



### ~ Our Mission ~

*"A professional organization dedicated to the ongoing education of the claims community.  
Providing an arena for member interaction and the sharing of resources."*

**Next Zoom Meeting: Friday, November 20, 2020  
See page 2 for meeting details**

**Please Note...** In keeping with our normal policy, starting in January 2021, members who have paid their dues will be able to continue attending our Zoom meetings and events at no charge. If you RSVP for a meeting and have not paid your dues, you will be asked to do so before receiving Zoom log-in information.

To pay your dues, please go to [www.pugetsoundadjusters.org](http://www.pugetsoundadjusters.org) and click on the Membership button.

### You are invited to the next PSAA Virtual Meeting ~ Friday, November 20, 2020 ~ 1:00pm

**"Understanding SARS-CoV-2 to Fight COVID-19"**  
*with Dr. Carla Kinslow and Dr. Scott Drouin of Rimkus Consulting Group*



In addition to the presentation there will be drawings for Apple AirPods sponsored by Rimkus Consulting Group

**Don't miss out!**



**RSVP required so we can email you Zoom log-in instructions**  
[www.pugetsoundadjusters.org/rsvp](http://www.pugetsoundadjusters.org/rsvp) or [info@pugetsoundadjusters.org](mailto:info@pugetsoundadjusters.org)



## Claims Conversation

with **Roger Howson**, Claims Dispute Resolution, PSAA Newsletter Editor & Education Chair, TCAA Past President

E.D. is a medical malady not usually discussed in mixed company. No, I am NOT talking about erectile dysfunction (that is between you and your doctor). E.D. is empathy deficiency, and since the beginnings of this Coronavirus pandemic E.D. has been running rampant through our many communities.

The leading cause of emotional deficiency is an over-abundance of I.S.T.B.U. For those of you who are unfamiliar with I.S.T.B.U. it is an environmental and cultural phenomenon known as "it sucks to be us".

I became aware of this widespread outbreak of E.D. from my oldest daughter in Chicago. Katie is looking forward to the birth of their first child in early February. She was remarking to a friend about how disappointed my son-in-law, Brian, is to be missing out on the doctor appointments where they moni-

for the development of the fetus. COVID protocol restricts attendance to only the patient. Her friend quickly points out, "Big deal, I had to cancel my wedding this year due to the COVID restrictions."

Katie and Brian work in human resources and banking for two major corporations, and their respective companies barred them (and everyone else) from coming into the office during the Coronavirus. As of now, the earliest they are expecting to be back in the office is July of 2021, but there are rumors that their companies may not open their offices until January of 2022. They like working from home, but they also miss the camaraderie, collaboration, and impromptu communication they get from their work environment.

Once again, they inadvertently and unintentionally triggered controversy on a Zoom gathering with college friends by pontificating on the relative advantages and disadvantages of working from home. Several of the Zoom attendees were

*(Continued on page 3)*



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## PSAA Meeting...



Meeting Date: **November 20, 2020**

Time: **1:00pm**

Location: **Virtual Meeting via Zoom**

Join us from your own location!

Presentation: **“Understanding SARS-CoV-2 to Fight COVID-19”** with Dr. Carla Kinslow and Dr. Scott Drouin of Rimkus Consulting Group (see below)

Sponsored by: **Rimkus Consulting Group**

Important Info: **RSVP required in order to receive log in information. Please submit to [info@pugetsoundadjusters.org](mailto:info@pugetsoundadjusters.org).**

When RSVPing please provide a preferred mailing address. Rimkus Consulting Group will be holding drawings and will mail/ship your item should you be a winner.

## Understanding SARS-CoV-2 to Fight COVID-19

The webinar will present the current status and future trends of the SARS-CoV-2 pandemic and discuss the ongoing efforts to eradicate COVID-19.

About Our Presenters:

**Dr. Carla Kinslow** is the Director of Toxicology and Food Safety Group at Rimkus Consulting Group. Based in the Portland office, Dr. Kinslow has over 29 years of biomedical, regulatory and environmental experience. Her areas of expertise include inhalation toxicology, marijuana, remediation, pesticide/herbicide overspray, environmental microbiology, human health-based risk assessment, toxic mold, lung cancer, vapor intrusion, odor issues and more.

**Scott Drouin, Ph.D.,** a Senior Scientist and toxicologist with Rimkus Consulting Group, has over 22 years of experience in Toxicology, Immunology, Lung Physiology, and infectious disease. He has expertise in assessing the risk of developing infectious diseases such as COVID-19 due to an extensive background in investigating respiratory illnesses associated with air-born exposures to environmental substances includ-

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## Puget Sound Adjusters Association

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ing viruses (COVID-19), bacteria, mold, chemicals, asbestos, and carcinogens. Dr. Drouin also has experience with analyzing clinical testing procedures related to lung and immunological diseases and, by applying toxicological principles to COVID-19 cases, can tie in medical evidence as it may or may not relate to an alleged exposure. Thus, Dr. Drouin evaluates respiratory exposure potential from a global perspective to help assess potential causation and effectively communicate these complex issues. ♦

### **Claims Conversation... (Continued from front page)**

furloughed without pay or had lost their job entirely, one of them bankrupted her business, and a few others were looking for work in a job market that is NOT hiring, so they all excoriated Katie and Brian for failing to appreciate the luxury of their "first world problems".

One of my brothers is genuinely (and perpetually) angry about the Coronavirus lockdowns, restrictions, and mask mandates. His outrage towards the pandemic protocols makes no sense to me. He and another brother own a construction company, and from the very beginning of the COVID scare they have never missed a day of work, lost a project, or skipped a paycheck. They and their crews abide by all the new rules and regulations regarding Coronavirus safety standards. My brother and his wife are always masked because so many of their family and friends are elderly and especially susceptible to infection. He does not mind wearing a mask, he just HATES being TOLD to wear a mask. Apparently, he does not mind the extra precautions he and his business implement to avoid exposure to the Coronavirus, he just wants to be ASKED instead of ORDERED. As the oldest brother, I told him he needs to get over himself.

The Washington State Office of the Insurance Commissioner sent out an edict at the outset of the pandemic that the business of insurance (and more specifically, the payment of claims) is an essential service, and there would be no acceptable excuses for failure to respond to all claims inquiries and requests. Luckily, the bulk of insurance claims processes and procedures lend themselves to remote work. Reliable access to wi-fi and uninterrupted cellular service is adequate infrastructure for servicing policyholders and claimants. As we have always known, adjusting is ESSENTIAL, resilient, and responsive. Let your bosses know that your compensation and respect should reflect these realities.

But that is not my point here.

Insurance claims professionals are I.S.T.B.Y. ("it sucks to be YOU") first responders. We are experts in the science of "suckatology", so it is our job to match insurance coverage and policy language to whatever sucky situation the policyholder or claimants find themselves immersed. I.S.T.B.Y. ("it sucks to be you") is no different than I.S.T.B.U. ("it sucks to be us") which makes E.D. (empathy deficiency) an inevitable consequence.

One of the many side effects of emotional deficiency is an absence of self-awareness. E.D. sufferers are unaware that they are perpetually pissed-off. We do not know WHY we are angry because we do not even recognize that we ARE angry. We find ourselves more easily triggered by situations, circumstances, and interactions that we would not have noticed let alone be bothered by before all of this drama and distress.

Empathy is a two-way street, but too many people are depleted by a 2020 defined by unending crisis, catastrophe, conflict, and confrontation. As claims professionals it is incumbent upon us to check our own E.D. in order to preemptively de-escalate any confrontation (I mean, interaction) with a policyholder, claimant, or service provider.

I.S.T.B.U. Maybe it DOES suck to be us, but instead of empathy deficiency (E.D.) we need to feed our empathy enhancement (E.E.). Life will be better, we will all be healthier, and we will live a lot longer.



Speaking of empathy enhancement, PSAA was blessed by 35+ adjuster attendees at our October virtual meeting on Zoom, so let us see about hitting an even 100 attendees at our Friday, November 20th Zoom event. Matt Stearns of Rimkus promises that his team will present a fascinating look at COVID and how it is affecting our profession. Matt can make this promise because he warned his team that they will never see their family again if they fail to amaze us. (Although, one or two members of his team are thinking of tanking the presentation so they WON'T have to see their family again... this COVID lockdown HAS to end sometime soon.) ♦



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## 4 Reasons Insurance Professionals Benefit from Toastmasters

— By Samantha Smart

Reprinted from [www.insnerds.com](http://www.insnerds.com)

### 1. Networking

Are you stuck in a cubical or strapped to a wired headset in a call center? It can sometimes seem impossible to network while managing job responsibilities and your unhappy customers. Quite frankly, I imagine you leave some customer conversations and seek blissful solitude. However, isolation can be detrimental to future opportunities. A corporate Toastmasters club is a great way to network with other people in your company. Through Toastmasters, I've made connections in Claims, Underwriting, IT, Accounting, Human Resources, Analytics and more. When I was working entry level in 2011 (and dying to promote), I rarely had an opportunity to network. Work force management scheduled me for incoming claim calls ALL DAY... again. This is where my corporate Toastmasters club saved the day! Once a week, I used my lunch hour and got to know folks around the building. When those next promotional job opportunities opened? I wasn't just another resume in the stack. I was Samantha, that cool chick from Toastmasters.

### 2. Leadership Opportunities

Have you ever gone into your performance review or into that 'career' conversation with your boss? "Well Samantha, where do you see yourself in the future?" To which I respond: "I would like to move into a management position in 1-2 years." The notorious feedback I always receive is how I really need to gain some 'leadership' experience to set me apart from the competition. "Have you considered volunteering at church or as an officer for a community non-profit?" "Boss, I've been working 50-60-hour weeks with mandatory overtime. How would I even make that work?" Silence. While I no longer face the strict overtime requirements in my current gig, it felt impossible at times to pursue self-development opportunities. I wanted to build those highly coveted leadership skills but there is only so much time in a day. Toastmasters ended up being the perfect solution for me. Clubs each choose their meeting frequency. In my previous corporate club, we met on the 1st and 3rd Wednesday's on a lunch hour. In my current corporate club, we meet every Thursday on a lunch hour. It's the perfect balance to my work week and still gives me the opportunity to lead. There are a variety of Club Officer roles per club and higher-level leadership roles available if you choose to pursue them within the Toastmasters



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organization. I have been a Toastmaster since 2014. Over the years, I've had the honor of serving as Club Secretary, VP of Education, President, Club Mentor and Area Director. Each of these roles have fostered immeasurable leadership growth including networking and learning the art of tactful delegation.

### 3. Impromptu Speaking

Whether working in claims, in underwriting or at the Agent's Office, we all receive phone calls which (by nature) keep us on our toes or the edge of our seats. Do you feel poised when you are put on the spot to answer a question by a disgruntled customer? What about a pushy Agent cornering you into changing a coverage decision or overriding a policy cancellation? Hesitations, hem's and ha's can quickly take your phone call to a dark place and it's often difficult, if not impossible, to recover rapport once your credibility is in question. The Toastmasters Program is designed to help you figure out how to take a moment to organize your thoughts and allows you to practice responding to a surprise question tactfully.

### 4. Positive Environment

Did you just issue your 4th claim denial today? Were you called several unspeakable names you wouldn't dare repeat in front of Grandma? The insurance world can be a mentally and emotionally strenuous work place. If you find yourself emotionally drained, consider investing in your own career development. Give yourself a small break in the week from the steady stream of cranky customers. Toastmasters is a positive, safe environment to grow and develop your communication and leadership skills. Some of the best moments of my week are spent with my Toastmasters club where we all get a chance to speak, listen and learn. The best part? If any of us screw up, it doesn't affect our jobs or our pay raises. It's truly that 'safe' place to practice speaking, find your voice and develop your skills.

If you have made it through this entire article and you are scratching your head wondering what exactly is Toastmasters? Let me clear that up for you!

Toastmasters International is a non-profit organization with an awesome mission: "We provide a supportive and positive learning experience in which members are empowered to develop communication and leadership skills, resulting in greater self-confidence and personal growth." Toastmasters is comprised of local community and corporate clubs world-wide. At a club meeting, you'll find it's designed to be as simple as PIE:

1. Prepared Speeches: 2-3 speakers are prepared to give a speech. Their material was determined and

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often practiced beforehand.

2. Impromptu Speaking: aka Table Topics. A Toastmaster asks for volunteers. You are put on the spot to think on your feet in front of an audience and try to answer an open-ended question. The challenge is trying to come up with an answer you can convey for 1-2 minutes. Have you ever been called on unexpectedly to answer a question in a department meeting? This is practice for those moments.

3. Evaluations: Every prepared speaker is guaranteed an Oral and Written evaluation after their speech at the meeting. This provides benefits for both the speaker (for the valuable feedback) and the evaluator (coaching peers or coaching up).

If you're interested in learning more, check out [www.toastmasters.org/find-a-club](http://www.toastmasters.org/find-a-club). ♦

## 3 Fundamentals of Closing Insurance Claims

— By Ken Oswald

Reprinted from [www.propertycasualty360.com](http://www.propertycasualty360.com)

Insurance carriers today are focusing on reducing claim cycle times and increasing claim closing ratios while maintaining a high degree of accuracy. Therefore, our industry is now in an age where companies are utilizing automation and internal intelligence to accelerate the claims adjudication process.

One of the key fundamentals in this process is investigating, documenting and communicating coverage to the insured. However, adjusters must still apply their critical thinking skills, along with using the automation and internal intelligence available to them, while completing this important claims activity.

How can an adjuster's critical thinking skills be applied and how do they promote conducting a reasonable coverage investigation, making a timely coverage decision and increasing the ability to accurately apply the policy language to the merits of the claim?

Before answering this question, let's define critical thinking. I read somewhere that it is the analysis of facts to reach a decision or to make a judgment. Well, it sounds simple enough...or is it?

### Fundamental #1: Investigating to 'find' coverage

One of the first directives we all received as insurance claim professionals was to conduct our investi-



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HVAC Evaluation

gation to "find" coverage on behalf of the insured if it exists. This basic fundamental is easily completed with very little critical thinking required when everything lines up for the adjuster.

For example, if the named insured and listed vehicle or the property described on the policy declaration page are both involved in the loss, the challenge of finding coverage is easier. The same is true when the facts of the loss do not create a potential coverage question. However, what investigative activities should an adjuster consider after recognizing there is a potential coverage issue?

First, tailor the investigation to the specific coverage issue. Consider the following two simple examples of coverage issues and the activities the adjuster exercises as part of the process:

### Scenario 1: Insured is operating an owned vehicle not listed on the insurance policy

#### Investigation activities:

1. Review prior policy endorsements.
2. Obtain and review bill of sale or purchase agreement.
3. Statement from the named insured.
4. Statement from the insured's agent or broker.

### Scenario 2: A water leak at the insured's home

#### Investigation activities:

1. Review of prior claim history.
2. Complete an inspection of the property and damage.
3. Engage a cause and origin expert.
4. Statement from the named insured.

There are other factors for the adjuster to contemplate that could influence how coverage is applied to the facts:

- || Policy contract language — How did the completed investigation assist them with applying the language to the merits?
- || State statutes/insurance codes — Are there any statutes or codes that apply to the facts?
- || State case law/public policy — Have the state courts provided any opinions when interpreting the application of any "on-point" statutes, codes or policy language?

### Fundamental #2: Documenting the investigation activities

The adjuster should clearly document the specific nature of the coverage issue along with the investigation activities he will be completing to "find" cov-



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## WHAT CAN WE RESTORE?



erage. It is equally important for the adjuster to think about and indicate how he believes each activity will assist with the investigation.

As an example, a statement from the insureds about the unlisted owned vehicle they were operating should provide some specific answers such as when the insureds purchased the vehicle and if they notified their agent or broker about the purchase of the vehicle. The answers should provide the adjuster with the opportunity to determine if the vehicle would meet the policy definition of a "newly acquired auto" or a "replacement auto."

Each completed investigation activity should be clearly documented and include the date of the activity, what was learned and any additional actions to be taken, and why the activity is necessary. This includes all telephone calls, sent and received emails, sent and received letters, and all documents requested or reviewed.

Decisions to either accept or deny coverage should be documented by the leader unless the adjuster has the authority to do so without management approval.

## Fundamental #3: Communicating with the insured

The adjuster should call the insured and explain the coverage issue as soon as the issue is recognized. The explanation should include the activity the adjuster will be completing and how it will assist with the investigation to "find" coverage on behalf of the insured. The adjuster should also inform the insureds about when they will receive a reservation of rights letter and explain why the letter is necessary.

The reservation of rights letter should be prepared and clearly state the specific coverage issue(s), including any pertinent policy language, and outline the investigation the adjuster will be completing to "find" coverage on behalf of the insured.

Some states have insurance regulations that require the insurance company to send periodic status letters to the insured until the claim is accepted, either in whole or in part, or when it is denied. The adjuster should be familiar with these regulations.

The coverage decision must be communicated to the insured in a timely and clear manner. Ideally, it should first be communicated by phone because it provides an opportunity for the adjuster to clearly explain the decision and to answer any questions the insured might have at that time. This conversation should immediately be confirmed in a letter to the insured.

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It is recommended the adjuster's letter include language that withdraws the company's reservation of rights when they are confirming coverage on behalf of the insured. This written communication must be very clear about why coverage is now being provided to the insured. It should include the next steps to be taken by the adjuster or any expected cooperation from the insured.

The letter denying coverage to the insured must be equally clear because it must include the reason(s) why the company has taken this position. It should include the action the company will be taking on all current claims presented against the policy and all future claims that could arise from the loss.

Our industry is now utilizing email as a common way to communicate with the insured. Be cautious when communicating by email, especially if coverage is being denied because some states require specific language be included in a coverage denial letter. This state required language is usually already part of any coverage denial letter housed in a company's Claim Correspondence Library.

While automation is a valuable tool in the adjustment process, it can never serve as a substitute for applying critical thinking skills. By utilizing them early and throughout the life of the claim, you should begin to experience improved quality in every aspect of adjudicating a claim with an involved coverage issue. ♦

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### Insurance Information Institute and The Institutes Finalize Affiliation

NEW YORK and MALVERN, Pa., - Nov. 12, 2020 – The Institutes, the leading provider of risk management and insurance education and research, today announced plans to finalize its affiliation with the Insurance Information Institute (Triple-I) on November 16, 2020. Triple-I is a long-standing, trusted source of unique, data-driven research and insights on insurance. Both organizations are not-for-profit entities committed to benefiting society at large.

"Together, the Triple-I and The Institutes will be better equipped and empowered to serve both the information and education needs of those inter-

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ested in risk management and insurance," said Peter L. Miller, CPCU, president and chief executive officer of The Institutes. "We see this as a great opportunity to provide a more synergized information platform for insurance knowledge and to bring further efficiencies to our organizations."

"This affiliation is the culmination of several years of strategic dialogue at the Triple-I and with The Institutes," said Sean Kevelighan, chief executive officer of the Triple-I. "It will further unify our collective efforts, grant both the Triple-I and The Institutes greater access to a deeper bench of resources and expertise, and improve value for the Triple-I's member companies across the country."

For the Triple-I, this affiliation finalizes its pursuit of a modern, transparent, and team-oriented structure that reflects the diversity and breadth of its more than 60 insurance company members—which include regional, super-regional, national, and global carriers. The Triple-I is the largest online source of insurance information dedicated to empowering consumers with objective, fact-based research they can use to make educated decisions, manage risk, and understand the value of insurance.

The Institutes, in turn, will gain additional insights and resources based on data-driven primary research. It will leverage these to support its wide range of offerings in professional education, research, publications, events, and career development.

Triple-I will retain its offices in New York City and Arlington, Virginia, and also maintain staff throughout the country, and its employees will now become employees of The Institutes. ♦

#### **Super Insurance Fraudsters Join the Hall of Shame**

— By James Quiggle

Reprinted from [www.propertycasualty360.com](http://www.propertycasualty360.com)

As microbes march across America, the parallel pathogen of insurance crime also continues prowling for victims. Look no farther than the newest avatars of avarice, the Insurance Fraud Hall of Shame. They're the No-Class of 2020. These culprits are the year's 10 worst insurance schemers.

The shammers are dishonored annually by the Coalition Against Insurance Fraud. This year, houses are burned. Military valor is stolen. Fake slip-and-falls take a \$31-million tumble. A mother is shot. The Commanders in Thief help put insurance fraud on full national display and with a purpose.

The shammers play a useful deterrent role. Promoting extreme schemes can help harden public opinion against this \$80 billion a year crime.

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Most people also remember vivid stories better than dry data, providing consumers with better recall of insurance criminals such as the shammers. We learn in vibrant detail the damage these Tyrannosaurus Wrecks can inflict on honest Americans. More people then share the shrieks on social media — better-promoting honesty and avoidance. ♦

The shammers also remind America that fraud fighters are committed counterweights to insurance crime — investigating in the field and convicting in court. So enjoy the shammers, up to a point. See list on next page... ♦

#### Washington Construction Firm Fined More Than \$92k After Safety Inspection

Reprinted from [www.insurancejournal.com](http://www.insurancejournal.com)

A Washington construction company with a reported history of safety problems in Kitsap, Pierce and Grays Harbor was fined more than \$92,000 for allegedly serious safety violations, including failing to enforce the use of fall protection while roofing a home under construction in Hoquiam.

The Department of Labor & Industries opened its latest inspection of Cloise & Mike Construction Inc. after receiving an anonymous report in May that included photographs showing four employees engaged in roofing work on a steep pitch roof with no fall protection installed.

Inspectors reportedly found that, in addition to employees working at height without proper fall protection, employees were not wearing masks or social distancing, which is a violation of COVID-19 workplace safety rules.

Since 2001, Cloise & Mike Construction has reportedly been cited for more than two dozen serious and repeat safety violations after being inspected 26 times. Seven of those inspections occurred in the last three years, resulting in more than \$200,000 in fines.

The violations occurred on the construction of new homes in various cities including Bremerton, Bainbridge Island, Gig Harbor, Tacoma, Lakewood and Hoquiam.

In addition to the violations mentioned above, the May inspection resulted in another eight violations:

Cloise & Mike Construction is appealing this inspection and two others. Employers have 15 business days from the time they receive the citation from L&I to appeal.

Penalty money paid as a result of a citation is placed in the workers' compensation supplemental pension fund, helping injured workers and families of those who have died on the job. ♦



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## Hall of Shame

Reprinted from [www.propertycasualty360.com](http://www.propertycasualty360.com)

**Burn binge, flood folly.** Patrick Wayne Bronnon will have 78 years in a cold cell to rethink his \$1.7 million billing bender of torched and flooded homes throughout southeast Texas. Bronnon and his gang bought rickety old homes for as little as \$25,000, installing straw buyers.

The ring falsely bought expensive homeowner policies that covered new, up-to-code structures and overpriced contents that didn't exist. Bronnon and the ring members burned or flooded the houses within weeks. He broke the water pipe of a home that flooded then claimed it accidentally burst. Next, he lied that thieves stole more than \$29,000 of possessions while the water-soaked place was being repaired.

Bronnon burned yet another home. The straw owner lied when she said she was frying pork chops. She suddenly had chest pain, went to the hospital and forgot about the pork chops. City workers left a faucet open at another home when starting up water service, Bronnon claimed after deliberately flooding the place. Check the federal filing for all the action.

Sadly, Bronnon died in July. He won't serve out his 78-year sentence, though his crime remains memorable.

**Silver Star shakedown.** A Navy SEAL saved his buddies and received the Silver Star after incurring life-changing combat wounds. That's what Richard Meleski said about his \$300,000-plus of federal disability claims for his supposed wounds and PTSD.

The Chalfont, Penn., man made it all up — stolen valor. Meleski never spent a day in the military. Yet he said he served in Beirut as a SEAL more than 30 years ago. His insurance claim read: "18-hr hostile takeover. Became POW during this tour. Beaten, shot. Head injury, tortured. Hospitalized in Germany for injuries sustained. Crushed hand. Shrapnel."

Meleski said he won the Silver Star for rescuing three teammates. He also suffered a traumatic brain injury when he escaped captivity in Beirut. He leaped from a window with the body of his executed partner on his back, Meleski claimed. He injured his left knee in that incident, he lied. Meleski earned free, priority healthcare while real wounded vets waited in line. Meleski pled guilty and awaits federal sentencing.

**Sickening food flimflam.** Blame the poisoning on food. Blame it on the restaurant. Actually, blame it on Jacqueline Masse. The Hampton, N.H., woman



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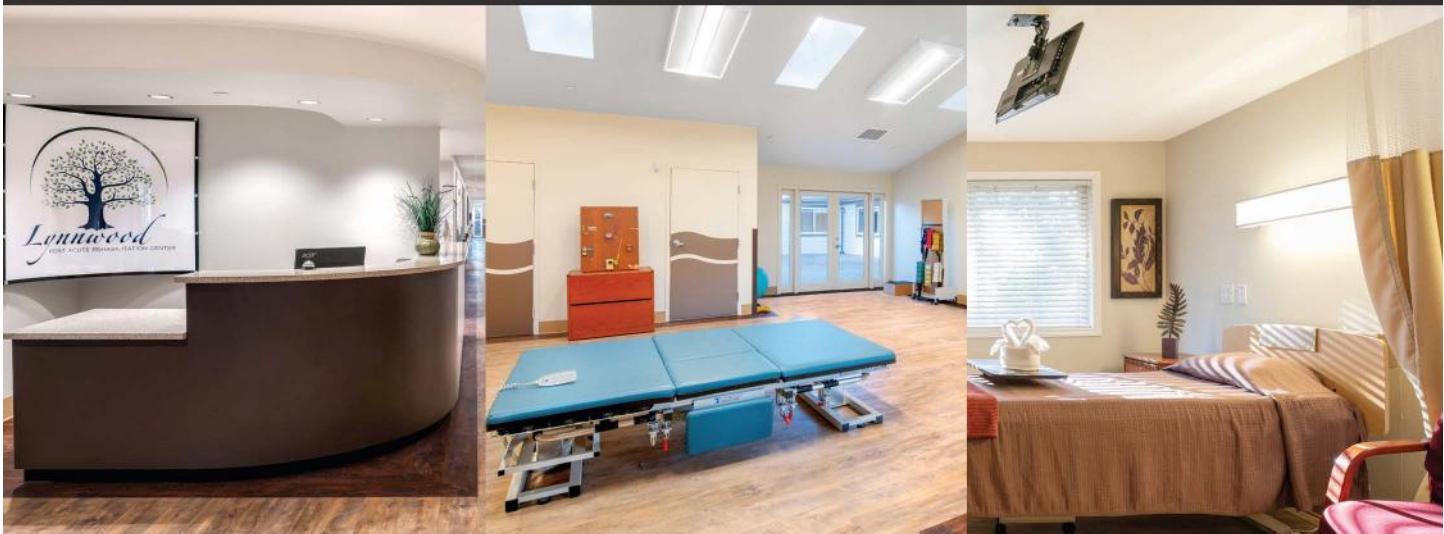
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lied she fell sick from tainted food. She sent 12 letters demanding nearly \$400,000 from restaurants and food companies. Insurers paid more than \$206,000 to Masse and unknowing family members, who she also claimed were poisoned.

Masse produced fake medical records saying she grew seriously ill after eating their food. Masse also assumed the identity of "sick" family members. Each letter demanded the restaurant or food company reimburse for medical expenses, plus pain and suffering.

Masse forged medical records. She faked bank account and credit card statements to "prove" she dined at the restaurant — or bought food packaged by the food company. Masse received 18 months in federal prison and must repay the stolen insurance money.

**Slip-and-tumble con fumbles.** Bryan Duncan was a core cog in a sprawling \$31.7 million slip-and-fall ring in New York City. The gang recruited hundreds of low-income New Yorkers — many from homeless shelters — to stage phony slip-and-fall injuries around the city. It was one of the biggest slip-and-fall scams in U.S. history.

Ring members bribed his recruits with cash. Many endured unneeded surgeries from colluding medical providers to increase the insurance payouts. The surgeries included discectomies, spinal fusions, epidural injections, and knee and shoulder operations. Duncan recruited patients, organized their legal and medical appointments, and helped procure funding for treatment and lawsuits.

Cronies recruited patients, took them to medical and legal appointments, identified accident sites, paid the recruits, and coached them on how to fake injuries. Inflated lawsuits were filed against property owners and insurers. They sought damages for sidewalk cracks and other claimed defects. Duncan received 80 long months in federal prison.

**Mogul's rehab racket.** Christopher Bathum called himself the "Rehab Mogul," and yet he gave drugs to vulnerable women patients, even as they battled addiction, and sexually assaulted them. Bathum also falsely billed insurers for \$175 million of bogus rehab charges while endangering the recovery of trusting patients.

Bathum ran Community Recovery, a chain of rehab facilities in California and Colorado. Thousands of addicted people flocked to Bathum, hoping to get sober from drugs and alcohol. Instead, Bathum gave drugs to women to assault them while they were under the influence.

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Bathum also secretly bought multiple health policies for patients. He billed their insurers for rehab he never provided and kept falsely charging insurers after patients left treatment.

Bathum wrote a widely-read psychotherapy treatment book, yet he never attended college and invented his credentials as a psychotherapist. Bathum also had a serious drug problem himself, overdosing in a hotel room. Bathum has 52 years in state prison to sober up.

**Arthritis abuse.** Dr. Jorge Zamora-Quezada stuck patients with painful, unneeded injections for knees and other body parts in a \$325 million insurance rifling. The Mission, Texas, man falsely diagnosed patients with life-long degenerative diseases such as rheumatoid arthritis.

Zamora-Quezada also gave patients knee-buckling doses of chemo and other toxic treatments they didn't need. Many patients spiraled into despair and depression when he lied and told them they faced a life of increasing pain and limited mobility. Zamora-Quezada kicked patients out of his office if they questioned his treatments.

Insurance money tumbled into his bank accounts. Zamora-Quezada bought a private jet, owned luxury properties in Aspen and other jet-set locales — and owned a fleet of luxury cars. Zamora-Quezada awaits federal sentencing.

**Bribery boondoggle.** Billionaire insurance magnate Greg E. Lindberg tried to bribe North Carolina's insurance commissioner with up to \$2 million to ease regulatory pressure on his shaky operations. This isn't a traditional insurance scam. Still, Lindberg earned a place in the Shamer pantheon for his cynical assault on the insurance system.

This also is the story of Commissioner Mike Causey, an honest public servant who stoutly defended the integrity of his office.

The wealthy Durham political donor ran Global Bankers Insurance Group. He was dissatisfied with lending limits that Causey's deputy had imposed. Causey also took over several of Lindberg's companies last year amid concerns they couldn't meet financial obligations.

Lindberg wanted Causey to remove his deputy and install his own associate. Lindberg's attempted a \$2 million bribe sought to channel the money into the commissioner's re-election campaign.

Causey quickly alerted law enforcement about the bribe attempt. Using an FBI wire, he secretly re-



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corded conversations with Lindberg and several associates. Lindberg was given seven years in federal prison.

**Murder for Medicaid.** Carl DeBrodie's body was discovered encased in concrete and hidden in a storage unit. The Kansas City, Mo.-area man was developmentally disabled. Carl's caregiver, Sherry Paulo, mercilessly tortured and abused him. All the while, she stole nearly \$107,000 of Medicaid money for services Carl never received.

Paulo managed a caregiver facility called Second Chance Homes, where Carl lived. She stopped giving Carl his life-giving meal supplements and withheld his antipsychotic and anticonvulsant meds. Carl grew weaker and thinner. Paulo passed off another resident as Carl for a medical appointment. She also forged doctor's visits for her records.

Paulo finally moved Carl to her home and worried investigators would discover her abuse. Paulo confined Carl in her unfinished basement. The small room had no running water, sunlight or fresh air. Carl was in so much pain that he lay in bed howling. He died. Paulo placed his emaciated body in a trash container, filled it with concrete, and hid him in the storage unit. Paulo received 17 1/2 years in federal prison.

**Rapper's death riff.** Chicago rapper Qaw'mane Wilson wanted fame and riches, so he had his mother shot for the life insurance to finance his career and flaunt his wealth. Wilson's rapper name was Young QC. He was Yolanda Holmes's only child. She lavished love on him, trying to keep Wilson out of gang life. Yolanda bought him a Ford Mustang, jewelry and designer clothes. She even helped him find steady work.

Wilson repaid Yolanda with gunshots. He wanted to boost his new rap career with splashy shows of over-the-top wealth. So Wilson hired Eugene Spencer to shoot Yolanda as she slept in her bed. "Make sure the b— is dead," he told Spencer on the phone before completing Yolanda's murder.

Wilson later tossed wads of money in the air to squealing fans outside a shopping center. Check out his YouTube video as he withdraws \$20,000 from a bank. Wilson received 99 years in prison and Spencer received 100 years. ♦



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