

March 27th 2017

Stroud Township Volunteer Fire Department
Brian McCartney, Chief Engineer ,Treasurer

From it's humble beginnings in the Baylor garage on Ninth Street to the present four locations, the members of the Stroud Township Volunteer Fire Department have strived to provide the residents of the township and surrounding areas with the utmost in professional fire and rescue services.

In a 2013 article, Pennsylvania State Fire Commissioner Edward Mann asserted that the state had approximately 300,000 volunteer firefighters in the 1970's. That number has decreased to roughly 50,000 today. In this same article, Mann described the manpower of the state of volunteer firefighters to be at "crisis level".

In a 2014 New York times article titled "*The Disappearing Volunteer Firefighter*", Vincent P. McNally, a volunteer firefighter and professor of political science at St. Joseph's University, talked of his study of the decline of volunteer firefighters and said that too much is being asked. "I fund-raise, I train and I go to fires," he recounted being told by one fire chief. "I can do two out of the three. You tell me which two out of the three you want me to do."

Stroud Township Volunteer Fire Department covers 34 square miles and responds to an average of 600 call per year and has been unparalleled in its task of protecting the residents of Stroud Township. We believe the successful volunteer rarely achieves the storybook ending we all like to have. The successful volunteer leaves his home, dinner table, children and even work, not with the expectation of solving the worlds problems, but with the hope that when their task is through, they have left a positive impact on the community they serve.

My name is Brian McCartney and I have been a member of the Stroud Township Fire Department, located in Monroe County, PA, for past 16 years. I have served as its Chief Engineer for the past 12 years and have held the position of Treasurer for the past 13 years.

Currently, the average age of respondents at a Stroud Township fire call is about 45 years old. Due to economic and personal reasons, the fire service is not attracting young men and women. Therefore, it is vitally important that the health and welfare of the active members, in the fire service, be protected in the event of an on scene medical incident.

In the week of January 9, 2017 through January 15, 2017, Stroud Township Fire Department responded to several dispatches for assistance. Two of those dispatches included a large commercial dwelling fire, on January 9th 2017, and a single family dwelling fire, on January 14th 2017. Both of these incidents were fully involved upon arrival. One of our members, Chris Martin a 47 year old volunteer firefighter for the past 16 years and a father of four, was in attendance at both of these incidents. Chris is a small business owner and a dedicated family man. He takes pride in his active lifestyle, which includes running with his wife and attending the gym 3-5 times weekly. This member has been a Captain in the Stroud Township Volunteer Fire Department for the past 4 years and is also Fire Fighter I certified.

At 0130, the morning of January 14, 2017, Stroud Township Fire Department was dispatched to a fully involved, non occupied, single family residence. As stated above, Mr. Martin was in attendance at this call. While at this call, Mr. Martin was performing his duties, as a fire fighter, when a medical issue arose. Mr. Martin was brought to an ambulance, at the scene, and subsequently transferred to a local hospital. Mr. Martin was treated at the hospital and released. Incident and Workman's Compensation reports were written and submitted to Stroud Township for coverage under their Workman's Compensation Policy. Mr. Martin received an invoice, for payment of services rendered at the hospital and submitted it for payment from Workman's Compensation.

In February, 2017, Mr. Martin received a letter (document A, A1), stating denial of his Workman's Compensation Claim. This denial was brought to the attention of the President of the Stroud Township Fire Department, Mr. Thomas Philips. Mr. Philips met with a Stroud Township Supervisor, to discuss this issue. The Supervisor was unable to provide the Stroud Township Fire Department with any Workman's Compensation contact information. The Supervisor suggested that the Stroud Township Fire Department appeal the denial of Workman's Compensation. An appeal was filed and Mr. Martin arrived to court, on March 1, 2017. In court, that day, was an attorney hired by Workman's Compensation, representing Stroud Township Fire Department. The hearing was continued after Stroud Township Fire Department spoke to their department's private attorney. As of this date, there is no resolution in this matter and Mr. Martin's hospital bill remains unpaid.

There are many outstanding issues The Stroud Township Volunteer Fire Department has that this example has brought to light. First, and foremost, is the safety and welfare of our firefighters. With the declining

numbers of volunteers willing to serve, we must make every effort to ensure the active members are protected, while serving their community, from any kind of harm, including financial burdens. Mr. Martin was serving his community, as a volunteer, as he has done for the past 16 years, on the day in question. He, along with other firefighters serving their community that early morning of January 14, 2017, did not leave the comfort of their family and home expecting to return warm and well rested. Like they have done so many times before, these volunteer men and women went out in the cold brisk air to ensure that the safety of others was first and foremost. Just as the residents of Stroud Township expect be protected from harm, The Commonwealth of Pennsylvania should demand that those *protecting* are *protected*.

**CLAIM PETITION FOR
WORKERS' COMPENSATION**

copy

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER

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DATE OF INJURY

01	14	2017
MM	DD	YYYY

WCAIS CLAIM NUMBER

7	8	5	7	2	0	3
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EMPLOYEE

First name Christopher
Last name Martin
Date of birth _____
If deceased - Dependent/Guardian/Personal Representative
First name _____
Last name _____
Address: 146 Alinda Lane
Address _____
City/Town Stroudsburg State PA ZIP 18360
County Monroe Telephone (570) 424-1614

EMPLOYER

Name Stroud Township Volunteer Fire Department
Address 1211 N. 5th Street
Address _____
City/Town Stroudsburg State PA ZIP 18360
County Monroe
Telephone (570) 421-3362 FEIN _____

VS. INSURER or THIRD PARTY ADMINISTRATOR (if self-insured)

Name State Workers Insurance Fund
Address 25 Westwood Ctr
Address _____
City/Town Pottsville State PA ZIP 17901-1800
County Schuylkill
Telephone (570) 621-3142 FEIN _____
NAIC code 27677 or Insurer code 0001
Insurer/TPA claim # 03147834

- Complete description of injury or illness including all parts of body affected. (If you are seeking additional compensation from the Subsequent Injury Fund for total disability as a result of a previous permanent loss, or loss of use of one hand, one arm, one foot, one leg or one eye, and a subsequent injury causing loss, or loss of use of, another hand, arm, foot, leg or eye, you must also submit from LIRC-375)
Was fighting a house fire and felt dizzy. Went to the ambulance and they said I needed to go to the hospital.
- If occupational disease, give the last date of employment

MM	DD	YYYY	

 and/or last date of exposure

MM	DD	YYYY	

 with this employer.
- Give date of injury or onset of disease

01	14	2017
MM	DD	YYYY

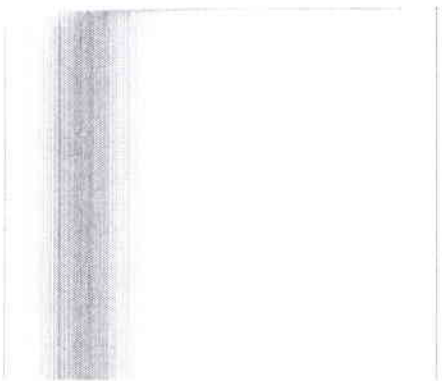
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- How did the injury or disease happen? Fighting a house fire as a Volunteer Firefighter.
- Did injury or disease occur on employer's premises? Yes No Where? (Be specific)
Woodside Drive Stroudsburg, PA 18360
- Notice of your injury or disease was served on your employer on

01	17	2017
MM	DD	YYYY

 in the following manner:
- What was your job title at the time of injury or disease? Volunteer Firefighter
- Were you working for more than one employer at the time of your injury? Yes No If yes, list additional employers:
- Did this problem cause you to stop working? Yes No If yes, give date

01	14	2017
MM	DD	YYYY

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- Are you back to work with the same employer? Yes No If yes, Regular job Other job/give title



Date the employer received notice or knew of alleged injury or date of employee's claimed disability:

0	1	-	1	4	-	2	0	1	7
MM			DD			YYYY			

This date must be completed.

The employer/insurer declines to pay workers' compensation benefits to claimant because:

- 1. The employee did not suffer a work-related injury. The definition of injury also includes aggravation of a pre-existing condition or disease contracted as a result of employment.
- 2. The injury was not within the scope of employment.
- 3. The employee was not employed by the defendant.
- 4. The employee did not give notice of his/her injury or disease to the employer within 120 days within the meaning of Sections 311-313 of the Workers' Compensation Act.
- 5. Other good cause; please explain fully in the space below.

Not a work related injury.

Claims representative's name Fran Tkach *Anna Tkach* Telephone 5709213142

EMPLOYEES' RIGHTS TO CONTEST DENIAL

You have the right to contest this denial of your claim for workers' compensation benefits. Your petition will be heard by a workers' compensation judge. You and your employer will have the opportunity to testify and provide medical evidence with respect to your claim. Both you and your employer will have the right to bring witnesses. You may retain an attorney to represent you in this proceeding although representation by an attorney is not required by law. Because of the legal complications that can arise in occupational disease and workers' compensation cases, you may want to consider legal advice. If you do not know how to contact an attorney, please contact your local Bar Association or the Pennsylvania Bar Association at 800-692-7375 for guidance in obtaining an attorney.

The procedure for filing a petition is as follows:

1. To file a petition you may access WCAIS from www.wcais.pa.gov, or upon request a petition, Form LIRC-362, will be mailed to you. You or your attorney may file your petition online or complete and return the original petition to the Workers' Compensation Office of Adjudication by electronically attaching the document to a claim in WCAIS or by mail to the the Workers' Compensation Office of Adjudication, 1010 N. Seventh St., Suite 202, Harrisburg, PA 17102-1400.
2. A petition for an injury must be filed within three years of the date of injury. Filings for occupational disease claims, disability, or death must occur within 300 weeks from last exposure. A petition must be filed no later than three years from that date. Failure to file a petition within these rules may result in a loss of your claim.
3. You must give notice of your work-related injury or disease to your employer within 120 days of the date you knew (or should have known) that you were injured or had contracted a work-related disease.
4. When your petition is filed with the Workers' Compensation Office of Adjudication, it will be assigned to a judge for a hearing. You will be notified of your hearing date. All parties are requested to be fully prepared prior to the first hearing.

If you need petition forms or have questions, please go to www.wcais.pa.gov or contact one of the Information Services numbers listed below.

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1009.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
toll-free inside PA TTY: 800.362.4226
local & outside PA TTY: 717.772.4991

To view your claim file, log on to www.wcais.pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*