The Senate was called to order at 4:38 o’clock p.m., Senator Looney of the 11th in the Chair.

THE CHAIR:

The Senate will please come to order. The Senate will please come to order. The Senate will please come to order. Members and guests, please rise and direct your attention to our chaplain, Rabbi Lazowski who will lead us in prayer this afternoon.

PHILIP LAZOWSKI:

Thank you, Senator Looney. Our thought for today is from the Book of Amos, Chapter 8:7, “Surely I will never forget any of their deeds.”

Let us pray: Help us, O Lord, to be truly attentive to others in our thoughts, in our words and actions. Guide our senators to serve our people with genuine joy. Help us to work with enthusiastic determination to do what is the greatest good for the people of the state of Connecticut. Lead, guide, and protect us in Your care. Help us to find contentment in one another. May pride in one another unite us. Help us to renew our love for one another continually. Bless our nation, our
president, our governor, our lieutenant governor, our state, and all of her leaders. Protect our defenders of freedom and keep them in Your care. O Lord, hear our voices as we pray and let us all say Amen.

THE CHAIR:

Thank you very much, Rabbi, and Senator Daugherty-Abrams, would you come forward and lead us in the Pledge of Allegiance.

SENATOR ABRAMS (13TH):

[All] I pledge allegiance to the flag of the United States of America, and to the republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

THE CHAIR:

Good afternoon, Senator Duff.

SENATOR DUFF (25TH):

Good afternoon, Madam President. Madam President, for our marking.

THE CHAIR:

Please proceed.

SENATOR DUFF (25TH):

Thank you, Madam President. On Calendar page 63, Calendar 202, Senate Bill 164 go, followed by
Calendar page 66, Calendar 298, Senate Bill 380 go. Thank you, Madam President.

THE CHAIR:

Thank you, Mr. Clerk.

CLERK:

Page 63, Calendar number 202, substitute for Senate Bill number 164, AN ACT INCLUDING CERTAIN MENTAL OR EMOTIONAL IMPAIRMENTS WITHIN THE DEFINITION OF PERSONAL INJURY UNDER THE WORKER’S COMPENSATION STATUTES as amended by Senate Amendment Schedule A, LCO number 8127, there is an amendment.

THE CHAIR:

Senator Kushner, good evening.

SENATOR KUSHNER (24TH):

Good evening.

THE CHAIR:

Good afternoon or whatever it is.

SENATOR KUSHNER (24TH):

It’s still afternoon. Good afternoon, Madam President.

THE CHAIR:

It all runs together after awhile.
SENATOR KUSHNER (24TH):

Madam President, I move the adoption of the amendment and that’s LCO number 9712 and move to waive the reading.

THE CHAIR:

And Mr. Clerk, if you would kindly read the amendment, please.

SENATOR KUSHNER (24TH):

I called the amendment as to waive the reading.

THE CHAIR:

To the Clerk and he needs to read the LCO number.

SENATOR KUSHNER (24TH):

Okay.

CLERK:

LCO number 9712, Senate Schedule B.

THE CHAIR:

Thank you, so please proceed to summarize, Senator.

SENATOR KUSHNER (24TH):

This is a bill that will provide for police officers, firefighters, and some certain parole officers to receive Worker’s Compensation for PTSD
that is directly related to their line of certifying events that occurred during -- while on duty.

THE CHAIR:

Thank you. Will you remark further on the amendment that is before us?

SENATOR KUSHNER (24TH):

I would like to call for a voice vote on the amendment.

THE CHAIR:

Okay. We will have a voice vote on the amendment. Will you remark further on the amendment that is before the Chamber? Will you remark further on the amendment? If not, all in favor of the amendment please signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

Opposed? The amendment is adopted. Will you remark further on the legislation as amended?

SENATOR KUSHNER (24TH):

Madam, can we stand at ease for a moment?

THE CHAIR:

The Chamber will stand at ease.
SENATOR KUSHNER (24TH):

Madam President?

THE CHAIR:

Yes, Senator Kushner.

SENATOR KUSHNER (24TH):

If I was unclear, I want to make it clear that was a strike-all amendment and I will spend a little time discussing the bill and letting folks know what this is a bill that we think is very important for the state of Connecticut. It recognizes that PTSD is an important injury that results often from traumatic events that take place working as a firefighter or police officer or certain parole officers. This bill would require a diagnosis of PTSD by a licensed medical health professional. There would have to be a qualifying event and those events include viewing a deceased minor, carrying an individual who later dies at the hospital, witnessing a traumatic injury resulting in permanent disfigurement. The person will be able to collect Worker’s Compensation for wage replacement and medical treatment for up to 52 weeks. The person will be eligible provided that the treatment occurs within four years of the qualifying event and must be reported and applied for within three years of the qualifying event and as I said, it will be medical treatment up to 52 weeks. It will not include any permanency. Sections 8, 9, and 10 of this bill mandates resilience and self-care training which will occur during basic training.
There’s also Section 11 which reports -- which calls for a report to the General Assembly by 12/01/20 the number of PTSD claims and feasibility -- well, the number of PTSD claims that have occurred. This bill also includes Section 4 which calls for no discrimination against any officer or firefighter for seeking treatment or for surrendering their firearm. This also provides for after an examination by a mental health professional and certification, the officer can be found fit for duty and have the return of their service firearm. The bill also lays out the -- it replaces underlying statutes 53A-217 and 53A-217C, which lay out the conditions by which a person is guilty of criminal possession of a firearm. It specifically excludes a person who is voluntarily admitted and whose firearm was returned in accordance with Section 4 of this bill.

THE CHAIR:

Thank you, Senator Kushner. Will you remark further on the bill as amended? Senator Osten. Senator Osten, will you remark?

SENATOR OSTEN (19TH):

I think we were trying to figure out who was going next. Thank you very much, Madam President, and I have a couple of comments, but I also want to recognize someone who came here today who has been working on this legislation and that’s Mrs. Buchanan, Tricia. She’s known to many of the people around here as she has been coming up here for years. I want to thank her for her diehard work on this bill because her husband committed suicide as a dedicated and decorated police officer in East
Hartford. When that happened, her husband left a note behind and in that note, he said use what happened to me to make sure others are protected and by saying that, what he did was he gave her reason to look for some way to give back to the community. She considered her husband the love of her life and had been with him for more than two decades when he did not return home. They have two sons whom she is very proud of who have served our country in the military and the family was leading what we would call the perfect fairy tale lifestyle.

What she -- What this means is that this situation can happen to anybody, anybody at all, and by not recognizing posttraumatic stress, and I say posttraumatic stress, it’s not a disorder, it’s an illness that happens to people who have an injury of the brain, an injury of the mind, an injury of the soul for the things that they witnessed. In today’s world, we ask our police officers and our firefighters to give everything they have, to run in when most people run out, to respond to the worst times of people’s lives, to find that battered child and expect them to forget about it and not have it hurt them. We expect them to walk into a home and see the tragedy of someone else’s life and then forget about it and not have it hurt their soul. We expect that they will see that child who won’t go home, we expect that they can deliver bad news over and over and over again.

Since I came to this body, I’ve been working on the recognition of posttraumatic stress and knowing that there are job classifications where people are required to put in everything, never give up on anything, and never recognize that they need an ability to heal and that is something that we should
allow people to do. Trish brought me this T-shirt today, which I’m very proud to wear, and what she’s doing is giving people hope that we will understand what happens to them. When I originally put this bill in, I said let’s cover every job classification like it used to be pre-1994 when mental illness was struck from our statutes regarding Worker’s Compensation and I fought for that for a lot of years and through the time the advocates and the opponents of this bill came together and this bill right here before us, while not perfect, while not covering every worker that needs to be covered, is a start and it’s where we need to be.

We need to start recognizing that what happens from the neck up as is important to somebody as if they break their leg. We need to recognize that the money we put in for our police officer or firefighter to get trained, to be perfect on the job, that we should honor that and when they have something happen that is equally as important as a broken leg and they have an injury to their mind, their soul, their heart, that we should be able to give them the time to get better, to come back to work, to support their family, to be what they are, honorable people that work every day to give a piece of themselves to all of us to make us safe.

We’ve talked about this for a long time. Posttraumatic stress happens, it happens in this world, recognized as far back as World War I when men came back from war and were considered to be shell-shocked, recognized in Vietnam when we said that we would bring our men and women home and not give them the support they needed. In today’s world, the military is far better, but still needs to work on this. We should recognize what mental
illness is about. We should recognize when people need help. We should consider it honorable when they come forward and ask for help and not consider them weak and ineffective. It is not true that they are weak and ineffective. It is true that they have a need for a little bit of help.

That’s what this has always been about for me, that’s what it’s been about for Trish, that’s what it’s been about for her family, and in the name of Paul Buchanan, let’s pass this and finally understand that the men and women that we expect to run in need our help sometimes when they have a hard time dealing with what they saw when they got there.

I could talk about this for hours and we’ve talking about this for the last six years and the last four hours as we debated what job classifications we would include. To be very clear, I think everybody should be included, but let’s move this forward. Let’s remember that we have people that we expect to protect us and it’s time for us to give them what they need to protect them. Thank you very much, Madam President, and in Trish Buchanan’s family’s name and Paul Buchanan, I give my heart and my soul and I ask you all to support this piece of legislation. Thank you.

THE CHAIR:

Thank you, Senator Osten. Will you remark, Senator Miner, to be followed by Senator Anwar. Senator Miner, sir.

SENATOR MINER (30TH):
Thank you, Madam President. Madam President, it’s been a long time in coming. I think Senator Osten is quite correct. Most of us began to look most seriously at this issue right after the Sandy Hook incident. For those of us that were in the legislature at that time, I think we were trying to deal with the very significant situation. People suffered physical and mental trauma that day and certainly all of our hearts went out to the family members, but in the days that passed and when the adrenaline began to leave the first responders’ body, I think we realized that many of them suffered very significant trauma that day and that while you couldn’t see it, it was there and you knew it was there. The stories that would be told after that incident and other incidents that followed, I think began a dialog here in Connecticut.

Madam President, I agree with Senator Osten as well, this is not completely inclusive. The language that we have here before us I think is an excellent start. As has been related by the chairman of the Labor Committee, for the first time since, she wasn’t actually in the legislation at the time, but since we passed Senate Bill 1160, which is referred to as the gun bill, and the first time we began to look seriously at mental health as a part of critical incidents, the people that were responding, called upon to rush in, were the ones that we actually didn’t intend to harm in that process, but I think may have because we asked them to surrender their batch and gun on the day that they came to grips with the fact that PTSD was something they were suffering from as a result of some incident and in the past, you used to be able to just get your gun and your batch back and if you're a state police officer or you're a constable or you're a police in
a municipality, if you haven’t been one of those things, it’s to my mind hard to related. You’re somehow left with less of yourself.

You actually have to leave something behind and in the state of Connecticut, if you were to make a disclosure to be treated in the state of Connecticut, you had to be out of the job for six months and a day at least because our law, 1160, didn’t allow you to return to go back to work. Even if people were cleared, they couldn’t go back to work. They had to sit at a desk. Once again, they had to be less of a person in their mind. So while I think we’ve had this conversation in the past, this is really the first time we’ve come to grips with what we did incidental in 1160, and I don’t think intentionally to harm anyone. I think we were trying to recognize that from time to time people do suffer the effects of a mental health issue and when it would be best to have treatment as opposed to not have treatment, certainly on a voluntary basis.

What this bill also does is recognize that we are in some cases behind the curve. In some municipalities, large municipalities especially, they have critical incident teams, they have peer teams that assist in not only training, but in diagnosing, getting people to recognize that they have or are suffering some emotional distress as a result of mental and emotional impairments and so in the past, while one of the gentleman who worked on this bill said, you used to go down the street and have a drink and just figure it’s going to go away, I think most people have come to recognize that this is cumulative and untreated, the cumulative effect only grows and properly treated, it doesn’t grow.
And so the experience in some of the larger municipalities, Madam President, was to, as I said, put in these critical incident command teams and teams of individuals that would go from one community to the next trying to help people get better, trying to help people realize that they -- that they had a problem. So that’s what this bill does. What the bill does is it treats police officers, all realms of police, firefighters, and my understanding in the bill is that it treats those that are both firefighters and emergency medical technicians that belong to the fire departments the same way, that they're afforded the same opportunity for treatment, they afforded the same opportunity for the duration of the treatment. The bill requires municipalities to develop protocols, to help not only their towns, but other towns, deal with the effects of mental health impairment as a result of an incident as defined in the bill while on the job, but most importantly for those that are in the police service, it allows them to return to full-time employment whether it’s at the end of a three-week process or a three-month process or a year-long process.

I think, Madam President, we’ve learned a lot over the last couple of years. We’ve seen the pain on the faces of survivors. We know that people that have gone unrecognized, untreated, have developed other health disorders and so I think it’s important for us to take this step today. If I could, through you, a few questions to the chairman of the Labor Committee, Madam President.

THE CHAIR:

Please proceed, sir.
SENATOR MINER (30TH):

Thank you, Madam President. Madam President, it seems pretty clear that when the language has been drafted, the focus was on trying to make sure that the individuals that would be covered would actually be at that critical incident. Am I correct through you, Madam President?

THE CHAIR:

Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. That is correct.

THE CHAIR:

Senator Miner.

SENATOR MINER (30TH):

Thank you. And so through you, Madam President, in the -- in the past, I think there was some question as to what the parameters are around being at the scene of the critical incident and am I correct that the language attempts to actually separate what might be a rather large group of people such that if they weren’t actually participating, in an extrication perhaps in an automobile incident, but merely directing traffic, not that that’s insignificant, that the bill speaks directly to those that were providing some hands-on service, so close proximity as opposed to everyone within a
police department that may be in the vicinity. Through you, Madam President.

THE CHAIR:

Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. The bill directly provides for what’s a qualifying event and it is very specific in saying that a police officer, parole officer, firefighter, there are several conditions. One is viewing a deceased minor and this starts on line 88 of the bill, B, witnesses the death of a person or an incident involving the death of a person, C, witnesses an injury to a person who subsequently died before or upon admission to the hospital as a result of the injury and not as a result of any other intervening cause, D, has physical contact and treats an injured person who subsequently dies before or upon admission at the hospital as a result of the injury and not as a result of any other intervening cause, E, carries an injured person who subsequently dies before or upon admission at the hospital as a result of the injury and not as a result of any other intervening cause or F, witnesses a traumatic physical injury that results in the loss of a vital body part or vital body function that results in permanent disfigurement of the victim, so Madam President, through you, I believe the bill is very specific in laying out the qualifying event.

THE CHAIR:

Thank you, Senator Kushner. Senator Miner.
SENATOR MINER (30TH):

Thank you, Madam President. I thank the gentlelady for her complete response of what that population might look like. In the past, I think many communities, I think those that may represent insurance interest of communities, have been very concerned about what the underlying costs of legislation like this might be. I think the fear of a compounding effect of both treatments, how long someone might be out of work, has provided enough pressure for people not to want perhaps to come to the table and try and find a resolution. I think, and I mean this with all sincerity, that all the individuals involved in regard to trying to craft a concise, tight bill that this is -- this really is very good. I think it does provide the best hope for people that suffer from PTDS. I think it provides the best hope for people that we look to to come to our aid and the aid of our constituents. Certainly, whether they have insurance coverage I can tell you is the last thing on their mind, whether they're going to be treated fairly after they go to an incident is the last thing on their mind. The first thing on their mind is trying to get somebody out of a burning house or a car, that’s what’s on their mind, so I think part of our job here is try and make sure on the back end we provide the kind of resources that they need to help them do that job for us.

Madam President, there’s an area of the bill that I remain somewhat concerned with and it is not -- it’s not easily -- it’s not easy to resolve I guess is the best way to put it. To my mind, the definitions that have been derived in the language now are clear
except in one case and I can relate this to the community that I live in. So in the town of Litchfield, we have the Litchfield Volunteer Fire Department. Litchfield Volunteer Fire Department will respond to a structure fire or a traffic accident. They will perform extrication. They will make safe a scene so that the individuals that have been critically injured can be helped by a different organization, the Litchfield Volunteer Ambulance Association and if you check the wallet of most of the people in the town of Litchfield, they quite possibly belong to both, so on a Tuesday night, if someone’s actually driving the fire truck, actually operating the Hurst tool, actually cutting the roof off the car so that you can gain access to the automobile, under this bill, they would be protected if it was an incident that qualified, so a qualifying event responded to by a member of the Litchfield Volunteer Fire Department, would provide them the kind of recovery protections, insurance protections, treatment that we would all want them to have.

But on that same Tuesday night, if you were driving the ambulance, pulled up to the same automobile, waited for the roof to get cut off and the patient, the patient that died that the firemen saw that they tried to help that the ambulance removed from the car, they would not have coverage under this bill, and that’s the problem that I see in the bill. It’s not for a lack of trying. Madam President, I know everybody that has worked on this bill has tried to make it as perfect as we can make it and I wish it was there, but it isn’t. It’s a fact of life, it’s just the piece that’s missing, and what drives the point home to me, it’s when I go back to Litchfield, in Bantam, which is a borough in Litchfield, the
Bantam volunteer fire and ambulance does the same exact thing, go to the same exact call, train the same exact way, help the same exact people and it doesn’t matter if you were driving the ambulance on Tuesday night or whether you were operating the Hurst tool and that’s the piece of this language that I’m hoping to get to sometime this evening.

I want this bill to pass. I want us to provide the kinds of protections and coverage that we have wanted for our constituents. The part that I’m uncomfortable about, Mr. President, is that we know going into this that we have somehow created a line and depending on what the organization is, you're in and what the organization is, if you're not in, you're out. Again, I do want to thank all the people who worked on this. I know that TCM has worked hard, it wasn’t easy, it’s not easy to represent chief elected officials that are very concerned about what we’re going to do, what we’re going to obligate them to, but I think they need to be commended. I think both career and volunteer service personnel need to be commended. They have hung in there for years to try and make sure that we have come up with a solution to give them the kind of protection, the kind of treatment that I think we have known for some time that’s been lacking in the emergency services.

And perhaps most importantly, Mr. President, I think we need to commend the police men and women, state police, municipality police, that every single day are called to incidents that we wouldn’t want to get called to, that we wouldn’t be prepared for, incidents where someone might be called upon to actually pull out your service revolver and take someone’s life. Those are the kind of things that
this bill does fix, Mr. President, and those are the kind of instances where I think we can all recognize that this is extraordinarily important legislation. So once again I want to thank all those involved. I want to thank them for working so hard to make sure that it’s not just an insurance model, it’s a model that attempts to have us communicate, be willing to communicate, perhaps more about the fact that we have taken on too much maybe as a service provider, emergency service provider, that we have seen too much, we have been to too many incidents and we need help and so I think that’s what this bill does. I think it provides a pathway to help and I think it also provides an opportunity for career protection which has not always been the case in the past. So thank you, Mr. President.

THE CHAIR:

Thank you, Senator Miner. Senator Anwar.

SENATOR ANWAR (3RD):

Thank you, Mr. President. I rise in support of the amended bill. You know, the most significant injuries are the ones that are not visible and we as a society have been behind in our recognition of those. It’s well recognized in medical literature that if an individual has an exposure or an insult, they're -- and if they're medically, mentally healthy, that insult may have an impact on their brains and it may have long-term implications for that individual, which may manifest in the form of anxiety, depression, posttraumatic stress disorder and that can actually consume an individual. This is well recognized in the police departments and the fire departments. There are multiple studies that
have been performed that prove about the impact, but we have some challenges in this -- in our society.

One of those challenges is that people who wear these badges with honor, they sometimes hide their pain and suffering under those badges. They’re not willing to share what they're undergoing, what they’re feeling, and unfortunately, the people around them are also not able to recognize it at times, but also be a part of the solution and raising this awareness is such a critical piece, raising this awareness of this invisible challenge which can consume us, which can consume the people who are there as our first responders, our firefighters and our police department, police men and women. I think one of the challenges is for the individuals because the true bravery is recognition of our challenges that we have internally and trying to fight that.

Trish, what you have done, you've actually shown the bravery and brought to light the challenge that is so much needed for everyone to know that people who wear those badges need to actually wear the badges with their heart, but also be willing to open their hearts and share with their families and friends and their coworkers that they are hurting and have a prevention strategy in place. That is going to be important, but today as we will vote for this, we as a society or part of a society will be saying that we, too, will honor those badges and the pain around those badges and we will be part of the solution and support system. So your bravery, your action has infected us all and in honor of Paul and in honor of you and your family and all the police officers who every day put their lives on the line for each and every one of us and the firefighters, when there is
a fire, people are running away and the firefighters are running towards that fire.

We need special kind of people to be able to do that kind of work and it’s well recognized about the physical injuries and everybody looks at those physical injuries and people at times look at the bravery with pride of the individuals who have been injured, but the true injuries and the other injuries that people have, we need to look at them with pride as well because they are injuries while they were being on the job. So I look forward to wholeheartedly supporting this and I hope my friends and colleagues, esteemed colleagues, around this circle will support this and the people in our state will support this as well because this is so much needed. Thank you so much, Mr. President.

THE CHAIR:

Thank you, Senator Anwar. Will you remark? Will you remark further on the bill? Senator Champagne.

SENATOR CHAMPAGNE (35TH):

Thank you, Mr. President. I’ve known Trish and Paul for a very long time and that was a hard time, especially for Trish, and she’s turned this around to help many people, but today I do stand in support of this bill and one of the things I want to talk about is how fast PTSD can take over. I’m going to do that by describing what happened to me as a police officer. I’m just going to try to protect the people who were involved, but many years ago, this started. I had been a policeman for some time and I responded to a traffic accident. It was a car versus a bicyclist. This young man was 15 years
old. He was hit and he died on the road. There was nothing we could do to save him. We tried. I left there and I had to go to another town because I had to go tell his mother. I found -- I went with a local police officer from that town and a priest and we walked up to the house and the mom met us outside and she collapsed. She knew exactly why we were there. I spent a couple hours there and as more and more family arrived, I found myself having to tell them the bad news as well. I left there and a very short time later, I got a call of a parent who had backed over their child. The father had put the car -- the child in the car, driven him to the hospital. I was the closest officer there. I met him there and the first thing that caught me when I walked up to that car is the father took the time to strap this child into the car seat. We walked into the hospital and we brought that child into the emergency room and the father on the way out collapsed in the door. I had to pick that child up -- or the father up and carry him out of the room and I realized that he was covered in his daughter. I took him to a washroom and I had to help him wash his daughter off of him and that went further and I won’t get into any more details about that.

I then left there and a very short time later, I got another phone call, another call, and I went to this call. A mom, a young mom, was feeding the baby at night, fell asleep and rolled over onto the baby and the baby died. We did what we could to try and revive the baby and it didn’t work. Not knowing how negative this affected me, I started not sleeping at night and it just kept getting worse. I was moody and it was about a year and a half later that I went to the chief and I explained that there was a problem going on. He sent me to somebody up at
Storrs and I got the help I needed and when I met with this person and I described the incident that happened at the hospital, this person helping me said that she had helped most of the emergency room, had seen most of the people in the emergency room a year and a half earlier and she asked me what took so long.

The problem was is I was worried what would happen, what would happen if I came forward and said that earlier that this is what was going on and I was being affected, I wasn’t sleeping, and I was basically -- it was affecting me in a pretty negative way. After I got that help, I went on with my life. I had been to a couple more serious incidents, well, quite a few, but they didn’t affect me the same way. This happened in a very short amount of time and when I mean short, I’m talking six to eight weeks. So I went from being normal, nothing going on, six to eight weeks later, I was a disaster. This went on for a year and a half. This is why I support this bill. We should get the help right away because this was affecting my personal life, my professional life, every part of my life.

And it’s funny, sitting here knowing that I was going to get up and tell this story, my heart is beating so fast just because I’m reliving it in my mind. I don’t see all the images because the help I received actually took some of those images out, but I see enough. This is a serious problem we have in law enforcement. It can happen over a six to eight week period and in some incidents, it can happen in one day. We have to have an avenue to help all first responders because the firemen were right there with me, the emergency medical technicians were right there with me as well. They went through
the same thing and if we don’t provide this help, they're not going to go looking for it because they're going to be afraid that they're going to lose their job, they're going to take their gun away permanently or they're going to go out of state and get the help, which happens all the time. It’s a long way to go sometimes, but I’ve seen it happen. So please, I beg, support this bill and let’s get the help for those first responders. Thank you.

THE CHAIR:

Thank you very much, Senator Champagne. Will you remark further on the bill? Will you remark further on the bill? Senator Kissel.

SENATOR KISSEL (7TH):

Thank you very much, Mr. President, great to see you up there this evening. I stand in strong support of this legislation. First of all, I’d like to add my voice to those who thanked Trish Buchanan for championing this cause. I distinctly remember Mrs. Buchanan when she came and testified before the Judiciary Committee where we had several folks come and testify on a similar bill. There’s more than one bill addressing this issue that’s been heard at public hearings through the legislature and we’ve ended up with this result this evening. Tricia is my constituent. I’m very proud of you. To this day, you have my deepest sympathies, but thank you for all your hard work regarding this cause.

I also want to commend my friend and colleague, Senator Champagne, because the story that he just recounted, a very revelatory story, is not easy to do and this is the second time he’s stated it
because when we did have the public hearing in the Judiciary Committee, Senator Champagne did indicate that he went through his own personal posttraumatic stress disorder regarding those traumatic events that embroiled him and overwhelmed him in just six to eight weeks of doing his job. There are folks in our society that are compelled to go forward and perform services that most of us would have a very difficult time doing. I was blessed that my parents when I was born had a very nice couple as my godparents. My godfather was James J. McGrail and he ultimately became the fire chief for the city of Wooster, Massachusetts, not a small responsibility by any stretch of the imagination. And so on occasion as a young boy, he would bring me into various firehouses and ask if I had an interest and I will always remember the time that he took me to the upper floor where back in those days the firefighters bunked and he had me go to the edge of where the pole was and said Johnnie, do you want to just grab that pole and go down and I looked down and at that point in time I realized I couldn’t even do that let alone hop onto a firetruck and fight a fire. Just getting into your equipment and on the truck before even approaching a fire seemed to this little boy pretty dangerous, but that just made my godfather that much bigger in my eyes.

Over the years, I have befriended folks that are firefighters and on the one hand, one of the things that’s great about that job for a lot of folks is you don’t know what you're going to do each and every day. You’re not sitting at a desk doing the same thing, you're not necessarily sitting in front of a laptop, although that may be part of the job right now, but certainly wouldn’t be for the entire amount of time, but likewise, you don’t know what
kind of a peril you might face and you also might know the horrific sights you might see. One of the first things I did when I was elected to the legislature back in 1993 was I had a friend, still my dear friend, Scott Culpin, and who -- he had a mutual -- another friend and we’ve ended up becoming friends since that time, John Nuculovic, and at that time John Nuculovic was a trooper with the Connecticut State Police and so I thought it important for me to try to get an idea as to what their duties were like and so we arranged for what’s called a ride along and so I met at that time Trooper Nuculovic. In Stafford, there was a barracks at that time and the first thing we did is he went over some basics. You do basically the first and number one rule was you're going to do everything that I tell you to do, but second, he put on a bullet proof vest and I was immediately amazed at how heavy that was and by feeling that on me, you realize that wow, someone could end up shooting at us and this is just the normal equipment that our troopers are out there wearing day in and day out.

The other interesting thing about that ride along, and it was a significant ride along, it was at least six hours, was as I said, it took place out of the barracks in Stafford, but then we went and his patrol was in the eastern part of the state and, you know, outskirts the Storrs campus, but a lot of those smaller towns, and as the sun set and we moving into darkness, you realize very quickly these are lonely deserted roads and while it was a ride along for me, quite often these troopers would be alone, they're not with a partner, and we pulled over some cars and he taught me how to approach a car from the appropriate angle. There’s a humorous part of the story, which I’ll reserve to another day.
regarding one pull-over, but I could not help but respect the job he did because you never knew and one of the drivers that gave us the hardest time was this well-dressed, middle-aged woman that looked like she was going to some fancy gathering and she just couldn’t stop bad-mouthing us during the entire stop, whereas other folks were yes, sir, no, sir, and here’s my driver’s license and insurance card and license and registration.

These folks put themselves on the line and we can’t necessarily imagine what they could be confronting. Senator Osten indicated that during World War I, at that time, troops came back suffering from shell-shock and that was called the war to end all wars because it was so brutal in its nature, as brutal as World War II and all subsequent wars, just the unhindered use of chemical weapons blinding people and the trench warfare. As a student of history, I remember these pictures where there’s just the blind following the blind with one hand on the other’s shoulders and it was just a brutal war, but then you get World War II and its way, far more brutal with atrocities to the civilian population, the Holocaust, but there were just extreme battles both in the Pacific theater, where my step-grandfather was wounded during Pearl Harbor, Pasquale Viscaro, but also brutal battles in Europe and for those of us who maybe saw the movie Patton, some of the generals and upper echelon didn’t want to hear about battle fatigue and George S. Patton was criticized, and I believe appropriately so, for slapping the face of a young man that was suffering from battle fatigue that just couldn’t out and fight and that’s because sometimes things happen up here in the brain that discombobulate an individual such that they're
just not functioning properly and we don’t know how we would withstand those incidents.

There may be individuals here in this circle that would -- it would just wash right over them and there might be others where it would be a great surprise to them that it would really hit home almost immediately. We don’t know that. And then you go to the war that my dad fought in, Korea, which for a long time was just a conflict. Now I think it’s a war, but I don’t know the classification. He says that I didn’t see these slides, but I do believe that when I was growing up, I saw a set of slides that he was in a parka in a very cold place in Korea and I could have sworn when I was up in the attic that I saw tanks in the background with corpses wrapped in sheets strapped to those tanks and one evening that many years ago, I couldn’t sleep and I was watching a history show and there were some really brutal battles in Korea like that and so I just wonder because my dad, while he’s in Hartford Hospital right now but hopefully recovering and will be 86 June 15th if everything works out, never, ever, ever talks about his war years, just doesn’t, and there’s a lot of veterans that don’t.

So they put something out of their mind or they just don’t want to talk about it and we can continue to march to Vietnam and if you were like me, it was amazing to watch the history of how that war developed and heartbreaking and I was just too young to get involved in that war, but I remember when my uncle, Ronnie Viscaro, we were all gathered around the television. I don’t know what year it was exactly, I want to say the late 60’s, but there was a lottery going on and for several hours we’re just
watching this black and white TV as they're pulling numbers out and he missed the draft, but a whole slew of folks did not and a whole slew of folks never came home. So how does this all relate and tie in and I can go on to Iraq and other wars, but how does this all relate and tie in?

Well, first of all, I think it shows our ever-evolving understanding of mental health when one is confronted with extreme incidents of violence and so the first thing that would come to the fore would be men and women that serve in our military. That's how we begin to start to figure out there’s something going on here. But likewise with our other areas of public servants working as police officers, like Trooper Nucolovic, or firefighters, like my godfather, James McGrail, or parole officers whom there was an excellent special put on by I believe it was public television that studied for an hour the difficulties that parole officers face, and they come before the Judiciary Committee, and they have to go out to difficult neighborhoods and they have to, I wouldn’t say confront, but they have to go and make contact with individuals that are on parole and say you didn’t check in, you didn’t stick with your job, you had a dirty hearing, you didn’t follow the rules, what are we going to do about this? We’re going to have to get you back on track.

And they've asked for just simple enhancements to their motor vehicles such that they look like they're on official business because when they're out there doing their jobs as parole officers, they don’t even have the insignia that looks like they're doing official duties and they feel that that in and of itself sometimes puts them at risk and then you come to another individual and I’m hoping that we
get to this issue later on, but the last person I’m going to touch upon at this time is my brother, Michael, who this past April would have been 54, but he passed away three years ago at the age of 51, and he was an EMS/paramedic. I don’t think he had it in him or desired to be a police officer, but he had a strong desire to help people. He was the Good Samaritan of the family and the ambulance service he worked out of for many years was based out of Manchester, Connecticut, Manchester Ambulance, and I can close my eyes and see a picture of my young brother, Michael, with the stethoscope and he goes you don’t hang it like this, John, you gotta drape it around, right in front of the vehicle, brand new vehicle, in front of the ambulance house out there in Manchester. And paramedics and EMS are often first on the scene and they confront these issues as well and I saw it take its toll on my brother, Mike. One story sticks out in my mind. I have said it before, so I apologize for those who have had to hear it, but it’s brief, he said you just don’t know what you’re going to run into, John, and I remember once call that I had to go out to and a young man walking along the train tracks was hit by a train and he goes when I went down to help him and give him CPR, his brains came out in my hand. Just a call, just a few minutes later, and that’s what happened and when you are in that line of professionalism, you're going to see things that you can’t be taught and you're going to be given challenges that are going to be very hard to overcome and some people might devolve into self-medication, alcohol or drugs or it can even just be chain smoking. As Senator Champagne pointed out, the wrinkle with the police officer is you're at risk at losing your firearm which completely puts
you at risk of perhaps losing your job. And the other thing is that with all of these fabulous individuals that are out there, whether they're serving the public as Good Samaritans or putting their lives literally on the line as police officers and firefighters and to some extent I would guess parole officers and I'm guessing in certain situations paramedics and EMTs if vehicles are on fire or things have to happen fast, we look upon them as heroes and heroines and we went through that interesting change after 9-1-1 and I thought it was a very healthy change. Heretofore, we were living in a bit of a bubble and, you know, we would look and success was almost always viewed in terms of financial wealth, but dramatically after 9-1-1, we looked at our first responders in a new way, many of us, and it was not uncommon to hear high praise offered for those individuals that while everybody was running out of the crashing World Trade Towers or the Pentagon or fighting on a plane over Pennsylvania, but as every instinct and nerve in your body would say run away from the danger, these folks ran in to save lives.

And that part of our adulation for these folks is fabulous, but it also creates a weight of responsibility such that one might hesitate from taking a step aside from that image to acknowledge that one is a mere mortal, a human being, a man or a woman with human frailties and if one is confronted in six to eight weeks by the kind of shocking events that Senator Champagne had to confront, that it’s not always easy to just shake them off and that it is not inappropriate to seek assistance from one’s brothers and sisters, from folks with medical training, from folks that can counsel. And I think if we approach this issue, as this bill does and
this may be the beginning of more movement in this direction, if we do it appropriately, this may not be a huge financial cost to municipalities or the other entities that will be charge of making this work. My belief and understanding that several of our larger municipalities are already doing this on their own with the notion that if it’s done appropriately and quickly that people would rather get back into their professional lives and careers and stay working, that this would not be something that would necessarily be abused to a great extent. Folks that entered these fields do it because they want to help their fellow man. They’re not looking for a fast in and out, I would hope not, I haven’t encountered that, but to the extent we set up a construct where people are hesitant to go get assistance, then I would think that if we did an empirical study and drilled down into the data, it would probably show that the longer people wait to receive assistance for their posttraumatic stress disorder that the more likely they are not to easily get back into the job groove that they were once in.

So that’s probably a round-about way of saying is like many of some of our best initiatives, not only is this better for the human beings in these various high-pressure professions, but I think ultimately we will find that it bears out financial sense as well in that we will probably not that many years from now take a step back and say why didn’t we think of this sooner, why didn’t we address these mental health issues sooner and this is the first step because we can’t keep saying to folks in society if you've got issues, you need to get treatment because there’s a stigma to that and not only is there a stigma to that, but there may be bad financial
consequences for the individual and their loved ones and the family and the people they support.

So for those reasons, I think firefighter, I think police officer, I think parole officer, and then I would hope this conversation and debate continues this evening that we would consider paramedic and EMT like my brother, Mike, who I think probably died too young for a variety of reasons, but I think the pressure of both being a paramedic and then after leaving that career choice to work in a group home. I think those were really heavy-duty mental challenges. It’s not a criticism on anybody like that, but these jobs, you just don’t know which each day is going to bring you and I will leave you all with this; we could not exist as a civil society without folks who are police officers and firefighters and paramedics and EMTs and yes, indeed, even the parole officers that go out there and make sure that the ends of justice are achieved as the courts have deemed appropriate. So for those reasons, Mr. President, I am happy to support the bill that’s before us this evening and urge my colleagues’ support as well. Thank you.

THE CHAIR:


SENATOR WINFIELD (10TH):

Thank you. Good evening, Mr. President. I rise in support of the bill. So I’m not a firefighter, I’m not a police officer, but over 20 years ago when I was in the military, I had some experience in
firefighting. I was on the firefighting team of the engine room of a ship that I was on and when you're doing that, you get to see all kinds of things. I remember whenever the alarm would signal that we had an emergency would happen, the people who were a part of the firefighting team would take off running, often times not actually knowing what we were running towards and -- excuse me, I have allergies -- and we would get to the place where the event was happening and whatever was going on we would respond to. And I'm listening to conversations about the kind of violence that first responders often will find themselves in, but as I think about it, I can tell stories about what I've seen with people's bodies and what's happened to them, but I think sometimes we don't talk about what seems to just be commonplace and maybe never talked about that can cause trauma as well and I remember there's a -- for a nuclear power ship, there's a set of training you have to go through and most of the time it consisted, but is never talked about outside of the circle of people who are involved in it, you talk about the technical aspect of it, but those of us on the firefighting team were a part of it as well and they wanted to know what are emergency response was and so you would run down into the engine room and you would be wearing your full firefighting equipment and you would respond to whatever emergency presented itself as part of the training exercise.

So I remember running down the five decks into the engine room and getting there and seeing this dummy, a 198-pound dummy to train us, 200 pounds, something like that, and you see this dummy laying there and not really knowing what was going on and all kinds of chaos ensuing with the group of guys that I was
on the firefighting team with and eventually I realized that the scenario was that the engine room had several fires and that this person was laid out on the floor and it really didn’t matter what was going on, we needed to get him out of there. And we argued over whether we should take him up, there’s a hatch you could bring him up through and there’s stairs, there’s no elevator. We were arguing about it and eventually I just got to the point where I said we need to move this guy because he would be dead if he was real. And I remember just getting to the point where I didn’t care what the other, I think it’s four, guys were doing, just needing to move him out of there.

So I strapped him onto the stretcher we had and pulled him out of the engine room up the five flights of stairs. Now, it’s probably about 98 to 105 degrees in that engine room and I’m in full firefighting equipment and I’m pulling him up these five flights of stairs, so when I finally got him out of the engine room, I had a sprain, a tear, and I passed out and that’s not why I’m telling the story. I’m telling the story because I remember after that thinking about -- I guess when you're in uniform, you think about these things different than just an exercise. You think about them as if you actually had a human being that you were interacting with and I remember thinking that our response would have killed that individual and it was like interesting because as I continued to do my work, that never left my head, like an actual human being could have died because of our response, right?

And so I just think, you know, often times when we talk about this, we debate about the cost of these things and a whole bunch of stuff that’s really
important, but what I know is when people are on that job, they have to deal with things, not just when they go out on a scene and see something violent, but even in their training sometimes. I sat down -- Another part of what I did on the ship was I sat in a very sterile room and I watched a basic electric plant that I controlled as the chief electrical operator and gave orders to people, but I also watched the television that showed us where -- what was going on on the flight deck because everything that we did had implications for the flight deck and I remember just -- again, I think it’s important to just -- I thought about just sometimes when you're doing these kinds of jobs what happens. I remember watching a guy just routinely doing some work and then I remember watching him fall forward and watching his hand fly out the other side of the propellers, it’s just kind of what you do has impact.

And so I’m rising in support because I just kind of understand that even before you get to like arriving on the scene and seeing the violence, which I guess I could have talked about, however, it’s just we know that when you're doing these types of jobs, sometimes as even part of the training, can have severe impact on the way you see the world. And I want to speak a little bit about the part that is also in Senate Bill 380 and was in the bill a year ago about getting the gun back because naturally I’m someone who might oppose something like that, but I don’t oppose it and I don’t oppose it because as I think about all of the experiences I’ve had and the impact they have on me, I also think about what it is to put somebody who has a traumatic experience on the streets to protect us, to calm, to serve us and what it is to watch that individual perhaps have to
deal with that trauma because they can’t go forward because of the implications of having experienced a trauma and people knowing about it and your gun being removed and all of those things.

So I’ve had conversations with people outside of this building because everything we do here somehow, no matter how small or large it is, becomes a conversation outside of the building. Some people like I can’t believe you support that bill and I’ve said to them I can’t not support that. When they come into the neighborhood, when they show up, not only am I concerned about do they have a reflex which is negative, I’m also concerned about do they freeze, do they start thinking about what it is to have that experience, what -- how -- what impact it has on them and so I rise in full support of the bill and all of its parts because I just know all too well in a real sense how important that it is. Thank you, Mr. President.

THE CHAIR:


SENATOR CASSANO (4TH):

Thank you, Mr. President. I rise to speak briefly. I think what’s important and a lot of people don’t realize as they read the passage of these bills or see on TV that the bills are passed and so on that it takes a lot to reach that point. It’s probably been four years that -- since Kathy Osten, Senator Osten, sat in the caucus and said I want a PTSD bill and I’m going to work on it and I’m going to make it
happen and it’s taken three or four years and it’s the right thing to do. We always associated or have traditionally with the military. My father was in the army in the 1960’s in the VA hospital that reminded me -- Senator Kissel reminded me, shell-shock. The war my father was in, everybody was ducking because of the shell-shock all the time. This disease was real, but it wasn’t being treated. They were being housed, they were being kept away from their families for the safety of the families, but they weren’t being treated. This is a treatment program, that’s the difference, and I think this is a great move by this body and I urge everyone to support it. Thank you.

THE CHAIR:

Thank you, Senator Cassano. Will you remark further on the bill? Senator Witkos.

SENATOR WITKOS (8TH):

Thank you, Mr. President, and good evening. So I don’t have any prepared remarks because this bill has been before this chamber. I’ve always supported the concepts and I was just going to kind of see where the debate would take me in my thoughts and my feelings and my emotions and thank you to Trish Buchanan for being the fighter that she is and for being here today and being present when this bill passes this chamber. I guess to those folks that say well, you chose that particular career, sometimes that’s not true. Sometimes it’s a calling and I believe that was what happened in my case because when I was 15 years of age, I joined the local ambulance association and because we had a lack of volunteers in our town, in the town of
Granby, during the daytime, so parent advisors, we formed a group and it was interesting because we had to associate ourselves with the Boy Scouts of America to get the insurance.

So they said well, what do you want to call yourselves and, you know, being teenagers at the time, we said well, we’ve got to think of a really cool name and so we called ourselves the GEMS and that stood for the Granby Emergency Medical Services. And they said well, you need a post number because that’s what the Boy Scouts do, so we said well, what other cool thing we do being 15 years of age at the time, so we came up with 2112, which happened to be the Rush album at that time back in the early 80’s and we thought that would be kind of cool to name ourselves Post 2112. So we formed the GEMS Post 2112 and we went through very rigorous training to become medical response technicians and so every morning, an adult would drive the ambulance to the high school and the ambulance would be parked at the high school and we had an agreement with the principal of the school who felt that community service was so important to give back, even at a young age. So if your pager went off in class, you were excused. You would run down to the ambulance, fire it up, and just sit there and wait until the adult drivers would get there and off you go to the call.

So not only did I witness things in the back of the ambulance, but it also affected my life at home, too, because being only 15, I didn’t have a driver’s license and I still wanted to be on call, so at night time I used to lay my clothes out on my bed and we only had one phone upstairs and it was my parents’ room, so when the police department would
call the house phone and they’d answer it and then they’d have to come in and wake me up and say Kevin, you have a call and they would never wait for the student crew member. If you were there, you got on the ambulance and off you went, but if you weren’t on the ambulance, you missed the call. Luckily, I lived close enough so -- and my parents are very good at getting dressed as quickly as they could and get me in the car and rush me up to the ambulance barn where we waited and went out on those calls.

So that was my first step or involvement in public safety and first responders. So from there, I joined the fire department and that was a love that I had for over a decade. I actually left the fire department when I got elected here as a state representative and I was serving as the district fire chief in my town and I tell you, that was both rewarding and concerning because the number of hours that are involved in the training, the number of hours that are involved away from your family responding to calls, and they would come nights, weekends, holidays, it didn’t matter. When the tones went off, you rolled. And the impact that would have, too, on those first responders, I had the unique ability to be a police officer at the same time that I was on the fire department, so going to emergency calls for me just seemed routine.

As Senator Champagne said earlier when he was talking about his experience, his heart rate was racing. Well, when the dispatch would begin to dispatch you to a scene, you could hear the 9-1-1 call ringing in the background, it had a very distinct ring, and that would elevate your blood pressure because you knew somebody or somewhere there’s an emergency, but you had no idea what it
was and in our particular area, my call sign was Unit 3, so I’d hear Unit 3 and then I’d be hearing those 9-1-1 calls ringing and I’d say back Unit 3, go ahead, and then silence. And I don’t know if I’m driving down the road, do I pull over, do I wait, which direction, am I going in the right direction, what’s going on and meanwhile maybe there are numerous phone calls going on so you might have one single public safety dispatch who is inundated with phone calls or it could be a medical emergency where they’re trying to talk the person through it and they haven’t had a chance to break free for a moment to dispatch the police. Meanwhile, the police were on the other end of the mike saying come on, what have you got, what have you got, I know you have something, I heard that 9-1-1 phone ringing. So finally, you get this dispatch to the scene and off you went.

But as others have said, being in public safety, whether it’s a draw to the profession or not, it was the unknown. It was not repetitive, sometimes you have boredom, but you never knew what your day was going to bring. Every single day was different, every single day, and I can recount some things that happened to me in my career. I served a 28-year career in the police department, ten years in the fire department, and four years on the ambulance, so I’ve had the exposure to all the different things and I don’t know if it affected me negatively or positively or what. Sometimes I don’t classify my emotions and my feelings on things, but they’re there and I think that shapes and makes me who I am today and I always said to folks, the young recruits coming on, that was one of the things that I liked the best was being a trainer because I like to mold the officers, I thought it was good. I was very
proud of the fact of the job that I did and I almost never, I’d like to say 99.9 percent of the time, received a complaint made against me.

I was one of those officers -- friendly, neighborhood cops that you love to see in your neighborhood. In fact, I was one of those types of officers that I think I almost had my original ticket book after 28 years because I didn’t believe in tickets. As long as, you know, you taught the kid a lesson, I’d often call the parents at home because I know they’d take care of their kid more than a 58 dollar fine would be by the courts. I thought that was -- that was justice. But I saw people at their best times and at their worst times and I’ll tell you a couple stories I know I’ve shared with these folks before in the past, but in case you haven’t heard them, they still ring true today and some of the best times of people’s lives, I had the awesome responsibility and the privilege to deliver two children in my 28-year career in law enforcement, one of them I was only 21 years old. I was kind of new on the job as a cop. That freaked me out, honestly, and I don’t know if that made you a little nervous because you’re 21 years old and you’re getting dispatched to, at 5 o'clock in the morning on the midnight shift, you think oh, this is a nice, easy shift, nothing’s going to happen, you know, traffic’s just starting to pick up at 5 o'clock, maybe stop a couple of speeders, maybe there will be a car accident depending on the weather, but then that’s it, 7 o'clock go home.

So it was 5 o'clock in the morning, the 9-1-1 ringing, I get dispatched to a call in the town of -- Granby cop at the time, it’s a woman in labor. As you're going there, you're thinking oh, my God, now
what did that training video say? What do you do, you know, what’s it going to be like, what am I going to walk into, and all these things just start going racing through your mind, racing, because you have no idea? You have an idea where you're going, but how do you get there and what do you do when you get there. Glad to see the baby was born very healthy, clean bill of health, that was fantastic. That was one of the good things. What Senator Champagne said some of the difficult things which you never get over is having to go knock on the door of somebody that their children have passed away, most often times in a car accident or an overdose. It’s never easy because when you're knocking on a door at 2 or 3 o'clock in the morning and you hear from the other side of the door who is it and say it’s the police, they know something bad is happening. It’s a very, very difficult message to deliver and you never get over that.

And then you have the individual exposures where I was sharing with somebody earlier today that for whatever reason, it just affects everybody differently. I think of PTSD as DNA or fingerprints because it’s individualized. It may be an individual occurrence or it may be an aggregate of occurrences that causes somebody that they may need to seek mental health to help them work their way through it. And I think that most people who serve in the police work and firefighters, they're proud of the work that they do and they wear their uniforms like a badge of courage or a badge of honor and for them, male or female, to say I feel weak, I need to get help, that’s very difficult to just make that step of admission in of itself and prior to this bill, there was no doorway for them to go seek that help and I recall one time we had an officer
that was dispatched to an unresponsive child, went
to the house, and the child was eight months old and
he started performing CPR on the infant and the
infant didn’t make it. It took that officer -- he
couldn’t respond to medical calls after that for
like six weeks.

He thought that he killed that kid. He didn’t do
that, but that’s what was going on in his head and
he finally sought some help, but it took over six
weeks for him to get his mind right, if you will, in
his own mind to say you’re right, you know, that
wasn’t me, there’s nothing I could have done to
prevent it, I did my job, and I think that’s what
this bill goes to speak towards, the folks that are
involved in issues every single day to say there is
help, we’re going to help you work your way through
it and get you back on the job.

Some things stay with you for a long period of time.
I can recall an incident and I’ll tell you it was
September 2, 1992 at 2:32 in the afternoon at 101
Albany Turnpike in the town of Canton. I was on my
way into work and I have a police radio in my car
and they said, that dispatch to that address,
somebody’s out the window shouting for help and lo
and behold, I was within 500 feet so I pulled in and
there was a woman from the second floor window
leaning out screaming “help, help me, help me”. I
remember exactly what she was wearing and I said
what’s going on. I drew out in a tactical position
because I didn’t know what was going on. We didn’t
get any of the details other than somebody’s
shouting for help. She said “it’s my boy, it’s my
boy”, so I’m running towards the door; well, where
is he? She says he’s in his room. So meanwhile, I
can hear sirens coming in the background, like the
Calvary's on its way, so it was just me and this woman.

I didn’t -- I wasn’t very tactile when I made entry into the house because I didn’t know who was in there, I still didn’t know what was going on, but I felt it was my duty to do something. So I went in that room. There was a little body on the floor and I felt for a pulse and there was a pulse, so I started screaming on my radio "get Life Star here, get me everything". So the ambulance got there, oh, no, they hadn’t gotten there yet, the second officer arrived on scene, I said get your oxygen bag because I just ran into the house because I didn’t know it was a medical condition. He got his oxygen bag and we came in and we rolled the young lad over. He didn’t have a face. He had blown his face off with a shotgun, but he was still alive. So I grabbed that oxygen unit and held that little boy until I was relieved from EMS, but my day didn’t end. I had to work with the family members collecting evidence. I could write to you right now what that suicide note looks like.

Some stuff doesn’t go away, but you're able to manage it. Look at me, that was 28 years ago. It’s like yesterday. I didn’t miss any time at work. I thought it was just my job to do and then you just go on, it’s a call, but I think with today’s bill, what we’re doing is we’re providing an outlet so those folks that may need to speak with somebody can do that. Imagine if the emotions I felt today amplified 28 years ago that I was afraid if I said something and I needed to go to get help, I might lose my job, how about my wife, what about my kids. It doesn’t matter at the time I didn’t have any kids, but what happens if I was married and had kids
or I had my own place, how do I sustain that? I mean, were compounding the issues. I’m friends with a lot of cops on Facebook and too often I see please repost another police officer suicide. We’ve got to stop that. We’ve got to stop that and this bill is going to go a long way to prevent that from happening again.

So Mr. President, I’m glad that we’re here today. I know we’ll hear other stories. As I said, everybody handles things differently. I think that the provisions in the bill that outline it, the six steps -- scenarios that if you come across or would be the trigger for this bill, I think it’s confined in its time and I don’t think -- I personally don’t think people would ever tend to abuse it because they don’t want to be home and out of work. They want to be back at work with their friends, their colleagues, doing what they’re doing. As I said, it’s a calling. It’s not just a job, it’s a way of life and that’s what they know and that’s what they want to do and that’s what this bill is going to enable them to do. Thank you, Mr. President.

THE CHAIR:

Thank you very much, Senator Witkos. Will you remark further? Will you remark further on the bill as amended? Senator Somers.

SENATOR SOMERS (18TH):

Yes, thank you, Mr. President. I rise in support of the bill. I am very thankful that we are hearing this bill tonight. I know that this is something that we’ve had long and detailed discussions on in Public Health and something that we tried to address
in the previous sessions and I just wanted to start by talking to folks about the first time that I really learned about PTSD and it was when my father who is now in his 80’s had described what it was like to be a little boy when his uncle, who is my grandfather’s brother, came home after World War II and his brother was a bomber pilot and spent quite a bit of time overseas, obviously, and came back from the war with what we would now classify as PTSD and he described to us what it was like sometimes at holiday dinners where my Uncle Bill would maybe have a drink or two and then go into a state where he would be revved up, he would become a different person and my father was told to go outside and to fill a sock with sand and to make sure that there was no rocks in it and when my grandfather would have my father hand him the sock, he would twist it up and he would hit his brother in the back of the head to knock him out. That’s how they dealt with PTSD or shell-shock or whatever we might have called it back then, to knock him out to, you know, to have him sort of snap out of the state that he was in and my father is a little boy remembering that.

And years later, my mother’s father, my grandfather, was a New York City firearm at the time right after World War II and this was a time when there was probably not the building codes that we have here today. There was scattered electricity in many of the old what they called tenement buildings and my grandfather would tell us the stories about the fires that would happen in the city and how they would catch from building to building. This is time before really protective gear, this is the time before any kind of smoke detectors or probably inspections as far as buildings and he -- until the day he died would talk about the pride he had in
being a fireman, the weight that he carried with him in carrying children from fires that had expired that he couldn’t face. Back then, they didn’t have the ability to necessarily put the fires out as well as we can today, so there were times when they would have to just let it burn, but he told one story about the trauma that he had endured in this particular tenement building in New York City where he had to carry four brothers out of a fire that had expired and he detailed on carrying them and remembering the exact kind of shoes that they were wearing on the way out and you could tell that he was someone who had carried this with him for 70 years and back then, you weren’t allowed to talk about your feelings, you weren’t allowed to express any, you know, sign of weakness. It was right after the war and that has always stuck with me.

Now we are fast forwarding ahead here and we’re talking about PTSD which is long overdue for our policemen, our firefighters who we all, or at least I do, think of as our front-line heroes that we have every day. They put their lives on the line for us in ways that many of us cannot imagine, but I think that many of us who feel that they're heroes, they're everyday heroes, we also have to understand that they are human and that they have feelings, they have emotions, and that they suffer from what they see, whether it be one traumatic event or cumulative exposure to very, very difficult and traumatic situations.

These symptoms of PTSD, they can be clear and outward where we can all recognize them or they can linger just below the surface and that they need a trigger for a state to be recognized that someone is suffering, so I wanted to go through some of the
indicators of PTSD because I don’t really think that’s been touched upon and one of the first things is the idea of reliving the moment, having dreams, having thoughts of seeing something over and over again and it could be your traumatic event, it could be your exposure to multiple events. The second sign is avoiding situations that remind you of that event, you know, not talking about it, not being willing to share what’s bothering you, feeling numb, you’re not interested in what you were interested before, the things that used to make you happy don’t make you happy any longer. You’re sort of immune and you're starting to build a wall around yourself.

There’s also a feeling of being hyped up, hyper, keyed up, you're jittery, you have difficulty sleeping, you're on guard all the time. And common problems that we haven’t really touched upon that come along with PTSD that is not cared for, it’s not diagnosed, it’s not something that people undergo treatment for are things like drinking too much, fighting with your spouse, a feeling of hopelessness, depression, and sometimes drugs and a true breakdown in relationships. So I think that treatment for PTSD is no more important than what we have crafted in this bill with a lot of input from so many, but there’s no more important place than police and firemen and others that hopefully we’ll talk about later today that are engaged in the split second decisions that deal with life and death.

It’s they're fast-paced, they are ambiguous, and many times, the people that are put in these positions have very limited or low information as far as what they're getting themselves into. When you're under those conditions, you can imagine what
it must be like when you're suffering from PTSD on top of these very difficult positions that you're being put in. So I looked through the medical journals and through the NIH and I found some interesting studies. One was done out of the University of Buffalo and it actually looked at the brain function of people having to make life decisions, those that were not suffering from PTSD and those who were suffering from PTSD, and the results were quite remarkable. It was clear that someone suffering from PTSD who was not treated had a much more difficult time making the decisions that need to be made in those types of situations and it was clear from the results that the best way to deal with PTSD is to try to not let it get to that level, to try to catch it before it gets to the level that we just -- I just described, to be able to have proactive awareness of how important mental health is for all of us, whether you're a hero and you're a policeman, a hero and a firefighter, a hero and an EMS provider.

It's important that you have the care that everyone else is entitled to because your jobs are so different than anyone here in this circle or many of us actually face on a daily basis. So I wanted to share with you of the many stories that I have received from policemen and firemen, even hearing the stories are traumatic, but this one particular story is from a policeman who's not actually in my district, but he's a friend of ours and he was called to the scene of an accident that today he still is in that -- reliving that moment and this accident was actually at the home of a highly respected family that had three wonderful boys and one of the boys had just come home from graduating from UConn. He had a degree in finance, I think
accounting, and the whole world ahead of him. But him and his father loved cars and he had an old BMW that used to be his father’s from years ago and his father had always taught him to change his own oil in the car and the mom and dad were inside. It was not quite winter, but getting colder, and the son was in the garage and he had the car up on the lift and he was changing the oil and it came to dinner time and the mom said can you go out and get so-and-so, come on, it’s time for dinner and when the father went outside, what had happened is the car had slipped off of the lift and come down on this 21-year-old boy and he died in the garage while the parents were in the house.

And the police officer was called to the scene along with the EMS providers and obviously the boy was transported to the local hospital, which at the time they did everything they could to try to save him, but he had been under the car for quite some time and was not going to recover and the policeman had shared this story with me on how to this day with his own sons, he will not let his own sons change their oil. I will find the money and I will give them the money to get their oil changed someplace else because that memory is so engrained in him of what he saw. It was a young person, it was horrific, but not just the actual trauma of seeing this young man, it was the trauma of seeing the parents and having to console a father or a mother in an inconsolable situation of having to break the news. You don’t want to see your son this way, let’s get him to the hospital, and ironically I heard about this story in a different way because my husband happened to be the doctor on call when this young man came in and so I’ve heard this from different viewpoints, but the person who has really
suffered the most has been the police officer who shared this with me.

And he was not allowed to take time off in the state of Connecticut to maybe get some therapy or to be able to talk to somebody in a safe environment about what he saw and talk to somebody about how to deal with what he saw and how the impact of what he saw could change him in a way that to this day, he said he will never get over. So I think that this bill does so much for the people who do so much for us, that we take for granted every time we call 9-1-1 that someone is going to show up to help us and I think that this is the least that we can do. We talk about how mental health is so important. It’s part of our overall health and I can’t imagine another specialty maybe beyond, you know, an ER physician or somebody who’s a trauma surgeon, that sees what these folks see on a daily basis, but they never know what they're getting into, they never know what the situation’s going to be, but I would assume they're on a heightened sense of anxiety as it is, just going to a particular scene.

But then to come back from that scene and to try to go home to your family and just pretend it doesn’t happen is something I think we can all relate to, that that’s just not something that we can ask either our heroes or humans to do. They need a safe place in a space where they're not going to be fearful that they're going to lose their job because we wouldn’t ask that of anyone else. So I am thrilled that we’re talking about this today. I want to thank everybody who worked on this bill. I want to thank all the police officers and the firefighters for their service to our state and our country and our towns. I want to send a message to
those who have suffered from PTSD and have not been able to get the help that they need that I am someone who will stand firm with you that I believe that you deserve this and this is something that I hope this circle will pass and I hope will get past the House because as I said before, for me you are our heroes, but you're human and you deserve to be able to have something like PTSD recognized and taken care of and when I’ve talked to my colleagues or I’ve talked to friends that I know who are in the firefighting business or are policemen or are married to policemen, I was shocked to learn that about 50 percent of those in that first responder line of work, 50 percent of them suffer from some kind of either marital issues with divorce or drinking too much.

It’s the PTSD everyone says is just under the surface that they have not been able to deal with, so when you feel that you have a sense where you can’t talk, it’s natural that you might say I’m going to just have a drink and then that can lead to something else, so let’s provide them with something where they can feel comfortable before it gets to that point and I fully support this bill. I’m hoping that we will be able to extend it to others also and I look forward to its passage. Thank you very much.

THE CHAIR:

Thank you Senator Somers. Will you remark further on the bill as amended by Senate Amendments A and B? Senator Needleman.

SENATOR NEEDLEMAN (33RD):
Thank you, Mr. President, nice to see you up there. I rise to support this bill in the amendment. I think that this is a topic that has been neglected for a long time. I know this body and the body downstairs has tried to pass protection for these people. I think it’s important to recognize that we have delegated a lot of this very, very difficult work, similar to in the military, to a handful of people who actually choose to do it and the trauma that they suffer goes unnoticed by most of us. As a first selectman and somebody who has responsibility for police, fire, and ambulance in my town, although they don’t necessarily all directly report to me, I work with them very closely and I’ve been on the scene of events that I don’t know how they actually work to come back from. My resident trooper about a year and a half ago was the first on the scene to that car accident where the woman got swept in the vortex of air by a tractor-trailer on I-95 and with her baby crying in the back seat, she got -- her body was literally exploded and she was -- parts were picked up and I didn’t know how he came to work the next day. I was -- I was -- The fact that he was able to do it and the people that do this that can deal with it without suffering from overt PTSD compartmentalize in a place in their brain that I don’t understand how they can do.

We’ve had incidents of people getting caught in car fires where people were screaming and reaching out to police officers who tried to help them while they were on fire. That one did result in a case of PTSD. This is such a critical bill. It’s so important for all of our primary first responders to get coverage and as soon as we can get it to them and I understand this bill is a step in this direction and I hope it’s only a step because there
are other people that need to be covered. I know I could not deal with that. I could not wake up the next morning if I saw those things and had to deal with those things and I am ever grateful for the people that do it. I would never be able to do it and still recover and still crawl out of bed, so we need to understand that are those first responders that can deal with this and go on with their lives and then there’s that percentage that they are so deeply affected, so personally impacted that they can no longer function and things happen when they get to that point.

And it’s incumbent on us because we have delegated this, we’ve limited by sort of circumstance that number of people who actually deal with this is very small, it’s like the volunteer military where we have a small number of people doing the work that many people did in the past and they come back traumatized and we need to recognize that it’s not their fault, it’s a medical condition. They absolutely have to deal -- We have an obligation to ensure that they get better and they get all the help that they can get and sometimes, they just can’t get over it and it’s horrible when that happens, so I want to -- I want to again say I’m in strong support of this bill. It’s really, really important that we do this. It’s really important that this is the first step on the path to covering all the first responders that need this coverage. Thank you.

THE CHAIR:

Thank you, Senator Needleman, thank you very much. Will you remark further on the bill? Will you remark further on the bill? Senator Hwang.
SENATOR HWANG (28TH):

Thank you, Mr. President, it’s good to see you up there.

THE CHAIR:

Good evening, sir, good to see you.

SENATOR HWANG (28TH):

You know, posttraumatic syndrome is a medical illness that creates tremendous physical and mental duress to individuals who are afflicted by this. It was actually once called shell-shock or battle fatigue syndrome and it can develop when an individual experiences or witnesses a traumatic or terrifying event. It can be any individual under any circumstances. It would be an individual experiencing domestic violence, it could be an individual experiencing trauma of verbal abuse. Whatever could be a traumatic and terrifying event could be symptomatic of posttraumatic syndrome and it is a mental illness that creates physical trauma to people’s body as well as their mental capabilities to function effectively.

I think we hear about this term a lot and it’s become very much in the popular parlance of PTSD, but I don’t think a lot of people fully understand the wide range of symptoms that afflict the person, so what I would do is indulge and share, maybe as bit of a public service, some of the symptoms for individuals that may experience a number of those things and realize that they may not have gone to war, they may not have experienced traumatic
syndromes, but through the accumulation of the traumas of their lives they have become posttraumatically impacted. Perhaps through this checklist we can offer, we can say to them perhaps you could get the professional help to become healthier.

I think one of the first symptoms and it seems it may affect a lot of people is detachment from others, the ability for the desire to no longer want to interact and share your emotions and withdraw into a shell. Number two; an individual has flashbacks of these traumatic experiences that relive the moment for them and relive that experience and feeling of duress. People have flashbacks for many other reasons. Maybe flashbacks are good, but in this case affected by posttraumatic, it is traumatic and negative. Number three; nightmares, it is not the dreams that we have but rather the nightmares of the trauma the individual lives so they cannot distinguish between the ability to rest peacefully, but that those flashbacks and those traumatic events keep reoccurring and that affects people.

Number four is you want to avoid reminders. People avoid potential incidences, potential events, potential activities that have created those traumas and that we do that a lot because we have a human habit of avoiding and tying into that is a real lack of motivation. An individual just feels that nothing is ever worth doing and that the initiative and motivation that leads to initiative and industriousness just doesn’t exist anymore. And number seven, between the lack of motivation and the lethargy of not having the sense of being able to have that get and go, you have fits of anger that
when little things that may occur causes tremendous pent up anger and you explode and in some cases impact those people that are closest to you.

Number nine is the possibility of feeling jumpy, the fact that a potential incident or a pop of a car on a cold day can make people relive moments of trauma and then ultimately the turning to drugs and alcohol as a panacea to get by another day. What we have is the accumulation of individuals struggling to live day in and day out. That being said, I think we have now heard enough that the symptoms and the impact of PTSD is something that we now will have a better understanding when we talk about this issue.

You know, we just honored our soldiers and those that made the ultimate sacrifices in the wars in the past and it’s important that we do that because they have made a commitment to protect the rights and freedoms that we have and we honor those that have made the ultimate sacrifice, but there are many soldiers from many wars that have come back and they have experienced posttraumatic syndromes. They have lived with the trauma of watching war, watching men and women at their worst, mankind at its worst, and when you think about the experiences they had from World War I to World War II to the Korean War to the Middle East wars that we experience, these individuals are valued military veterans, experience the same posttraumatic syndrome.

So when we look at this bill, I think it is one part, an equally important part, to recognize that posttraumatic syndrome impacts so many of us in our general society and that we should take a moment to recognize and respect and offer support in that area. But this bill specifically looks at our first responders and appropriately so because for me, it
is almost 18 years ago when 9/11 occurred. I think we all still remember exactly where we were and the defining moment in our history of 9/11 and I remember the compelling visual and the storyline that has our men and women run away from the falling buildings and the smoke-filled streets and our first responders, our firefighters, our police, our EMS, they were our bravest and best and they ran into those buildings, they ran to save lives without consideration, so when I look at this bill, I think it’s absolutely essential that we recognize and protect our men and women that risked their lives to protect ours.

And I will always be reminded that when we were running away from danger, our brave first responders were running to save lives. So when you talk about what happens in regards to how we can help individuals affected by posttraumatic syndrome, I’m reminded by the story we heard already. I think Senator Champagne’s personal story gave me chills, but also a reminder of incredibly dangerous work that they do and the sobering work that accompanies telling loved ones that they have lost their own loved ones. I think about the experience shared by Senator Witkos that’s over 20 plus years, but it’s seared into his memory and what I remember and will always remember is the fact that our law enforcement, our fire, and our EMS, as much as you might train, you can never, ever be prepared for the danger and the unknown that you encounter when you put on a uniform.

And that’s what this bill does because it is a way for us to say despite the concerns about cost, despite the concerns about uncertainty, that we have a responsibility as a community to say thank you, to
say that we will take care of your needs because you have made a commitment to protect us and our needs at our most vulnerable and most in need. I will share a number of stories that have been shared that I would have never thought would happen to these incredibly brave and inspirational men and women. These are men and women that have bravado, they have confidence, they have ability. They’re super men and women that go and save lives because of their training and because of their calling. One such story was a combination of a military soldier suffering from the scars of war, of the worst of mankind as a repeated earlier, coming back, becoming a police officer. His name was Jake Pettit. Jake became a law enforcement official in Fairfield and through his career, he knew that he was suffering, he knew that he had symptoms we talked about earlier that affected his every day and night and through his own suffering, Jake Pettit realized that he could turn that -- he could turn that struggle that he has and started a network to help other soldiers and law enforcement suffering from PTSD. Jake himself sought help, but he offered help and support to his fellow men and women that suffered from PTSD.

Jake was phenomenal. Jake was an excellent officer. Jake made a difference in saving other people’s lives. Jake was a hero. And he struggled to the very last moment with posttraumatic syndrome himself and meanwhile, he was helping others, but unfortunately, this is what’s so scary and tragic about PTSD can do to people, that despite our best efforts, despite some of our best medical support, despite Jake’s understanding of this illness, he succumbed to it and took his own life. That’s when people need to realize that this is not simply an illness of convenience. This is an individual that
served his country, protected our streets, helped others go through the experience, had a family that was beyond loving and supportive, but he, even he, succumbed to the trauma of what he endured. Even he succumbed and took his own life. That was a wake-up call for me, Madam President, that an individual like that knew everything that he could do to try to make himself better and make other people’s lives better succumbed and took his own life.

I have another story; we have one of the best fire departments in this 28th District and when we were working in my first years in this building, a terrific deputy fire chief worked with us to build out the fire safety school. This individual was always a consummate professional, always a smile on his face, always a resource and an incredible representative of a professional firefighter. This individual was the go-to person for us as legislators in how we can do better in working with our first responder firefighters. This individual that over a 25 year plus career, if not longer, in which he offered stellar and exemplary service, an educator, a motivator, a legislative liaison beyond reproach, just a couple of years ago he went to a call. There was a fire on our Interstate 95. He goes on a call that he’s gone to hundreds if not thousands of times in his life. He goes out on that call and he sees the mangled cars and the broken lives, that effect, on that road and at that moment, at that moment he snapped.

There was no rhyme or reason, there was no buildup. This was something that he had done and prepared for and trained his whole career for. This was an individual that was the consummate professional, but it was that one incident that made him crack. The
individual immediately retired. An individual that was such an integral part of the firehouse and an integral part of a fraternity left it all behind. If that can happen to that individual that I know, it could happen to anyone. That is what PTSD does. It is not written in books, it’s not in the movies, it’s real lives impacted. The final story would be an EMS, a volunteer EMS, in a small community going through a day where’s he’s making a commitment to his community, for the love of his community, for the safety of his community, he gets a phone call where he has to go to a school. He’s there with the volunteer firefighters. He’s there with our very, very brave law enforcement officials. They go into the school because an incident. Those individuals, every single one of them, will never, ever be the same. They are our first responders. There was no demarcation of role, specialty, or category.

Our police, our fire, our EMS, they all answer the call of duty to protect our community and the experiences that they go through are experiences that none of us would ever wish on our worst enemies. That being said, this is why we’re here. This is why we’re moving forward with a bill that will cover our valued first responders. It’s a way for us to say we’re trying to respect; we’re trying to understand the incredible fortitude that you must possess to protect and serve our community. I know there are budgetary concerns. I know there’s a real concern whether there could be abuse of practice that occur, but ultimately for me, it’s a balancing act and my first responders who, as I said earlier, a lesson learned from 9/11; when all of us were running away, the first responders and the sight of them running into danger because they were there to protect us should always be remembered when we cast
votes on this bill because for their efforts, for their bravery, and for their sacrifices, we need to keep our end of the bargain to ensure that we protect them in their hour of need. So I urge support of this and I urge my colleagues as well. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Hwang. Will you remark further on the bill as amended? Senator Bizzarro, you have the floor, sir.

SENATOR BIZZARRO (6TH):

Thank you. Good evening, Madam President. Madam President, I rise in support of this bill and I thank and commend my colleagues around the circle for all of their hard work in getting this bill called. Madam President, I have tried since I joined this circle to be present in the Chamber as much as possible when senators are speaking. I like to be in here and I like to listen because first, I learn, usually, when I listen to others. I learn things about the way our government works, I hear different perspectives which may cause me at times to rethink my position, it might affect the way I vote. I also learn a lot, today’s a perfect example, I learn a lot about the individuals, the people, that make up this esteemed body and I think that also makes me a more effective legislator. I said during my swearing in ceremony that I was looking forward to getting to know everybody on both sides of the aisle personally as well as professionally.
And so I’ve tried to be present in this chamber as much as possible so that I can listen and hear the debates and the stories, the personal stories, that so many of us have shared over these last few weeks, but this evening was very difficult for me because I anticipated hearing stories like we heard from Senator Champagne and Senator Witkos, Senator Winfield and the many others who have already spoken tonight and I have a problem listening and hearing those stories for a couple of reasons. First of all, truth be told, I’m a little squeamish. When I was in kindergarten, I remember my kindergarten teach, Mrs. Hirsh, reading us a story and in the story, a little boy fell and scraped his knee and they had to go to the doctor and the doctor put a Band-Aid on his knee and I might have started crying and she looked at me and she said, oh, you’re going to make a great lawyer someday, but you’ll never be a doctor and I always remember that to this day.

But more importantly, the reason I couldn’t be here listening to all these stories is because I suffer from OCD, obsessive-compulsive disorder, and for those of you who are not familiar with obsessive-compulsive disorder, it is an incredibly debilitating disease. It’s very difficult to get through days when the symptoms flare up and I rise tonight to talk a little bit about that because in listening to the conversations here, it occurred to me that OCD and PTSD are very much alike and so I did a little research and I learned that in fact, recent clinical research has suggested that OCD and PTSD are actually on the same continuum and I learned that a lot of people who are diagnosed with posttraumatic stress disorder are very likely to either already have obsessive-compulsive disorder or
to become diagnosed with OCD shortly after suffering a traumatic event.

And in fact, I also learned that there is a growing body of medical research and clinical research that suggests that there is actually a condition known as posttraumatic obsessive-compulsive disorder and when I started thinking about it, I thought, you know what, it makes a lot of sense. I’m thinking and I’m listening about all the different symptoms that people who suffer from PTSD manifest, the recurring and persistent thoughts, the images that just won’t leave someone’s mind. People who suffer from OCD share those symptoms, so what happens is you suffer -- in a lot of cases, you might suffer some traumatic event as a child; there’s a growing body of medical research, psychological research that suggests that many people who suffer from OCD in fact suffered through some traumatic episode as a child. You know, I don’t know if that’s the case with me. I know that I’ve had OCD since as far back as I can remember. I was formally clinically diagnosed in my early 30’s, but going back to when I was a child, I remember having -- manifesting all of those symptoms.

And what happens is perhaps you suffer from -- you go through and experience some traumatic event and you begin to obsess, irrationally usually, about that tragic event and that’s where the obsession component to the OCD comes in and in response as a defense mechanism, you start having all of these compulsive desires, so for instance, you might want to organize your desk, you might want to make sure that there’s symmetry in everything you do, so I can’t -- I’m the worst decorator in the world because if my wife wanted to buy a nice chair for
one side of the living room, we’ve got to buy two of them because I can’t walk into a room and see something that’s asymmetrical, so I need symmetry. But people who suffer from OCD will start to do those kind of things in an effort to really distract themselves from the obsession and it’s a vicious cycle because what happens is if you don’t complete the compulsion correctly or to your satisfaction, then that causes further anxiety and distress and so you try to do it over and over and over again until you get it right.

And if any of you have seen the movie with Leonardo DiCaprio, The Aviator, where he depicts, I forget the gentleman’s name, I think it was Howard Hughes, the -- who was -- who had purchased TWA, very successful businessman, was a filmmaker, did a lot of things in his life, but there’s a very powerful scene in that movie where Leonardo DiCaprio locks himself up in a room and he’s in there for days and he continues to recite a few verses, some sentences, or something that he said to somebody, I forget the specifics, but he says it and doesn’t like the way he said it, so he says it again and again and again and he keeps repeating it over and over and over again and if you don’t have OCD, you can’t understand how difficult it is to have a conversation with somebody, to speak on the floor of a Senate Chamber, when you hear yourself remark and you don’t like the way it sounds and you just have to fight the urge to repeat that sentence and do it over, but you can’t because you’ve got to move on to the next sentence.

It’s incredibly difficult, but it’s a coping mechanism in the same way that people who suffer from PTSD try to figure out ways to cope with what
they’ve experienced. And at the end of the day, really what it comes down to is it’s an avoidance mechanism. So the classic treatment for OCD is, I forget the clinical term, but it’s essentially confronting the obsession and so what they -- through therapy, what therapists urge patients to do is to actually expose themselves to that obsession, that thought, that incident or that occurrence that is causing so much distress and so for instance, if you have a fear of public restrooms, you’re encouraged to use a public restroom and it sounds simple, but that’s the most effective Thank you.

And if you suffer from PTSD and in fact there is this similarity and this connection between PTSD and OCD, you can’t just expose yourself to that trauma again. Now my OCD, everybody’s different, the way mine works is if I hear a story that causes me a lot of stress and anxiety or sadness or provokes some really strong emotion within me, it could literally be decades before I’m able to forget or stop obsessing about that. So to this day as I sit here, sometimes we’re in the middle of a debate on something and I’m recalling some incident that happened when I was 11 or 12 years old and I’m remembering with specificity and I can feel the exact way that I felt when the incident happened. And so you might see me start fidgeting. I might start organizing my papers. I might start touching the corners of anything I can find. If you ever see me walking around, pay attention, I touch every corner I can find. It’s a coping mechanism. When I’m stressed, that’s what I do.

And there are people who walk around with these diseases every single day and most of us don’t even know it, just like so many members of our police and
our firefighter forces who are suffering from PTSD and are looking for a way to be able to address this. This is not something that you walk around and say hey, I’ve got OCD, hey, I have PTSD, it’s pretty cool. It’s a very difficult thing, incredibly difficult. It’s tough to talk about it, Madam President, and so I couldn’t listen to these stories. I am haunted to this day by the thoughts of the tragedy at Sandy Hook. Now everybody in this room was affected by that. I don’t know how some of you were able to sit here and debate some of the legislation that came out of this body, came out of this chamber and this building in the year, the weeks, and the months following Sandy Hook. I don’t know how; I can’t even imagine some of the stories that were told on the floor of this esteemed Chamber. Quite frankly, I don’t know if I would have been able to sit here and listen to all of that. I heard some stories the last couple of weeks from some of my new friends around the circle. I’m going to carry those stories with me for the rest of my life, I can guarantee you that. And if I feel that way just listening to some of these stories, wow, I can’t even fathom how somebody can actually live those traumatic events.

I don’t know how you just get out of bed and live another day after that. I mean, I’ve had -- I’ve been on my worse days when the affliction flares up, I’ve been almost bedridden over the silliest of things, things that I won’t even mention because many of you will have to fight back chuckles and laughter because it’s that silly. I’ll watch a movie and there’s some sad part in the movie and I’m always -- my wife knows all the time, she’s like no, no, no, honey, don’t worry, you can watch this, it’s fine, it ends well. That’s not the point. There’s
something along the way that was really sad, that was really heartbreaking, and I don’t remember the ending. All I dwell on is what happened and how I felt when I watched that happen. And I cringe every time I hear stories and then as I got older and being the father of three beautiful girls, every time I hear a story that involves children, I have a hard time moving past that, the unspeakable tragedies that have befallen some of our colleagues here in this building. I have a -- One of our good friends and one of my good friends in the House suffered a tragedy that I can’t even bear to think about and to this day, however many years later, I still obsess daily about that tragedy, daily.

I’m very blessed. I have a beautiful family. I have a big home, lots of windows, and there’s not a night that goes by, we leave here, we left here, you know, however late it was last night, I went home, I’ve got to check all the windows, I just have to. I know I locked them in the morning before I left. I know nobody opens them, no one touches them in the house because they know how I am, I’ve got to check them anyway. So that might add 45 minutes to my routine at night before I go to bed. And again, that’s just me listening or reading about these stories, not living them. So I’m very glad that we’re doing this because our first responders, our firefighters, our police officers, they're not just hearing about these stories, they're living them, and I can’t imagine a life where that’s your norm, that’s your every day.

And it’s not just tragedies that occur to random people that you don’t know, Madam President. You know, we had an incident in the city of New Britain maybe five years ago or so where one of our police
officers, a young man by the name of Brett Morgan who had been on the job in New Britain for less than two years -- I’m sorry, less than year, I think he had been a police officer for two years at the time, but was relatively new to New Britain. Officer Morgan was responding to a call about a stolen vehicle and he arrived in one of the neighborhoods and was investigating and in fact, the perpetrator who stole the car, realizing that Officer Morgan was close to discovering his whereabouts, drove right at him. He hit him and he dragged him 100 feet across the pavement. Officer Morgan suffered horrendous and permanent disfigurement. He had to undergo multiple surgeries. His life will never be the same and I think about him when we talked about this bill and I think about all of his fellow officers who arrived on the scene and had to attend to him and I wonder, given my condition, I’ve wondered over the past few years how they’re able to cope with what they saw. It’s hard enough to have to get to the scene of an accident and witness some horrific tragedy that befell someone that you don’t know, but what about when it happens to one of your own, how do you move past that? How do you not every single day of your life after that dwell and worry about yourself?

How could you not suffer posttraumatic stress disorder from witnessing that? You just wake up the next day and say, well, it wasn’t me, time to get to work. I don’t know how they did that. I don’t know how the officers that responded to that scene were able to go back to work. I don’t how they’re able to do their job, but they do it and I am so glad that they do it and they don’t get the credit they deserve, in my opinion, and I’m very happy that we’re able to do something here around this circle
that will help the many men and women who find themselves in that situation, the people who have to get up every single day and face the harsh reality that they might be the ones that their colleagues are coming to rescue that day. In the city of New Britain, we moved to a model where our firefighters became first responders, gosh, it’s been probably 15 years now, and it never dawned on me until just recently the incredible burden and stress that being in that position puts on somebody and the tremendous toll that it takes and I’m very proud of our police officers in New Britain and our firefighters in New Britain, a firefighters who now not only have to risk their lives running into fires, but have to risk their mental health, their wellbeing, the rest of their lives emotionally because they are now first responders.

I could never do that, not because I don’t want to, I’m just not wired that way. It’s a weakness, it’s a flaw that I have. I’m envious of people who are able to just move on, get thoughts out of their head, and just move on, I can’t. The story of Officer Morgan is one of many and we could probably sit here for days on end and each of us can tell stories similar to that one. And at the end of the day, it’s all about what we’re going to do for these people, these men and women who put their lives, their bodies, and their minds on the line every single day. I could never do it. So Madam President, I thank everyone indulging me in listening to my stories. I think this is an excellent start. I do respect very much the challenge that our law enforcement and our fire personnel and there are so many other public safety officials who are not presently included, but ought to be recognized and ought to be served by
legislation such as this. I thank all of them and I’m glad to be up here and stand around this circle with my colleagues and friends who want to help and want to make it possible for people to cope and not hide, so I urge support and I thank you, Madam President.

THE CHAIR:

Thank you, Senator Bizzarro. Will you remark further on the bill as amended? Senator Berthel, you have the floor, sir.

SENATOR BERTHEL (32ND):

Good evening, Madam President, good to see you up there.

THE CHAIR:

Good evening to you, sir.

SENATOR BERTHEL (32ND):

Thank you, Ma’am. Madam President, I rise in support on the legislation before us. We have already heard many stories tonight from our colleagues that have served in various public safety roles as firefighters, police officers, and as emergency medical personnel. You know, unknowingly, the retelling of these stories is actually part of the process of coping with what many of us have experienced in our past in our various careers, even decades after the incidents in which many of us have been involved in scenes that we have rolled onto. For some, these stories are hard to listen to as my esteemed colleague, Senator Bizzarro just spoke to,
and to others, they can nod silently whether sitting here in the circle or watching this from a caucus room or out in the hallway and recall a similar situation in which they might have been involved as a public safety professional.

I spent nearly 20 years of my career in public safety and during the course of my career, I, too, personally experienced situations that were some would say in the normal course of my duties, but for those that were not involved in that kind of work would say they were not normal and I’ll share some of those experiences with you tonight. During the course of my career in public safety, I was one of the first on the scene of a death of an infant due to a car accident and I had the responsibility of telling the mother that her infant had not survived. I was one of the first on the scene at the horrific crash at the base of Avon Mountain where the dump truck rolled over and exploded. A bus caught on fire, five or six cars full of people caught on fire and I was there prior to the arrival of the fire service. I would say I was in the right place at the wrong time. Some would say I was in the wrong place at the right time. I was first on the scene of a single car accident. Senator Bizzarro talks about things that can haunt him. This is the one that haunts me; in Woodbury, where a single car accident, a head-on crash into a tree, where a sober 16-year-old girlfriend drove herself and her intoxicated boyfriend home only to lose her life for her good deed.

I was first in the living room of a home on a cold, snowy day in Waterbury where I witnesses a grandmother performing perfect infant CPR on a nine-week-old baby. I was on more than one occasion
first on the scene of horrific domestic violence situations where I witnessed first-hand, with the blood of others on my own hands, the truly awful things that one human being can do to another, to another adult to their own child, not a car accident, not a sudden death, just violence between human beings. And I would say that despite all of the other examples that I provided, those also haunt me and bother me the most. I was in Manhattan on the morning of September 11, 2001, as part of the rescue effort at the World Trade Center complex. I watched with my own eyes the horror of that day unfold like millions of Americans and millions of people around the world. I watched Tower Seven, a 50-story building, collapse in front of my eyes. I was in Gulfport, Mississippi on August 24, 2004, the say after Hurricane Katrina ravaged the Gulf Coast of the United States. I spent almost six months down there.

I witnessed first-hand the complete and total destruction of more than 100 miles of what some would argue is the most beautiful coastline in our country. I saw the loss of homes, businesses, hospitals, roads, bridges, everything, including the loss of human life. And in the course of my career, I bore witness to many automobile accidents, house fires, end of life due to illness, and end of life because someone could no longer cope with their own life and my role in all of these situations was as an emergency medical technician, not a firefighter, not a police officer. Madam President, I am truly blessed and fortunate to have been surrounded during all of these experiences by a loving family, compassionate friends, concerned caregivers, all who were part of my personal coping mechanism. I am also truly blessed and fortunate to know hundreds of
men and women who serve in law enforcement, fire service, and emergency medical services. I have called these men and women my brothers and sisters as we worked in situations where our own lives were on the line and we would do for each other what one would do for their true brother or sister, their biological brother or sister.

Today, I’m not involved in public safety, but I maintain many of the relationships I established during the last 30 years and I still to this day call many firefighters, police officers, paramedics, EMTs my friends. And while I no longer work in public safety, I honorably support the work that all of these men and women provide.

Our communities, our towns, our state and our nation are all better because of these people. You know, when discussing this bill with others and there’s been a lot of discussion about this legislation and how important it is and the years that it’s taken us to actually get to where we’re at tonight, the notion of knowing what you signed up for as a firefighter or a police officer or an emergency medical technician, when you take those jobs has come up, you know, some could argue that you knew that you might see terrible things, you knew as a police officer you might have to use lethal force to protect yourself and to protect others, those that you have answered the call to serve, you knew that you would see people and humanity possibly at its absolute worst, and some of those same people will say why do we need to provide help for a job you knew you were getting into? I would say that people that might feel that way, I don’t hold any grudge against them. They just don’t understand.
And I would say that they only need to walk, as the saying goes, a mile in the shoes of a public safety servant, law enforcement, fire service, EMS to know why this legislation before us tonight is so important. And I believe until people who question the need for this bill have done so, they may not truly understand the need for this bill. I fully understand from my personal experiences, from countless so-called war stories that my friends, my brothers and sisters, have told, the importance of this bill. I have attended the funerals of fallen public servants. Some died in the line of duty, some took their own lives, some died of old age. I would argue as we come upon the last six days of the 2019 legislative session, that this bill tonight is arguably one of the most important pieces of legislation what we will consider this year. This bill will save lives, this bill will keep families together, this bill will allow children to know their moms and dads, their aunts and uncles, their grandparents. This bill will allow men and women to grow old and see their grandchildren. Madam President, I rise in full support of the legislation tonight.

THE CHAIR:

Thank you, Senator Berthel. Will you remark further on the bill as amended? Will you remark further on the bill as amended? Senator Martin.

SENATOR MARTIN (31ST):

Thank you, Madam President, good to see you up there this evening. Madam President, could we take a recess for one minute, please?
THE CHAIR:

The Chamber will stand at ease.

THE CHAIR:

The Chamber will come back to order.

SENATOR MARTIN (31ST):

Thank you, Madam President. I rise in support of this bill, Madam President, and I asked for the recess because I do have some questions for the proponent of the bill, but before I do begin, I do have some family members that are police officers, some are retired, some are currently serving, as well as friends who are firemen and, you know, I don’t hear too much of a big story of their daily experiences, I’m sure because like most who work in the field of being first responders, they’re quiet about it and perhaps because they choose to or because of other reasons that they feel that they don’t need to share what they’ve experienced with others and I think what we’re realizing is that perhaps that silence is not a healthy thing. But nonetheless, I do have some questions. It shouldn’t take too long for the proponent of the bill and the first is, I’d like to know how common is PTSD among the first responders? Through you, Madam Chair.

THE CHAIR:

Through the Chair to Senator Kushner. You have the floor, madam.

SENATOR KUSHNER (24TH):
Thank you, Madam President. We do know from experience in one other state -- actually I have records for, I think, the country, that out of 70,000 total claims filed, only 100 were related to posttraumatic stress and that out of those 100, only ten claimants sought mental benefits without an associated physical injury.

THE CHAIR:

Thank you, Senator Kushner. You have the floor, Senator Martin.

SENATOR MARTIN (31ST):

Thank you, Madam Chair, and through you. Could you -- Do you have any information of the impact of their families as a result of them experiencing -- having the experience of PTSD? Through you, Madam Chair.

THE CHAIR:

Senator Kushner, you have the floor.

SENATOR KUSHNER (24TH):

Through you, Madam Chair. I only have anecdotal, you know, information from families, some of whom we’ve heard from tonight about the impact on the family.

THE CHAIR:

Thank you. You have the floor, Senator Martin.

SENATOR MARTIN (31ST):
Thank you, Madam President. Yeah, we heard some stories tonight and very moving to say the least. Through you, Madam Chair, the bill addresses qualifying events and would you be able to provide us a description of those qualifying events? Through you, Madam Chair.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. First is listed. If you view a deceased minor, if you witness the death of a person or an incident involving the death of a person or witnessing an injury to a person who subsequently dies before or on admission to the hospital as a result of the injury and not as a result of any other intervening cause, a person who has physical contact with and treats an injured person who subsequently dies before or upon admission at the hospital as a result of the injury, not as a result of any other intervening cause, someone who carries an injured person who subsequently dies before or upon admission at the hospital as a result of the injury and not as a result of any other intervening cause or witnesses a traumatic physical injury that results in the loss of a vital body part or a vital body function that results in permanent disfigurement of the victim.

THE CHAIR:

Thank you. You have the floor, Senator Martin.
SENATOR MARTIN (31ST):

Thank you, Madam President. Madam President, through you to -- would the -- would a qualifying event be the if a police officer was involved in a drug bust of some sort and it -- would that qualify for a qualifying event and something went bad there, but there were no deaths whatsoever, but there was a lot maybe gun shots exchanged and it became a pretty violent scene itself, would that qualify? Through you, Madam Chair.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. I believe that the listing of the qualifying event is very, very specific and in doing so, in your -- in the way you laid out the issue of a lot of violence but no deaths, I believe that it would either have to result in a death or would have to result in the qualifying -- the loss of -- physical injury that permanently disfigured a victim.

THE CHAIR:

Thank you, madam. You have the floor, Senator Martin.

SENATOR MARTIN (31ST):

Thank you, Madam Chair -- Madam President and Chair. And line 88, it says views a deceased minor. What
age is that specifically, a deceased minor. Through you, Madam Chair.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Thank you, Madam Chair -- Now I’m calling you Madam Chair, Madam President. You got me started.

SENATOR MARTIN (31ST):

Sorry.

THE CHAIR:

Hold on, one second, can I just ask you to stand --

SENATOR KUSHNER (24TH):

Thank you, Madam President. I’m told that the legal age of a minor is under 18.

THE CHAIR:

Senator Martin, you have the floor.

SENATOR MARTIN (31st):

Thank you. I ask that because I think there are various statutes that may conflict with that, but 18 is the response that I thought it would be. And the crime scene, witness of the death of a person or an incident involving the death of a person, 89, line 89, the crime -- I’m sorry, I can’t read my own
little writing here. I’m sorry, I’m just going to go on to the next one, regarding line number 97, and it says carries an injured person who subsequently dies before or upon admission at a hospital as a result, it’s -- does that person need to have died enroute to the hospital? So I get the part of carrying an injured person, but is it -- I just wanted to be clear, does that person have to die before being admitted to the hospital or on arriving to the hospital? Through you, Madam Chair.

THE CHAIR:

To you, Senator Kushner. You have the floor.

SENATOR KUSHNER (24TH):

Thank you, Madam President. Through you, I believe it says died before or upon admission at a hospital, so it could be -- my reading of that is it could be after admission.

THE CHAIR:

You have -- Thank you, madam. You have the floor, Senator Martin.

SENATOR MARTIN (31st):

Thank you, Madam President. Through you, Madam President. So if I’m clear with your answer, so the person could be injured, brought to the hospital, be at the hospital for a short amount of time or it could be over an extended period of time, it could be two weeks and then dies, that would qualify for a qualifying event? Through you, Madam President.
THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. I believe that because there is no time specified, it would not -- there would not be time limited. I do believe that the qualifying event includes a limitation strictly that it be as a result of that injury and not some other intervening cause.

THE CHAIR:

Thank you. Senator Martin, you have the floor.

SENATOR MARTIN (31st):

Thank you, Madam President. The next line, line 100, it reads witnesses a traumatic physical injury that results in the loss of a vital part, a body part, or a vital body function that results in permanent disfigurement of the victim. Would you be able to explain the word vital in this? Through you, Madam Chair.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Thank you, Madam President. Through you, I believe that there are people within Worker’s Comp, commissioners that are appointed to make those determinations I would assume they have dealt with
statutes like this before and with these kinds of injuries before, so I would not want to speculate on how a commissioner who’s, you know, a professional and trained in doing this would make that determination.

THE CHAIR:

Thank you, madam. You have the floor, Senator Martin.

SENATOR MARTIN (31st):

So I guess vital could mean the loss of an arm? Through you, Madam Chair.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Thank you, Madam President. Through you, I would certainly consider the loss of an arm vital.

THE CHAIR:

Thank you. You have the floor, Senator Martin.

SENATOR MARTIN (31st):

Thank you, Madam President. On page 7, the line 181, can you -- what is the benefit period specifically, Madam Chair.

THE CHAIR:
Through the Chair to Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. I’m not sure I heard your -- you said page 7, but what line were you saying?

THE CHAIR:

Can you repeat, Senator Martin.

SENATOR MARTIN (31st):

Sure, thank you, Madam President. In short, I’d like to know what the benefit period is or what is the maximum amount of length of time that a claimant would be able to file for or receive a compensation. Through you, Madam Chair.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Thank you, Madam President. Through you, the reimbursement for treatment would be limited to 52 weeks.

THE CHAIR:

Thank you. You have the floor, Senator Martin.

SENATOR MARTIN (31st):
And regarding the compensation part, the Worker’s Compensation portion, how long a period would that be? Through you, Madam Chair.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. If we could stand at ease for one moment.

THE CHAIR:

Chamber will be at ease.

THE CHAIR:

The Chamber will come back to order. You have the floor, Senator.

SENATOR KUSHNER (24TH):

Madam President, through you. That would also be limited to 52 weeks.

THE CHAIR:

Thank you. You have the floor, Senator Martin.

SENATOR MARTIN (31st):

Thank you, Madam President. That’s the way that I -- when I read it, that’s the way I understood it, but I just wanted to be clear on that. Thank you. Also, so if there is an incident and there’s a
traumatic PTSD claim and the police officer, first responder, whether it be a parole officer or a fireman, police officer, then if they don’t notice it -- how -- they don’t notice it for a while, how long of a period of time do they have to submit the claim and to go seek help? Through you, Madam President.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Thank you, Madam President. Through you, they have up to three years from the qualifying event.

THE CHAIR:

Thank you. You have the floor, Senator Martin.

SENATOR MARTIN (31st):

Thank you, Madam President. Is it three years from the -- or is it four years? I believe what I read on lines 186 and 187 that it’s a four years or from the accident, so it’s probably three years and 364 days? Through you, Madam President.

THE CHAIR:

To you, Senator Kushner. You have the floor, Senator Kushner.

SENATOR KUSHNER (24TH):
Thank you, Madam President. So based on common Worker’s Comp, you have one year from the qualifying event or from the diagnosis. In this case in this bill that’s proposed, yet it’s still limited by three years. You have to have filed by within three years and then you can have treatment for up to 52 weeks, which is how you get to the four years.

THE CHAIR:

Thank you, Senator Kushner. You have the floor, Senator Martin.

SENATOR MARTIN (31st):

And thank you, Madam President. Thank you for that clarifying -- clarification. On -- What I really like about this bill is the fact that a police officer because of his duties and the stress that officer may go through in their scope of work is the fact that if he recognizes that something’s not right mentally, Madam President, that he’s able to go seek help and when I saw this in the bill and I had heard about it, I was extremely happy and I just felt that they should have the opportunity to go talk -- speak to their commander, their chief, and to acknowledge the fact that I’m not right, regardless if it’s a PTSD episode or an event or perhaps it could be normal stress of being a police officer and dealing with the experiences of their job, but just to clarify through you, Madam President, that if I understood this bill correctly that this bill allows a police officer regardless if it is a qualifying event for PTSD or for stress-related job -- the stress of the job and they are not right mentally, that they can go to their commanding officer, their chief of police, and let
them know that I need help and here’s my -- here’s my gun and that they are protected under this statute from losing their job? Through you, Madam Chair.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. This proposed bill will protect them if they have PTSD as a result of a qualifying event and then you're correct -- the good senator is correct. If they go to their commanding officer and relinquish their gun and ask for help, they would be protected under this proposed bill.

THE CHAIR:

Thank you, Senator Kushner. You have the floor, Senator Martin.

SENATOR MARTIN (31st):

Thank you, Madam President. So then this section of the bill only pertains to and I guess I could assume this entire bill is specifically only for PTSD-related events only and not for stress-related. Through you, Madam President.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):
Thank you, Madam President. Through you, this bill, starting in I believe it’s Section 4, starting in Section 4, this bill would protect all law enforcement officers from -- if they were to ask for help and surrender their firearm, so this section of the bill, Section No. 4, actually pertains to all officers.

THE CHAIR:

Thank you, Senator Kushner. You have the floor, Senator Martin.

SENATOR MARTIN (31st):

Thank you, Madam President. So I understood that language to be correct, then, the way that I understood it, that all officers would be protected under this regardless if they're -- if they approach their commander or their chief and said listen, I need some help mentally, that they would be over to hand over their gun, seek that treatment. Through you, Madam Chair.

THE CHAIR:

Yes, Senator Martin, and to you Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. That is correct.

THE CHAIR:

You have the floor, Senator Martin.

SENATOR MARTIN (31st):
Thank you, Madam President. Madam President, how would a police officer, regardless if it was a PTSD related event or an officer through the normal being a police officer for years and then it became very -- came to a point where he needed to surrender that gun, how would that police officer get that gun back and be able to go back to work? Through you, Madam Chair.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. Section 4 D addresses that issue and the person would then have to submit himself to -- be submitted him or herself to an examination by a mental health professional and examination would have to determine that the police officer is ready to report for official duty.

THE CHAIR:

Thank you, Senator Kushner. You have the floor, Senator Martin.

SENATOR MARTIN (31st):

Madam President, I can only imagine the -- Thank you for those answers and I can only imagine what the family goes through and how they have to deal with their -- the police officer, whether it’s the mom or the father or husband or wife and I could imagine that it’s very difficult for them to recognize the symptoms that may surface and them having to deal
with dad or mom or husband or wife at home. You know, the symptoms range from, you know, anger or denial and being on edge, jumpy, perhaps sleepless nights. I -- It’s okay -- The good senator can sit down. I’m through with my questions. You know, I have family, relatives, family, friends, who are first responders and I can only imagine what they go through, but I just want to close with this and a little something that happened to me my very first year five years ago when I was elected and I was driving up here to the capitol and I heard about a convict who was being released.

He was granted parole, was not released, but he had shot a police officer. He was -- The convict, the convicted felon, was from Bristol, from my hometown, but he had shot a police officer in Plainville, one of the towns that I represent, so my ears perked up and in addition, I recognized the story because I was a senior in college back then and wow, a Bristol individual killed a police officer from Plainville, so -- and that officer was Officer Holcomb and we were able to -- there were a lot of flaws and errors that had taken place at that hearing that allowed or granted him the parole, so after contacting the family, I got up here and I said something’s not right because he had been -- he had literally murdered a police officer while he was burglarizing a home. The police officer, Holcomb, was giving chase. The convict or the felon burglar, I should say, shot him and while he was laying down on the ground went over to the police officer and stepped over him shot him three more additional times.

So he needed to be where he needed to be and he had no remorse, but nonetheless -- so we were able to get the -- we were able to get the parole rescinded
and a new parole board -- not a new board, we were able to get a new hearing and out of that hearing, he was not granted parole, so he’s there -- he’s there for another five years before his parole board -- he comes up for parole again, but the point that I’m making is or heading towards is the fact that there were first responders and some friends of his and I would imagine the EMS were there along with other police officers, but I’m just going to read to you -- there was an article that was written back in March of 2015 and I don’t know what paper it was from, but it says that Holcomb was 28 years old when he was killed on November 21, 1977, in the woods off of Holly Berry Lane in Plainville after responding to a burglary in progress call. He was ambushed by the fleeing burglar. Other officers found him on his back bleeding profusely, gripping his flashlight and moaning. His pulse was weak. He was rushed to the hospital, but died that night. One of the officers says in another article the following couple years or back or this past year actually “that night still burns in my mind.” And another says “I can still remember that day like it was yesterday.” Symptoms of PTSD, I would imagine. You know, they -- those officers who were his friends and perhaps those that found him won’t -- didn’t have what we have before us today in this bill. They didn’t have that option of being able to seek help. Madam President, I think this bill is probably one of the most important bills we’re going to get out of here, out of this session, this year. I’m proud to put my support behind it. I pray for the families and their friends, those that are first responders, that their -- that they -- that God blesses them with good health and good mental health. I think they are -- they put their lives at
risk for us every single day. They see things that we will never experience. We’ve heard some of those experiences here tonight. They deal with them. They deal with these flashbacks perhaps or these nightmares for some. It’s an array of emotions that go through them. Some are numb, can’t move, just thinking about what they experienced.

So I hope that this bill does what it’s intended to do, to help them, allow them that opportunity to go seek the help when they need that help, provide for their family through that Workman’s Compensation benefit that we’re providing through this bill, so Madam President, I stand here in full support of this bill. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Martin. Will you remark further on the bill as now amended? Senator Bradley, you have the floor, sir.

SENATOR BRADLEY (23RD):

Thank you, Madam President. One of the first meetings I had an opportunity to have as a junior senator here was meeting John, the president of the Hartford Police Union. With almost fire in his eyes, brought forth this piece of legislation and insisted that we take it serious, insisted that we allow for his police officers and the police officers of this state to get the necessary help that they would need to not only preserve their jobs, but to keep their mental dignity. He didn’t have to lobby me too hard, Madam President, because I know first-hand in our great city of Bridgeport the many police officers who have taken their own
life because of what they've seen and experienced on the job. We had a police officer who not too long ago felt compelled to take his own life because of what he had experienced and that experience was obviously something which was a very sobering moment for me to hear about that.

I take -- I take great heart to hear everyone in this great circle, from urban areas and rural areas and suburban areas all come together saying we love what the brave men and women do in our fire department and our police departments, to take on that sacrifice, to be willing to lay their own life to protect us, to serve us. I take great heart when I hear people like the great Senator Winfield who stood prior to me and said how important police officers are. There’s a lot of misconceptions where people think that people of color don’t like police officers or are anti police officers or fire department. To the contrary, we are so much in their debt for the great work that they do.

One of the reasons why I got into politics and part of my frustration, and I’ll elaborate in a little bit, was because of posttraumatic stress disorder. I was a cadet. I knew of posttraumatic stress disorder before it was a buzz word, before it was something that we’re talking about in this circle. I saw a lot of young, brave men and women go abroad and now have night terrors and have erratic responses when someone would drop a textbook. I was able to witness these things as we slept in dorm rooms with young people who saw horrendous things in war. Posttraumatic stress disorder is a real thing and it’s frustrating as a junior senator because I hear the remarks of Senator Kissel and how he wants to incorporate other people in our society who
ensure and protect us and he’s absolutely correct. I wish we could incorporate all of the people that we heard here today.

Senator Witkos, for your service, countless years of service, and you've made similar remarks, I wish we could incorporate those people. They need to be protected and it’s frustrating as a junior senator to see that as we try to get the different stakeholders and I saw the great work that the Hartford Police Union did, I saw the great work that the Bridgeport Police Union did, I saw the great work that municipalities did in sitting down to the table and trying to craft this piece of legislation. It’s very disheartening that we can’t put every single facet of a bill in place kind of right off the bat and that we have to piecemeal these things, but I do understand their amendment. I am in support of having those things come together in the future and I understand that it takes sometimes small gains to get to the goal line, but we have to protect every single member of our society who lays down their life for us, who goes into harm’s way to make sure that they’re protected, and I hope that we continue to work on the fine work that Senator Kushner has done in presenting and preparing this bill because there’s more to be done on this issue, but this is one small step in the right direction and I thank all the stakeholders who have been working so instrumentally in making this happen. Thank you, Madam President.

THE CHAIR:

Thank you, Senator. Will you remark further on the bill as amended? Senator Kelly, you have the floor, sir.
SENATOR KELLY (21ST):

Thank you, Madam President, and good evening. I have a couple of brief questions through you to the proponent of the bill.

THE CHAIR:

Please pose your questions, sir.

SENATOR KELLY (21ST):

Thank you very much and before I do ask my questions, I do preface it with I apologize. I may be asking a repetitive question. I wasn’t here earlier in the debate, so it’s really a straightforward question. I’d like to know the difference between the amendment and the underlying bill.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. There -- This has been a very long process coming to this amendment and throughout the process, there have been a number of different advocacy groups working to try and build the best bill they believe they could reach common ground around and even once the bill was first proposed, we found there were opportunities for change and flexibility on both sides to come to agreement. So on some of the things that have been changed, you know, were simply to make sure that
there was full agreement, full support, by both the police and fire representatives and also -- and the parole officers that are specified here, as well as the mayors and the municipalities.

THE CHAIR:

Thank you, Senator Kushner. You have the floor, Senator Kelly.

SENATOR KELLY (21ST):

Thank you, Madam President. One of the points that I heard in the debate that I think is important and I’d like to hear a little bit more as to the development of that and the purpose for it dealt with the peer review because I think that’s one of the components of the bill that not only looks at what may cause PTSD, but also enabling individuals who suffer from that to be able to deal with that with peer review. Could you explain that a little bit more for me? Through you, Madam President.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. I do agree that this is something that is critically important to the success of this program and I think there’s an understanding that dealing with resilient and self-care technique training in basic training would really be advantageous so that I think the intention is to make sure that officers and the first responders that are covered here understand how best
to take care of themselves and also understand, you know, that they have peers that they can go to that will help them deal with PTSD and with stress issues that they have at work and I think one of the things that’s so remarkable about this bill and why I think there have been so many people who have spoken out tonight and who have worked so hard to make this is a reality is that there is an understanding that we not only have an obligation to the folks who serve us, but we also have an obligation, you know, to take care of them once they’ve suffered from PTSD, but we have an obligation to make sure that people feel comfortable in their circumstances in seeking help and I think that a lot of this has been the focus of this peer counseling and mandating this training in basic training.

THE CHAIR:

Thank you, Senator Kushner. You have the floor, Senator Kelly.

SENATOR KELLY (21ST):

Thank you, Madam President, and thank you, Senator Kushner, for your leadership and you answering the questions. I appreciate what you've done to bring this out and you are -- and you so aptly said that this is important to the individuals that are going to be protected by this bill. It’s not just them that we have to look at, but it’s also the people they work with and their families and the people in society because when we look at things, many times it’s easy to see and I have no further questions. So -- And it’s easy to see if somebody gets injured, like I’ve gotten a wrist injury, but when individuals have a mental injury, it’s a lot more
difficult to understand and that’s a lot of what I think this bill really goes to is that understanding of walking in the shoes of individuals that we depend upon.

When we’re between a rock and a hard place, we like to pick up the phone and dial 9-1-1 and we expect to have the best, the brightest come to our aid and we’re dependent on that, we count on that, but that is such a big ask of individuals that we must be mindful that it may be easy to say that this is going to happen and it might be something that they sign up for, but even if you sign up for things, you may not always understand what you're signing up for. I know in my line of work, even as a lawyer, I deal with I’m going to say the probate aspect and aging where we see people go through the chronic care continuum and we know as individuals and as human beings that death is a certainty, but yet the way everyone dies and how we go through that process, sometimes it’s peaceful and sometimes it’s not, and in the years and decades that I’ve been dealing with this area of the law, there are those clients that you look back and say, yes, that was a horrible situation. You just couldn’t imagine that those experiences would be visited on an individual, but yet they are.

So as much as you learn, as much as you're trained, as much as you expect you're going to encounter things, human nature is always such that it doesn’t always work out that way. So we need to be mindful and protective of those individuals that decide to help us, that if we’re going to count on them, that we need to make sure we’re there in their time of need, too, and to reciprocate and I think this bill goes to that point. In my life, I mean, my brother
has been in law enforcement. I have a nephew, some very, very good friends, a cousin, an uncle, they’ve all been police or fire. Public service has been something in our family and that you see give back is always part of the equation, but I do recall an individual that when I went to UConn law at night, I commuted from Bridgeport for three and a half years to Hartford and I did it with a guy from Norwalk who was a Desert Storm veteran. We talked about a lot of things, but unfortunately for him, he’s no longer with us because he didn’t come back home and that’s the thing. He wanted to serve his country, he did serve his country, he was a great person, but he had some problems. He saw things that he couldn’t handle alone and didn’t have the peer and support network that I think this bill has and is something that’s necessary.

We have today a broader and greater understanding of mental health, the importance of mental health. As a ranking and former chairman on insurance, we see these types of bills and I was happy to join the current chairman, Senator Lesser, and Representative Scanlon, when we had Patrick Kennedy come to talk about mental health parody. A bill that we passed last year didn’t ultimately pass the Senate. We ultimately didn’t become law. Now we have it again this year because there’s a greater and growing understanding of what mental health means, not only to that person, but also to every single person that life touches and that’s an issue where I see that we finally are starting to understand it, it’s bipartisan, and we’re moving that forward and I hope it passed the House. I saw it. It came up in my file. I hope that we can see that bill come across the Senate floor and have the same type of support that we have on a bill like this one here today.
But, you know, Senator Berthel, Senator Martin, Senator Bradley all made the same point, that we do a lot of things in this chamber. This bill may be one of the best bills we’re going to do this year because I think it really is going to impact in a positive way people who are impacting the lives of our families, our friends, and our communities and that’s what it’s all about and I believe that we need to do more of that. We need to strengthen our mental health laws.

Many times I joke I don’t think the bill goes far enough, so we have work to do in the future, come back and visit that again and make sure it gets to where it needs to be. But these are the things that I think we have to focus on and at times we can put partisanship aside because it doesn’t matter if you're a Republican or a Democrat; when you dial 9-1-1, the police, the fire, EMS, first responders are going to come because you're a human being first and that’s what they're there to do and that public service is a service that we are so blessed, so blessed to have, and it’s all too often that we don’t say thank you to those who serve in our uniformed services and this is a way to say thank you, we recognize not only the importance, but also the burdens and stress and effects of that sacrifice that you make so that others may be better and that you're putting that greater good and service to others above yourself, that this is small token to that end.

One thing I did look up and it’s something that I think is important is the Fireman’s Prayer and I think it aptly gets at the heart of what I’m trying to say. It goes like this “When I am called to
duty, God, wherever flames may rage, give me strength to save some life whatever be its age. Help me embrace a little child before it’s too late or some older person from the horror of that fate. Enable me to be alert and hear the weakest shout and quickly and efficiently to put the fire out. I want to fill my calling and give the best in me, to guard my neighbor and protect their property. And if according to Your Will, I have to lose my life, please bless Your protecting hand, my children and my wife.”

Madam President, I think this is a great piece of legislation that needs to be passed and I fully support this and once again, thanks, Senator Kushner for her leadership in developing and bringing out this bill. Thank you.

THE CHAIR:

Thank you, Senator Kelly. Will you remark further on the bill as amended? Will you remark further? Senator Logan of the 17th, you have the floor.

SENATOR LOGAN (17TH):

Thank you, Madam President. I rise in support of the amended bill and I seek to comment on the bill if that’s okay.

THE CHAIR:

Please proceed, sir.

SENATOR LOGAN (17TH):
So when I take a look and we see what many of these first responders provide to us in our community to help us in our biggest time of need, when you consider the health and safety and wellbeing of individuals, it’s something that’s extremely important for families and individuals obviously throughout our state. Posttraumatic stress disorder is something, you know. Growing up, I thought only folks in the armed forces would experience that and as I grew older and I explored different career options and different professions, as I became friends with many first responders, whether they were police officers or firefighters, in some instances folks that I actually went to school with and grew up with, this bill does a lot to help in an area where for many years the disorder was ignored and now we have an opportunity to try to right that ship.

As a state senator, as a legislator, I have lots of folks that come up to me with their issues and concerns. I’ve had firefighters tell me some of the experiences that they’ve had as first responders, many not fully prepared in terms of emotionally with what they have to deal with, but they do it because it’s their job. Imagine witnessing on a regular basis or knowing that at any day, you could witness a physical injury resulting from an accident that could lead to a loss of life, witnessing a person who perhaps loses a limb or is disfigured and you’re there trying to provide comfort to that individual. I for one would have a very hard time trying to help people in that fashion on a regular basis because it’s not something that I’m used to, not something I grew up with. I find it very difficult for someone to be fully trained on how to handle such traumatic events.
PTSD is something that needs to be addressed for our first responders, police officers, parole officers, firefighters, and there are others. I mean, I’m not sure why EMT and EMS folks aren’t included in this amended bill, but all of them certainly deserve to have the treatment options available to help them. So I’ve had a number of constituents, some personally in the streets when I meet them at events; this past Memorial Day weekend, I attended numerous parades and memorial services and in each location, I had a first responder specifically mention to me this bill, in Derby, Ansonia’s parade, Naugatuck, in Woodbridge I attended a memorial service where a first responder mentioned this to me. I’ve also received text messages from folks. I give out my personal cell phone number to folks that I meet so they can have access to me and get to me whenever they need to, also by way of email. I have numerous constituents write and express to me their experiences.

I have with me and I just want to highlight one particular email that I received from a constituent in Hamden, Kevin Shields, a firefighter, and he emailed me, urged me to support this bill. He let me know that he’s been a firefighter for 22 years, 22 years. He had seen things that I hope could never see personally in my life. First responders who had to pick up and carry people who subsequently died, go to help someone who’s injured to discover that their injuries are so extensive that they may die right there before your eyes. I’ve never had to experience that and I can only imagine, I can only imagine, 22 years of day in and day out providing this service to the community and helping our community out. Kevin Shields, he wrote to me, he
said he wishes this bill was introduced and passed long ago. He wrote to me of his experience, this is one firefighter, of holding a deceased baby, a baby that stopped breathing, and trying to bring that baby, that infant, back to life with their parents there screaming, hoping that there’s something that he can do and then ultimately failing to bring that infant back to life.

I can only imagine the effect of that one experience would have for me personally and now Kevin tells me that’s just one of many experiences that he’s had. That alone would be enough for me to not be able to erase that image from my mind and if that wasn’t bad enough, the incident he described with the infant, and he’s had others, was 15 years ago, 15 years ago, and he still finds himself thinking about it, he says, on an almost daily basis and something that I could never even imagine. He says that he can still to this day, he can still smell her formula of that infant that he tried to bring back to life but ultimately failed. He mentions another incident of a murder victim, murder victim, who was asking him why her husband slit her throat, a murder victim as he’s trying to help her, asking him why did her husband slit her throat and as they're driving to the hospital, she passes away. Again, I can only imagine.

So as I was reading his email to me, I was thinking as I was reading it, and I said man, why would anybody choose this as a profession? But then as I continued to read on his correspondence, he gave me the answer and he said yes, we choose this profession because someone has to do it, someone has to do it, and he has chosen that profession. There are many times where things do not go as perfectly
as they would hope, to be the hero in terms of saving every life, but our first responders every time give it all that they have to do the best they can to make of a bad situation, to do the best they can in some cases to save a life, to save someone’s limb, to save someone’s spouse or parent, child, or family member. There are things that our first responders see that for many of us are unimaginable, things that I hope I -- most people will never have to see in their lifetime. And as Kevin Shields puts it, this bill would give them extra time for treatment, extra time for healing. Our first responders have their role to play. We as legislators have our role to play, as well, and I encourage all of you to please support this amended bill. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Logan. Will you remark further on the bill as amended? Senator Formica, you have the floor, sir.

SENATOR FORMICA (20TH):

Good evening, Madam President.

THE CHAIR:

Good evening to you, sir.

SENATOR FORMICA (20TH):

Thank you very much for the opportunity to rise and speak a little bit about this bill. I expect to have some questions for the proponent, but I have a little time before that happens, so there’s no hurry
to come back at this point. You know, this question of PTSD and what is and who it affects and how and why it happens and how to deal with it comes from many avenues and goes to many places and we think mostly of war, certainly Vietnam and the era I grew up. Many of my friends, you know, went over to Vietnam and that was traumatic enough as it was a different type of war fought in a different type of way and I can’t imagine being there. My lottery number was 108 and they took up to 50 that last year, so I didn’t -- I didn’t go and serve, but I had friends who did and they came back traumatized from what they saw and what they feel and then additionally adding to the -- adding to that stress, adding to that trauma, the political environment here in this country with regard to those vets coming home to a hostile environment as well, which probably multiplied this stress, and I think for me, that was the first time I started thinking about this stress disorder, posttraumatic stress disorder.

Tonight we’re talking about a bill that would really talk to another form, another cause, another symptom, another societal problem that we need to think about and we come to it from a different perspective. So as I, you know, prepared to think about what I may say tonight in regard to this bill and, you know, we’ve heard around the circle many different experiences of why people support this bill and it stems from what they feel in their heart and what they feel inside them and how they’re relating those feelings, those emotions, those experiences with posttraumatic stress disorder and how we can apply it here. So I come at this thing from a couple of different angles, a personal angle as we’ve heard, I’ll share some of that, and then we talk about the bill, you know, a professional
perspective with regard to being a leader of a small community that incorporated a volunteer fire department, two volunteer fire departments, and a police department that began as a resident trooper program and ended up just after I left to be a private, you know, a municipal police department.

But from my personal perspective on this, trying to understand how this happened, I’ll share just two quick stories. You know, I had the very good fortune of finding my life’s partner and being married for a long time to her before tragedy ended that, but it was my first night to meet her family. We got a call and I didn’t know; we didn’t know, we were going to meet her family. We got a call that her brother was in the hospital and that he had attempted suicide and actually was successful and we went up to Backus Hospital and, you know, the emotions of what we’re about to see and how we’re going to get there and we go into this room and there was her five siblings and her sixth who was in the hospital bed. I can still see the bandages and that was 1980 and, you know, so I’m thinking to myself I see this and I felt that pain and I watched that pain and that stress on my bride and all of her siblings to see that, one of her siblings commit suicide that way, and that’s a life-changing event for a family. That’s a life-changing event for a person, a sibling, a mother or father or brother, and it never goes away from you and that was one time.

And I had my own tragedy in my own -- in my own life that I experienced, but tonight, you know, we’re talking about people who experience this on a daily basis and I’ve tried very hard over the years to -- all of the deaths in my family, including my wife,
you know, you try to harden yourself to that, you try to heal yourself from that, you try to, you know, figure out a way to share that healing with your family members and in my case, my kids, in an extraordinarily difficult time. And yet those are two or three events in my life and tonight we’re talking about police and fire and I believe parole officers and who go to work five days a week and experience this and steal themselves to experience this and yet, there’s no avenue for them to harden themselves and to move on and to heal. You know, we are all kids and you want to grow up and you want to be a fireman or a policeman and you play in the back yard and, you know, that’s what you want to be, Madam President, and I had the great pleasure of serving as first selectman of the town of East Lyme and I had been 16 years of public elected official and zoning and finance and I became first selectman and part of my duties as first selectman of a resident trooper town was to be administered chief of police. You know, I knew I wasn’t the chief of police, I didn’t have any law enforcement training, but as a resident trooper town, that was the job of the first selectman or the mayor and so I became aware for the first time that amount of commitment and sacrifice that police officers, that firefighters do, and perform each and every day as I worked with them and tried to provide them with all the respect that they deserve and all the equipment they deserve.

I mean, towns spend millions of dollars on equipment to support first responder services between trucks and equipment and police cars, ambulances. You know, as a first selectman you become keenly aware of all of that, of all of those costs, not only the cost to operate, but the cost of capital expenses.
And the conversations that I recall being here a few terms, a lot of that came into play, a lot of those costs were concerns by communities that represent small communities, CCM and cost and all of those folks. I mean, I remember the first conversations we were having. It was all about oh, my God, how is this going to happen, how can we do this, we can’t afford this. Taxes are just going to go crazy on all of this. But I think there’s been an evolution of thought over time and I think -- I think awareness changes, awareness changes. Certainly for me as first selectman, I used to make it a habit to go to all of the house fires that I could attend to and as it turned out, most of those house fires happened after midnight and before 5 or 6 a.m., and I would go there because I thought my job would be to comfort the residents of that home, to try to say okay, it will be fine, we’ll get together, we’ll help you rebuild, but I get first hand opportunity to watch these volunteers and these professionals, I think Senator Osten put it very well, where they run in while people are running out.

And I had the opportunity one night to watch that and it was very intense seeing that fire probably as far away as you and I are, Madam President, and one of our firefighters was inside and went through the floor, the floor just gave way due to the result of the fire, and one of the other guys were able to get him out when luckily only had an injured ankle that he landed on. But I can’t imagine the thought going through his mind as he’s going through the floor; where am I going to land, what’s going to happen, and how is it going to happen and this is what happens all of the time, a lot of the time and so I learned -- I learned to have great respect for what these folks do each and every day and in the quiet
of night when the rest of the community is asleep other than the few houses that might be in the neighborhood hearing the lights and siren.

There was a time, Madam President, I was sitting in my office in East Lyme Town Hall, which is about three or four blocks north of the police station and I got a call there was shooting in the police station parking lot and that is right in downtown and so I, of course, got down there, got my car so that I could get down there and then as I got close, I said to myself what am I doing, what I am -- I'm running into a shooting here, I'm not prepared for that, but I went and I got in the back way and it turned out it wasn't an active shooter, it was a suicidal shooter that someone had pulled in in a van into the parking lot, shot themselves and was there and who was there? The first responders were the police and the EMS and the fire, you know, had to come out and as a resident trooper town, we enjoyed all of the perks of the great state police operations that we have here in the state of Connecticut and the tactical unit came out to basically clean this up, but yet we were all close, we were all there to see it and I kind of kept myself back, truth be told, a little bit, but I did see pieces, but people have to deal with that and that takes something out of you. That burns a hole somewhere in you.

And I think this bill is designed to try to find a way to soothe that, to heal that, because you can’t really train -- you can’t really train somebody for that. There’s nothing in any of the posts, training, that would be -- would be an event that’s live enough to train you to see that. So these first responders work it, they live it, they
experience it every day or they plan to or they steal themselves to, so thank you, and they internalize it and this bill hopes to make that a little different. And I was thinking today as I was listening to some of the conversation, I’m going to relate some of my stories and we’ve heard some of the other stories and we’re talking about these first responders on the job, but what if they have those same personal experiences that I had or that others had when they went home? It’s almost like it’s multiplied and I just can’t imagine, you know, the difficulties of what that would be.

We talk a little bit about costs being a mayor or first selectman and then, you know, I come up here and get the opportunity to serve in this great -- in this great circle of the General Assembly and the Senate and we learn about those people, those most vulnerable that we need to serve and there is a focus on what we can do for the IDD community and how can we be proactive in servicing that community. And there’s focus on addiction, DMHAS, and what can we do to focus on that community, how can we focus on healing that community, and we spend a lot of time and money up here in our budget trying to focus on making those lives better for IDD and addiction, and disease and our elderly and we try to work hard to focus on how do we make their lives better, how can we help eradicate disease and I think the focus has shifted over the years, Madam President, from -- and I think it’s a great focus to shift from sick care to health care and I think if we do that up and down the line and focus more on the health care, not on sick care, then I think we’ll have the opportunity to really move our society ahead in a way that I don’t think we -- I don’t think we have.
I think we can get a better handle on our healthcare costs if we do that, if we talk about diet, exercise, how can we stay healthy instead of how can we fix sick and I think this bill makes an attempt to do that, makes an attempt to try to get people back to health, and so I’m proud to stand here now and support this. I’m glad that some of the town-sponsored organizations have been part of the conversation. I applaud Senator Kushner, Senator Osten, and others who have been a long part of this conversation, where they come together and sit around the table, CIRMA being involved, and my understanding is as time has evolved, the understanding of costs have not -- the costs have not really skyrocketed as perhaps was first feared, so that’s encouraging. And so I’m hopeful that this bill moves forward. I’m hopeful that we can -- we can experience positive opportunities from this. We can certainly fix some human hurts, especially for those first responders who are so valuable in each one of our lives because it’s been said when the bell rings, they don’t ask questions, they get up and go and they don’t often know what they're going into.

So Madam President, if I may through you, just a couple of questions on some of the lines in the bill for Senator Kushner.

THE CHAIR:

Please, pose your question, sir.

SENATOR FORMICA (20TH):

Thank you very much, Madam President. On line 51, I think I have to open my computer again. I’ve talked
too long, I have to do this. Thank you for that, Madam President. So line 51 talks about boards of education and school activities, so I’m not quite sure that that refers to and if the senator could take a second to look at that and is this -- is this just an example of what might happen at a school through a board of education? Through you, Madam President.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Thank you, Madam President. If you give me one moment, we can stand at ease. I want to read the language carefully.

THE CHAIR:

Chamber, stand at ease.

SENATOR KUSHNER (24TH):

Thank you, Madam President.

THE CHAIR:

The Chamber will come back to order. You have the floor, Senator Kushner.

SENATOR KUSHNER (24TH):

Thank you, Madam President. I just wanted to check with counsel and make sure I was correct that this
is existing statute, so nothing in this paragraph has changed from the existing statute.

THE CHAIR:

You have the floor, Senator Formica.

SENATOR FORMICA (20TH):

Thank you very much. Thank you, Senator, for that. So as it’s not changed, what does it mean? Does that mean boards of education or employees of boards of education are available to allow themselves to this bill or that’s kind of what -- it seems to me that that’s what it says, so --

THE CHAIR:

Through the chair to you, Senator Kushner.

SENATOR FORMICA (20TH):

Thank you, Madam President, through you.

THE CHAIR:

You have the floor, madam.

SENATOR KUSHNER (24TH):

Thank you, Madam President. Through you, this is existing law. It has -- It is not impacted by any of the changes we’re making to existing law about PTSD. It really strictly addresses what is compensable when a school employee is involved in a school activity and is injured.
THE CHAIR:

You have the floor, Senator Formica.

SENATOR FORMICA (20TH):

Thank you, Madam President. So thank you Senator, so then my understanding it would be then that the PTSD portion of the bill is different and this would apply to boards of education members would do it, right?

THE CHAIR:

Through the chair to you, Senator Kushner.

SENATOR KUSHNER (24TH):

Thank you, Madam President. Through you, that is correct.

THE CHAIR:

Thank you. You have the floor, Senator Formica.

SENATOR FORMICA (20TH):

Thank you very much, Madam President. Thank you, Senator, I appreciate that. Thank you, on line 140, it talks a little bit about payments and claims and I think if I’m going to follow along with the conversation we just had about line 51, this would seem to be a current portion of the bill that doesn’t change, but this gives an opportunity for the employer to challenge or -- and also a process by which the claimant can make a claim and I think
this is all spelled out in lines 140 through 152 or 3 or 4. Through you, Madam President.

THE CHAIR:

Through the chair to you, Senator Kushner.

SENATOR KUSHNER (24TH):

That is a question?

THE CHAIR:

Yes, you have the floor.

SENATOR KUSHNER (24TH):

Thank you, Madam President. Through you, that is correct. This is existing statute and existing process by which a person can make a claim and an employer can challenge a claim.

THE CHAIR:

Thank you. You have the floor, Senator Formica.

SENATOR FORMICA (20TH):

Thank you, Madam President, and through you, that process is the same now as we add PTSD for firefighters and police officers through that. Through you, Madam President.

THE CHAIR:

To you, Senator Kushner. You have the floor.
SENATOR KUSHNER (24TH):

Thank you, Madam President. The employer has the same 28 days to challenge a claim that they would have under any Worker’s Comp case, however, with regard to PTSD, the employer has, after having filed that complaint, they have 180 days during which time they can investigate the -- whether or not the claimant is acting -- whether or not there is cause for the claimant to receive benefits.

THE CHAIR:

To you, you have the floor, Senator Formica.

SENATOR FORMICA (20TH):

Thank you, Madam President. Thank you, Senator. I appreciate that. I just want to make sure we get on the record that there’s an opportunity for both the injured and the employer to have a process to go through that and it’s very well spelled out here and that this process that’s spelled out is the one that would apply to the situation that we’re hopefully adding as a new portion of this law this evening. And on lines 173, it talks about compensation benefits for any police officer, parole officer, or firefighter, but my understanding is, through you, Madam President, that a parole officer is not included in the PTSD portion of the bill. It would just be firefighters and police officers. Through you, Madam President.

THE CHAIR:

To you, Senator Kushner.
SENATOR KUSHNER (24TH):

Through you, Madam President. This does include parole officers, parole officers -- certain parole officers who are accompanying police when they are on the street and that’s referenced in the statute.

THE CHAIR:

Thank you, Senator Kushner. You have the floor, Senator Formica.

SENATOR FORMICA (20TH):

Thank you, Madam President. Thank you, Senator Kushner. So the police and fire, the first responders are included, the parole officer who may for professional reasons accompany somebody, police officer, to the scene, perhaps the scene that I just described, would be also included in the PTSD portion of this bill. Through you, Madam President.

THE CHAIR:

To you, Senator Kushner.

SENATOR KUSHNER (24TH):

Through you, Madam President. That is correct under lines 30 -- 73 to 76 it does define parole officers as an employee of the Department of Corrections who supervises inmates in the community after they're released from prison on parole or under another prison release program. I am told by representatives of the workers in the Department of Corrections that that’s approximately 100 people.
Thank you, Senator Kushner. You have the floor, Senator Formica.

SENATOR FORMICA (20TH):

Thank you, Madam President, and thank you, Senator, you jumped ahead of me. The good attorney behind you is too good. My next question was around 378 where it does talk about the Department of Corrections and the peer support that’s available 374, DOC parole officers, I guess parole officers are under the auspices of DOC and then it talks about fire marshals, fire investigators, and fire inspectors. Through you, Madam President. Would they be included in the PTSD portion of this bill as a result of being a firefighter? Through you, Madam President.

THE CHAIR:

Through the Chair to Senator Kushner.

SENATOR KUSHNER (24TH):

Thank you, Madam President. Through you, Section 8 where it references the other positions, the other titles that the good senator just mentioned, it pertains strictly to the training that will be conducted.

THE CHAIR:

Thank you, Senator Kushner.

SENATOR KUSHNER (24TH):
May I continue? I’m sorry, I just realized that I should also point out that --

THE CHAIR:

You have the floor. Go ahead.

SENATOR KUSHNER (24TH):

Okay. Under the definition section, there is a definition of firefighter that does -- you can go to the underlying statute and it has to do with uniformed firefighters on the scene.

THE CHAIR:

Senator Formica, good evening.

SENATOR FORMICA (20TH):

Thank you, Madam President, good evening to you.

THE CHAIR:

Good evening. I don’t think I missed a lot but here I am and here you are and please continue.

SENATOR FORMICA (20TH):

Senator Kushner and I have been having a rather riveting discussion, so you’ve missed all of that. I can’t speak to the rest of the group, but.

THE CHAIR:

I’m at that point, but I’ll catch up.
SENATOR FORMICA (20TH):

Anyway, thank you, Madam President. Thank you, Senator. That will be all my questions for this evening. I appreciate again your good work on this bill. I appreciate the evolution that I think I’ve seen this bill come through from being a first selectman concerned about costs to a group being concerned about applying health care versus sick care, so I’m hopeful that there’s opportunities to make this bill better and include people that have been mentioned that do respond that are not included in this bill, but thank you very much, Madam President, for the opportunity to share my thoughts and once again thank you to the good proponent for the hard work and to Senator Osten for her work over the years on this. Thank you, Madam President.

THE CHAIR:


SENATOR FASANO (34TH):

Good evening, Madam President, and thank you very much. Madam President, first let me say I rise to support this bill. Senator Kushner, who has been sitting here very diligently this whole time, I do not have any questions for you, so should you want to leave the Chamber, please feel free to do so. I know you’ve been very patient sitting here and I thank you for that. Madam President, we’ve heard a lot of stories around this circle about first responders, some of which are first responders,
talking about real life experiences that they have and one cannot thank them enough for sharing the stories. We have also heard from members of this chamber who have family, relatives, or their own experiences with first responder type of incidents and what that has done to their loved one, to their families, to their friends and how important it is for us to recognize these symptoms and deal with it. Madam President, I had the honor about a month ago of going to New York City to 9/11, and for those of you who haven’t done this, where the two towers were are the reflecting pools which in and of itself are somewhat extraordinary and emotional.

But even more so is when you go downstairs to the museum and those of you who haven’t, I would suggest to do that and you want to talk about emotional and feeling the pressures that must have happened that day, they kind of do it in real time. You start with one tower with this walk around museum underground, from the first time before the plane hits to the first plane that hits, all the different video clips, all the different radio transmissions, how the firemen and policemen ran into the tower, and then as you proceed through the museum, the time clicks off as the events occur with the second airplane and what the first responders were called to do and I am sure that many of us remember that day. I remember listening to news radio 88 and they were interrupting the broadcast to tell first responders to run to the towers whether they were on duty or not to help the victims who were caught in those towers.

And the day later, I started to think maybe those folks responded to the very news cast I was listening might not have survived and those who did
survive went into a building that none of us could ever imagine and witnessed deaths and decisions that people make none of us could ever imagine. And as you proceed through the 9/11 museum downstairs and you see the responders, pictures of the responders, clips off of videos of responders taking victims and those who passed to the various places, a morgue, carrying people who are significantly injured and the whole trauma, you feel, when you're in that area, a presence that’s just unbelievable. I will tell you, my daughter who was extraordinarily young when 9/11 took place, didn’t make through the end of the museum. She left about halfway through our tour because the emotion was just too much for her to bear and she decided that she’d meet us out at the other side of the exit. And that was, I don’t want to say a reenactment because it was real footage, but it shows the intensity and you felt the intensity which I think was the import of what they were trying to do, and I can’t imagine for someone who experienced those events and what they had to do would have issues coming to terms with everything that unfolded before them.

Madam President, this building, this very chamber, the one downstairs, after Sandy Hook recognized the significance of PTSD. Now, when Sandy Hook happened and we realized that there were issues a year or so later, maybe a couple of years later, the first responders, rightly so, were having difficulty coming to terms as they went to the school and went to see the unimaginable. This chamber took an extraordinary step and said we need to help those victims who suffer from PTSD as a result of the unimaginable occurring. As the bill was being developed, there was fear, there was speculation, there were concerns that we had to adequately fund
this fund that we put for these folks with enough money and one of the fears we had was if we opened it up, would there be a flood gate of people coming in, so we had to set the parameters, make sure we were helping the right people, if you would, with the right intent with the right finances.

There was plenty of discussion on whether or not we should do it, had to do it, and how we get the right money, but we took a huge step as a chamber, up and down, because it was eye opening for an incident and recognition that PTSD is real and we need to deal with it and you know what happened? We raised sufficient money from a lot of people all across the world who gave money and we put a group together to help give the money out in the right direction and to this day, we know we helped the right people, it wasn’t abused, it wasn’t what we thought could happen did not happen because we had triggers in it to make sure that those who were having a difficulty in life were getting help. And you know, it’s difficult, as many people in this circle have said, to get people to recognize that. As unfortunate as it is, we just recently in the past year of some people either from Columbine or from Sandy Hook who still can’t get over it, still having difficulty, perhaps not seeking help, and taking their own life. That’s extraordinarily sad. But we did the right thing at Sandy Hook and we’re doing the right thing now.

And just as a background, how Sandy Hook happened really was based upon the lottery shooting in 1998. Many of you, not many of you, maybe some of you will remember we had a person who went into the lottery building, he opened fire, and a number of folks were killed and a bunch of private folks got together and
set up a fund for the victims. We really didn’t call it PTSD. It really was for the victims and the families. It was that idea that born the idea of Sandy Hook, but it was relegated to PTSD. So this state in many ways has taken the right course in conduct with respect to this issue. I am not a first responder, I’m not a police officer, I haven’t served on the “front line”, but I will say when I was very young, I was living in East Haven and the house shook and as I looked out the window, it was about a quarter to 10 in the morning, so I looked out the window. There was a light glowing maybe about 200 yards away or less, not know what it was, I ran down there and when I got down there, there was an Allegheny plane landing at Tweed with 28 people on board. It had run into two houses and landed in the back yard of the place. I ran up to the fence. Two houses were on fire and there were weeds and you could hear people yelling, you could hear people yelling. You could see people strapped to their seats. Fire had then blown up on one of the engines which flew overhead and landed in a parking lot/tennis court area and the weeds caught on fire. People were saying “help me, help me, my seat belt’s stuck.” Now I was a kid. The processing of that probably would not be the processing today. At the end of the day, 28 people perished, two survived, the co-pilot -- actually three, the co-pilot, a lawyer out of Washington, D. C. and a woman who was sitting next to the lawyer who helped show the lawyer how to get out and the rest perished.

We opened up a morgue in a building since I and this other individual who was a manager of the facility where the plane crashed or next door where the plane crashed. We moved some bodies into the building. I
was probably 14 or 15 at the time and it was a horrific scene. Now I was exposed to it just once. I can’t imagine being a first responder on the highway and day-by-day being called to an accident and not knowing what you’re going to, not knowing what you’re going to see. You can’t prepare for this. You can’t prepare for that. Madam President, we have an obligation and we have an obligation to those who, and it’s cliché, who risk their lives for us, but it’s more than that. They risk their soul. They risk who they are as a person to help us and someone said in our caucus room, there are certain folks who can process that and deal with it and there are certain folks who cannot process that and cannot deal with that and if you internalize it, I would gather, it’s got to eat you alive and if you don’t have anybody there to help you and you don’t know where to go to, how do you deal with it? Who do you reach out to? Who do you tell?

That story about the airplane that I mentioned, I probably have told, since maybe after the event a couple years back, maybe three times in my life, that’s it. This is probably the third time because when you remember things like that, there are images that flash in your head. I won’t even talk about them. They’re images that flash in your head and scenes that we play like a video. That’s going to happen when they get off their shift and they go home and they’re sitting at home and they see a tragic accident or death or dismemberment or if it happens to them, that’s got to be something that just doesn’t go away. Maybe it’s the noise, maybe it’s the smell, maybe it’s the touch. Maybe it’s just some trigger that makes you think of an event and you bring back everything that you thought that you shed many years ago. I would argue time does
not heal all wounds, not when they dive deep, not when they change who you are internally. Those are scars you bear for life. We heard from two responders policemen today talk about what they went through. That’s got to be tough, it’s heart-wrenching.

So Madam President, we have in front of us a bill that goes to the very heart of what it is. And look, this bill has been kicked around for a while. We all know it’s been about five years and the advocates who were in this building and upstairs in the gallery worked hard because there’s a lot of concerns and there were. When it first came out, it was novel, what are we talking about, you're a police officer, you're a fireman, this is your job, you should be able to deal with it, this is part of your occupation, but I think as well became more educated and maybe heard a little bit more, watched a little bit more, understood a little bit more, studied a little bit more, we realized that this issue is very tangible and I applaud the Labor Committee, I applaud the advocates for saying let’s do it right, let’s make sure it’s going to work, it’s not going to run people and agencies into bankruptcy, and it’s going to help people. That’s our key. So let’s get something going, let’s get it moving, and then from there we should shape it and mold it once we show that it’s not abused, it has a real purpose, and it moves along.

Madam President, posttraumatic stress disorder is a real disease, it’s a real affliction. Mental health is a real affliction. I have advocated in this chamber and I will continue to advocate for the need to deal with mental health. It is a growing crisis. We have an obligation to fund mental health in this
state and I would argue we haven’t done a good enough job. Budget after budget gets eaten up and fringe costs and salary costs and more and more is being redirected from our social costs. PTSD is crying out for money and help, but so are many other mental health issues that are out there that lead to drug addiction, alcoholism, divorce, death. Madam President, we have to give that mental health equal opportunity to get addressed as we’ve done for PTSD. Let me say this, where there’s a will there’s a way. The advocates who wanted this bill saw fit, they saw fit to say we’re going to stick with this and we’re going to figure out a way that’s not going to break the bank, but it’s going to give the help to the people who need help with triggers to make sure we help the people who need help and that’s been accomplished. We need the same type of thinking for mental health for all the state of Connecticut. How can we serve those people in need of mental health? In the same way, to treat them without breaking the bank. But we as a state have to make a promise here in this chamber with a budget coming up that we’re going to fund that mental health and we have to watch our expenses to do that. Generations depend upon it, people depend upon it, lives depend upon it.

Madam President, we all love our first responders. I mean, I don’t know how many of us are at events and we always say thank you for your service, thank you for what you do. Today is probably one of the biggest thank yous we could throw out. We throw it out to them and say we’re not just thanking you with words or applause or a handshake, we’re thanking you with meaningful legislation that’s going to help you, your family. It’s going to keep you with the proper backup that you need to do your job and to
live your life. You know, I was about to say I don’t know why it took so long for it to get to this point and the advocates will say neither do we, but it is here, it is here, and we can act on it and we can move this along and we can make it happen. There’s going to be some conversation in this chamber about emergency medical services. There’s going to be some conversation and look, it’s going to come up. I’ll talk briefly about it, but as someone once pointed out, once again our caucus room, if today I’m a fireman, paid, and I’m going to go do a fire, PTSD is going to protect me, but if tomorrow I’m not a paid fireman, I’m a volunteer EMS and I go to the same event, I’m not going to have PTSD.

Well, that doesn’t seem right, that doesn’t seem fair, and there’s a way of equalizing that. Why it wasn’t in the bill, I cannot tell you. I’m a newcomer to the bill. I don’t sit on Labor. I’ve watched the bill, but I do not sit on Labor. And it’s something we have to think long and hard about and I’ll talk about it as they get to the amendment, but the PTSD that exists is real. This bill allows us to deal with the issue. Madam President, I support this bill and I would like to yield to Senator Miner.

THE CHAIR:

Good evening, Senator Miner. Do you accept the yield, sir?

SENATOR MINER (30TH):

Yes, thank you, Madam President. Madam President, a number of hours ago when this bill was brought out,
I pointed out what I thought was one of the minor changes, no pun intended, that I thought would make the bill better. We’ve had an opportunity to talk about EMS as they pertain to this subject matter for many hours now. They’re almost inseparable. I would argue they are inseparable. The circumstances that I cited in the community that I live in made it clear to me and I hope to the Chamber that if you lived in one part of the community and belonged to one fire and EMS service, you would be covered under this bill and if you lived in another part of the community and chose to belong to another fire or EMS service, if you were in that EMS service you were not covered.

So Madam President, the Clerk has an amendment in its LCO 10047. I would ask that he call it and I be allowed to summarize, please.

THE CHAIR:

Mr. Clerk.

CLERK:

LCO No. 10047, Senate Schedule C.

THE CHAIR:

Please proceed to summarize, Senator Miner.

SENATOR MINER (30TH):

Thank you, Madam President. Madam President, what this amendment seeks to do is to insert in certain sections, so on line 3 of the amendment, it adds -- it adds emergency medical responder to the
definition of those that would be covered. It also goes on in the amendment to include them in the sections that talk about the development of regulations and their curriculum so that they might be included in the training portion, both in recognition of PTSD and in the training and recognition how treatment should occur and I move adoption.

THE CHAIR:

Thank you, sir. The question is on adoption. Will you remark further on that?

SENATOR MINER (30TH):

Yes, thank you, Madam President. So Madam President, this is not a new issue for me. I’m no longer active in the fire and EMS community. I was active for many, many years and during that time, I had the good fortune to work alongside people who responded to 9-1-1 calls, not knowing all the time what they were going to, certainly not knowing what the outcome would be, and it gave me an understanding about the process and it gave me a clear understanding about how tightly woven these two communities are. They are, in fact, inseparable. In the bill that is before us, as I said earlier, if you are a member of a fire department that also has EMS, you are included. It recognizes that they are inseparable, yet to nobody’s fault, nobody’s intention, clearly no one could intentionally leave this population out, there is this nuance and the nuance is some of them are stand-alone agencies. They train together. I’ve seen them train for hours together. They’ve watched people die together.
I remember being told by a member of the fire service who watched in a second story window a child fall from view inside a burning house. It lived with that person and it lives with that person today. Those stories are real and 40 years ago, 50 years ago, we didn’t know anything about PTSD. As I said, the rule of thumb back then was go have a beer or a whiskey, but the truth of the matter, Madam President, is we know a lot today. I remember when Sandy Hook happened. I remember what I was doing. I was shingling the roof of my garage and I’d gotten off the roof of the garage, jumped in the shower and came to the Chamber, came to the capitol, because we were negotiating a budget and I got to the end of East Chestnut Road and I heard the person on the radio crying. No one in Connecticut forgot what they were doing that day. Senator Fasano talked about September 11. We came together as a community and we made sure that people in fire and EMS, police, we made sure there was a program in place and I bet it didn’t take us three weeks and there was an attempt back then to try to do this bill and it was too much. The circumstances on that day were too much for all us.

But we’ve learned a lot since that time. I respect the fact that people have worked hard and they have negotiated on this bill. As I said earlier, I am absolutely as I stand here convinced there was nothing that was done on purpose to leave these people out and this is an opportunity just to make sure that they’re in. I don’t how any of us could explain to our neighbors that we’ve had this conversation. I don’t know how any of us could say we’re going to study it next year; we’ll come back with an answer next year. I don’t know how any of
us could say you know what, don’t worry about it, go have a drink and walk it off. We know today that this situation exists and we can fix it. As I walked around this building for the last four hours, I’ve had everybody tell me don’t amend it. Amend the bill, it’s going to die in the House. Why? Why would we let this bill die in the House? Why would we come this far knowing that this small piece of that population is somehow not included?

So Madam President, I would ask that when the vote be taken, it be taken by roll call.

THE CHAIR:

Roll call will be ordered on the amendment.

SENATOR MINER (30TH):

And I would ask the Chamber to support the amendment, please. Thank you.

THE CHAIR:

Thank you, sir. Will you remark further on the amendment that is before us? Senator Champagne.

SENATOR CHAMPAGNE (35TH):

Thank you, Madam President. You know, in my time as a police officer, one thing I could count on, any time I was any type of call, medical, fire, the rest of it, being the first responder in the town I knew either firemen or ambulance would show up behind me and some days I was on that radio quite often trying to get an ETA on when they’d get there. When you’re holding an elderly person’s throat because they have
an aortic rupture and you know you can’t let go and the ambulance gets there, they're there to save the day. But they see the same things we see. One incident happened, it was a fire, and the victims were pretty bad, still alive, and I know those EMTs would never forget that. It was hard enough for myself to forget it. We’re leaving out a big portion of those first responders by not including EMS. They deal with everything that we deal with. It’s sometimes they’re first on the scene and if we leave them out, we’re doing an injustice to about a third of our first responders.

I know it’s difficult for some people to add them in, but I think -- I think back at all the help that they provided, the lives they saved, and the tragic things that they saw and it’s only a responsible thing to add that one group back into this bill. I could go on and on about different calls and what I’ve seen, what they’ve seen, but I think I’ve made my point that this is a group that shouldn’t be left out. Thank you

THE CHAIR:

Thank you, Senator Champagne. Will you remark further on the amendment? Senator Witkos.

SENATOR WITKOS (8TH):

Thank you, Madam President. I rise in support of the amendment. When I made my comments earlier on the bill as amended, I spoke about how I started my career in public safety as a first responder on the ambulance corps and that set the state for me for a wonderful career. I brought up some examples of how different the things are that emergency service
responders could encompass in the course of their day or their duty without it being known in advance, but the ambulance folks have a -- there’s something special about them because everybody else, and I’m going to speak really to the volunteers at this time and the paid guys, if you're a volunteer, generally you're working -- committing yourself to a 12-hour shift where you can either respond from home or at the ambulance station and you roll out and that’s a long period of time to “volunteer”. If you get a call, you're gone. I can tell you the times that I was working as a cop and had to -- we were the first responders in my town for all medical calls and often times, the neighboring town, because it kind of circled around the backside of Canton and Collinsville would be the west end of Avon, we were close enough so we may even respond to their town to assist them, and depending on what we arrived at the scene, you know, I couldn’t wait for the ambulance to get there because I loved to just kick it over to them for a variety of reasons. One, it was our responsibility as first responders to get there and provide immediate medical attention, but I always felt, well this is the -- you know, I did my time on the ambulance service and this is in their bailiwick and they come in to save the day and relieve us from the duties, whatever it happens to be. Senator Champagne said, you know, direct pressure, you know, I’ve done a couple of water rescues in my time, in my career. I had to jump in in my uniform, from doing CPR, you name it, automobile accidents, it was always a great relief when the ambulance folks showed up.

And I understand that folks may say, well, they didn’t have a seat at the table, but maybe they were busy doing what they do and we shouldn’t discount
them because they weren’t physically in the room. I think every single person around this circle knows somebody that served as the emergency first responder or you had the let’s say displeasure of having an ambulance respond to either your home or one of your family members for a variety of reasons and thank God they were there. You know, it’s really an extension of a hospital when you think about it. We talk about access and affordability. That seems to be a common theme that we talk about in the legislature, access and affordability to quality healthcare. What do you think EMS is? They might send you a bill, but if you can’t pay it, they don’t charge you. You’re getting a free ride top level of emergency room care right there in the living room of your home. They have done surgical procedures, delivered babies, gave IVs with drugs, pushed drugs, reversed overdoses, and it’s often the minutes that count and our reward to them is well, come back next year. We recognize the issue, but you know what, we kind of already agreed to it, so you’re out. That’s not right. How would we feel if we called 9-1-1 and said sorry, you’re out, we’re busy, we’re on a break. That doesn’t happen. We shouldn’t do to them and expect them not to do it to us in that respect and I know they would never do that and I guess that’s my point.

Anything that we can -- and we can do it because we have the power. We are the policy makers of the state. If we believe that it’s the right thing to do to include EMS providers in a bill that deals with PTSD, that deals with emergency situations, that these -- that they are one of the three branches of emergency services that we’re talking about of stool that is excluded, we can change that. And now is the time to change it before it gets to
the House. I heard Senator Miner mentioned that folks said don’t change it, send it down here. Well, we need to change it before it gets there. I understand we can’t -- they don’t want to change it down there and send it back to us because then we’re playing Ping Pong. We have the ability to adopt the amendment, make sure that all emergency first responders are covered because they are held to the highest degree like everybody else, whether they're volunteer, paid professional, or commercial. Once again, these people are out there doing the job, they want to do the job. Let’s keep them on the job and give them the help and assistance that they may need and this bill is the avenue to do that. So, Madam President, I would urge the Chamber’s adoption of the amendment. Thank you.

THE CHAIR:

Thank you, Senator Witkos. Will you remark further on the amendment? Senator Kissel.

SENATOR KISSEL (7TH):

Thank you very much, Madam President, great to see you this evening. I, too, stand in support of the amendment and I’m going to harken back to what I had stated earlier about -- I come from a family of four males, I was going to say boys. Michael was my third brother and as I had indicated, he passed away at the very young age in my opinion 51 three years ago this last April and Michael always the one, in my humble opinion, that really wanted to just go out there and help other people and he exemplified that in his life. The traditional college path was not necessarily for him, but he certainly was great at learning everything he can do when he found a
subject matter that he was interested in and I’m glad that the amendment makes it clear that when we talk about emergency medical responders, we’re also talking about — and that umbrella definition includes emergency medical technicians, advanced emergency medical technicians, and paramedics.

Mike, when he was in his late teens, early 20’s, and amazing to me, somehow corralled a job driving what was then called the Good Samaritan van and for those of you in the greater Hartford area, you may recall that that Good Samaritan van was associated with a radio station, I don’t recall which radio station, but that’s probably around the time I was either going to UConn or Western New England College of Law or maybe had even started in the practice of law and for a while, I was living at home. And I will always remember that I was probably around my hometown of Windsor on 91 just driving and I heard the radio come on and all of a sudden they’re talking about the traffic and it’s my brother, Michael, reporting from the Good Samaritan van so that when he wasn’t going up and down 91 along his route helping people that were broken down along the side of the road or needed help in some other way, he would report on the traffic and I’ve got to be honest, to this day I’m still very proud of that. That’s something he went out, did on his own, and to just hear your brother’s voice coming on the radio unexpectedly like that, it’s like whoa, that’s awesome.

And that was just the beginning. I mean, that typified him because he was indeed in his heart of hearts a Good Samaritan and so he went on and pursued his education. I’m probably going to get yelled at from Heaven, but I’m not sure if he got to
be an emergency technician or a paramedic, but was one of the two and he was extremely proud of that professional credentialing and again, he worked for many, many years for an ambulance service in the town of Manchester before changing careers and working at a group home, two really hard jobs in my opinion. But as I had indicated and as so many here in the circle have pointed out, you just never know when you're in that profession what you're going to come across. I had gotten a little choked up, I’ll admit it, earlier when I indicated my conversation with him where he told me about the time he was called to a scene where a young person walking along train tracks had been hit by that train. I don’t believe it was anything like a suicide attempt, just probably folly or negligence, and so when he went out there to administer CPR, the young man’s brains came out in the back of his head. Clearly, that stayed with him for the rest of his life. Many times he would be responding to a motor vehicle accident. Depending on your shift, it might be in the middle of the night, it might be in the middle of the day, but responding to an automobile accident can be quite horrific. But as so many others have stated before me, Senator Champagne, Senator Miner, Senator Witkos, you just don’t know what you're going to encounter on any given day at any given shift if you're a professional and an emergency medical responder, no matter what you --

THE CHAIR:

Point of order, Senator Kissel. Senator Duff.

SENATOR DUFF (25TH):
Thank you, Madam President. Madam President, we’re going to PT this bill, please.

THE CHAIR:

So ordered.

SENATOR DUFF (25TH):

Can the Senate stand at ease for a moment?

THE CHAIR:

The Senate will stand at ease.

THE CHAIR:

The Senate will come to order. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Would the Clerk now call the second item on the go list, please.

THE CHAIR:

Mr. Clerk.

CLERK:

Page 66, Calendar number 298, Senate Bill No. 387, AN ACT CONCERNING MENTAL HEALTH CARE AND WELLNESS TRAINING AND SUICIDE PREVENTION FOR POLICE OFFICERS.

THE CHAIR:

Good evening, Senator Winfield.
SENATOR WINFIELD (10TH):

Madam President, I move acceptance of the Joint Committee’s favorable report and passage of the bill.

THE CHAIR:

And the question is on passage. Will you remark, sir.

SENATOR WINFIELD (10TH):

Yes, Thank you, Madam President. There is an amendment on this bill. It is LCO 10039, it’s a strike all. I asked that it be called and I be granted leave of the Chamber to summarize.

THE CHAIR:

Mr. Clerk.

CLERK:

LCO No. 10039, Senate Schedule A.

THE CHAIR:

Please proceed to summarize.

SENATOR WINFIELD (10TH):

Yes, thank you, Madam President. This amendment comes to us. It is -- It talks about the conversation we’ve been having and the state about police accountability. What it does is in the
beginning of the bill in the first section, it adds to language that we did in 2015 in the 2015 police accountability bill where we talked about police and using choke holds. It adds language that talks about restraint applied around the neck for further clarification. It also in that section we’re talking about things we want the police not to be -- not to necessarily be doing, but if they do, to report on. It adds engaging in a pursuit so that we would get that information. It also requires an annual report that includes records from the provisions of the section that those new pieces of language were added to that would give us a summary report -- in summary form, I’m sorry, information on the parts of that section of the bill. It also gives us information on the race, gender, number of times force was used, the injury that was sustained by the individuals affected by such force.

It deals with in the 2015 legislature if members remember, we dealt with the advent of body cameras by providing them not only in the law, but providing body cameras and some monies to do -- to use body cameras. What this bill would do is it would add dashboard cameras to the things that we were doing and body cameras and then it would say that not later than 48 hours upon the time when an officer, if there was an incident, was allowed to review the body camera footage and make their report, that that body camera footage would be disclosed subject to exemptions that are already in the law and it also has a provision that allows if that review doesn’t happen within 96 hours for the same thing to happen.

If there is an incident where there’s a death, there’s a status report that is to be released and that status report has much of the information that
I was talking about in the prior report, including name, gender, race, ethnicity, age, the date and time of the occurrence, have the toxicology report and this report would be issued not later than five business days after the cause of death is known. The report that we’re talking about would also be after it’s given to the chief executive officer and the commissioner or chief of police on the website of the Department of Criminal Justice.

On 53822, the use of force statute that we have would be added to and what it would do is currently under the statute, the officer is allowed to prevent the escape from custody of a person who they have certain beliefs. What we’re doing here is not changing that in a -- in a way that does anything other than prevents the use of deadly force if the person who has escaped their preventing has not actually attempted to commit the felony that previously you just had to have a belief that they either committed or had attempted to commit. Now you wouldn’t be able to do it if they had only attempted to commit. The bill also updates the universal pursuit policy that we have in the state. Many people may know that the policy we currently have is very old. This would require an update every five years.

The bill prohibits the discharge of a weapon into a fleeing vehicle unless there is belief that the officer or another individual person is in imminent danger. It also forbids the positioning of one’s body in front of a vehicle unless there’s an approved police tactic involves. When one is moving from one jurisdiction into another with a police chase, it requires that notification be given to the jurisdiction in which one is moving and then
finally, it creates a task force. The task force is to look at the interaction between police and individuals who have mental, physical, and intellectual disability. It is also to look at -- several years ago we had a racial profile bill in which we were trying to get around the language of providing individuals who are stopped or with receipts. This bill would throw that task to the task force and ask the task force to look at that and come back with recommendations and then it has catchall language that allows the task force to look at any issues around police accountability prior to adoption.

THE CHAIR:

Thank you, Senator Winfield. Will you remark further on the amendment? Senator Kissel.

SENATOR KISSEL (7TH):

Thank you very much, Madam President, maybe just one or two questions. When you speak about not being able to move in front of a motor vehicle except to accomplish an accepted police tactic, would that be -- they have these bars, I’m not familiar with the -- stop sticks, okay, thank you, Senator Witkos -- stop sticks like where you throw the stop stick in front of the car and then it pops the tires or gets stuck on the tires. Would that be something that would be an approved police tactic? Through you, Madam President.

THE CHAIR:

Senator Winfield.
SENATOR WINFIELD (10TH):

Thank you, Madam President. The commentation about stop sticks is expressly why the language was written and included -- and now includes the approved police tactic because we were not trying to prevent police from doing something of that nature. We were actually just attempting to keep them from putting themselves in front of the car to stop the car with their body or by positioning their body and taking a further action. Through you, Madam President.

THE CHAIR:

Thank you. Senator Kissel.

SENATOR KISSEL (7TH):

Thank you. I have no further questions. I just wanted to clarify that specific nuance. I want to commend Senator Winfield for bringing all the stakeholders around the table, working with them. It may not make everybody happy, but last I checked, representatives of the Police Chiefs Association, the police officers’ union, and other interested parties have had input into this particular proposal. It is not, in my opinion, it doesn’t take the approach of being some kind of condemnation on any kind of past practices, but is a thoughtful response to certain recent incidents that have occurred I believe not only in Connecticut, but probably in other jurisdictions as well.

Much of it is just expanding the pool of data collection and it’s my understanding that if we have thoughtful data collection, then we can take a step
back after a certain period of time and see if we’re beginning to see patterns evolve and if there’s patterns that we feel are not in the best interest of appropriate law enforcement or public safety, we can work to modify those behaviors and policies and so I think bringing in -- you know, we need to know information about choke holds and other methodologies that could pose a threat to innocent members of the public or to people that are engaging in criminal behavior, but not rising to the level where their life or limb should be put in imminent danger.

I think this is a thoughtful approach and again, everybody out there may not be perfectly happy with this, but I’ve been in this building long enough over the last 27 years to see policies, I don’t want to use the term foisted on folks out there, but less even-handed and a less thoughtful manner. I know that Senator Winfield has reached out to folks that have knowledge regarding law enforcement such as Senator Champagne and Senator Witkos who being former police officers, sergeants, and other levels of rank that have tremendous insights from their many, many years of experience and so for those reasons, I support the amendment and again commend Senator Winfield for his thoughtful approach to trying to gather up as much data as possible and at this point in time, Madam President, I would like to yield to Senator Witkos.

THE CHAIR:

Senator Witkos, sir, do you accept the yield?

SENATOR WITKOS (8TH):
Yes, I do, Madam President, thank you very much. I also rise in support of the bill as amended or support the amendment that’s before us. I want to thank Senator Winfield for his work on the bill. You know, he spoke about police transparency and accountability and that should be a given, that should be a no-brainer. That’s what we want because I always say if you can’t trust the police, who can you trust, so I think sheds some light on a bill that I was glad to be part of a few years ago when we talked about the police body camera language and having that and this bill I think expands on that because of new technologies with using the web camera, but also gets to a -- allows the police to do their work in a timely manner but then not hold on to that and hidden away without public view. As folks say, you know, sunshine is the best disinfectant, but this will allow the police authorities to review the incidents that they’re involved with and -- but make those incidents available to the public after a certain period of time or after a certain point in the case and that’s the way it should be.

And so I want to thank Senator Winfield for allowing me the ability to participate in some of the tweaking of the bill. I think that in my conversations with folks that are currently involved in law enforcement, they are supportive of the bill that’s before us. The only question I would have is, through you, Madam President, to Senator Winfield, there was some talk about the task force composition and I know some of the positions are just given to different leaders of the General Assembly and I would ask that would he support that a member of the Police Officers Standards and Training Council be appointed as a member of the
task force, as well as a member of the police union to be appointed to the task force. Through you, Madam President.

THE CHAIR:

Senator Winfield.

SENATOR WINFIELD (10TH):

Yes, Madam President. Senator Witkos is correct. There are people whose appointments are prescribed and there are people under the bill whose appointments are not. If they would choose to have those individuals on board, I would be happy. If they did not choose so, just for further information, I’ve had conversation already, I would invite those representatives to every meeting anyway. Through you, Madam President.

THE CHAIR:

Thank you, Senator Winfield. Senator Witkos.

SENATOR WITKOS (8TH):

Thank you, Madam President. Thanks, Senator Winfield for the answer. I think collaboratively, this is the way we should be resolving any issues and we can all have a discussion to see what is the best way to move forward so we don’t have these single isolated instances occupy the press and get everybody riled up and as you know, I always say one bad apple spoils a bunch. Let’s weed out those bad apples so we can have a good crop this year. Madam President, with that, I hope the Chamber adopts the amendment before us. Thank you.
THE CHAIR:

Thank you, Senator Witkos. Will you remark further on the amendment that is before us? Senator Champagne.

SENATOR CHAMPAGNE (35TH):

Thank you, Madam President. I also want to thank Senator Winfield for his reaching out to help assist with this bill. Is it perfect? Nothing’s ever perfect, but you know what, I think we do have a better working document here and accountability is something we always look forward to and the gathering of information that is presented throughout this, I really don’t have a problem with, but I think overall it’s a good working bill, so thank you.

THE CHAIR:

Thank you, Senator Champagne. Will you remark further on the amendment that is before the Chamber? Will you remark further? If not, let me try your minds. Senator Champagne.

SENATOR CHAMPAGNE (35TH):

Can we just have a roll call vote, please?

THE CHAIR:

We can have a roll call vote. Mr. Clerk, if you would kindly call the roll and the machine will be open.
CLERK:

Immediate roll call vote has been forwarded in the Senate. Immediate roll call vote has been ordered in the Senate, Senate Bill 380, Senate Amendment A, LCO No. 10039. Immediate roll call vote has been ordered in the Senate on Senate Amendment A, LCO 10039. Immediate roll call vote in the Senate, Senate Amendment A, LCO No. 10039. Immediate roll call vote in the Senate.

THE CHAIR:

Have all the senators voted? Have all the senators voted? The machine will be locked. Mr. Clerk, will you please announce the tally.

CLERK:

Senate Bill 380, Senate Amendment A, LCO No. 10039.

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THE CHAIR:

The amendment is adopted and would the Senate please come to order and will you remark further on the bill as amended? Will you remark further on the bill as amended? Will you remark further? Senator Winfield.

SENATOR WINFIELD (10TH):
Yes, thank you, Madam President. There is no further comment or question. I’d ask this to be placed on consent.

THE CHAIR:

Seeing no objection, so ordered. Mr. Clerk -- or Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Would the Senate stand at ease for a moment, please.

THE CHAIR:

The Senate will stand at ease.

THE CHAIR:

Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Madam President, two more items to mark go.

THE CHAIR:

Please proceed.

SENATOR DUFF (25TH):

Thank you, Madam President. On Calendar page 66, Calendar 293, Senate Bill 972 go, followed by Calendar page 32, Calendar 431, Senate Bill 505 go. Thank you, Madam President.
THE CHAIR:

Thank you. Mr. Clerk.

CLERK:

Page 66, Calendar number 293, substitute for Senate Bill No. 972, AN ACT CONCERNING ACCESS TO ORIGINAL BIRTH CERTIFICATES BY ADULTS ADOPTED PERSONS, LCO 9854 was designated Senate Amendment Schedule A.

THE CHAIR:

Good evening, Senator Cassano. Here we are again.

SENATOR CASSANO (4TH):

Yeah, Madam President, good evening.

THE CHAIR:

Good evening.

SENATOR CASSANO (4TH):

This bill was before us and we’re at a point where I am again moving acceptance of the Joint Committee’s favorable report, passage of the bill, waive its reading, and seek leave to summarize.

THE CHAIR:

Please proceed, sir.

SENATOR CASSANO (4TH):
Yes, I’m told I had to do that officially to open the bill because it was PT’d. We did have discussion on this particular bill. I will refresh the memories of those who like to have forgotten some of it. The bill allows any adult adopted person or their children or grandchildren have access to a copy of their original birth certificates, regardless of the adoptee’s date of birth. Currently only adoptees born on or after October 1, 1983 are eligible. This was a law that was passed in 1975, so we have in effect an eight-year period where adoptees are not entitled to their birth certificates.

It is basically a discriminatory action because on either end of those dates, you have access. In this case, you don’t. There is no fiscal note on the bill and there’s a reason for that. When the bill was introduced in prior years, it was introduced with state funding, I should say a state fee, where the health department would collect the fees and so there was a revenue item. That has changed. The state has given up their desire to collect those funds, basically because the town clerks have stepped forward, have made an agreement so that this can be done locally and for those from small towns, one of the beauties of this is that if you apply for the birth certificate, you have a 30-day period because many of the smaller towns may even be open only a couple hours a week or one day a week or whatever it might be, so it deal with that situation of time frame.

Many people were -- have spoken on the bill and there was an amendment that was proposed by Senator Somers. I don’t know if that -- if Senator Somers
wants to proceed, so I will yield to Senator Somers and see if she wants to proceed with the amendment.

THE CHAIR:

I think the Senate will stand at ease because we just need to ensure that we are at the appropriate place in the debate where we left off, Senator Cassano.

SENATOR CASSANO (4TH):

Thank you.

THE CHAIR:

And we are just making sure that -- we have to see whether the amendment was adopted or not, so the Senate will stand at ease.

THE CHAIR:

Good evening, Senator Somers. What is your pleasure?

SENATOR SOMERS (18TH):

With your permission, Madam President, I would ask that the Clerk has in his possession and amendment, LCO 9854. I ask that he please read the amendment.

THE CHAIR:

Mr. Clerk.

CLERK:
LCO No. 9854, Senate Schedule A.

THE CHAIR:

Would care to summarize, Senator Somers.

SENATOR SOMERS (18TH):

Thank you very much, Madam President. And this amendment serves a purpose which is to ask if this bill is to go forward, which I’m hoping that it will not because of all the reasons I discussed yesterday, that I think it absolutely is targeting just women in some respect, that between 1975 and 1983 when the law clearly states that these contracts were confidential, if we are going to violate that and allow these birth records to be released, that if we’re doing this in fairness, then it should be only fair that the records that are released would be records that have both the mother and the father listed. Otherwise, they cannot be released and that’s what this amendment does. Thank you.

THE CHAIR:

Thank you, Senator Somers. Will you remark further on the amendment that is before the Chamber? Senator Cassano.

SENATOR CASSANO (4TH):

Thank you, Madam President. I do have a copy of the amendment and I will read the amendment. In line 10, after grandchild, insert provided in either case the name of such adopted person's father shall be listed on such certificate and line 51 after act,
insert provided in either case the name of such adopted person’s father shall be listed on such certificate and in line 84 after section 45a-753 insert, and provided further the name of such adopted person’s father shall be listed on such certificate.

We know historically for many of those that we have worked with over the years that many of the fathers are not listed in many cases are not known on the certificates. However, it is a concern with the amendment that I would read this because I think I’d like to reject the amendment based on this information. If the bill is passed, as Senator Somers has provided, it would affect all of the younger post 1983 adoptees who got the right to the original birth certificates under the 2014 law, PA14-133, so all of those adoptees, about 25,000 in total, whose birth fathers are not named in their birth certificates would lose their rights. That, I don’t believe, is what the goal is for Senator Somers or for this legislative body and so on and so I would urge that the amendment be rejected and ask for a roll call vote.

THE CHAIR:

Thank you. Thank you. A roll call will be ordered. Will you remark further on the amendment that is before the Chamber? Will you remark further on the amendment before the Chamber? If not, Mr. Clerk, would you please call the roll and the machine will be opened.

CLERK:
Immediate roll call has been ordered in the Senate. Immediate roll call vote has been ordered in the Senate, Senate Bill 972, Senate Amendment A, LCO 9854. Immediate roll call vote has been ordered in the Senate, Senate Amendment A, LCO 9854, immediate roll call vote in the Senate.

THE CHAIR:

Have all the senators voted? Have all the senators voted? The machine will be locked. Mr. Clerk, kindly announce the tally.

CLERK:

Senate Bill 972, Senate Amendment A, LCO No. 9854.

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| Total voting Yea    | 9  |
| Total voting Nay    | 27 |
| Absent/not voting   | 0  |

THE CHAIR:

The amendment fails. Will you remark further on the bill that is before the Chamber? Will you remark further? Senator Cassano.

SENATOR CASSANO (4TH):

Yes, Madam President, the bill has been explained before, it’s been discussed. If there is --

THE CHAIR:

At length, for sure, Senator.
SENATOR CASSANO (4TH):

Can I ask for a roll call vote tonight?

THE CHAIR:

Senator Somers. A roll call will be ordered. Senator Somers, please.

SENATOR SOMERS (18TH):

Yes, thank you, Madam President. I just would like to remind everyone that we heard yesterday from Senator Sampson that if you look at the legislative history, it was in fact between 1975 and 1983 that the law stated that adoptions would be kept confidential and by changing this, we are breaking a contract that we had with individuals who decided to give up their child to -- in their -- in the cases that I’ve had this opportunity to speak to people, which was a decision that they thought was in the best interest of the child, so now we will be breaking a contract that the state of Connecticut has with those individuals, we will be breaking confidence, and we will be going against 35 years of what we have held in confidence in accordance with the contract that we had and I just would also like to state that the medical records from 1975 to 1983 are available to the individuals so they can have access to medical records if they need -- if they need from the parents. I was just informed of that from Senator Fasano yesterday, so there is really no medical reason to be able to have something that should be kept confidential under the contract disclosed unless the party agrees.
So I strongly urge that people vote against this bill because it will disproportionately target and it will disproportionately affect women who choose to not have their identities revealed for whatever reason. Under these circumstances, they chose, as I said, provide one of the most precious gifts that anyone can give is the gift of life to someone and they did it with the understanding that their identities would be kept confidential. If we can’t hold true to this, what makes any citizen in the state of Connecticut can -- to believe that we are going to hold true on any other contract that we make here and that’s all I have to say. Thank you.

THE CHAIR:

Thank you, Senator Somers. Will you remark further on the bill? Senator Cassano.

SENATOR CASSANO (4TH):

Thank you, Madam President. Yes, just for the record and I do understand Senator Somer’s passion and concern for this bill, however, I think that as a body, we should know that the woman’s issue is a very strong issue in this particular bill. I have here a list of those that have come out and endorsed this particular bill; The National Association of Social Workers, the Connecticut chapter, National Organization for Women, the Connecticut chapter, the Access Connecticut, Action Together, The Charter Oak Cultural Center, Connecticut Conference of United Church of Christ, Connecticut Council on Adoption, Connecticut Indivisible, Connecticut Women’s Education and Legal Fund, the Fairfield Stand United, Forward Connecticut, the Connecticut Women’s Consortium, True Colors, West Haven Progressive
Action Network, Women’s March, Connecticut chapter, YWCA Greenwich, YWCA Hartford Region. I think their concerns are addressed. I think they want to see this bill proceed and I would urge you to support it. Thank you.

THE CHAIR:

Thank you, Senator Cassano. Will you remark further on the bill that is before the Chamber? Will you remark further? If not, Mr. Clerk, if you would kindly call the roll and the machine will be open.

CLERK:

Immediate roll call vote has been ordered in the Senate. Immediate roll call vote has been ordered in the Senate on Senate Bill 972. Immediate roll call vote has been ordered in the Senate on Senate Bill 972. Immediate roll call vote in the Senate for Senate Bill 972.

THE CHAIR:

Have all the senators voted? Have all the senators voted? The machine will be locked. Mr. Clerk, kindly announce the tally.

CLERK:

Senate Bill 972.

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The legislation is adopted. Mr. Clerk.

Page 32, Calendar number 431, Substitute for Senate Bill No. 505, AN ACT CONCERNING A STUDY OF FEMALE GENITAL MUTILATION.

Senator Winfield.

Good evening, Madam President. I move acceptance of the Joint Committee’s favorable report and passage of the bill.

And the question is on passage. Will you remark?

Yes, thank you, Madam President. If you would accept that I yield to Senator Kissel.

Senator Kissel, do you accept the yield, sir?

Thank you very much, Madam President. Madam President, I am urging passage of the underlying
bill. May I proceed? Passage of the bill, acceptance of the Joint Committee’s -- So I’m just going to jump right in, Madam President?

THE CHAIR:

Please do, sir.

SENATOR KISSEL (7TH):

Okay. The bill is essentially simple and straightforward. What it’s requesting is from the commissioner of public health in conjunction with the University of Connecticut School of Public Health to do a study and then report back to the Judiciary and Public Health Committees no later than February 3, 2020 as to the status of female genital mutilation in the state of Connecticut and a very public health centric way of analyzing incidents and methodologies of reducing this incident and other items such as evaluating the effect on women seeking reproductive and maternal health services, including prenatal care. I did a little background information regarding this and it’s actually worse than I had originally suspected.

First of all, I’d like to point out that according to the Section of Human Rights and Special Prosecutions of the United States Department of Justice, the United States clearly considers female genital mutilation to be one serious human rights abuse and a form of gender-based violence and child abuse, gender-based violence against women. It is illegal in every state of the United States. Researchers, according to the Office of Women’s Health at the U.S. Department of Health and Human Services indicate that at this time 515,000 girls
and women in the United States have either experienced or are at risk of having female genital mutilation. Both the World Health Organization and the United Nations have condemned this practice. There’s no positive health consequences to this practice. It occurs primarily to girls from the age of birth to 15 years, but it also has been found to be done all the way up until adult women.

Short term health issues include severe pain, serious bleeding, infections of the wounds, psychological trauma, problems going to the bathroom, tetanus and other infectious diseases, and in certain instances death. Long-term health problems include infections, problems having sex, depression and anxiety, and painful and prolonged menstrual cycles, urinary problems, fistula, prolonged labor, expressed bleeding, excessive bleeding after childbirth, a higher risk for having episiotomies, higher risk for caesarian sections.

Both the Unites States through its various departments has concluded that while certain cultures may practice this for a variety of reasons, it is not found in any religious texts and there is absolutely no positive health consequences of this practice, but several short and long-term negative consequences. I personally make no judgment, but looking to the research conducted by the Department of Health and Human Services that this is a form of child abuse and gender-based abuse to women. We had ample testimony in the Judiciary Committee from several people who testified saying that they felt this was abhorrent, could not believe there was nothing being done in the state of Connecticut to seek this out and stop it, but on the last day on our JF deadline, rather than an outright
prohibition, and again, it’s already under federal law against the law and I want to make clear that under the federal law, the girl or adult woman commits no crime. It’s the perpetrator of this that commit the crime in this practice, although the charge is to look at the medicocentric practice as if this is taking place in a hospital or clinic. This typically takes place in secret because it’s against the law and people use just razors or sharp pieces of glass to conduct this practice.

So I would urge our support for this to be compromised in the Judiciary Committee again on the JF deadline day was that rather than trying to condemn this, to take again a public health approach, have the head of the Department of Public Health working with the fabulous resources available through the University of Connecticut Health Center, both seeking out any treatises or medical tracks both in American and in other countries to determine best practices for moving forward and I just feel that given all the negative health ramifications regarding women, be they small girls or even adult women, that this is an appropriate way to go and again, it’s simply a study to get us further information as to what we should or should not do as a legislature moving forward and I would urge my colleagues support for this bill.

THE CHAIR:

Thank you, Senator Kissel. Will you remark further on the amendment? Senator Moore. I mean on the bill, Senator Moore.

SENATOR MOORE (22ND):
Thank you, Madam President. Through you, Madam President. I’d like to ask, are there any reports of this in Connecticut?

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

Thank you very much, Madam President, and I have to say, Senator Moore, I think two years ago when we both served on the Children’s Committee, I’m trying to recall. I do recall some testimony where this took place on some people that testified, but whether they were residents of Connecticut or not or whether it took place on them while they were in another country or not, I don’t recall. I do know just by virtue of the fact that the currents state of research is that there’s over half a million girls or young women at risk throughout the United States. That’s simply a matter of mathematics. There’s got to be some women and children in the state of Connecticut. Through you, Madam President.

THE CHAIR:

Thank you, Senator Winfield -- Senator Moore.

SENATOR MOORE (22ND):

Thank you. Through you, Madam President, I imagine all women would be at risk, but if I recall when I was on the chair of Children’s, a woman came from Chicago to give testimony. There was no one from Connecticut who had demonstrated or gave testimony.
that that had ever happened to them while there were in the state of Connecticut. Am I correct?

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

Thank you very much. There were several people that came to testify from Connecticut in favor of the proposal that we had in Judiciary. None of them, they were all fairly elderly, so none of them were subject to this, but I would say that the research that I have here indicates that it’s a -- because it’s illegal throughout the United States, it’s nothing that is easy to get ones arms around and also, given the psychological trauma of being subject to this, I would think that there would be a lot of hesitancy to come and testify regarding this, especially if somehow culturally one felt that that would be dismissive of one’s culture.

I would point out one point, while there was no one that testified saying that they were subject to this. There is indication through the research that in a nation that has a very high incidence of this, such as Egypt, they went from a rate of in the 90’s for women that are now in their 40’s and 50’s to major educational program and they’ve brought that down over 10 percent in that country of Egypt. So I can’t state affirmatively that -- I can firmly state that no one testified before the Judiciary Committee, but again, if there’s over a half a million women and children in the United States by the Department of Health and Human Services of the federal government at risk, I would suspect that
there’s individuals in our state that are at risk, as well. To you, Madam President.

SENATOR MOORE (22ND):

Thank you. Through you, Madam President.

THE CHAIR:

Thank you, Senator Moore.

SENATOR MOORE (22ND):

Thank you, Madam President. So I believe there was an opportunity for people to give written testimony if they were subject to this mutilation and I’ve dealt with women for more than 20 years in Connecticut, all over Connecticut, and I have not ever met one woman who experienced that and so there is a federal law that protects women. There is no substantial information that says it’s happening here in Connecticut. I’ve never had a conversation with anyone to say that it’s a problem here and I work in very ethnic communities, so I would ask that -- I don’t plan on supporting this and I would ask my colleagues not to support this either. Thank you.

THE CHAIR:

Thank you, Senator Moore. Will you remark further? Senator Bergstein.

SENATOR BERGSTEIN (36TH):

Thank you, Madam Chair. I am looking at the bill and I just have questions about what some of these
terms mean as they are not defined in the bill. So to the proponent of the bill, could you please define female genitalia?

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

Could we stand at ease one second? To the good senator’s question, depending on -- based upon the report of the World Health Organization, there are four types of female genital mutilations. Type one is partial or total removal of the clitoris. Type two is partial or total removal of the clitoris and the labia. Type three is sewing of the labia together and type four, all other forms of female genitalia.

THE CHAIR:

Senator Bergstein.

SENATOR BERGSTEIN (36TH):

Thank you, Madam Chair, through you, so I heard you describe various procedures and if one of those procedures, I think you mentioned sewing, would an episiotomy be a sewing procedure? Episiotomy for those unaware is a very typical procedure done on women who have just given birth.

THE CHAIR:

Senator Kissel.
SENATOR KISSEL (7TH):

Thank you very much. Through you to Senator Bergstein, no, the episiotomy is one of the heightened consequences after birth if one had suffered female genital mutilation. Type three is the sewing of the labia together to make the vaginal opening smaller. This is called infibulation and in that procedure, it states the clitoris could be still left in place, so one of the forms of female genital mutilation is this infibulation procedure, which is the sewing, but depending on what procedure is done to the young girl, again from age birth to 15, one of the negative ramifications could be that episiotomy in the birth procedure. Through you, Madam President.

THE CHAIR:

Thank you, Senator Kissel. Senator Bergstein.

SENATOR BERGSTEIN (36TH):

Through you, Madam Chair. In this particular bill, I do not see an age limit for the women being studied. Is there an age limit?

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

I don’t see an age limit in the study protocol. Again, typically this would take place for girls birth to 15, but in certain circumstances, it is conducted on young women up until the time that they
might be married. It could go up to any time, but it is predominantly young girls.

THE CHAIR:

Senator Bergstein.

SENATOR BERGSTEIN (36TH):

So this study is to be conducted on young girls only?

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

Thank you very much, Madam President. I just want to make this clear, this is not a study of human subjects. This is a study of the literature that’s out there for both the United States and other similarly situated countries. Through you, Madam President.

THE CHAIR:

Thank you, Senator Kissel. Senator Bergstein.

SENATOR BERGSTEIN (36TH):

Thank you, Madam Chair. So just for further clarification on what the procedures that are being studied, genital mutilation, would that also include gender reassignment?

THE CHAIR:
Senator Kissel.

SENATOR KISSEL (7TH):

Thank you very much. No.

THE CHAIR:

Senator Bergstein.

SENATOR BERGSTEIN (36TH):

So again, since this is not defined in the bill, but I understand you’re reading from another source about generally what female genital mutilation is, a practice, I still think the bill as it stands is very unclear. I would like to understand if other practices, such as labial reconstruction, would be considered mutilation.

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

Thank you very much, Madam President. There are sources for the definition of female genital mutilation or cutting. They are found in the Office of Women’s Health by the United States Department of Health and Human Services, the United States Department of Justice, the World Health Organization, and the United Nations. I would guess that the University of Connecticut in connection with our commissioner of public health would be well aware of those definitions and would utilize those
definitions and there would be no confusion. Through you, Madam President.

THE CHAIR:

Thank you, Senator Kissel. Senator Bergstein.

SENATOR BERGSTEIN (36TH):

Through you, Madam chair. On line 17 and 18 of the bill, it requires that the study evaluate the effects of women seeking reproductive and maternal health services, including prenatal care. Can you please elaborate further?

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

Thank you very much. That language is inserted at the request of Senator Lesser and working on a compromise proposal for this study. On the final day of our JF deadline of the Judiciary Committee, from what I can tell and from the research that I have, it appears that there’s absolutely no positive health consequences for these procedures and yet tremendous amount of short-term and long-term negative health consequences for young girls and young women who are at risk, there being over a half a million of those women, who by experts in the United States of America, and is totally condemned by the United States as an act of abuse against children and women. Thank you, Madam President, through you.
THE CHAIR:

Thank you, Senator Kissel. Senator Bergstein.

SENATOR BERGSTEIN (36TH):

Through you, Madam Chair. I am well aware that this is a problem in the world. I'm not sure it’s a problem in Connecticut, but there are organizations, global organizations, that are fighting FGM where it does occur and I wonder if any of these organizations, such as UNICEF, Equality Now, and FGM, did any of those organizations testify on behalf of this bill or the original proposed bill?

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

There was a hearing in the Public Health Committee. I am unaware of who did or did not testify in the Public Health Committee. The similar situated bill did not get out of that committee. There were several residents of the Save Connecticut that testified on the Judiciary Committee, but they came as individuals or part of a statewide organization that are working against female genital mutilation, but I don’t think that there’s any other groups that the good senator has mentioned. Through you, Madam President.

THE CHAIR:

Thank you. Senator Bergstein.
SENATOR BERGSTEIN (36TH):

Through you, Madam Chair. So the largest organizations in the world trying to combat this issue did not present any testimony, did not support, did not draft, did not supply, model legislation for this bill? This is originally a bill proposed by you, Senator Kissel, that has evolved into a study. Am I correct?

THE CHAIR:

Senator Kissel.

SENATOR KISSEL (7TH):

Correct. Thank you, Madam President.

THE CHAIR:

Senator Bergstein.

SENATOR BERGSTEIN (36TH):

Thank you, Madam Chair.

THE CHAIR:

Will you remark further on the bill that is before us? Will you remark further on the bill? If not, Mr. Clerk, would you kindly call the roll and the machine will be open.

CLERK:

Immediate roll call vote has been ordered in the Senate, Senate Bill 505. Immediate roll call vote has been ordered in the Senate on Senate Bill 505.
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THE CHAIR:
Have all the senators voted? Have all the senators voted? Mr. Clerk, the machine has been closed. Would you please announce the tally?

CLERK:

Senate Bill 505.

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THE CHAIR:

The legislation fails. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Madam President, would the Clerk now please call Calendar page 61, Calendar 50, Senate Bill 752.

THE CHAIR:

Mr. Clerk.

CLERK:
Good evening, Senator Cohen.

SENATOR COHEN (12TH):

Good evening, Madam President. Madam President, I move acceptance of the Joint Committee’s favorable report and passage of the bill.

THE CHAIR:

The question is on passage. Will you remark?

SENATOR COHEN (12TH):

Thank you, Madam President. The Clerk of is possession of a strike-all amendment, the LCO number 8761. I would ask the Clerk to call the amendment.

THE CHAIR:

Mr. Clerk.

CLERK:

LCO number 8751, Senate Schedule A.

THE CHAIR:

Senator Cohen.
SENATOR COHEN (12TH):

Thank you, Madam President. I move adoption of the amendment, waive its reading, and seek leave of the Chamber to summarize.

THE CHAIR:

Please proceed to summarize.

SENATOR COHEN (12TH):

Thank you. So this bill seeks to prohibit smoking and vaping on beaches within state parks. Violations will be subject to an infraction up a $99 dollar fine. It becomes effective July 1st of this year and impacts about 23 parks across the state, so I really urge my colleagues to support this bill. We all know the dangers associated with smoking and vaping and second-hand smoke and certainly from an environmental perspective, we want to keep our beaches and state parks as clean and pristine as possible and certainly smoking and vaping tools really can create quite a lot of litter and an eyesore, so again I urge my colleagues in favor of this amendment.

THE CHAIR:

Thank you, Senator Cohen. Will you remark further on the amendment that is before the Chamber. Will you remark further on the amendment that is before the Chamber. If not, let me try your minds. All in favor of adopting the amendment, please signify by saying aye.

SENATORS:
Aye.

THE CHAIR:

Opposed? The amendment is adopted. Will you remark further on the bill as amended? Senator Miner.

SENATOR MINER (30TH):

I was looking for direction, Madam President, so thank you. Madam President, I rise in support of the bill. We actually had this concept here last -- I think it was last year and the issue as I recall that arose was that there was this portion of every beach in the state of Connecticut that was adjacent to Long Island Sound, having been under the jurisdiction of the DEEP. This year when we talked about the bill, we were trying to be very careful to craft it in such a way that it really was just in the confines of the state park and that you would just take the beach line and go right down to the water and that was the delineated area. As I recall, the amendment does talk about signage. That was an issue. We spoke about it in a committee and I think the amendment fixes that. It fixes a couple of other things as well having to do with the DEEP and I would urge support of the bill. Thank you.

THE CHAIR:

Thank you, Senator Miner. Will you remark further on the bill as amended? Senator Flexer, good evening.

SENATOR FLEXER (29TH):
Good evening, Madam President. Madam President, I rise to speak in support of the bill before us. I want to thank Senator Cohen and Senator Miner for their leadership on this. I think is an important proposal for us to move forward with, both in creating environments in our state parks that visitors will want to go to. I was shocked, frankly, the first time I went to a beach in Connecticut and discovered someone smoking next to me and then realized that there was no prohibition on our parks, but there is in our neighboring state in Rhode Island, so I think this is a measure that will encourage more people to visit our state parks here in Connecticut and our beaches and I also think it’s a policy that helps promote the behavior of not smoking. It encourages people if they are smokers to reassess that. If they enjoy a leisurely day at our state park or our beaches and they realize that they can’t smoke there anymore, it’s just one more place where smoking is unacceptable, that can be one more thing that incentivizes someone to make that very difficult decision to try to quit smoking, so I’m grateful again to the leadership of the environment committee and all the members for making this legislation happen and I hope that my colleagues will support it. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Flexer. Senator Cohen to be followed by Senator Anwar.

SENATOR COHEN (12TH):
Madam President, the Clerk is in possession of an amendment, LCO number 9846. I would ask the Clerk to please call the amendment.

THE CHAIR:

Mr. clerk.

CLERK:

LCO number 9846, Senate Schedule B.

THE CHAIR:

Senator Cohen.

SENATOR COHEN (12TH):

Thank you. I move adoption of the amendment, waive its reading, and seek leave of the Chamber to summarize.

THE CHAIR:

Please proceed to summarize, Senator Cohen.

SENATOR COHEN (12TH):

Thank you, Madam President. So this amendment adds on to the bill and essentially allows DEEP, who issues group fishing licenses for many tax exempt organizations across the state, to do so not just limited to 50 people who can participate in this group fishing license, but increases to 100 folks. I have an example of such a group fishing license that is issued to the Take a Vet Fishing Program that is out of Branford, Connecticut. It’s become
an extremely popular program and being limited to 50 participants just isn’t cutting it anymore, so again, I would urge my colleagues to support this amendment.

The other piece of this amendment is to allow the Department of Energy and Environmental Protection to issue a rebate or a refund to agents that issue fishing and hunting licenses for the equipment and software required to issue such fishing and hunting licenses should they prove a hardship in paying for the equipment and the software required to issue the same, so again urging my colleagues to vote yes on this amendment. Thank you.

THE CHAIR:

Thank you, Senator Cohen. Will you remark further on the amendment that is before us? Will you remark further on the amendment that is before us? If not, let me try your minds. All in favor of the amendment before us, please signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

Opposed? The amendment is adopted. Senator Anwar.

SENATOR ANWAR (3RD):

Thank you, Madam President. I rise in support of the amended bill, more focused on the first part of the amendment with respect to the smoking and vaping in public places. I think it’s very important and I
just feel obligated to be able to stand up and speak about the fact that at times what happens is the people go to the beaches with their families and the young children are there and when -- that’s the time people are having social interactions and that’s the first time they would interact with an adult or not necessarily in their family who is smoking at that time and that starts to normalize that behavior and it’s important that public places have a protection for individuals again from the second-hand smoking. It’s a known carcinogen. I unfortunately see at least one patient a year who has never touched a cigarette, but they have been exposed to passive tobacco exposure and then develop lung cancers.

And so having opportunities to try to reduce exposure in public places is healthier and has long-term implications. While some of the people may feel that it’s too much control on public property, but I think this is important and a responsible way to reduce pollution, again created by a lot of individuals that are in public places, so I would urge everyone to support this bill. Thank you.

THE CHAIR:


SENATOR COHEN (12TH):

Thank you, Madam President. If there’s no objection, I would ask that this be placed on the Consent Calendar.

THE CHAIR:
Senator Sampson has an objection, so therefore we will have the Clerk please call the roll -- call vote and the machine will be open.

CLERK:

Immediate roll call vote has been ordered in the Senate. Immediate roll call vote has been ordered in the Senate on Senate Bill 752 as amended by Senate A and B, Senate Bill 752 as amended by Senate A and B. Immediate roll call vote has been ordered in the Senate for Senate Bill 752 as amended by Senate A and B. Immediate roll call vote in the Senate.

THE CHAIR:

Have all the senators voted? Have all the senators voted? The machine will be locked and Mr. Clerk, please announce the tally.

CLERK:

Senate Bill 752 as amended by Senate A and B.

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THE CHAIR:

Amendment -- Excuse me, the legislation is adopted. Mr. Clerk -- Senator Duff.

SENATOR DUFF (25TH):
Thank you, Madam President. Madam President, for some additional markings, please.

THE CHAIR:

Please proceed, sir.

SENATOR DUFF (25TH):

Thank you. On Calendar page 62, Calendar 138, Senate Bill 70, I’d like to mark that PR. On Calendar page 64, Calendar 212, Senate Bill 838, I’d like to mark that go, followed by Calendar page 9, Calendar 183, Senate Bill 1029, I’d like to mark that go. Madam President, also does the Clerk have in his possession Senate Agenda No. 1?

CLERK:

The Clerk is in possession of Senate Agenda No. 1, dated Wednesday, May 29, 2019.

THE CHAIR:

Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. I move all items on Senate Agenda No. 1, dated Wednesday, May 29, 2019, to act upon as indicated, that the agenda be incorporated by reference in to the Senate Journal and the Senate transcripts.

THE CHAIR:
Shown noted and so ordered, Senator.

SENATOR DUFF (25TH):

Thank you, Madam President. The Clerk can now call those two items.

THE CHAIR:

Mr. Clerk.

CLERK:

Page 64, Calendar number 212, Substitute for Senate Bill No. 838, AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE AND COST-SHARING FOR MAMMOGRAMS AND BREAST ULTRASOUNDS.

THE CHAIR:

Senator Lesser, good evening.

SENATOR LESSER (9TH):

Good evening, Madam President. Madam President, I move acceptance of the Joint Committee’s favorable report and passage of the bill.

THE CHAIR:

Questions on passage, will you remark?

SENATOR LESSER (9TH):

Yes, Madam President. Madam President, this bill is designed to expand required coverage of health insurance coverage and cost-sharing for mammograms
and breast ultrasounds. It’s particularly targeted making sure that women with dense breasts are able to access ultrasound screening without having to pay cost-sharing. It also expands the number of categories of people who are eligible, including people who have a personal family history, women who are over the age of 40, and would be an important bill. Madam President, I urge passage.

THE CHAIR:

Thank you, Senator Lesser. Will you remark further on the bill that is before the Chamber? Will you remark further on the bill that is before the Chamber? Senator Lesser. Oh, Senator Kelly, sir, please proceed.

SENATOR KELLY (21ST):

Thank you, Madam President. I also rise in support of this bill. I believe this passed through the Insurance and Real Estate Committee unanimously. It’s an initiative we’ve seen over the past few years and it’s a bill that I think makes common sense, so I would urge adoption. Thank you.

THE CHAIR:

Thank you, Senator Kelly. Will you remark further on the bill that is before us? Senator Moore.

SENATOR MOORE (22ND):

Thank you, Madam President. Madam President, I’d like to thank the Insurance Committee for this bill. As you've heard many times, I’ve served for 20 years running a nonprofit for breast cancer, meeting
women from all over the state who many times can’t get the services they need because of deductibles, because of the blockage of many of the services that they need, and this will help reduce the disparity that exists among African American women and low-income women who often don’t have enough insurance to cover some of the services that they need, so I thank them for their work. Thank you, Madam President, and I will be supporting this.

THE CHAIR:

Thank you, Senator Moore. Will you remark further on the bill that is before us? Senator Lesser.

SENATOR LESSER (9TH):

I thank you, Madam President. Madam President, if there’s no objection, I’d like to place it on the Consent Calendar. Seeing no objection, so ordered. Mr. Clerk.

CLERK:

Page 9, Calendar 183, Substitute for Senate Bill No. 1029, AN ACT CONCERNING WORKFORCE DEVELOPMENT. There is an amendment.

THE CHAIR:

Good evening, Senator Hartley.

SENATOR HARTLEY (15th):

Good evening, Madam President. I move acceptance of the Joint Committee’s favorable report, Madam, and passage of the bill.
The question is on passage. Will you remark?

Yes. Yes, thank you, Madam President. The Clerk is in possession of LCO 9758. I ask that the Clerk please call and I be granted leave to summarize, Madam.

Senator Hartley, please proceed to summarize.

Thank you, Madam President. I move adoption.

Thank you. Will you remark further?

Yes, thank you, Madam President. Currently, Madam President, the public utilities management industry is facing what many manufacturing sectors are and
that is a massive number of impending retirements. In fact, nationally they're reporting that up to 50 percent of the employees in public utility management will be retiring. In the state of Connecticut, they're predicting between 40 and 50 percent within the next five to ten years. The underlying bill as now amended speaks to that emerging need. Presently, statute requires that the vo-tech leadership in the vo-tech schools meet with respected industry sectors to develop workforce curriculum and to address the particular needs in workforce sectors. This amendment simply corrects the organizational chart if you will by identifying that the current title is no longer director, it’s now principal, and then the second and substantive part of this amendment speaks to adding in the public utility sector in these conversations with the vo-tech school to plan appropriately for developing the pipeline on these workers and I urge adoption, Madam.

THE CHAIR:

Thank you, Senator Hartley. Will you remark further? Senator Martin, good evening.

SENATOR MARTIN (31ST):

Good evening, Madam President. Madam President, I rise in support of the amended bill and she is absolutely correct that there’s a workforce need and it needs to be monitored and encouraged and we need to gather that information regarding what are those specific needs and make sure that they're incorporated in our college universities in their curriculum, along with -- even as a younger age as
well, so I encourage my colleagues to support this amended or this bill as amended. Thank you.

THE CHAIR:

Thank you. Thank you, Senator Martin. Will you remark further on the amendment that is before the Chamber? Will you remark further on the amendment that’s before the Chamber? Let me try your minds. All in favor of adoption of the amendment, please signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

Opposed? The amendment is adopted. Will you remark further on the bill as amended? Senator Hartley.

SENATOR HARTLEY (15th):

Yes, Madam President. If there is no objection, I would ask this be put onto the Consent Calendar.

THE CHAIR:

Thank you, Senator Hartley. Seeing no objection, so ordered. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Madam President, if the Clerk can now call the items on Consent Calendar No. 1 followed by a vote, please.
THE CHAIR:

Mr. Clerk.

CLERK:

Consent Calendar No. 1, page 9, Calendar 183, Senate Bill 1029, page 64, Calendar 212, Senate Bill 838, and page 66, Calendar 298, Senate Bill 380.

THE CHAIR:

Mr. Clerk, would kindly announce a roll call vote on Consent Calendar No. 1 and the machine will be opened.

CLERK:

Consent Calendar No. 1, immediate roll call vote has been ordered in the Senate on Consent Calendar No. 1. Immediate roll call vote has been ordered in the Senate on Consent Calendar No. 1. Immediate roll call vote in the Senate on Consent Calendar No. 1.

THE CHAIR:

Have all the senators voted? Have all the senators voted? The machine will be locked. Mr. Clerk, kindly announce the tally on the Consent Calendar, please.

CLERK:

Consent Calendar No. 1.

<table>
<thead>
<tr>
<th>Total number voting</th>
<th>36</th>
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<td>Total number voting Yeah</td>
<td>36</td>
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Consent Calendar is adopted. Mr. Clerk -- Senator Duff.

Senator Duff.

Thank you, Madam President. We may or may not be done with our business for tonight, so if I can indulge everybody to stay close to the Chamber and if we could stand at ease for a moment.

The Chamber will stand at ease.

Senator Duff.

Thank you, Madam President. Madam President, while we’re awaiting for a few minutes, I’d like to yield to any points of personal privilege or announcements.

Senator Maroney, please proceed.
Thank you, Madam President. I rise for a point of personal privilege.

THE CHAIR:

Please so ahead.

SENATOR MARONEY (14TH):

Okay. Thank you, everyone. I just want to announce that tomorrow, May 30th, is the Save a Suit fundraiser or suit collection, so please bring your gently used professional clothing, men’s or women’s professional clothing, suits, and we will be collecting them out in front of the capitol tomorrow between 9 and 5, so thank you very much and I look forward to seeing all the stuff you donate tomorrow.

THE CHAIR:

Thank you so much, Senator. Any other points of personal privilege? Senator Moore.

SENATOR MOORE (22ND):

Thank you, Madam President. I wore what I was going to give away today, but I wanted to mention on this Friday, it will be dress-down day. It’s $5 dollars to dress down, it’s $10 dollars if you don’t dress down, and the money will be collected and given to the Home for the Brave and Senator Kelly will be here and we’ll hand a check over to him. Thank you.

THE CHAIR:

Is that on Friday, Senator?
SENATOR MOORE (22ND):

This Friday.

THE CHAIR:

You can wear jeans on Friday, that’s great.

SENATOR MOORE (22ND):

Dress down.

THE CHAIR:

Dress down, thank you, Senator. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Madam President, that concludes our business for this evening. We will have a Senate Democratic Caucus at 11 o'clock tomorrow, by session at noon, and I wish everybody safe travels tonight and we’ll see everybody tomorrow. With that, I move that we adjourn subject to the call of the chair.

THE CHAIR:

We are adjourned. Go forth and go home.

On motion of Senator Duff of the 25th, the Senate at 11:55 p.m. adjourned subject to the call of the chair.