the most challenging part of her job is placement. Her secret of success is being able to convince the potential employer that she, her school, and the client can deliver the proper computer and customer service skills that the employer is seeking. When asked about her advice for disabled workers, she replies, "Life is not over when you become injured. Figure out what you want to do, focus, and achieve your goal."

According to Margaret, her Rehabilitation Coordinator, Andrew Migani, of the Bridgeport Compensation office, was instrumental in helping her increase her self-confidence through his encouragement, warmth, and reassurance that he would work with her until she found a job. Mr. Migani was able to make her realize that everyone has limitations, and it is important to focus on the positive strengths of the person, not the weaknesses. That's what helps the person move on to achieve and make positive changes in their lives.

Margaret emphasized the fact that, "without WRS, injured workers would be put on a different level." What she meant was that injured workers would be placed at a great disadvantage in trying to return to work as no other agency is equipped to meet the unique and complex needs of the compensably injured workers of Connecticut. She appealed to the State's legislators to fully fund and support the program that enabled her to return to work!