

1 THE NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND  
2 HEALTH STAKEHOLDER'S MEETING TO SEEK INPUT ON THE  
3 FIRE FIGHTER FATALITY INVESTIGATION  
4 AND PREVENTION PROGRAM

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11 Wednesday, March 22, 2006

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20 Commencing at 9:00 a.m. at the Washington  
21 Court Hotel, Atrium Ballroom, 525 New Jersey Avenue,  
22 NW, Washington DC.

## 1 P R O C E E D I N G S

2 MR. REED: Good morning.

3 My name is Larry Reed, and I am the Deputy  
4 Director for the Division of Surveillance, Hazard  
5 Evaluations, and Field Studies of NIOSH, the  
6 National Institute for Occupational Safety and  
7 Health.

8 I'm pleased to welcome you here today for  
9 our important meeting, our stakeholder's meeting.  
10 And, also, I'll be the moderator for today's  
11 session.

12 Before I begin, I would like to just talk  
13 about a few things related to logistics and also to  
14 go around the room and have people identify  
15 themselves and their organization very briefly to  
16 sort of set the context for the background of the  
17 group.

18 On logistics, you all should have received  
19 a packet of information.

20 And in that packet is an agenda that we'll  
21 try very hard to stay close to because, as you can  
22 see, it's a very aggressive agenda, and we want to

1 make sure there's ample opportunity to get input  
2 from all of you who want to participate in this  
3 meeting. And we hope, very much, that all of you  
4 can and will participate.

5 There's also a draft report that's on our  
6 website that's a summary report of what we have done  
7 to date.

8 There's also a CD that is a compilation of  
9 fire fighter investigation reports, as well as other  
10 related reports to the fire fighter program.

11 And also, in terms of local restaurants,  
12 at the break for lunch, there's a map as well as a  
13 list of restaurants. So this is an important  
14 packet.

15 If you don't have it, the folks who run --  
16 our contracting group outside have that for you.

17 I think what I would like to do now is  
18 just -- let's start maybe in the back, and then  
19 just, if you would please -- and we don't need to  
20 record this for the record here.

21 Just if you would stand, please, and just  
22 identify yourself and organization.

1           We'll start in this corner.

2           (Introductions were held off the record.)

3           MR. REED: Okay. Thank you all.

4           As you can see, we have a large group and  
5 we hope for a lot of interaction throughout the day.  
6 So this is a very important meeting for NIOSH in  
7 terms of our future direction here.

8           Now, the purpose of the meeting is to  
9 summarize our accomplishments to date. And there  
10 will be some speakers related to that, in the  
11 morning, for NIOSH.

12           And we also, most importantly, want to get  
13 a sense of direction from you.

14           We think we have accomplished a lot in the  
15 last eight years since the program began. And this  
16 is our opportunity to kind of get a sense from key  
17 stakeholders where we should be going in the future.

18           As you can see from the agenda, we have a  
19 very aggressive schedule. I would like to try to  
20 stay on it as much as possible. The time frame is  
21 important here, so that we give everyone an  
22 opportunity to talk who wants to speak.

1           Because, you can see from the agenda, we  
2     have opening remarks from Dr. Howard in a moment.

3           Then we have comments from Dr. Tom Hales  
4     and Tim Pizatella.

5           We have invited stakeholder speakers  
6     following -- in the remaining part of the morning.

7           And in the afternoon, we have -- we become  
8     aware of additional stakeholder speakers who want to  
9     comment on the program who notified us either by  
10    phone or email.

11          And then we purposefully left ample time  
12    at the end of the day, we hope, for engaging you in  
13    a dialogue as much as possible to interact with us  
14    and to engage us with questions.

15          So with that, I would like to introduce  
16    Dr. John Howard, who, as most of you know, is the  
17    Director of the National Institute for Occupational  
18    Safety and Health.

19          And John has some opening remarks for us  
20    this morning.

21          MR. HOWARD: Thanks, Larry, and good  
22    morning, everybody.

1           Happy spring, although it certainly does  
2 not feel like that.

3           I just wanted to, first of all, thank you  
4 for coming to the meeting today. This is an  
5 extremely important meeting for us.

6           For the Institute to have hosted this  
7 program for the last eight years has been a  
8 privilege and an honor. There is no finer  
9 profession than that of fire service, response and  
10 rescue, and medical response.

11           And at the same time, though, the  
12 Institute is extremely interested in making sure  
13 that each of its programs is relevant to the issues  
14 that we are all dealing with in the world today,  
15 that our work is of the highest scientific quality,  
16 and that the results that we produce from any  
17 program has impact on the people who are affected by  
18 that program.

19           So it's important for us in the Institute  
20 to review each and every one of our programs.

21           So I am delighted that the program is  
22 being reviewed here, after eight years. Certainly

1 after eight years, there's a maturation process that  
2 occurs.

3 And, as Larry says, we're going to talk  
4 about where we have been, but, more importantly, we  
5 have to decide where we should go.

6 The Institute cannot decide that on its  
7 own. This is your program. And we have to do that  
8 together.

9 We are implementors of stakeholder  
10 interests and direction. So that's what we want to  
11 do here today.

12 I think it's extremely important that we  
13 have a robust and vigorous -- as the diplomats would  
14 say -- frank and spirited exchange because that gets  
15 us to where we need to go.

16 We can't define in some mystical way the  
17 kind of directions that you would like us to go in.

18 So we need to hear those. We need to have  
19 a record of it. We need to move ahead. So I want  
20 to thank, again, each and every one of you for  
21 coming. Please participate.

22 If you leave the meeting today having said

1 nothing, you have failed in your job. So please  
2 contribute, contribute freely. Tell us what you  
3 think.

4 This is an extremely important program, as  
5 I said, to the Institute. We are proud of this  
6 program.

7 But like any program, we want it to grow.  
8 We want it to continue to serve you, so we need that  
9 input.

10 So thank you very much, and I look forward  
11 to today's session. Thank you.

12 (Applause.)

13 MR. REED: Thanks, Dr. Howard.

14 I put this slide up because we thought it  
15 would be a good contact slide for setting the stage  
16 for our discussion today, the NIOSH speakers, and  
17 then later on for a discussion from the stakeholders  
18 themselves, as well as a dialogue for where we think  
19 we should be going.

20 As many of you know, since the 1970s, the  
21 U.S. Fire Administration and the National Fire  
22 Protection Association have gathered data, have

1 counted numbers of fire fighters who have died on  
2 duty, and this graph tracks those data. Total  
3 number of deaths, both traumatic injury, as well as  
4 cardiovascular related deaths.

5 The fire service was able to reduce the  
6 number of deaths from the late '70s through the  
7 early 1980s. However, you can see the decline  
8 leveled off in the mid '80s, and actually into the  
9 early '90s.

10 This troubled NIOSH, troubled Congress.  
11 And Congress, as a result of that, in 1998, funded  
12 the work that NIOSH is doing in the fire fighter  
13 program.

14 Tom Hales and Tim Pizatella are going to  
15 summarize the work that has been done so far in the  
16 NIOSH fire fighter Program. And I'll explain the  
17 background or the framework for what they're going  
18 to talk about in just a moment.

19 But you can see here that we think there  
20 is work yet to be done. And the leveling off of the  
21 fire fighter deaths is one of those issues and how  
22 can we impact this yet further.

1           The other questions to discuss are there  
2 other markers, are there other indicators of fire  
3 fighter safety and health other than total numbers  
4 of fire fighter deaths.

5           In other words, this is a good barometer  
6 of the performance of the program. And more  
7 importantly, this is a good barometer of overall  
8 fire fighter safety and health, and other things  
9 that NIOSH can be doing and should be doing in the  
10 community, as well as other stakeholders in the fire  
11 fighter arena to improve overall fire fighter safety  
12 and health, and most certainly reduce the number of  
13 fire fighter deaths yet further.

14           So with that as a backdrop, at the end of  
15 the day, you know, we hope to engage, as Dr. Howard  
16 said, with dialogue from you, the key stakeholders  
17 here who have come today to give us input in our  
18 effort to help shape the future of what we're going  
19 to be doing in NIOSH.

20           We most certainly will continue to do, as  
21 you will hear later on, the fire fighter  
22 investigations.

1           There may be other opportunities for us to  
2 do other research. We would like to hear about  
3 that.

4           There may be other opportunities for  
5 outreach, for document development, for  
6 dissemination. And so this is, again, further ideas  
7 that we would like to hear from you about.

8           So with that as backdrop, this morning you  
9 will hear from two NIOSH presenters. The first  
10 presenter is Dr. Tom Hales, and he will discuss the  
11 bullets that are in yellow.

12           I won't read those bullets, but basically  
13 they represent that background information and key  
14 findings and recommendations from the program to  
15 date. In other words, what we have done so far.

16           Tim Pizatella will talk about the bullets  
17 in white, which generally represent outreach  
18 dissemination, and, most importantly, the bullets  
19 related to where we should -- ideas for potential  
20 areas for what we could do in the future.

21           So with that as background, I will  
22 introduce Dr. Tom Hales.

1           Tom is a physician who is -- worked with  
2 the Hudson evaluation branch of the NIOSH field  
3 studies division for his entire career.

4           And Tom is the team leader for the fire  
5 fighter program in Cincinnati.

6           So with that, and he is primarily focused  
7 on the cardiovascular deaths in his research area.

8           MR. HALES: Thanks, Larry.

9           Good morning. I would like to echo  
10 Dr. Howard's comments.

11           It has really been a privilege and an  
12 honor to get to know the men and women working in  
13 the fire service.

14           As Larry mentioned, I coordinate the  
15 illness investigations of NIOSH fire fighter  
16 Fatality Investigation Program, which for -- because  
17 that's really a big mouthful and a long title, I'm  
18 just going to shorten it to the fire fighter  
19 Program.

20           This morning, I'm going to be talking  
21 about our Congressional mandate and our goals,  
22 review and outline how we conduct our

1 investigations, review the association between heart  
2 disease and fire fighting, summarize some of our  
3 most common recommendations on both the injury and  
4 health investigations, and present some of our key  
5 findings.

6 In Fiscal Year '98, Congress mandated that  
7 NIOSH conduct fatality investigations.

8 And I quote here directly from the  
9 appropriation language: "Identify causal factors  
10 common to fire fighter fatalities, provide  
11 recommendations to prevent similar occurrences,  
12 formulate strategies for effective intervention, and  
13 evaluate the effectiveness of those interventions."

14 This mandate gave rise to the NIOSH fire  
15 fighter Program.

16 The goals of our program are to prevent  
17 fire fighter fatalities. The objectives are aligned  
18 with our Congressional mandate, to do  
19 investigations, to identify causal factors, provide  
20 recommendations, develop intervention strategies,  
21 and evaluate our effectiveness.

22 The NIOSH program operates out of three

1 locations: Morgantown, West Virginia; Cincinnati,  
2 Ohio; and Pittsburgh, Pennsylvania.

3 Our injury investigations are conducted  
4 out of Morgantown by these eight investigators and  
5 two support staff.

6 Our illness investigations are conducted  
7 out of Cincinnati by myself and two of my  
8 colleagues.

9 Our SCBA investigations are conducted out  
10 of Pittsburgh by these three investigators.

11 We're notified by a -- of a fatality by  
12 the U.S. Fire Administration, and we accept their  
13 criteria for on-duty fatalities, basically, any  
14 injury or illness sustained while on duty that  
15 proves fatal.

16 Everyone agrees when a death, due to  
17 traumatic injury, is on duty. However, for  
18 cardiovascular fatalities, this is less clear.

19 Prior to 2004, the Fire Administration  
20 criteria used to determine an on-duty CVD fatality  
21 was that the fire fighter expressed symptoms  
22 consistent with an MI or a heart attack within 24

1 hours of performing fire fighter duties.

2 This changed in 2004.

3 To be consistent with the language in the  
4 Hometown Hero Survivor Act, the Fire Administration  
5 changed the criteria to, Died of a heart attack or a  
6 stroke within 24 hours after participating in  
7 non-routine stressful or strenuous physical  
8 activity.

9 Given that up to 20 percent of heart  
10 attacks are asymptomatic, we feel this dropping of  
11 the symptoms criteria is an improvement.

12 Once notified of a fatality, we make  
13 telephone contact with the fire department, the  
14 local union, and the state Fire Marshal's office to  
15 gather more information about the case. We use this  
16 information to prioritize our investigations.

17 Site visits are made for all our  
18 investigations that we do, which we -- during which  
19 we conduct interviews and review documents.

20 I would like to point out, for the injury  
21 investigations, to ascertain symptoms and family  
22 history of potential cardiovascular problems, we

1 include the family in the process since day one.

2           This not only includes interviewing them,  
3 but we also request that they review and comment on  
4 our draft report.

5           Our findings are compiled into a report,  
6 which summarizes the circumstances, provides  
7 recommendations to prevent similar occurrences,  
8 and -- in that department and in other departments,  
9 and then these reports are disseminated in the  
10 process that Tim Pizatella is going to be talking  
11 about.

12           While there is some controversy whether  
13 cardiovascular deaths should be considered work  
14 related fatalities, I want to take a few minutes and  
15 review the association -- the literature associating  
16 fire fighting and heart disease.

17           There are a number of acute and chronic  
18 factors associated with heart disease.

19           Exposures causing acute effects include  
20 carbon monoxide, which is found during all phases of  
21 fire suppression. Of particular concern is carbon  
22 monoxide exposure during mop-up or clean-up

1 operations.

2           Due to incomplete combustion, mop-up  
3 operations have some of the highest measurements of  
4 carbon monoxide. Unfortunately, fire fighters  
5 frequently remove their SCBA during this phase of  
6 fire suppression.

7           Another acute exposure of concern is the  
8 rapid increase in heart rate and blood pressure when  
9 responding to alarms or performing heavy work at a  
10 fire center.

11           The pattern of sedentary periods at the  
12 fire station interrupted by adrenaline surges  
13 associated with an alarm has been suspected to put  
14 fire fighters at risk for heart attacks.

15           Epidemiologic studies, not among fire  
16 fighters, but among non-firefighters, have shown  
17 that heavy physical exertion can trigger heart  
18 attacks.

19           Besides acute exposures, there are also  
20 chronic fire fighter exposures associated with heart  
21 disease.

22           These include shift time, shift work,

1 overtime, heat exposures, noise exposures,  
2 environmental tobacco smoke, and exposure to various  
3 chemicals, including chronic, not just acute,  
4 exposures to carbon monoxide.

5           So everyone agrees that fire fighters have  
6 exposures putting them at risk for heart disease,  
7 but do they actually have increased rates of heart  
8 disease?

9           Epidemiologic studies are needed to assess  
10 this question. There are over 25 cohort mortality  
11 studies, or SMR studies that have examined the  
12 relationship between heart disease and fire  
13 fighting. Unfortunately, these results are  
14 conflicting. Some support the association, and  
15 others do not.

16           It is important to recognize an important  
17 limitation of this type of study, known as the  
18 Healthy Worker Effect.

19           As I will be showing you, most fire  
20 fighter candidates are screened for heart disease  
21 and coronary artery disease risk factors, such as  
22 diabetes. Candidates with these conditions

1 generally are precluded from entering the fire  
2 service.

3           Therefore, given the strong Healthy Worker  
4 Effect among fire fighters, we do expect that the  
5 heart rate that fire fighters -- instance of heart  
6 disease would be lower than the general population.

7           In 2000, Choi published a review paper,  
8 which attempted to control for the Healthy Worker  
9 Effect in these studies. And he concluded: "There  
10 is strong evidence of an increased risk of death  
11 from overall heart disease among fire fighters."

12           Other authors reviewing this literature  
13 came to the same conclusion.

14           After viewing the fire fighter mortality  
15 literature, Guidotti concluded: "Sudden death,  
16 myocardial infarction, or fatal arrhythmia occurring  
17 on or soon after near-maximal stress on the job are  
18 likely to be work related."

19           With that quick review, let's move on to  
20 some of the key findings and recommendations.

21           From 1998 to 2005, there were 821 total  
22 fatalities.

1           Now, NIOSH investigated 324, or 40 percent  
2 of these. 175 were injury investigations, and 149  
3 were illness investigations.

4           Of these 324 investigations we have  
5 conducted, 183 or 56 percent occurred in career  
6 departments, and 44 percent occurred in volunteer  
7 departments.

8           These investigations took us to every  
9 state in the Union, except Rhode Island and Idaho.  
10 Those are the blue states in the map.

11           Red states -- or I guess they sort of  
12 turned out orange, but they're supposed to -- they  
13 look red on my thing.

14           The red states here actually don't --  
15 aren't meant to look at political affiliation, but  
16 rather represent states that have at least five  
17 investigations that we have conducted.

18           Turning to the findings from the illness  
19 investigations. This is a slide I presented at the  
20 '99 Redmond Symposium, which has been updated  
21 through 2004 with data.

22           The X axis describes the time of the

1 incident, while the Y axis describes the number of  
2 fire fighter fatalities.

3 As you can see, most of the on-duty CVD  
4 fatalities occurred in the afternoon or evening  
5 hours. This finding is very different than the  
6 general population.

7 Sudden cardiac death in the general  
8 population occurs three times more often in the  
9 morning hours compared to the evening hours.

10 This finding is one piece of evidence  
11 suggesting that on-duty CVD fatalities among fire  
12 fighters are work related.

13 In 2003, colleagues of ours from the  
14 Occupational Medicine Program at the Harvard School  
15 of Public Health used data from our website to  
16 conduct a case control study of on-duty fire fighter  
17 fatalities.

18 This graph is from their paper, charting  
19 the number of fatalities on the Y axis, by the time  
20 of day by quartiles on the X axis.

21 They found a significant -- they found a  
22 significant difference in the temporal pattern of

1 sudden cardiac deaths compared to the general  
2 population.

3 This proved some statistical support for  
4 the idea that these deaths didn't just happen to  
5 occur at work, but rather that something at work  
6 triggered them.

7 Another slide I presented at the '99  
8 Redmond Symposium was this pie chart showing the  
9 location of the cardiovascular disease fatalities,  
10 which have been, again, updated with 2004 data.

11 About 66 percent of the CVD fatalities  
12 occurred at an incident, or traveling to or from an  
13 incident, or during training exercises.

14 These are locations where fire fighters  
15 are known to have increased heart rates and elevated  
16 blood pressures from either responding to the alarm  
17 or performing physically demanding tasks.

18 Again, our colleagues at the Harvard  
19 School of Public Health analyzed our cases and found  
20 that being involved in fire suppression, training  
21 activities, and alarm response were very strongly  
22 associated with on-duty CVD deaths. Findings, very

1 suggestive, that on-duty cardiac deaths among fire  
2 fighters are work related.

3 Autopsy information is important to  
4 determine the cause of death, as well as required to  
5 apply for Federal Survivor Benefits, known as PSOB.

6 Using data through 2004, of the 134  
7 on-duty deaths investigated, only 92, or 69 percent  
8 had an autopsy performed.

9 In addition, while the majority of the  
10 cases had coronary artery disease, over here, it is  
11 important to note that a significant number had  
12 cardiomyopathy, both hypertrophic and dilated  
13 cardiomyopathy.

14 This finding is important because it's  
15 very difficult to detect or screen for  
16 cardiomyopathy, particularly in asymptomatic  
17 individuals.

18 Take home message from the slide is we  
19 need to do a better job of getting an autopsy  
20 performed. And, two, given the number of cases of  
21 cardiomyopathy, we need to temper our goals that all  
22 fire fighter deaths due to cardiovascular disease

1 can be prevented.

2 Now, let's focus on some of these  
3 cardiovascular coronary artery disease cases.

4 The American Heart Association has  
5 identified eight risk factors for coronary artery  
6 disease, three modifiable, and five -- three  
7 non-modifiable and five modifiable.

8 The three non-modifiable are history, male  
9 gender -- family history of heart disease, male  
10 gender, and advancing age.

11 The modifiable risk factors include  
12 smoking, hypertension, high blood cholesterol,  
13 diabetes, and lack of exercise and obesity.

14 All of our illness investigation  
15 fatalities had at least one CAD, or coronary artery  
16 disease, risk factor, and most had multiple. The  
17 most common being elevated cholesterol, here, as  
18 well as followed by smoking and then hypertension.

19 These CAD risk factors should have been  
20 identified by the fire department medical screening  
21 programs and appropriately treated.

22 NFPA 1582 recommends fire fighters with

1 two or more of these risk factors be referred for an  
2 exercise stress test.

3 Of the 134 illness investigations we  
4 conducted, 101 had fire department preplacement  
5 medical evaluations done. All career departments  
6 perform these exams, while only 31 percent of the  
7 volunteers do.

8 Now let's turn to our periodic medical  
9 evaluations.

10 Overall 57 percent of fire departments  
11 with fatalities conducted periodic medical  
12 evaluations. 83 percent of these were career  
13 departments versus 29 percent in volunteers.

14 These medical evaluations typically  
15 consisted of a history, an exam, a blood pressure  
16 measurement, and most also included a cholesterol  
17 check.

18 Unfortunately, only 21 percent of the fire  
19 departments required an exercise stress test for  
20 high risk fire departments.

21 These findings led us to recommend that  
22 fire departments, one, conduct periodic medical

1 evaluations to screen members for coronary artery  
2 disease risk factors.

3 And, two, for those members with multiple  
4 CAD risk factors, they should be conducting exercise  
5 stress tests.

6 In our investigations, we also inquired  
7 about fire departments' wellness and fitness  
8 programs.

9 Only 39 percent of the 134 departments had  
10 wellness programs, typically consisting of smoking  
11 sensation, blood pressure screening, cholesterol  
12 lowering classes, and counseling on weight reduction  
13 and diabetes.

14 66 percent of the -- or 66 departments, or  
15 49 percent, had fitness programs, of which only 12,  
16 or 9 percent, were mandatory.

17 These findings led us to recommend that  
18 fire departments should phase in mandatory  
19 participation in wellness fitness programs, with the  
20 results of those programs being non-punitive.

21 Now, let's turn our attention to these 175  
22 injury investigations.

1           For the 175 injury investigations, most  
2           occurred at or en route to a structure fire or  
3           during training.

4           This slide shows the type of fatality for  
5           our injury investigations. The most common type was  
6           asphyxiation, followed by motor vehicle trauma, and  
7           burns.

8           Many of our injury investigations found  
9           that the fire department did not have written  
10          standard operating procedures, or SOPs, thus  
11          developing and enforcing SOPs were a common  
12          recommendation in our reports.

13          Another problem was that two-way  
14          communication was lacking between the incident  
15          commander and the fire fighter crews.

16          Two-way communication should always be  
17          established before entering a dangerous environment.

18          Another problem was there were -- and thus  
19          a common recommendation -- was that the incident  
20          commander was not clearly identified.

21          The incident commander should not only be  
22          clearly identified, but direct operations and scene

1 management.

2           The lack of seat belt use for a motor  
3 vehicle fire fighter fatalities was a significant  
4 problem. Fire departments should develop and  
5 enforce seat belt use policies at all times.

6           During many of the injury investigations,  
7 a rapid intervention team had not been formed.  
8 Prior to allowing fire fighters to enter a dangerous  
9 environments, the incident commander must insure a  
10 rapid intervention team is properly trained,  
11 properly equipped, and properly positioned to  
12 perform a rescue.

13           During both the injury and illness  
14 investigations, there were a number of fire  
15 departments with incomplete respirator programs.

16           SCBAs must be routinely inspected,  
17 regularly maintained, and the fire fighter must be  
18 annually fit tested and medically cleared.

19           During many of our injury investigation of  
20 fatalities, there were inadequate personnel and  
21 equipment on scene. NIOSH recommends staffing  
22 levels consistent with NFPA standards 1710 and 1720.

1           Many of the fires causing injury  
2           fatalities could have been avoided all together if  
3           municipalities had been addressing building safety  
4           requirements.

5           NIOSH recommend municipalities adhere to  
6           their own fire codes.

7           Finally, NIOSH has also recommended  
8           research organizations develop technologies to  
9           improve fire fighter safety, such as locators to  
10          find missing or downed fire fighters.

11          In addition to fatality investigation, the  
12          program has also conducted some non-fatal  
13          investigations and evaluations.

14          These include nine non-fatal injury  
15          investigations involving 19 fire fighters, and ten  
16          health hazard evaluations.

17          The health hazard evaluations involved  
18          investigating health concerns over asthma and  
19          cancer, exposure to lethal exhaust, bloodborne  
20          pathogen exposure, and respirator issues.

21          In addition, the HHE program has  
22          involved -- has been involved in the health and

1 safety of fire fighters during emergency responses.

2 For example, we worked with FDNY post 9-11  
3 to assess exposures and health effects.

4 We have also worked with the New Orleans  
5 fire department, post Katrina, to assess their  
6 exposures and health effects of fire fighters, post  
7 Katrina.

8 To wrap up my portion of the NIOSH  
9 presentation, I would like to return to our  
10 Congressional mandate, conduct investigations,  
11 identify risk factors, and provide recommendations.

12 Over the past eight years, we investigated  
13 324 incidents involving 366 fire fighters.

14 For the health investigations, we have  
15 identified that most of the sudden cardiac deaths  
16 were triggered by activities that increased heart  
17 rate and/or blood pressure, and that subsequent  
18 epidemiologic studies support the Association.

19 We also found that less than half of the  
20 fire departments screen for CAD risk factors, and  
21 less than a fifth performed exercise stress tests.

22 Finally, less than 10 percent of fire

1 departments had mandatory fitness, wellness  
2 programs.

3 As I mentioned earlier, our  
4 recommendations have been derived from our findings  
5 of our evaluations. These three involve -- in  
6 white, are from our injury -- illness  
7 investigations, and the resulting nine are from our  
8 injury investigations.

9 At this point, I would like to turn it  
10 over to Tim Pizatella, who is going to be talking  
11 about basically our dissemination and outreach  
12 effort.

13 Tim Pizatella is the Deputy Director of  
14 the Division of Safety Research in Morgantown, West  
15 Virginia.

16 Tim.

17 MR. PIZATELLA: Thanks, Tom.

18 Good morning, and welcome.

19 Again, I would also like to offer my  
20 appreciation, our appreciation for you taking the  
21 time to participate in the stakeholder meeting for  
22 the fire fighter Program.

1           What I would like to do this morning is  
2     provide a brief overview of some key accomplishments  
3     in each of these areas of the program:

4     Dissemination, research -- excuse me.

5           Dissemination, outreach, research, impact,  
6     and then end with some discussion of potential  
7     future program directions where we would like your  
8     input on.

9           On the dissemination side, as Tom  
10    mentioned, a final report is provided back to the  
11    department that sustained the fatality and the  
12    union, if there is one.

13           We also post all reports to the NIOSH fire  
14    fighter web page, and provide periodic mailings of  
15    hard copies of reports and other related NIOSH  
16    documents to the fire service via hard copy.

17           And we also try to distribute materials at  
18    key fire service conferences that occur around the  
19    country every year.

20           On the investigative reports, to date we  
21    have more than 300 reports that have been posted to  
22    the NIOSH program web page.

1           And in 2005, our -- this particular web  
2 page received greater than 60,000 visits to the page  
3 itself or specific investigation reports from the  
4 program.

5           On the SCBA testing side, at times fire  
6 departments will request an investigation of the  
7 breathing apparatus, or the NIOSH investigators will  
8 request such an investigation.

9           So our colleagues in Pittsburgh will do  
10 analysis of the SCBA and provide a report of their  
11 results in test to the NIOSH investigators, as well  
12 as back to the fire department.

13           These results are also included with a  
14 NIOSH investigative report, typically as an  
15 appendix.

16           Based on the evaluation, if warranted, a  
17 field problem investigation is initiated by our  
18 National Personal Protective Technology Laboratory.  
19 They have indicated that about 5 percent of the  
20 samples that they have received over the last five  
21 years or so have fallen into this category.

22           In trying to disseminate the results of

1 our investigations more broadly, we have been  
2 working with a number of fire service journals who  
3 have been reprinting summaries of our investigations  
4 in their journals.

5 We just look at this as one additional way  
6 to try to get the results of our investigations into  
7 the hands of the fire service.

8 We also develop NIOSH documents, NIOSH  
9 numbered publications, a variety -- around a variety  
10 of topics that we're finding with our  
11 investigations, and these include NIOSH alerts.

12 And these two show, one is on truss system  
13 failures, which we released last summer, 2005. And  
14 then one on structural collapse that we released in  
15 1999. These provide a comprehensive summary of the  
16 investigations on each topic, and provide  
17 recommendations for preventing future type  
18 incidents.

19 We also have a document called a Workplace  
20 Solutions, which is a little shorter than the alert,  
21 but it, again, tries to summarize issues we're  
22 identifying through our investigations around a

1 common cause.

2           And then we disseminate these to the fire  
3 service.

4           Over the last eight years, we have  
5 developed about six of these. And the latest one,  
6 last summer, was on live fire training in acquired  
7 structures.

8           We have also done workplace solutions on  
9 training dives, electrical hazards during wildland  
10 fire fighting, tanker truck rollovers, traffic  
11 hazards, and then propane tank fires.

12           Currently working on several new documents  
13 based on our investigations. We have four alerts in  
14 the works. One on fire fighter training, motor  
15 vehicle incidents, risk versus gain, and heart  
16 attacks and sudden cardiovascular events.

17           We also have a workplace solutions on the  
18 use of military surplus vehicles in the fire  
19 service, and we hope to have all of these completed  
20 in Calendar Year 2006.

21           We have also worked with other agencies to  
22 develop joint publications where our missions cross.

1                   We worked with the Department of  
2   Transportation in Operation LifeSaver to develop a  
3   document on railroad crossing safety for emergency  
4   responders. This was released in 2003.

5                   In 1999, we worked with the Food and Drug  
6   Administration and put out a public health advisory  
7   jointly with them on the flashing of oxygen  
8   regulators.

9                   We're currently working with the FDA on a  
10   public health notification, again, on oxygen  
11   regulators. This time, it's an issue with gasket  
12   seals. And we hope to have that released within the  
13   next few months.

14                  We have also worked with some agencies to  
15   develop other products. We worked with the FDA to  
16   develop a video entitled Hidden Danger, Oxygen  
17   Regulator Fires, after our collaboration in 1999.

18                  We have also worked with the National  
19   Institute for Standards and Technology, who have  
20   developed a fire dynamics model, simulated fire  
21   models for some of the investigations that NIOSH has  
22   done.

1           And these fire models are useful in  
2 helping NIOSH investigators, as well as the fire  
3 departments themselves better understand the  
4 dynamics of the fire and how it unfounded, and then  
5 we used those to help us in developing  
6 recommendations for prevention.

7           NIST also makes these fire models  
8 available on CD-ROM, as well as through their  
9 website.

10           On the internet, I mentioned that briefly  
11 earlier, we're trying to use the internet more to  
12 provide access to our reports and other documents  
13 and materials.

14           We have implemented a website subscription  
15 service where individuals can provide their email  
16 address, and we will include -- send an email to  
17 them whenever a new report or other document or  
18 information is added to the website.

19           Very recently, within the last week or so,  
20 we have added a report -- search capability to the  
21 reports on the web. This provides a little easier  
22 way to access the types of reports that the

1 individuals would like to review.

2           We have been working to develop a  
3 bi-weekly safety quiz approach, where this provides  
4 a series of questions and answers.

5           And the purpose is to try to get the fire  
6 service to use these in terms of, like toolbox  
7 talks, and the answers are provided back into the  
8 reports.

9           And the goal is to try to get the  
10 recommendations from the report used for  
11 preventative activities.

12           And then the website also includes links  
13 to the many, many resources that are available from  
14 other organizations around the fire service.

15           Another method of dissemination is the use  
16 of a CD-ROM. Some individuals and organizations  
17 like to use a CD-ROM approach for their materials,  
18 so we have developed a CD-ROM.

19           The most recent one was released in  
20 January of this year. It includes all reports and  
21 publications through December 2005.

22           It also includes links to other NIOSH

1 resources, such as the NIOSH Pocket Guide to  
2 Chemical Hazards, which is a popular document with  
3 the fire service.

4           And we also provide hard copies of all of  
5 the materials because some individuals do prefer  
6 hard copy, as well. So we have not abandoned the  
7 hard copy approach.

8           Next, I would like to talk about some of  
9 the outreach efforts over the last eight years or  
10 so.

11           In June of 2005, we partnered with the IFC  
12 and another fire service organizations in the Stand  
13 Down for Safety initiative.

14           NIOSH materials were referenced in that  
15 safety initiative, and we plan to participate in the  
16 stand down that I understand is going to occur again  
17 this June.

18           Last fall, we developed a memorandum of  
19 understanding with the U.S. Fire Administration to  
20 increase the use of NIOSH reports -- NIOSH materials  
21 and reports in the USFA training programs for fire  
22 fighters.

1           NIOSH staff across the Institute are  
2 members of a number of NFPA standards committees.  
3 These are just a few examples, Incident Command,  
4 Medical Program, PASS Device, and SCBA.

5           Our colleagues in Cincinnati assisted with  
6 the implementation of the IAFF/IAFC wellness and  
7 fitness initiative, as well as participated in the  
8 work group with the National Volunteer Fire Council  
9 on their Heart Healthy Program.

10           And they were on a couple of work groups  
11 with U.S. Fire Administration -- U.S. Fire  
12 Administration, excuse me, updating -- helping to  
13 update the autopsy protocol as well as to assist in  
14 determining Line of Duty Death criteria.

15           On to research.

16           Throughout the last eight years, we have  
17 conducted some research under the guise of the  
18 program. A number of articles have been published  
19 in the scientific literature by a number of the  
20 NIOSH staff in the program.

21           These are outlined in Appendix 1 of the  
22 stakeholders Document.

1           Some of these include articles on the  
2    flashing of oxygen regulators, risk factors for  
3    injury in structural collapse, and the occupational  
4    transmission of bloodborne pathogens to emergency  
5    response personnel.

6           We have also been conducting some research  
7    through the NIOSH National Occupational Research  
8    agenda, which is separate funding from the fire  
9    fighter Program, Investigative Program.

10           These include looking at the effects of  
11   fire fighter apparel on the operation the fire  
12   response vehicles.

13           What we're trying to look at here is what  
14   impact bumper clothing and leather and rubber boots  
15   has on response times in braking and other related  
16   issues.

17           We're looking at the effects of the  
18   biomechanical and physiological effects of the fire  
19   fighter boots. Leather on the fire fighter boots  
20   can add up to eight pounds of weight to fire fighter  
21   clothing, and can also have a significant increase  
22   on their oxygen consumption.

1           So we're trying to do a study to look at  
2           the effects this may have on fire fighters of  
3           biomechanical and physiological properties.

4           And we're also doing an anthropometric  
5           study that's assessing the glove size and fit of  
6           fire fighter gloves. And we hope that the results  
7           of these research projects will be useful to the  
8           various NFPA committees.

9           As a result of some of our investigations,  
10          we identified some hazards in the patient  
11          compartments of ambulances.

12          And what we were finding is that most of  
13          the patient compartments were equipped with lap  
14          belts, which don't provide an easy way for EMTs to  
15          provide patient care while the patient is being  
16          transported.

17          So we did some testing to determine that  
18          some restraints could provide additional protection  
19          for the EMFs, as well as allow them the mobility  
20          that they need to provide patient care while the  
21          ambulance is moving, back in the patient  
22          compartment.

1           We're currently assessing some human  
2 factors issues, as well, regarding the design of the  
3 patient compartment. So we hope to have those  
4 results out within the next year or so.

5           Through the NIOSH Research and Training  
6 Grants Program, we have funded a couple of --  
7 several research and training grants. These are for  
8 2005.

9           One is on SCBA Oximetry for fire fighter  
10 physiologic monitoring.

11           We also funded a bioelectric telemetry  
12 system for fire fighter safety, and then hazardous  
13 substance training for emergency responders, a  
14 training program with the IAFF.

15           On the impact side, we believe that the  
16 NIOSH findings and recommendations have been used in  
17 multiple ways.

18           They were cited in the 2003 New York  
19 legislation, which made it illegal to use people in  
20 the role of victims in Line of Fire training. This  
21 is known as Bradley's Law.

22           It was also referenced in the 2003

1 Hometown Heroes Survivor Act.

2 Back in April of 2005, based on NIOSH  
3 investigations, we identified some issues with PASS  
4 Devices that we communicated to the NFPA 1982  
5 Committee. These issues surrounded the PASS devices  
6 not being heard or being barely audible.

7 So we provided the results of our  
8 investigation to the committee. One of the NIOSH  
9 staff is on the committee.

10 And the standard was revised, which  
11 addressed a number of the issues identified through  
12 the NIOSH investigations.

13 The public comment period on that revised  
14 standard closed in early March. And I understand  
15 that the goal is to approve a new performance  
16 criteria and certification test methods for PASS  
17 devices by the summer of 2006.

18 NIOSH findings and recommendations were  
19 also incorporated or referenced into NFPA standard  
20 1710 and 1720, which are minimum staffing levels for  
21 career and volunteer fire departments, as well as in  
22 NFPA 1500, minimum requirements for Occupational

1 Safety and Health Programs.

2 I mentioned earlier about working with the  
3 FDA on the oxygen regulator flashing hazards that  
4 were identified.

5 The public health advisory that we did  
6 jointly with FDA was used to support a manufacturer  
7 recall of the oxygen regulators to provide a  
8 retrofit kit to replace aluminum high-pressure parts  
9 with brass parts.

10 Our investigations identify aluminum as a  
11 contributing factor to these flashing hazards, with  
12 brass being a safer alternative.

13 And the manufacturer also offered a  
14 trade-in program with credit towards the purchase of  
15 the new brass -- the newer brass regulators through  
16 this program.

17 We have also received input from fire  
18 departments and training academies across the  
19 country.

20 Some examples include a training academy  
21 in Pennsylvania, who is now requiring 1,200 local  
22 instructors to incorporate accountability into their

1 training programs, based on the NIOSH reports and  
2 investigations.

3 Fire departments -- some fire departments  
4 have also let us know that they're using the NIOSH  
5 reports in their fire fighter Safety Training  
6 Programs, including the ones I have shown here on  
7 the slide.

8 Currently we're working with a contractor,  
9 RTI, to do a formal assessment of the impact of the  
10 NIOSH program to date.

11 The goal of this program is to -- or this  
12 evaluation is to assess the extent that fire  
13 departments and fire fighters are aware of the NIOSH  
14 program and its recommendations, and to identify  
15 ways to enhance the impact of the program.

16 Data collection for the evaluation has  
17 begun in February of this year.

18 It will include a survey of 3,000 fire  
19 departments, as well as focus groups with frontline  
20 fire fighters. And the results of this evaluation  
21 are due back to NIOSH in September of 2006.

22 So just to summarize some of our

1 accomplishments, we believe we are fulfilling the  
2 Congressional mandate for the fire fighter Program.

3 We are widely disseminating our findings  
4 to the fire service.

5 We're working with a number of fire  
6 service organizations who are responsible for  
7 developing and implementing fire fighter safety and  
8 health programs. And we're working to address  
9 stakeholder expectations. And this meeting is going  
10 to take a large step, I believe, to help us do that  
11 better.

12 As Larry mentioned earlier, data for the  
13 last eight or so years has indicated that the number  
14 of fire fighter fatalities has essentially remained  
15 level.

16 So clearly, more needs to be done to  
17 significantly bring this -- the numbers of fire  
18 fighter fatalities down.

19 So what we wanted to do with -- what I  
20 wanted to do to end with this presentation is  
21 provide some potential future program directions  
22 that we would like to outline here, and then we're

1 clearly wanting stakeholder input on these and other  
2 issues that you feel can help us make the fire  
3 fighter Program better and have more impact.

4           Some suggestions on the investigative  
5 side, we suggest continuing to conduct fatality  
6 investigations with priority on events accounting  
7 for a larger number of deaths, investigations likely  
8 to result in new recommendations, and investigations  
9 that impact current prevention efforts of other  
10 groups.

11           On the dissemination side, suggestions are  
12 to increase our efforts to develop more education  
13 material, such as alerts, Workplace Solutions, and  
14 other documents that summarize multiple  
15 investigations and hazards that we're identifying  
16 through our investigations and seek new approaches  
17 to disseminate these materials, and even facilitate  
18 their use by the fire service, what can we do to  
19 facilitate their use more broadly?

20           On the outreach side, suggestions are to  
21 expand our outreach and partnership efforts to  
22 better increase the use of our NIOSH findings and

1 products by the fire service.

2 Those include more involvement in the  
3 standard-setting committees, the state training  
4 academies, or fire service organizations.

5 On the research side, suggestions are to  
6 conduct a more in-depth analysis of available data  
7 on fire fighter deaths and injuries; increase our  
8 efforts to encourage research, which builds on  
9 investigation findings; and conduct formal  
10 evaluations of specific interventions to determine  
11 their effectiveness in actually reducing risk and  
12 injury.

13 Cost effectiveness of wellness/fitness  
14 programs is another proposed area.

15 Investigate the barriers to implementing  
16 NFPA 1582. Analyze NIOSH data regarding return to  
17 work and medical clearance. And then investigating  
18 issues surrounding heat stress.

19 So to end my presentation, again, we  
20 appreciate your taking the time to spend with us  
21 today.

22 We look forward to interactive discussion

1 and your comments on how we can make this program  
2 better, and to ultimately increase its impact and  
3 help to reduce the number of fire fighter fatalities  
4 that occur each year.

5 Thank you.

6 MR. REED: Thanks, Tom and Tim.

7 We have -- we're well ahead of schedule.  
8 We have ample time, I think, for questions from the  
9 audience.

10 And I forgot to mention early on in the  
11 logistics part of my introduction that this meeting  
12 is being transcribed. It's an important record of  
13 the documentation for what happens here at this  
14 meeting. And we'll use that to summarize the, you  
15 know, where we're going in the future part, and  
16 create a summary document that I'll describe in a  
17 little more detail later on.

18 But I think we have time for questions of  
19 Tim and Tom and their respective staff.

20 So if you do have questions now, could you  
21 please go to the microphone.

22 MR. HALES: Can I say one thing?

1                   On Tim's slide, he mentioned that we had  
2                   helped implement the fitness and wellness program  
3                   that the IAFC and the IAFF put together.

4                   And, actually, we have just been invited  
5                   to be on the work group to help implement that.

6                   We were -- that actually -- program came  
7                   into being before the program even got started. So  
8                   I just wanted to make that clear, that we aren't  
9                   taking credit for that good program that the IAFF  
10                  and the IAFC are doing.

11                  MR. DUFFY: That's okay, I'm going to send  
12                  them to you.

13                  MR. REED: Thank you for that  
14                  clarification, Tom.

15                  Any questions from the audience?

16                  Again, not to detract from the dialogue  
17                  and discussion that we had scheduled time for this  
18                  afternoon, but any specific questions on these  
19                  presentations, we could certainly have time to  
20                  address now.

21                  So would you please come to the microphone  
22                  and identify yourself for the record.

1                   MR. PREZANT: I'm David Prezant, New York  
2 City Fire Department.

3                   Very excellent presentation on the  
4 incidents of cardiovascular death.

5                   There you go.

6                   Dave Prezant, Fire Department, New York  
7 City. Excellent presentation.

8                   He just wanted to hear this twice.

9                   This is what happens. Hales wanted me to  
10 say excellent presentation on the cardiovascular  
11 death, and he wanted to hear it now three times.

12                  MR. HALES: Is your mike on?

13                  MR. PREZANT: The reality is that the  
14 death rate has not changed in the last ten to 12  
15 years, and there are lots of factors for that.

16                  But we certainly are underestimating the  
17 incidence of cardiovascular events, given the fact  
18 that we have improved treatment on the scene,  
19 improved treatment at hospitals. And, therefore,  
20 for every cardiovascular incident, it should result  
21 in a lower death rate.

22                  So are we underestimating the nature of

1 the problem, and do you have any data on the  
2 incidents of cardiovascular events rather than  
3 merely the cardiovascular fatality rate in fire  
4 fighters?

5 MR. HALES: That's a very good question.

6 The -- for every death, there's probably  
7 at least ten to 20 non-fatal events that we are not  
8 being notified of or not investigating, and that's a  
9 given.

10 And I know there has been some talk about  
11 investigating near-miss incidents, of which I think  
12 you could include non-fatal heart attacks on the job  
13 to be in that group.

14 So, yes, that is a problem.

15 There is another component to your  
16 question, I think. Could you maybe -- is there  
17 something else besides the near-miss?

18 MR. PREZANT: So the obvious is that we're  
19 missing a ton of these events.

20 And, you know, you can say that it's ten  
21 to 20, and we could even say that it's 50, and who  
22 would know what the right number is?

1           We know that at least 50 percent of the  
2 ischemic cardiovascular deaths are related to  
3 elevation in cholesterol, assuming that it follows  
4 the general population risk factors.

5           If 50 percent are not explainable by  
6 cholesterol, but a portion of those are explainable  
7 by other risk factors; all right.

8           So to me, it would seem like, number one,  
9 you should be tracking events, not just deaths. All  
10 right.

11           And it may be difficult to track events,  
12 all cardiovascular events within 24 hours or 72  
13 hours or whatever the time span is after a fire, or  
14 after a tour of duty, but you certainly should be  
15 tracking those events during a tour of duty. That's  
16 not impossible.

17           It may be impossible to investigate them,  
18 but it's not impossible to track them; all right.  
19 And you should require for those events at least  
20 some type of mail-in risk identification history,  
21 very miniscule.

22           It could just be, you know, cholesterol,

1 weight, some measure of fitness and something of  
2 that sort, diabetes, you know, just a sort of  
3 ten-point checklist.

4 And then we would be able to get an even  
5 greater picture on how bad this problem is.

6 MR. HALES: In commenting on that, I think  
7 currently the way we're notified about fatalities  
8 from the Fire Administration, they collect fatality  
9 data.

10 I think the issue of addressing the  
11 non-fatal cardiac events needs to be a different  
12 mechanism, a different study of which you would have  
13 to take cohorts of fire fighter departments and then  
14 look at all of their events over time.

15 I think there would have to be a different  
16 study designed. And I think this is one of the -- a  
17 very lucrative or potentially very rich data to  
18 explore, which would require a different study  
19 design than our current model.

20 That's one thing.

21 The other thing you mentioned early on was  
22 that the fire fighter deaths, at least due to

1 cardiovascular disease, have not been going down.

2 They went down in the '80s.

3 And you can make an argument that the only  
4 reason why they went down is actually better medical  
5 treatment, had nothing to do with the fire service  
6 doing a better job of screening or treating or  
7 whatever. It's really medical treatment has  
8 improved.

9 And in that sense, I think if you measure  
10 the success or the benchmark for our program as do  
11 those -- have those fire fighter deaths due to  
12 cardiovascular disease gone down over the past eight  
13 years, I think is a poor measure.

14 Because, as you know, the fitness and  
15 wellness programs are going to reduce the risk  
16 factors over decades. And you wouldn't see the  
17 decline in the number of cardiovascular deaths to  
18 occur for decades.

19 So I think it's a little short-sighted to  
20 expect the number of fatalities to go down that  
21 quickly when we're just starting to address and pay  
22 attention to the risk factors.

1           Those risk factors develop over decades.  
2       We would expect the reduction to take decades to  
3       occur.

4           MR. REED:  Other questions.

5           MR. MORRISON:  Pat Morrison with the  
6       International Association of fire fighters.

7           The stress test, just a question on that  
8       because that was brought up in your presentation.  
9       Are there other screening methods that we need to  
10      know about in the fire service?

11          I know that a cardiac stress test, I guess  
12      according to those using it, that it will pick up  
13      when it's at 70 percent blockage or more.

14          Are there other screening tools that are  
15      going to be used -- are we looking at other  
16      screening tools to find the cardiovascular disease  
17      earlier in the fire fighter rather than later?

18          MR. HALES:  That's a good question.

19          The quick answer that I have for you is  
20      that we essentially follow the American Heart  
21      Association, the American College of Cardiology  
22      recommendations.

1           There are a lot of new technologies out  
2 there to detect -- that are non-evasive, that can be  
3 done quickly, although not necessarily  
4 inexpensively, to look at this.

5           The trouble is when applying them to an  
6 asymptomatic group, such as fire fighters. And  
7 currently, I don't believe the American Heart  
8 Association has, sort of, blessed those tests and  
9 screening tests for the general population.

10           So we have essentially taken the  
11 recommendations for stress tests from the American  
12 Heart Association, from the ACC. And as far as  
13 using other more advanced technologies, I guess --  
14 I'm not a cardiologist. We are sort of on the  
15 cutting edge of doing that research.

16           So I think we need to relate -- wait until  
17 those bodies that do those cost effectiveness  
18 studies of those technologies come forward and say,  
19 Yes, this is a good screening tool for the general  
20 population.

21           Right now, I don't think we're there yet.

22           I know that individual departments have

1 embraced some of those more advanced tests. I  
2 just -- I think that NIOSH to recommend them is  
3 going to have to wait for the American Heart  
4 Association and the ACC.

5 MR. REED: Any other questions?

6 MR. WHITNEY: Mark Whitney with the U.S.  
7 Fire Administration.

8 You mentioned telemetry. And that, of  
9 course, as we become more and more a wired world in  
10 the fire service or safety officers on a fire grant  
11 or a disaster grant will be getting biometrics live,  
12 different types, including location, heart rate, et  
13 cetera, et cetera, you also mentioned standards.

14 Will your standards be looking at the  
15 standards for telemetry for the data content,  
16 perhaps, some of the top of the list so that we  
17 don't have different fire departments showing up on  
18 different people's disaster grants, fire grants, not  
19 being able to interface with whoever the safety  
20 officer is for that incident?

21 MR. PIZATELLA: My understanding is that  
22 was a grant to really develop or at least refine the

1 technology for the system.

2 I believe that the standards part would  
3 probably come later, but that certainly seems like a  
4 reasonable approach.

5 But I think this is just at the research  
6 stage in this particular program, the grant.

7 MR. DANIELS: David Daniels, International  
8 Association of Fire Chiefs.

9 I have some curiosity about the future of  
10 the program in terms of evaluating some of the  
11 social and psychological factors that go along with  
12 these fatalities.

13 There seems to be a lot of work, a lot of  
14 time invested in the results, the heart attack the  
15 person had, the injury the person sustained, the  
16 results.

17 But are we spending any time looking at  
18 the type of environment we place folks into, the  
19 types of social pressures that exist in fire  
20 departments, some of the psychological and social  
21 things that are going on and how folks interact, you  
22 know?

1                   Do we have a Counselor Troy, like they  
2                   have in Star Trek, waiting to help us out?

3                   Just a question along those lines.

4                   MR. HALES: You know, the medical  
5                   literature does suggest that emotional factors do --  
6                   can play a triggering role in coronary -- sudden  
7                   cardiac death and coronary events.

8                   You know, it's hard to define that --  
9                   those terms.

10                  And we collect data about the fire  
11                  department culture and some of the situations the  
12                  individual has gone -- had -- that had -- that  
13                  individual is going through, were there any deaths  
14                  in the family and things like that, financial  
15                  stresses they may be under.

16                  Those are not included in our reports,  
17                  although some of those variables are keyed into our  
18                  database that we have.

19                  We have not done a great job of looking at  
20                  that or trying to define that. I think part of it  
21                  is it's a difficult area to study. And I think it  
22                  would require a different study design issue to look

1 at that rather than collect that data through a  
2 fatality investigation.

3 I think, at least, that's my initial  
4 thought on it.

5 MR. REHFELD: Mike Rehfeld, Baltimore  
6 County Professional fire fighters.

7 This is probably for Tim, more than anyone  
8 else.

9 Have we looked at the follow up issue on  
10 whether any of these recommendations involving the  
11 specific departments are being followed up on and  
12 implemented, and is there any plans in the future to  
13 do that?

14 MR. PIZATELLA: Let me address that to one  
15 of the investigators in the program.

16 Dawn, can you handle that one, or Bob?

17 MS. CASTILLO: Tim, can you hear me?

18 MR. PIZATELLA: I can hear you fine.

19 MS. CASTILLO: Yeah. We don't have  
20 specific --

21 MR. REED: I'm sorry, excuse me.

22 For the transcript, could ...

1 MS. CASTILLO: We don't currently have  
2 specific plans to do that follow-up.

3 If that's something that you guys think is  
4 important, we would be happy to hear it.

5 Part of the reason for that is our purpose  
6 is not -- is not limited to making a change in the  
7 fire department. That's not a big topic.

8 Generally, that traumatic event in itself  
9 is enough for that fire department.

10 Our purpose is to have a broader outreach,  
11 to have other fire departments do it.

12 And that's -- the background behind the  
13 evaluation study is that we are doing a wide  
14 evaluation to see to what extent our fire  
15 departments, in general, are acting upon our  
16 recommendations.

17 But, again, if that's something that you  
18 think is important for us to do, I'm absolutely  
19 willing to consider it.

20 MR. HALES: Yeah. I would also like to  
21 mention, the -- NIOSH's HHE program has a  
22 follow-back effort in which they look at have the

1 recommendations been followed, so they send out a  
2 survey.

3 Right when we issued the report, sort of  
4 almost like a customer satisfaction survey, but then  
5 a year later, it gets distributed saying, Have you  
6 implemented some of those things.

7 Modeling sort of a follow-back effort  
8 after that program, we have just, last year, started  
9 to mail out a brief one-page questionnaire saying,  
10 Have you implemented some of our recommendations.  
11 So we have just started to get some of those back.  
12 Whether -- I don't know what those are going to  
13 show.

14 We know that some departments have sent us  
15 emails saying thank you for your recommendations.  
16 We have implemented all of those based on this date.

17 But those are anecdotal reports that  
18 hasn't been collected in this systematic way, but  
19 may be in the future we will have that data.

20 MR. DUFFY: Rich Duffy, IAFF.

21 You know what? Why don't you explain -- I  
22 think it's important to understand NIOSH's role,

1 both in E-Chiefs (phonetic) and E-Tab (phonetic), of  
2 doing those type of evaluations, some of those which  
3 were done as TAs for fire fighters, but generally  
4 globally for other work forces, and following that  
5 process, because I don't think a lot of people in  
6 the room understand that.

7 MR. HALES: Got you.

8 NIOSH has a program called the Health  
9 Hazard Evaluation Program or HHE Program. And it is  
10 a provided as a free service for companies or unions  
11 or workers themselves to request that we come to  
12 their work site to look at exposures that they're  
13 concerned about or health problems that they're  
14 having.

15 And NIOSH will respond to that request,  
16 individually, either by making a site visit or  
17 sending them a letter addressing their specific  
18 concerns.

19 We do get a number of requests from the  
20 fire service, either from fire departments or  
21 individual fire fighters, or for the unions.

22 And as my slide mentioned, to address the

1 issues of diesel exhaust is a common one. Cancer  
2 clusters is another one. Asthma comes up.

3 And that program is where we initiated  
4 some of the efforts for the FDNY, post 9-11, as well  
5 as the New Orleans Fire Department, post Katrina.

6 That program, about three years ago under  
7 Dr. Tepper, who is here today, under her direction,  
8 has asked that same question of, What's the impact  
9 of the HHE Program; have the individual companies  
10 where we send our reports to, do they have -- have  
11 they made those changes that we're suggesting that  
12 they make?

13 And that follow-back process involves, I  
14 think, two or three letters in which they ask,  
15 initially, when a report is sent, do you agree with  
16 these changes and things like that, and then send, a  
17 year later, about have you actually implemented  
18 them.

19 And they have actually had three or four  
20 years' worth of data to collect and analyze.

21 The fire fighter Program has looked at  
22 that and said, Boy, this makes a lot of sense.

1 Maybe we should be doing the same thing to gauge the  
2 individual fire department impact of our reports.

3 Now, that doesn't gauge the broader fire  
4 service because our reports are disseminated widely,  
5 and our recommendations can be adopted to many other  
6 departments, not just the one department we  
7 investigate.

8 And so by doing that follow-back effort,  
9 we are not going to be surveying the broader impact  
10 of these reports, but it is a snapshot at what was  
11 the impact of that report on that department.

12 Does that help?

13 MR. DUFFY: Since you're trying to keep it  
14 going another ten minutes, I can fill in.

15 I think it's very important, at some  
16 point, to recognize the role of those two programs,  
17 especially the role of those -- and I'm now talking  
18 about the E-Chiefs and the E-Tab and the whole  
19 Health Hazard Evaluation Program, and certainly  
20 NIOSH's role.

21 Because I believe -- and I can document  
22 it. So it's not just my belief -- that the birth of

1 occupational medicine and occupational health in the  
2 fire service began with NIOSH.

3           And it truly began at the second health  
4 hazard evaluation that you ever did.

5           The first was in a small town in Ohio, but  
6 the second one that was ever done was done at the  
7 chemical control fire in Elizabeth, New Jersey, back  
8 in 1980, where there was 55,000, 55-gallon drums  
9 burned. And the fire fighters were on that site for  
10 many days with no personal protective clothing or  
11 equipment and no evaluations of their health status,  
12 both immediately following that incident and then,  
13 you know, a time period later.

14           And we asked that NIOSH did do that. We  
15 had a NIOSH trailer in a firehouse in Elizabeth, New  
16 Jersey within days.

17           And I think it was just not the PR  
18 communications value, but it was truly the first  
19 time the fire service recognized -- not just  
20 recognized, but did something about fire fighters  
21 that needed (sic) health consequences from that  
22 event.



1 row, that you can sort of thank.

2 MR. REED: I think we have time for one  
3 more question.

4 UNKNOWN COMMENTER: Sort of a statement  
5 followed by a question.

6 I think that if you are viewing this  
7 conference as an evaluation of where we are at eight  
8 years, then you really have to be willing to ask the  
9 tough question; all right.

10 And that is not just what new things can  
11 you come up with, but how can you make the fire  
12 service be compliant with the old things; all right.

13 And it's really sexy to be able to find  
14 something new. It's really difficult to get people  
15 to become compliant with difficult things that have  
16 been time proven.

17 Because if they're time proven, and  
18 they're obvious, and people are not compliant with  
19 them, there must be a reason, and that reason must  
20 be difficult to overcome.

21 What we do as scientists and physicians  
22 and healthcare policy people, is we often forget

1 that and move on to find something new that's sexy.

2           So, for example; all right, there's some  
3 really great things that have come out of this  
4 program that, you know, with the exception of a  
5 little bit of money, they can be implemented really  
6 fast.

7           So the things that you found with the  
8 aluminum and the oxygen cylinder bottles, I mean,  
9 you would have to be an idiot not to make that  
10 change; all right. And that change will happen.  
11 And it doesn't really require people buying into it.  
12 It just needs people to buy new stuff; all right.

13           No fire fighter would say, I don't want to  
14 wear that bottle. I mean, I want to wear the old  
15 ones that blow up on me, you know. That would be  
16 crazy; all right.

17           But then we have a lot of other data; all  
18 right, about cardiovascular risk. And we know that  
19 that requires a reduction in cholesterol and  
20 improvement in exercise performance and reductions  
21 in lots of things; all right, health factors.

22           We know that respiratory problems require

1 really wearing respirators. They're not  
2 comfortable, and you can't communicate, and all of  
3 those things.

4 Unless we remove the barriers for that,  
5 we're not going to achieve really big results.

6 And that doesn't require a new education  
7 program or a new training program; all right.  
8 Because I don't think there's a single fire fighter  
9 out there who feels that he should be overweight and  
10 should have high cholesterol.

11 So hearing it from us again isn't going to  
12 make the change; all right.

13 What it requires is us to take a look at  
14 the systems we have in place now and figure out how  
15 we can make it mandatory and how we can improve  
16 compliance; all right.

17 And that requires the stakeholders in an  
18 individual fire department or nationally to come  
19 together and say, How can we make these changes as  
20 non-punitive as possible? And how can we accept the  
21 remaining punitive aspect because there's no program  
22 that isn't completely non-punitive.

1           Unless we're able to grasp that problem,  
2           and unless you guys are willing to push that problem  
3           forward with the help of the unions, we're not going  
4           to make the next big change. And that's what it's  
5           going to require.

6           It's going to require fire fighters, fire  
7           departments to buy into mandatory exercise programs.  
8           It's going to require fire fighters to buy into the  
9           fact that they have to participate in it.

10          It's going to require both the  
11          departments, the unions, and the fire fighters to  
12          realize that if their weight and their cholesterol  
13          and their tobacco smoking persists, then there's  
14          going to be a change in their job assignment.

15          Now, there needs to be a lot of time where  
16          we phase these things in so they're as non-punitive  
17          as possible.

18          But we shouldn't be constantly saying that  
19          we're just going to tell people about their  
20          cholesterol for the next twenty years and think that  
21          they're going to make a change; all right.

22          Thank you.

1           MR. HALES: I mean, that could take up a  
2 whole discussion in the afternoon, but just a couple  
3 of thoughts on that.

4           Mandatory participation, non-punitive  
5 results. So you gave got to participate. There is  
6 consequences if you don't participate in those  
7 fitness/wellness programs. At least, that's my  
8 perspective on what's involved.

9           I think the issue is NIOSH doesn't want to  
10 reinvent the wheel. I mean, the fire service has  
11 got great safety and health programs. NFPA is out  
12 there. The IAFF is out there. The IAFC, all  
13 addressing safety and health issues.

14           We just want to tap into some of the good  
15 work that you are already doing and how could we  
16 reinvigorate, readdress, use some of our research to  
17 help you readdress the question, how to reinvigorate  
18 the safety and health programs.

19           And the question you ask is, you know,  
20 NFPA 1582 is out there for medical standards for  
21 fire fighters, and yet our data shows that they  
22 aren't following it.

1           So one question is why aren't they  
2 following it? What are the barriers?

3           And one of them, believe it or not, is  
4 that they just aren't -- a lot of the docs are not  
5 aware of 1582, particularly if you talked about  
6 non-occupational, non-fire department physicians,  
7 departments that don't have physicians.

8           They use family practice docs that are in  
9 the community. They have no idea of the stress  
10 factors that fire fighters go under. They have no  
11 idea that there's a standard out there that has  
12 guidance for medical clearance.

13           So one of the issues is educating  
14 non-occupational physicians about these consensus  
15 standards that are out there. That's one big  
16 component.

17           The other major barrier that, when I go  
18 around and do investigations, is departments say, We  
19 don't have the money to implement these programs.  
20 We try and say that, Well, there are studies that  
21 show that it's cost effective in the long run.

22           But a lot of times they aren't willing to

1 take -- they -- well, they will say, Well, what  
2 literature do you have? And then we'll present  
3 literature from the manufacturing sector that says  
4 that, yes, fitness/wellness program -- well, that's  
5 not fire fighters. That's not the fire service.

6 You need to show me the cost effectiveness  
7 in the fire service. Then I might implement a  
8 fitness -- good fitness/wellness and medical  
9 screening program.

10 And so I think, clearly, financial issues  
11 is a barrier. Clearly education is -- or training  
12 of physicians that are doing this clearance is an  
13 important issue.

14 But I think we can study that issue in a  
15 better way. And that's one of our proposals is to,  
16 What are the barriers to implementing some of those  
17 medical standards?

18 MR. REED: Thanks. I would like to  
19 continue this dialogue when we have ample  
20 opportunity this afternoon. That's a great thought.

21 And what I would like to do now is break  
22 and regroup at 10:30, so we can keep on schedule.

1           Thank you all for the meetings and the --  
2       excuse me, the presentations this morning. 10:30.

3                       (A recess was taken.)

4           MR. REED: I have a couple of logistics  
5       things to address while people go back to their  
6       seats.

7                       I have been informed that we will have a  
8       list of attendees after lunch. And that list of  
9       attendees, for those of you who are interested in  
10      getting a copy of that today, it will be at the desk  
11      outside the registration desk.

12                      Also not in your packet is a -- also a  
13      piece of information at the registration desk that  
14      shows how you can submit comments to the docket.

15                      We have a docket specifically for this  
16      topic, for this meeting. And the docket, I  
17      understand, is open for one month from today. And  
18      we would like very much to have comments, reports,  
19      anything that's not part of this meeting to be  
20      submitted to that docket.

21                      And information about how to submit to  
22      that docket is on this piece of paper that you can

1 get outside at the registration desk.

2           So we're at a part of our program where  
3 we're going to be asking the invited stakeholders to  
4 present and give their perspective on the program.

5           But before we do that, I just had one last  
6 slide here that I wanted to mention to you all. And  
7 that is, obviously from here, now through the end of  
8 the day, we're going to be hearing very important  
9 information from you, the stakeholders, both the  
10 invited and as well as those who indicated to us  
11 that you wanted to speak.

12           There will be ample time afterwards for  
13 those who want to present to do that. And we would  
14 ask that you do that after those who have been  
15 identified to speak have done so.

16           And then at the end, there will be a  
17 chance for some dialogue for interaction.

18           And Tim and Tom have agreed to come up to  
19 the table, here, for that. And that would be at the  
20 very end for this dialogue part. And they may  
21 choose to engage their staff in questions or that  
22 part of the dialogue period, you know, at their

1 discretion.

2           So with that, just a couple of other  
3 points, too.

4           There is the docket information that I  
5 mentioned, that in more detail is listed on this  
6 handout at the registration desk.

7           For those of you who wanted to make  
8 comments later, you have one month to do so.

9           And then most importantly, I wanted to  
10 mention to you the product that will come from this  
11 important meeting.

12           And that is -- you have to be fully  
13 conceptualized. But at this point in time, we at  
14 NIOSH feel so strongly about this meeting as  
15 something to shape the future direction of where  
16 we're going and an assessment of what we have done  
17 to date, that we have agreed to develop a report  
18 that we will, when finalized, be placed -- that will  
19 be placed on the website.

20           Most likely, it will look something like  
21 the draft document that's already on the website,  
22 that you have in your folder, modified to include an

1 executive summary of conclusions and the directions  
2 that we have heard today at this meeting.

3 So we don't even know the shape of that  
4 yet, but we have committed to make this publicly  
5 available, at least, through the website.

6 So with that, the first of our invited  
7 stakeholders is Charlie Dickinson, who is the Deputy  
8 Administrator for the U.S. Fire Administration.

9 And I understand, Charlie, you don't have  
10 a PowerPoint presentation.

11 MR. DICKINSON: That's correct.

12 MR. REED: Okay. And so with that,  
13 please --

14 MR. DICKINSON: Thank you.

15 I have a couple of comments.

16 For those I don't know, I'm glad I'm here  
17 with you. For those I do know -- and some of you in  
18 this room we have crossed paths with many, many  
19 different events in our careers.

20 I could talk to you about what I think the  
21 rest of the day, what our experience has been, what  
22 my collective experience is in my fire service, the

1 one I have been honored to serve in for a long, long  
2 time.

3           And I think I'm living proof of careful  
4 what you don't wish for because if you hang around  
5 in the federal government long enough without a tool  
6 in your hand, they'll give you something to do.

7           People ask how am I doing. I'm with the  
8 U.S. Fire Administration. I kind of laugh -- and I  
9 think Kevin has heard this.

10           I'm living the dream because I never  
11 dreamed I would be doing this. It wasn't on my  
12 horizon to interact at this level for the nation's  
13 fire service, but I found it every bit as  
14 challenging and rewarding and puzzling and  
15 frustrating as -- it's almost like being back in the  
16 fire department. Just the money is bigger.

17           They don't talk about thousands of  
18 dollars. They talk about millions of dollars. And  
19 I throw that term around now like it's nothing, and  
20 it's everything.

21           It's -- that's what moves the federal  
22 government. It's one of the things I have learned.

1           The other thing I have learned in the  
2 federal government in my four, five years now, it's  
3 all about process.

4           I would have never guessed that. The  
5 process is there and alive and well.

6           It's simply because the organizations are  
7 so large. It's huge. To move anything, to make  
8 anything happen takes an enormous amount of effort.

9           But then we meet people along the way.

10          I was fascinated with Dr. Tom Hales'  
11 picture in his presentation of the exercise  
12 facility, fitness center that had stairs but then  
13 had two escalators running up the sides. And I  
14 wondered if he put that picture on there just to see  
15 if we were paying attention, and we were.

16          I think that's an oxymoron if I ever saw  
17 one.

18          I can only share with you -- I want to  
19 share a couple of things with you that Mark Whitney  
20 who runs our program that interacts with NIOSH and,  
21 you know, a whole group of people over there in the  
22 fire data center, who I asked if he -- to make sure

1 that I made some intelligent comments up here.

2 And one of the things we're very proud of  
3 at USFA is just on our web page alone, a quarter of  
4 a million visitors a year tap into or get online  
5 with the fire fighter Fatality Program.

6 Somebody is looking out there. Somebody  
7 is paying attention.

8 The question is -- we heard it here this  
9 morning -- what are they doing with it? See, that's  
10 the question. What are they doing with it?

11 And, of course, our U.S. fire fighter  
12 fatalities, the United States report includes an  
13 appendix with a brief summary of each incident. And  
14 where available, we include the link to more  
15 detailed information on our web page.

16 There was a huge shift in the fire  
17 service's ability to get online. And I would like  
18 to tell you it's because we made that happen, but of  
19 course, we didn't. It occurred between the years of  
20 2002 and 2001.

21 If you recall, when the Assistance to fire  
22 fighters Grant Program was implemented, several of

1 us at the USFA were the implementers of that  
2 program.

3 It was the first time in the history of  
4 the fire service that we finally got something from  
5 the federal level that went directly to the fire  
6 departments.

7 And oh, by the way, the states still hate  
8 that. These awards go directly to the fire  
9 department.

10 The point I'm about to make, though, is  
11 that there was a guess how many applications there  
12 would be. And that then, the U. S. Fire  
13 Administration, being in FEMA, the good guess was  
14 somewhere around 7,000. Of course, we now know it's  
15 30,000 separate applications. Somewhere around  
16 14,000 departments applying because you can apply  
17 for two categories.

18 Fast forward to the year 2001, when it  
19 became an electronic application. And that  
20 electronic application, the volume was just the  
21 same, but America's fire service got online.

22 It was amazing how many departments

1 contacted us and said they had no ability to get  
2 online. They had no computer system in their fire  
3 stations.

4 Now, remember, the majority of the fire  
5 services is one station spread throughout the  
6 country, with very small resources. It's the few  
7 fire departments that have the full robust types of  
8 electronic communications that we all enjoy today in  
9 the larger organizations.

10 So we thought that was profound.

11 There's a Captain Willy Moore of San  
12 Antonio, Texas, who used almost 20 NIOSH fire  
13 fighter fatality reports on fire fighters who were  
14 caught or trapped and to study fire fighter  
15 disorientation, which you know is a huge issue.

16 And that -- of course, his report, the  
17 U.S. fire fighter Disorientation study has been  
18 linked from the U.S. fire fighter Fatality section  
19 of the USFA website.

20 And I could read you more, but I want to  
21 talk to you personally.

22 Because, see, '95 still haunts us in

1 Pittsburgh. That's where I was.

2 It's called Bricelyn Street.

3 Rich was there. Rich remembers.

4 There's no fire department, whether it's  
5 Baltimore County, New York City, that ever wants to  
6 have a NIOSH fire fighter Fatality study done.

7 Now, in '95, I believe in those years --  
8 correct me if I'm wrong, Mark -- the U.S. Fire  
9 Administration contracted with Tri-Data to do those  
10 types of studies.

11 I believe that when a study was done, that  
12 was prior to NIOSH.

13 There was a concern when NIOSH was  
14 designated by Congress to do this study, to do this  
15 type of reporting, that they would have the  
16 expertise to do that. Because, you see, in the fire  
17 service, there's us, and then there's the rest of  
18 you.

19 I'm being very candid with you now, folks.

20 Because we're not sure anybody outside of  
21 what we do really understands what we do. And I'm  
22 not sure we understand sometimes because there's

1 some real disconnects in what work we do.

2 But, boy, have you demonstrated two  
3 powerful things for NIOSH.

4 As a government agency, you could do it  
5 right. And the value -- and I don't know if anybody  
6 has ever told you about this -- but the value that  
7 the NIOSH investigations are, is you're neutral.  
8 You're not prejudiced when you come. You don't have  
9 a vested interest at a local level, and everything  
10 that you work on happens at the local level,  
11 everything.

12 The disconnects that occur as you move up  
13 in the, let's just call it the architect of what  
14 state or -- local, county, parish, state, and  
15 federal are far different than what occurs at the  
16 local fire station, completely different.

17 Because, yes, we have ranks. We have  
18 organizational structure. Of course we do.

19 But this business is so compoundingly  
20 different than what the structure of normal life is  
21 really all about, is where the disconnects really  
22 become.

1           And I will give you an example.

2           We are talking about PASS devices that was  
3 one of the contributing factors in the Bricelyn  
4 Street incident in Pittsburgh.

5           And as the fire chief, I knew -- there was  
6 no question in my mind that the PASS devices were  
7 not being used as we thought they should be used by  
8 the rank and file, by the officers and -- the  
9 lieutenants and the captains and the fire fighters  
10 who were wearing that.

11           And we said, collectively, they were  
12 falsing.

13           No, they weren't falsing. They were  
14 working exactly as they were designed.

15           What happened was is that somewhere along  
16 the line, the disconnect was that fire fighters  
17 sometimes are momentarily still, and they become  
18 bothersome.

19           And because of a whole lot of other issues  
20 that I don't have time to explain to you, as the  
21 fire chief, I knew that they were not turning those  
22 PASS devices on.

1                   That wasn't the battalion chief or the  
2                   assistant chiefs' or the captains' or lieutenants'  
3                   responsibility.

4                   It was the fire chief's responsibility to  
5                   either enforce it or change it.

6                   And I didn't.

7                   And I can't tell you if Tom and Patty and  
8                   Mark would be here today, but I can tell you with no  
9                   uncertainty, they wouldn't have laid there for 17  
10                  minutes.

11                  And that's the challenge that you have  
12                  here as a group.

13                  There's no mystery about what some of  
14                  these issues are. We have enough information today  
15                  that we can make a profound difference.

16                  It's the question that's been asked  
17                  already. Who's listening?

18                  The gentleman from New York City, that I  
19                  never met before, he got it right. What changes are  
20                  we going to insist that we make ourselves?

21                  Is there any mystery about what the most  
22                  dangerous piece of apparatus that has wheels in the

1 fire service? If you don't know, it's call a  
2 tender.

3 We watch that each and every year, but yet  
4 you have to go a local department and you have to  
5 ask them, Did you give any specialized training for  
6 this particularly dangerous piece of equipment.  
7 And, by the way, can the driver, whoever that might  
8 be, can they tell you what the GVW is and the  
9 stopping distance?

10 Because today, I -- and this is the  
11 greatest way I can explain it.

12 Again, a lot of older cities have fire  
13 stations that are built, if you have a hilly city,  
14 built on top of the hill. That's because the horses  
15 could run faster downhill.

16 And today, in those very same stock fire  
17 stations that have been modernized. They have 400  
18 horses in them, under each hood. A profound  
19 difference.

20 And it takes skill today to navigate those  
21 pieces of equipment, 30 to 50 tons in some cases,  
22 requesting the right-of-way. Not demanding the

1 right-of-way because we don't own the right-of-way.

2 It's about knowing where you are, what  
3 you're responsible for, and well trained, and  
4 applying everything.

5 And if you want to watch one of the most  
6 disheartening things is to watch people leave the  
7 stations unbuckled.

8 And are there issues about buckles versus  
9 buckles versus SCBA? You bet there are.

10 Because, see, the challenge is, for all of  
11 this, do you want to be -- do you want your  
12 department to be, or do you want to be part of the  
13 system that the outcome was, because we didn't apply  
14 some of the things, some of the basic things that we  
15 know, that you're waiting for the family or the  
16 loved ones in the emergency room, and you already  
17 know what the outcome is?

18 Because you wouldn't want to be there as a  
19 family member walking into that emergency room  
20 knowing that that department failed to enact a  
21 simple safety policy.

22 Because no fire fighter dies in the line

1 of duty, is killed in the line of duty in this  
2 business because something went right.

3 Nobody that I have ever heard of has ever  
4 given a direct command in this business that meant  
5 certain death. Nobody.

6 So we have this challenge of what we know.

7 And if you work where we work, where Mark  
8 and I work, you see those flags up and down. And  
9 more through the year, they're down more than they  
10 are up.

11 And that meant that there has been at  
12 least one department, if not multiple departments,  
13 that have had a catastrophic failure.

14 It may be a local incident that's not even  
15 newsworthy throughout the state. But for that  
16 department and those who are associated with it, and  
17 those who are trying to help it, make it understand  
18 that safety isn't some farfetched issue that should  
19 be applied occasionally.

20 It's at the very moment that people come  
21 on duty. It should be paid attention to because  
22 safety and application of safety programs, and

1 application of all the things that we know that the  
2 Fallen fire fighters Foundation, with Ron Siarnicki,  
3 for the 16 Life Safety Initiatives, that are defined  
4 so well.

5           There are no mysteries out there.

6           We may discover some along the way as we  
7 evolve more and more on the technical side, as we do  
8 more investigations. But I think early is it's --  
9 or at least, what I felt we -- that this body had  
10 already said to itself, We probably have enough  
11 information now. The question is is who's  
12 listening?

13           Because that's the challenge.

14           I don't know about you, but we make  
15 decisions even on what we're going to read every day  
16 because there's so much that comes at us today.

17           From publications to reports, to emails,  
18 the cursed emails. All of those things, the  
19 taskings that we get, the letter that arrive all are  
20 distractions. And it's no different at the local  
21 fire department level than it is here.

22           It's about those challenges.

1           See, there's this old question that's so  
2 true. And the question is, when the engine company  
3 arrives at the front address and that person is on  
4 the third floor, is that the time to look backwards  
5 and see if we have got everything right?

6           And it may sound melodramatic, but  
7 somebody is going to do that today. And what would  
8 you want if it was your mother on the third floor?

9           Because chances are, it will be someone's.

10          And that's true about those crews that  
11 respond, career volunteer. They're somebody's  
12 mother, somebody's father, somebody's son or  
13 daughter. And those that are responsible for those  
14 need to ensure that we're trying, in every way that  
15 we can, to apply what we already know about safety.

16          And I think maybe I have drifted off  
17 course a little bit, but I think the thing that I'm  
18 most pleased about is the collaboration and  
19 cooperation between NIOSH -- and, of course, NIST is  
20 a big part of what we do, too -- and the fire  
21 service itself, and our allied professionals, and  
22 the Fallen fire fighters, and the IAFF.

1           Because collectively, if we don't continue  
2           to stress and work on this, we're going to continue  
3           to attend those services that we know in some cases  
4           don't have to occur.

5           I don't think I'm naive in this business  
6           that we're ever going to see zero fire fatalities,  
7           but I will share with you there's a huge difference  
8           between dying in the line of duty and being killed  
9           in the line of duty. There's a huge difference.

10           In this business, the ultimate choice  
11           should be because you're trying to get your hands on  
12           somebody. That's the only reason.

13           Then it's a roll of the dice.

14           It should never be because you don't know  
15           the apparatus, the policy, the training, the  
16           equipment. It should never be for those reasons.  
17           It should never be because you didn't follow a  
18           policy or a safety practice.

19           It should always be because we're trying  
20           to make a difference in someone else's life, not an  
21           empty building, not a vacated building. Those are  
22           risk versus rewards.

1           And I know in the spirit of what your  
2 challenge is today, you're trying to get us there,  
3 and for that, we appreciate it.

4           Thank you very much.

5           MR. REED: Thank you, Charlie, for those  
6 eloquent comments.

7           The next speaker on the list is Maggie  
8 Wilson, who is the Director of Health and Safety for  
9 the National Volunteer Fire Council.

10           Maggie, you have a PowerPoint; correct?

11           MS. WILSON: Yes.

12           MR. REED: Okay.

13           MS. WILSON: Thanks. I want to first  
14 thank NIOSH for inviting us to speak here today.

15           I'm going to talk to you a little bit  
16 about why we think the NIOSH program is useful, and  
17 a little bit about the NVFC Heart Healthy fire  
18 fighter Program.

19           There are several reasons we think this  
20 program is useful.

21           To start with, it assists with finding  
22 trends in fire fighter fatalities, which helps with

1 the NVFC in our direction.

2           Based to any trends or areas of concern,  
3 they then make recommendations to fire departments,  
4 and these procedures help fire departments keep  
5 their fire fighters safe and healthy.

6           One issue that has been identified through  
7 this program is that a large number of fire fighter  
8 deaths are cardiac related, as we have talked about  
9 most of the morning.

10           48 percent of all the investigations done  
11 through the program reveal cardiac related problems.  
12 And many of the recommendations included in the  
13 reports stress the need for stricter health and  
14 safety programs in the fire department.

15           Some of the specific reports that I looked  
16 at while doing this presentation recommend, among  
17 other things, that departments phase in a mandatory  
18 wellness/fitness program. And we saw through Tom  
19 and Tim's reports how many fire departments have  
20 those now.

21           They also recommend that annual physicals  
22 be performed on all fire fighters.

1           They talked a lot about NIOSH or NFPA, and  
2           the work that they have done with NFPA in  
3           influencing their standards. And the Department of  
4           Homeland Security, and working to identify  
5           priorities for the Assistance to fire fighters Grant  
6           Program.

7           Data in the NIOSH reports and also in  
8           working with NFPA and USFA led in part to the NVFC  
9           creating our Heart Healthy fire fighter Program.

10          In 2002, we launched the program for all  
11          fire fighters, both career and volunteer. We  
12          launched a standalone website for the program at  
13          www.healthy-firefighter.org.

14          We created the Heart Healthy fire fighter  
15          Work Group, which I'll talk about a little later.  
16          We also created the Heart Healthy fire fighter  
17          Resource Guide, which to date has been distributed  
18          to about 10,000 fire fighters nationwide.

19          We began performing free health screenings  
20          at some of the fire service trade shows, FDIC, Fire  
21          Rescue International. To date, we have performed  
22          about 10,000 screenings for cholesterol, blood

1 pressure, and body composition.

2           And thousands more individuals have  
3 stopped by the booth and picked up the resource  
4 guide or other valuable information on their health.

5           These are some of the results that we have  
6 gotten from the program. These are the cholesterol  
7 screenings from 2004 and 2005 on three of the shows  
8 that we have been to.

9           Most of the cholesterol scores that we  
10 have seen, the average is below 200, which is  
11 considered desirable.

12           However, you can't take just the total  
13 cholesterol into account. You have to look at both  
14 LDL, HDL result. If their HDL is below 40, you need  
15 to bring that up.

16           The blood pressure screenings, these are  
17 at four of the shows that we have done. I'm not  
18 sure if you can read the bottom, but it's normal on  
19 the left-hand, prehypertension, Stage 1, and Stage 2  
20 hypertension.

21           These are some of the more shocking  
22 results that we have seen in the program.

1                   And also body composition screenings.  
2           They say it's considered 25 percent or above body  
3           fat percentage is considered obese.

4                   You can see just one of these results is  
5           below that 25 percent.

6                   We have also launched, each year, the  
7           Fired Up for Fitness Challenge, which encourages  
8           fire fighters to become more physically active.

9                   They can go to our website, log their  
10          daily physical activity. And at certain points they  
11          get sent T-shirts with the program sponsors and our  
12          workgroup members' names on them, and then  
13          certificates of completion.

14                  We have about 2,500 participants signed up  
15          for the challenge at this point, and that number is  
16          growing every day.

17                  We have also started an annual Fired Up  
18          for Fitness Award, which highlights one member of  
19          the challenge that's made a significant impact.  
20          Last year, it was Mike Bittney (phonetic) from  
21          Spooner, Wisconsin, who was part of the program,  
22          lost 40 pounds, lowered his cholesterol and blood

1 pressure.

2           We're just starting Phase 3 of the  
3 program, which would be the third and most  
4 comprehensive year. We're planning on adjusting all  
5 avenues of heart healthy lifestyle, fitness,  
6 nutrition, heart health.

7           We have created a mini health fair that  
8 we're going to be taking around to the trade shows  
9 this year. It's going to include health screenings.  
10 This year, we will be doing cholesterol, glucose,  
11 and blood pressure screenings.

12           Additionally, we'll be doing cooking  
13 demonstrations to help fire fighters learn how to  
14 cook heart healthy, both at the fire department and  
15 at home, and also fitness demonstrations.

16           This year, the spokesperson for the  
17 program is Erron Kinney. He's a pro football player  
18 for the Tennessee Titans and also a volunteer fire  
19 fighter in two departments in Tennessee.

20           Erron is going to travel the country with  
21 us to some of the trade shows and other events, and  
22 speak about the program, and he will also play a

1 role in the NVFC website.

2           Additionally, we have just finished talks  
3 with Novartis Pharmaceuticals, who run the BP  
4 Success Zone Program. And we will be working with  
5 Joe Montana this year to go around to six different  
6 fire departments and talk about blood pressure and  
7 lowering the blood pressure. We'll be going off and  
8 meeting with him to finalize all those details next  
9 week.

10           NIOSH joined the Heart Healthy fire  
11 fighter Work Group about a year ago. The current  
12 members of the work group are listed here.

13           The Heart Association, Dietetics  
14 Association, National Heart, Lung and Blood  
15 Institute, NIOSH, USFA, NFPA, who is also a sponsor  
16 of the program, and the Medical Reserve Corps, which  
17 is through the office of the Surgeon General.

18           They have assisted us in many ways.

19           Tom Hales and Scott Jackson have been  
20 great supporters of the program and given us a lot  
21 of great information to use.

22           We post all of the fire fighter Fatality

1 Reports on the Heart Healthy fire fighter website,  
2 and encourage fire fighters to follow the  
3 recommendations in those reports.

4 The recommendations that we have now for  
5 NIOSH, we believe that the Heart Healthy fire  
6 fighter Program is an important tool in reducing  
7 fire fighter deaths due to cardiac related  
8 illnesses. And we recommend that local fire  
9 departments use it as part of their program.

10 We also believe that NIOSH would reference  
11 this program in their recommendations as a tool for  
12 fire departments and fire fighters.

13 And we would also be pleased to offer more  
14 information on the Heart Healthy fire fighter  
15 Program and collaborate with NIOSH and local fire  
16 departments in expanding its implementation.

17 And that's all I have.

18 MR. REED: Thanks, Maggie.

19 I just want to say, too, that also that,  
20 at the end of the day, if we have enough time, I  
21 think if we have questions of the speakers  
22 themselves, we should be able to entertain those

1 questions in addition to having the dialogue.

2 So our next speaker is Gary Tokle, who is  
3 the Assistant Vice President for the Public Fire  
4 Protection Division of NFPA.

5 Mr. Tokle.

6 MR. TOKLE: Good morning.

7 It's a pleasure to be here, and we  
8 appreciate the opportunity to take part in this  
9 important meeting.

10 What I'm going to do this morning,  
11 briefly, is look at two areas. One, is the areas --  
12 the first area is what is NFPA's stake in the NIOSH  
13 investigation program. And then we're going to try  
14 to address several areas that we picked out of the  
15 report that was submitted in our packages where  
16 NIOSH was asking for stakeholder input.

17 NFPA's stake in this program really falls  
18 in these three areas. And in the next three slides  
19 that I look at or bring up, we will address each of  
20 those areas.

21 Technical committees -- hold on just a  
22 second.

1                   What do the investigations give us?

2                   The reports provide thorough  
3       recommendations, often include details that are not  
4       otherwise available, from situations such as local  
5       fire department reports, which prove very valuable  
6       in having that consistent format for all of the  
7       reports.

8                   What do investigations give? Us,  
9       technical committees are constantly reviewing their  
10      codes or standards to determine if existing  
11      requirements are working, or whether new  
12      requirements should be added. Such decisions are  
13      made using the best available information, which is  
14      sometimes less than complete.

15                  The fire fighter Fatality Investigation  
16      Program has provided both detailed information for  
17      technical committees to use. And technical staff  
18      from NIOSH who participate on those committees  
19      assist the members in understanding what the  
20      problems are and coming up with solutions to develop  
21      the standard language needed to address the  
22      problems.

1           Some of these standards were identified  
2 earlier by the NIOSH staff.

3           NFPA 1500, NFPA 1581, 1582, 1584, 1710,  
4 1720, Fire Apparatus Standard 1901 and 1982.

5           Frequently, NFPA gets asked questions from  
6 the media or other government officials relating to  
7 fire fighter deaths and injuries.

8           Much of this information we answer by  
9 using a combination of information, both the  
10 statistics that NFPA develops, looking particularly  
11 at trends in various areas, as well as the specific  
12 examples that we can draw from the NIOSH reports.

13           And this proves very helpful in assisting  
14 the local governments, as well as the media's  
15 requests.

16           The next series of slides is going to  
17 address the areas that have been identified within  
18 the NIOSH report, where they ask for input from  
19 stakeholders in several areas.

20           We extracted 13 specific questions in  
21 seven areas. And in this case, we will document and  
22 address those.

1           The First area is should the fatality  
2 investigation continue to be the focus of the  
3 program?

4           Fatality investigation should continue to  
5 be the focus of the NIOSH program.

6           Ideally, ways should be found to maintain  
7 or increase the level of investigations while  
8 supporting more outreach and research.

9           Any decrease in the number of fatality  
10 investigations should only occur because there's a  
11 focus or a shift in focus to investigate more  
12 on-duty fire fighter injuries.

13           The NIOSH investigation program documents  
14 in a standard format the reasons for the fatality  
15 recommendations that will help other fire  
16 departments prevent similar occurrences.

17           Reports can be used by fire departments to  
18 evaluate the adequacy of their own health and safety  
19 programs, and prioritizing and focusing training  
20 efforts.

21           Research shouldn't be done at the expense  
22 of data collection. However, there needs to be a

1 balance between investigations and research.

2 NIOSH should be funded to follow up and  
3 perform research when the fire fighter Fatality  
4 Investigations reveal problems that might be solved  
5 with product changes.

6 For example, fire fighter protective  
7 clothing, or fire fighting tools and equipment, or  
8 cultural or procedure changes that should be  
9 reflected in training and educational materials for  
10 the fire service.

11 And several of those were discussed here  
12 earlier this morning.

13 And one of the best examples that I was  
14 going to use -- and it was already used -- and that  
15 has to do with the issues surrounding the PASS  
16 alarms and the audibility.

17 The NFPA technical committees specifically  
18 began addressing that issue when it was brought to  
19 their attention by NIOSH through their  
20 investigations and some research they did that  
21 determined that PASS alarms were not being audible  
22 at temperatures above 300 degrees.

1           And the committee is working on that.  
2           Hopefully they will be able to come up with a  
3           solution that will improve that, but, again, this  
4           was directly because of the efforts through the  
5           NIOSH program.

6           Research projects are typically going to  
7           require further investigations and data collection  
8           in order to have the relevant data to focus the  
9           research and monitor its effectiveness.

10          Ideally, NIOSH will be provided with the  
11          necessary resources to allow them to investigate all  
12          on-duty fire fighter fatalities.

13          Again, some of the overview this morning  
14          that talked about the means of dissemination of the  
15          information NIOSH collects.

16          We feel that NIOSH alerts are a very  
17          effective tool and a way to make overall fatality  
18          statistics available from NFPA, and combine them  
19          with the findings of the fatality investigations  
20          relative -- relevant to a specific topic that  
21          focuses on the causes of fatalities and their  
22          prevention.

1           An important specific topic that should be  
2 addressed is the role of incident management. And  
3 again, this was mentioned earlier.

4           It has been noted that these systems can  
5 play a significant role in preventing fatalities or  
6 reducing the risks of fatalities based on the NIOSH  
7 investigations that document the effect and the lack  
8 of such systems.

9           NIOSH has done an excellent job of  
10 searching out ways to disseminate the investigative  
11 reports, making the incident reports available to  
12 fire service magazines for publication, is getting  
13 the information to individual fire fighters.

14           Simply sending hard copy reports or  
15 emailing electronic versions to fire departments  
16 generally will not get the information into the  
17 hands of the individual fire fighters.

18           The email notification available on the  
19 NIOSH website is another excellent means to reach  
20 interested individual fire fighters.

21           We would like to suggest that NIOSH  
22 consider establishing a web based conference board

1 where fire fighters could post comments, discuss  
2 changes they made to their SOPs based on the lessons  
3 learned, or other information.

4 This would give NIOSH feedback on their  
5 investigative program, and would also encourage fire  
6 departments to incorporate to findings into their  
7 training and procedures.

8 NIOSH staff participation in the NFPA  
9 codes and standards process is extremely valuable.

10 Instilling the findings from the  
11 investigations into suggested changes to codes and  
12 standards is possibly the most direct way that NIOSH  
13 can effect a reduction in fire fighter deaths and  
14 injuries.

15 Beyond that, NIOSH, to look at studying  
16 the barriers that prevent their recommendations from  
17 being adopted by fire departments, and, again, that  
18 issue has been addressed by several people this  
19 morning, already.

20 For example, implementing a health  
21 screening program should have an event on CVD  
22 deaths.

1           The fire departments do not always follow  
2 NFPA 1582.

3           What are the barriers that prevent  
4 implementation of a given standard that is designed  
5 to prevent or lessen fire fighter injuries or  
6 deaths?

7           Once we have a better understanding as to  
8 whether the barriers are financial, lack of  
9 awareness, or some other reason, they can be  
10 addressed.

11           Epidemiological studies of deaths and  
12 injuries based on NIOSH investigations and any other  
13 data available, would have great value. And NIOSH  
14 would seem to be the ideal agency to conduct these  
15 studies.

16           These studies could address questions  
17 concerning cancer rates among fire fighters as  
18 compared to the other occupations.

19           Illness rates from long-term exposures,  
20 such as to diesel exhaust. Again, that was  
21 mentioned this morning. Some data from Workman's  
22 Compensation programs might be used to study

1 patterns in fire fighter injury and illness as well  
2 as other data sources mentioned.

3 NIOSH had looked more at injuries. NFPA  
4 estimates approximately 75,000 fire fighter injuries  
5 occurred in 2004, almost half of these on the fire  
6 ground.

7 Approximately 3,000 were due to burns,  
8 2,000 to smoke or gas inhalation. 600 were a  
9 combination of burns and smoke inhalation.

10 In addition, close to 1,000 fire fighters  
11 are stricken by non-fatal heart attacks and strokes,  
12 annually while on duty.

13 Clearly, there are vast numbers of  
14 injuries each year that might be prevented if the  
15 fire service knew more about how they occur and  
16 steps they should take to prevent them. And we  
17 recommend the focus should be on the most severe  
18 injuries.

19 It's unrealistic to expect that the NIOSH  
20 Fatality Investigation Program, in only seven years,  
21 could be shown to have single-handedly reduced the  
22 U.S. fire fighter fatality problem.

1           Each year, of an estimated 1.1 million  
2 career and volunteer fire fighters in this country,  
3 approximately 90 are killed on duty.

4           Of those 90 fire fighters, approximately  
5 70 die of fatal injuries while dealing with  
6 emergency incidents.

7           The trauma investigations have great value  
8 in clearly showing how fatal injuries occurred and  
9 make excellent training tools for fire departments.

10          But directly translating the investigation  
11 findings into changes in culture and behavior may be  
12 somewhat beyond the role of NIOSH.

13          Fire service leadership and the members of  
14 the fire service must assume that role and focus on  
15 the results of the investigations.

16          As stated earlier, the NIOSH participation  
17 in NFPA codes and standards making process is a way  
18 that NIOSH staff can impact the way the fire service  
19 benefits from the investigations.

20          NIOSH staff are often the most familiar  
21 with the circumstances of fatality, and can suggest  
22 specific changes to the safety and health standards

1 that are used to regulate processes and procedures  
2 that could prevent future reoccurrences.

3 Fatalities due to sudden cardiac death,  
4 which make up almost half of the emergency duty  
5 related deaths of career and volunteer fire  
6 fighters, are largely due to risk factors that take  
7 decades to develop, and substantial time to address.

8 And, again, these were listed weight,  
9 cholesterol, hypertension.

10 Kind of in conclusion, NIOSH's fire  
11 fighter Fatality Investigation Program has had a  
12 positive effect on the move toward a safety culture  
13 in the fire service.

14 More than ever before, people at all  
15 levels throughout the fire service are focused on  
16 creating a safety culture and focusing on behaviors  
17 and wellness programs. This is helped, in part, by  
18 the constant drum beat as NIOSH reports are  
19 released.

20 In the past, the fatality figures were  
21 reported only annually. We had only a brief time  
22 each year when the fire service focused its

1 attention and the public's on the issue surrounding  
2 fire fighter safety.

3           The NIOSH fire investigations make a  
4 difference. Who would fill the void if the level of  
5 investigations is cut back?

6           The investigations reports, the research  
7 projects that NIOSH can build around the  
8 investigations, and the NIOSH alert bulletins are  
9 all essential components in a drive to improve the  
10 relevant codes and standards, and to legislate and  
11 enforce and fund changes in the fire service that  
12 would make fire fighters safer.

13           Thank you.

14           MR. REED: Thank you, Gary.

15           Our next speaker is Chief Ronald  
16 Siarnicki, who is the Executive Director of The  
17 National Fallen fire fighters Foundation.

18           Sir.

19           CHIEF SIARNICKI: Well, good morning to  
20 all of you.

21           And, first, let me say thank you for  
22 inviting the National Fallen fire fighters

1 Foundation to be here and have an opportunity to  
2 present.

3           What I hope to do is to kind of bring you  
4 through, quickly, where the National Fallen fire  
5 fighters Foundation has developed over the last two  
6 years in relation to preventing fire fighter  
7 fatalities, and how that fits into the whole idea of  
8 the investigation and prevention of those incidents  
9 through this organization.

10           And what I would like to do is talk about,  
11 as Charlie Dickinson mentioned, the 16 initiatives  
12 because they are really a flavor of what the  
13 American Fire Service is saying needs to be  
14 addressed and needs to be taken care if we're going  
15 to make a difference in reducing fire fighter  
16 fatalities.

17           And of course, I need to at least do what  
18 I call the commercial, always, of the National  
19 Fallen fire fighters Foundation.

20           It was created by Congress in 1992. So  
21 we, too, have a congressional mandate. And that is  
22 to honor every fire fighter in our country that dies

1 in the line of duty and to assist their families  
2 with the rebuilding of their lives.

3 So we definitely see all these incidents  
4 long term at the end.

5 And one of the pieces that our Board of  
6 Directors has moved with and has added to our  
7 mission in a prevention effort is to work with the  
8 fire service community to reduce fire fighter  
9 deaths.

10 And so that's a new piece for us, and it's  
11 an exciting piece. It's an area that, I think, all  
12 of us agree something has to be done.

13 It's all about a grateful nation. It's  
14 all about service and commitment. It's all about  
15 what fire fighters and emergency service providers  
16 do each and every day.

17 And our goal is to ensure that everyone  
18 goes home at the end of the day.

19 The end of the shift, the end of the visit  
20 to the fire station, they pack up their toys. They  
21 go home, and they come back another day.

22 And our logo here is to reduce fire

1 fighter fatalities through these life safety  
2 initiatives.

3 I would like to run you through them very  
4 quickly and then talk about some of the things  
5 throughout that will answer your questions.

6 This process started back in 2003, with a  
7 focus group at Fire Rescue International, in which  
8 fire service chiefs got together with the  
9 foundation, and we asked the question, Will the fire  
10 service really embrace a problem, really embrace a  
11 program to reduce fire fighter fatalities?

12 Sometimes we talk about that, but to be  
13 really, really truly going to put everything into  
14 it.

15 And the answer was, of course. And the  
16 answer was, we need to convene the fire service  
17 organizations and try to unify in this initiative.

18 And so that occurred in Tampa, in 2004, at  
19 the first Line of Duty Death National Summit.

20 And if you look at each fire fighter  
21 fatality that occurs in our country, it can be  
22 grouped into six areas or domains that came out of

1 that summit, health and fitness, vehicle operations,  
2 structural operations, training and general  
3 research, wildland operations, and fire prevention.

4           If we reduce the occurrences and  
5 incidents, we're going to reduce fire fighter death  
6 and injury.

7           And so out of those six areas, the group  
8 of 250 representatives of the fire service developed  
9 16 life safety initiatives with the goal of reducing  
10 fire fighter fatalities, embracing the United States  
11 Fire Administration's goal of a 25 percent reduction  
12 in five years, and a fifty percent reduction in ten  
13 years.

14           And if we just look at the two leading  
15 causes, and we have talked about them,  
16 cardiovascular and vehicle, both which have  
17 significant issues in prevention, I think those  
18 goals are easily obtainable if everybody works  
19 together.

20           And I think that's part of what we're  
21 talking about as stakeholders, in making that  
22 happen.

1           And so the initiatives came to all of us  
2 as a result of these two days.

3           And the first is truly to define and  
4 advocate the need for a cultural change in the fire  
5 service. It's about doing what we do differently.

6           It's about changing the thought process  
7 that allows people to participate in emergency  
8 operations without protective clothing, as depicted  
9 in the slide, or allows people to think that they  
10 are invincible, and can do -- if you want to refer  
11 to the backdraft syndrome or anything else related  
12 to how fire fighters operate.

13           There are a lot of rules and regulations  
14 out there. There's a lot of pieces in place that  
15 tell us what we need to do and how we need to do it.

16           The issue is getting people to, in fact,  
17 do it.

18           And that's related to culture and changing  
19 that culture. And we hope that we can talk about  
20 culture throughout all these aspects, that culture  
21 should be addressed in the reports. It should be  
22 looked at.

1                   What is the culture of that organization?

2    Are rules and regulations followed when  
3    investigations are done? And that should include  
4    safety, leadership, management, supervision,  
5    accountability, and personal responsibility.

6                   The second initiative talks about  
7    enhancing the personal and organizational  
8    accountability for health and safety.

9                   We have to make every single person in the  
10   fire service system responsible for their own well  
11   being and the well being of their partners, their  
12   crew members.

13                   And it isn't just the chiefs. It isn't  
14   just the informal leaders. It isn't just the fire  
15   fighters. It's everybody.

16                   Holding everybody responsible and  
17   accountable for their own actions and the actions of  
18   people out there providing services each and every  
19   day.

20                   The third initiative is to focus greater  
21   attention on integration of risk management with  
22   incident management. Risk a lot to save a lot.

1 Risk a little to save a little.

2           And sometimes that's tough for the fire  
3 service to do as we sometimes rush in to take care  
4 of a situation.

5           But the analysis is, has there been a risk  
6 assessment done of that scenario, of that incident,  
7 and has that been looked at after the fact to  
8 evaluate that department? Have they done risk  
9 assessments on their service levels?

10           Initiative 4, empowering fire fighters to  
11 stop unsafe practices. Does the culture of the  
12 organization allow fire fighters to speak up and say  
13 something is wrong with this picture?

14           Yes. We're a paramilitary organization,  
15 and there's a chain of command. But we believe that  
16 every single person has the skills and abilities to  
17 assess the situation and say, Something is wrong  
18 here; why don't we re-evaluate.

19           That's a piece that should be included as  
20 we do postincident investigations, but also need to  
21 be done beforehand in empowering organizations to  
22 embrace the culture that allows members to question

1     why do we do it this way, just because we have done  
2     it that way forever.

3             Initiative 5, develop and implement  
4     national standards for training qualifications and  
5     certification, including regular recertification.

6             There are a lot of standards out there,  
7     but are departments following it?

8             Now, when somebody reaches a level within  
9     an organization, do they continue to show that they  
10    can continue to perform at that level with the wide  
11    changes in the environment both internal and  
12    external to the organization?

13            And I would ask that question be looked  
14    into the investigative reports, as well.

15            Are people showing their ability? Have  
16    they mastered their toolbox, and do they keep it  
17    current when they're out there providing services to  
18    the communities?

19            Initiative 6, develop and implement  
20    national medical and physical fitness standards that  
21    are equally applicable to all fire fighters.

22            You have heard that discussed here today,

1 tenfold. I don't think I need to enforce that  
2 anymore because we know that's a major issue.

3           No. 7, create a national research agenda  
4 and data collection system that relates to the  
5 initiatives.

6           And that, I think, addresses two of the  
7 very specific questions, which you posed to the  
8 stakeholders.

9           This past year, a group of fire service  
10 leaders got together and developed a research agenda  
11 through this program.

12           We will be more than willing to share that  
13 information with you and give you a list of topics  
14 that the fire service has said needs to be looked at  
15 in way of research.

16           And data collection is a critical point  
17 because we need to see where we're going.

18           There's a lot of organizations that do  
19 that. The more that do it, the more that analyze  
20 it, I think the more we will learn from that data.

21           So to answer that question, yes, that has  
22 to be looked at and continued further.

1            Initiative No. 8, utilize available  
2            technology wherever it can produce higher levels of  
3            health and safety.

4            There is a huge array of technological  
5            advancements that are going on. A lot at the  
6            Department of Defense, our space program with NASA,  
7            we need to get those into the fire service.

8            We need to look at the Federal Lab  
9            Consortium and other groups that are trying to move  
10           that technology out of the federal sector and into  
11           the private sector so we, in the fire service, can  
12           benefit from that.

13           Initiative 9, directly related to today,  
14           thoroughly investigate all fire fighter fatalities,  
15           injuries, and near misses.

16           And we do believe that the investigations  
17           need to go even deeper and our concern that there is  
18           going to be potentially a reduction in the intensity  
19           of those investigations.

20           We applaud the Near-Miss Program. We  
21           applaud the organizations that are tracking injuries  
22           out there. I think we need to tell the story, and

1 tell it like it is, and we have to do it in a timely  
2 fashion.

3           No. 10, grant programs should support the  
4 implementation of safe practice and mandate safe  
5 practice as an eligibility requirement.

6           There is a lot of money flowing through  
7 the fire service.

8           But if somebody receives money, for  
9 example, for a piece of fire apparatus, they should  
10 demonstrate they have a vehicle operator training  
11 program, they have a seat belt policy, they a  
12 response policy in place as a requirement to receive  
13 those funds so that it isn't just a gimmick, and  
14 they go back to the same way, the same culture that  
15 contributes to those 100 plus deaths each year.

16           No. 11, National Standards for Emergency  
17 Response Policies and Procedures.

18           And this could be a whole range of things  
19 from emergency vehicle response procedures to  
20 interior versus exterior operations.

21           The piece is, that an organization has to  
22 assess their delivery system and have policies in

1 place and the culture to have those policies  
2 accepted throughout.

3 And that takes a labor, management  
4 relationship, not just dictates from the top down,  
5 but a true relationship in which people are working  
6 together to make the business safer.

7 And so those standards and those policies  
8 and procedures need to be addressed for that risk,  
9 for that community, and for that need.

10 No. 12, national protocols for response to  
11 violent incidents should be developed and  
12 championed. It's pretty self-explanatory.

13 As we hear continually, where fire  
14 fighters are shot, become part of the situation when  
15 they arrive to help.

16 And so an area that needs to be looked at  
17 is response policies related to violent incidents.

18 No. 13, fire fighters and their families  
19 must have access to counseling and psychological  
20 support.

21 We talk a lot about health and fitness.  
22 We also need to make sure we include the mental well

1 being.

2 Our fire fighters see some of the worst in  
3 our communities, and so that aspect needs to be  
4 addressed.

5 14, public education must receive more  
6 resources and be championed as a critical fire and  
7 life safety program.

8 Prevention is the cure. And it will be  
9 great to see, when we have these incidents, what are  
10 the prevention aspects in that community? Was the  
11 prevention budget cut as resources dwindled? What  
12 is being done to reduce the occurrences of fire?  
13 And most assuredly, what's being done to help keep  
14 fires in check when they do start?

15 Which leads to Initiative 15.

16 Advocacy must be strengthened for the  
17 enforcement of codes and the installation of home  
18 fire sprinklers.

19 Pretty self-explanatory.

20 And Initiative 16, safety must be a  
21 primary consideration in design of apparatus and  
22 equipment.

1           Another area that I think would warrant a  
2 lot of investigative work is what safety features  
3 were built into the tools and equipment apparatus  
4 the crews are using when they're involved in an  
5 incident, and what is being done on a national level  
6 as equipment is being designed.

7           And I used to joke -- and some of you may  
8 be familiar with that. There use to be a product  
9 out there called Jet-X. We actually gave explosive  
10 devices to fire fighters to blow up things. No  
11 safety built into that at all.

12           But that keeps me out of litigation by  
13 using anything current.

14           Those are the 16 initiatives that came out  
15 of the Life Safety Summit.

16           And so the question is, okay, what are we  
17 going to do about it?

18           The Foundation, through the assistance of  
19 fire fighter Grant Program and the support of the  
20 Fireman's Fund -- and, yes, this is the  
21 commercial -- is working to implement five specific  
22 deliverables this year related to the implementation

1 of these 16 initiatives.

2           And I think that there has been members of  
3 NIOSH involved in our summit. There has been  
4 members of NIOSH involved in our activities. And I  
5 think the biggest thing we can do is partner.

6           All the stakeholders here, buying in and  
7 partnering is significant to reduce these fire  
8 fighter fatalities.

9           And so we're in the progress of producing  
10 and distributing a training package to 30,000 fire  
11 departments across America.

12           As a matter of fact, they're in their  
13 final stages. And those kits are going to be  
14 delivered in the next probably about six to eight  
15 weeks.

16           It's going to be an opportunity to put  
17 this material in every single fire station, free of  
18 charge, to anyone who wants it.

19           It's going to include lesson plans,  
20 teaching aids, handout materials, PowerPoints, video  
21 information, and, yes, references to a lot of the  
22 NIOSH investigative reports.

1           The second piece that is we have developed  
2 a website. The internet is a huge tool.

3           "Everyone Goes Home," website. And we  
4 have in there a lot of information, including all of  
5 the reports that have been made available to the  
6 public.

7           And I think it's a way to continue this  
8 partnership.

9           And we are developing a speakers bureau as  
10 part of our outreach to tell the story to anyone  
11 that will listen to it.

12           And what we're starting to see, for  
13 example, in the State of Pennsylvania, is that 4,000  
14 members of the Pennsylvania fire service hear pieces  
15 of our program, who have been given a taste, a  
16 flavor of what we're doing. And we're starting to  
17 see messages and emails and letters come back and  
18 saying, this has helped me to open my eyes.

19           I'm not saying it's the only answer,  
20 there's a lot of answers that we have to embrace,  
21 but awareness is a significant part.

22           Plus, of course, a monthly newsletter.

1           We have been working with two research  
2 centers to look at what we're calling hardware  
3 elements, things you could touch, tools, equipment,  
4 rules and regulations.

5           That is Oklahoma State University.

6           And we have been -- or, excuse me, the  
7 University of Maryland, through the Maryland Fire  
8 Rescue Institute.

9           And we're looking at a research center to  
10 do some intellectual components or software  
11 components, decision making, leadership, and that is  
12 Oklahoma State University.

13           What makes an incident commander send fire  
14 fighters into a building that's being razed?  
15 They're tearing the building down for an  
16 interchange, and the incident commander sends fire  
17 fighters into that structure for an aggressive  
18 interior attack.

19           How I learned about it? I read a  
20 newspaper article where the battalion chief was  
21 being interviewed, and said, I don't know if the  
22 fire fighter fell through the floor because it

1 burned through or he entered the part of the  
2 structure that was being demolished for the  
3 interchange.

4           What makes people make those decisions?

5           And that, I think, is an area that the  
6 investigative reports you do should be intensified  
7 to look at some of that wider scope of that decision  
8 making process.

9           And then, of course, I had mentioned  
10 technology transfer, and getting some of these tools  
11 and equipment that's out there in the Department of  
12 Defense, in NASA, into our hands.

13           We have been in the process, and one of  
14 our other major components is doing a series of  
15 mini-summits.

16           This is an opportunity, throughout the  
17 country, where members of the fire service can come  
18 in, just like the stakeholders meeting, and have a  
19 say in what they think needs to be done, and what we  
20 need to address, and where the program needs to go.

21           We have conducted four mini-summits, and  
22 now we're doing basically forums or open mikes.

1           All of those reports are available. We  
2 will share them with anyone who wishes them.  
3 They're all posted on our website.

4           It gives us a grassroots idea of what the  
5 men and women, riding the rigs and out on the  
6 streets every day, think need to be done to help  
7 turn this culture and change the way we do business.

8           And the last piece is, we're working on  
9 five demonstration projects.

10           And it's great to see Dr. Prezant here.  
11 We have done a lot -- the Fallen fire fighters have  
12 done a lot in New York City since 9-11.

13           And we just recently met with the  
14 administration, and they have agreed to work with us  
15 on some of these initiatives. We're excited about  
16 that.

17           Montgomery County, Maryland has signed on.

18           We're working with the NFPA on some of the  
19 vehicle aspects related to fire fighter line-of-duty  
20 deaths. We're looking at merging or taking care of  
21 our own program, which is what you do when a death  
22 occurs, and tying it up to preventing that as well.

1           And the last piece is "Courage to be  
2     Safe," which is what I'm going to kind of end on.

3           And these five demonstration projects are  
4     kind of our beta test to see what's going to work,  
5     what's going to make an influence looking at  
6     different types of departments, different  
7     organizations, and different associations.

8           Now, "Courage to be Safe," is a three-hour  
9     program that started in Pennsylvania, that is an  
10    in-your-face presentation using fire service  
11    instructors and survivors of fallen fire fighters,  
12    who talk about how things could have been different  
13    for their family and for themselves if certain  
14    things hadn't occurred that attributed to the death  
15    of that fire fighter.

16           Moms, spouses, children of fallen fire  
17    fighters telling their stories and saying, you know  
18    what, they were brave, they were heroic, but we wish  
19    they hadn't died.

20           We're hoping that that's going to be the  
21    impact to make a difference to get people to  
22    consider all of these thing's.

1           So I want to thank you. My time is up.  
2           And just say that all of this information is  
3           available.

4           We appreciate all of your support. And if  
5           there's anything the Foundation can do, we offer our  
6           full support.

7           We think the investigative and prevention  
8           program is well worth it. And we want to see that  
9           continued. And we hope that we can partner and do  
10          that.

11          Thank you.

12          MR. REED: Thank you, Chief Siarnicki.

13          The next speaker is Gene Madden, who is  
14          the Chairperson for the Safety and Health Working  
15          Team, National Wildfire Coordinating Group.

16          I understand, Mr. Madden, you don't have a  
17          PowerPoint; correct?

18          MR. MADDEN: Not today.

19          MR. REED: All right, okay.

20          MR. MADDEN: Thank you, and good morning,  
21          everyone.

22          I am very flattered and pleased to be here

1 today, given a chance to tell you a little bit about  
2 what we do in the wildland arena.

3 I would like to tell you first about the  
4 National Wildfire Coordinating Group here, and then  
5 I want to do a little sales pitch on our own safety  
6 and health working team within the NWCG  
7 organization, and give you a few observations, and  
8 then wind up with some recommendations.

9 So, first of all, how many in the room  
10 actually understand about who the National Wildfire  
11 Coordinating Group is?

12 And one, two -- and Ron, if you're still  
13 in the room, you can't raise your hand. And,  
14 Charlie, you can't raise your hand either.

15 So I have a handful of people. So this is  
16 great. This is going to be a little I and E  
17 opportunity for you all.

18 The National Wildfire Coordinating Group  
19 is made up of a number of federal agencies and state  
20 agencies.

21 We have the U.S. Forest Service. The four  
22 agencies, wildland agencies out of the Department of

1 Interior. That's the Bureau of Land Management, the  
2 National Park Service, U.S. Fish and Wildlife, and  
3 Bureau of Indian Affairs. Can't forget them.

4 And, of course, we also are represented,  
5 all the states, by the National Association of State  
6 Foresters. And the most recent partner to the NWCG,  
7 in fact, is the U.S. Fire Administration.

8 And through them -- I guess they have been  
9 on a few years now. That's where all of the other  
10 fire communities are part and parcel of what we do.

11 The NWCG was formed in January of 1974 to  
12 expand the operational cooperation and coordination  
13 of the departments and agencies I just mentioned,  
14 along with the National Association of State  
15 Foresters.

16 The NWCG specifically coordinates programs  
17 of the participating wildfire management agencies to  
18 avoid the wasteful duplication, and to provide the  
19 means of constructively working together across the  
20 country.

21 Its goal is to provide more efficient  
22 execution of each agency's fire and management

1 program.

2 And of course, lately the all hazard thing  
3 has been creeping into our business each year.

4 The NWCG provides a formalized process or  
5 system to agree upon the standards, training,  
6 equipment, qualifications, and other operational  
7 functions that we all share.

8 The Safety, Health, and Working Team was  
9 chartered as one of the original support teams back  
10 in 1987, to analyze specific problems in fire and  
11 management, and make recommendations back to the  
12 parent group.

13 Specifically, our first primary  
14 responsibility was to serve as the national  
15 clearinghouse for major forest fire and wildland  
16 fatalities and accidents, and the data analysis of  
17 that and its dissemination.

18 That process and responsibility grew. And  
19 in 1992, the workload had expanded so much that our  
20 charter was revised, and we acquired a great number  
21 of other responsibilities.

22 Since then, the Safety and Health Working

1 Team has overseen research in health hazards of  
2 smoke issues, providing tracking and investigation  
3 guidelines to the National Wildfire Coordinating  
4 Group, reviewed various medical -- excuse me,  
5 reviewed various medical qualifications and training  
6 standards for wildland fire.

7           We have overseen research into fire  
8 fighter fatigue and various nutrition aspects. We  
9 have also participated in the development of a new  
10 fire shelter for the wildland community.

11           And in addition, we recently set the  
12 standards for the medical unit for wildland EMS  
13 issues in our realm.

14           There has been a number of other safety  
15 and health issues that go far beyond the scope of  
16 our original charter over the last 25 years.

17           I probably should also mention that  
18 another annual publication that just went out is our  
19 annual Safetygram, which is a compilation of all the  
20 fatalities and serious injuries throughout the  
21 wildland community here in the country, including  
22 entrapment and burnover investigations.

1                   And we worked hand-in-hand with the U.S.  
2 Fire Administration in developing that.

3                   And this past year, 12 fatalities occurred  
4 during a wildland event. And that is on our NWCG  
5 website. And I urge you all to take a look at that  
6 and use that as a training tool and an educational  
7 opportunity.

8                   The purpose of the Safety and Health  
9 Working Team is to identify the necessary emphasis  
10 among the wildland fire management agencies,  
11 concerning fire and management policy, program  
12 direction, and training so as to improve the safety  
13 and health of all fire personnel in the wildland  
14 fire environment.

15                   Subject specific safety and health  
16 recommendations are made through the NWCG  
17 implementation process, either directly back to the  
18 parent group, or to the appropriate working team  
19 under the NWCG organization.

20                   And when things go amiss in the wildland  
21 community, whether it's on the fire line, a motor  
22 vehicle accident, or an aviation mishap, we do have

1 a direct process to conduct the means of an accident  
2 or fatality investigation, either directly through  
3 our own agencies, or, perhaps if it's an agency that  
4 doesn't have the wherewithal, they always have the  
5 opportunity to approach their state forestry agency  
6 or their local U.S. forest service to get that done.

7 So we think we do have that strong  
8 advantage within our own bailiwick.

9 I would like to make a few  
10 recommendations, specifically to our meeting here  
11 today.

12 In looking over the preconference  
13 materials, we concur that perhaps there are some  
14 areas to -- I hate to use the word "reduce" the fire  
15 fighter fatality investigation program, but perhaps  
16 to re-evaluate it.

17 And I agree with a number of the speakers  
18 we have heard here this morning, and some of the  
19 comments from the floor.

20 We would propose that rather than just  
21 have a scattergun approach, perhaps a more close  
22 prioritization of the investigation process, and

1 focusing less on the larger career and wildland  
2 agencies that have the wherewithal to conduct the  
3 investigations, but rather reduce this redundancy  
4 and save the time, money, and effort that goes along  
5 with this process, and focus more as a meaningful  
6 service, to the rural and volunteer communities that  
7 are out there, that very frequently, we see, don't  
8 have the financial wherewithal.

9           It's interesting that a large part of our  
10 fire agencies in this country are volunteer and  
11 rural.

12           And we heard here today that our  
13 cosmopolitan areas are blessed with large  
14 professional paid, large career fire departments,  
15 and a lot of bells and trinkets that go with it.

16           You take out those areas, and the vast  
17 majority of this country, you have the one- and two-  
18 firetruck responses out there.

19           We urge that perhaps you consider reaching  
20 out to them in partnership, as we already heard,  
21 through such organizations as the National Voluntary  
22 Fire Council, as we heard from them this morning.

1           The International Association of Fire  
2 Chiefs, and the International Association of fire  
3 fighters, and many of the other groups that are  
4 listed on the agenda, here today, and perhaps aren't  
5 even listed here.

6           For instance, perhaps one of the focuses  
7 needs to be a re-emphasis on volunteers and rural  
8 fire fighters gaining the knowledge and benefits of  
9 establishing and maintaining a year-round health and  
10 wellness program.

11           It's easy to go into those career fire  
12 departments where they have the staff to maintain  
13 that, but I think the real challenge is with your  
14 rural and volunteer fire departments, that they  
15 really may not have the constant workforce there to  
16 maintain that knowledge, to receive and maintain  
17 that knowledge.

18           I would suggest you explore to develop for  
19 these rural fire fighters and volunteers model  
20 programs for all the various size departments,  
21 including those specifically that don't have the  
22 financial wherewithal.

1           We heard already this morning that there's  
2           some excellent web based programs that are out  
3           there, but perhaps there might be some other  
4           mechanism that you may facilitate or take part in.

5           I think Charlie Dickinson was mentioning  
6           it this morning about reaching out to volunteers.

7           And we're with that, too, in terms of  
8           reaching out to the volunteers and looking at their  
9           driving programs.

10           We see that there have been a number of  
11           fatalities and serious injuries involving driving  
12           vehicles to and from incidents and on incidents  
13           themselves.

14           And we would suggest that new programs on  
15           defensive driving, water tenders, and EVOC  
16           (phonetic), and other specialized programs --  
17           because there's a number of very strange vehicles we  
18           drive at times -- to be part and parcel of your  
19           process as you're reaching out.

20           And I would be so bold as to suggest  
21           considering some non-traditional partnerships  
22           perhaps with the insurance industry. If there's a

1 group out there that is a data collecting machine,  
2 it's the insurance industry.

3           Finally, to wrap this up, with the  
4 concerns that everyone has in this room now about  
5 homeland security and what that means to each and  
6 every one of us as an individual, back home, and as  
7 an organization, from hurricanes and other natural  
8 disasters, to weapons of mass destruction, I would  
9 challenge NIOSH and the program to focus some of its  
10 energies toward assisting these same volunteers and  
11 rural fire fighters, as well as all of us in this  
12 room, who we represent, to think of ways that you  
13 can help mitigate or prevent some of the issues we  
14 may be running into when we are thrust into these  
15 situations.

16           We think that there's an opportunity here  
17 to really educate the fire community of the country  
18 by doing so, and it's going unfulfilled.

19           I would like to think that these  
20 recommendations I have brought to you here today are  
21 preventative in nature, and certainly would be  
22 welcomed by the rural and volunteer fire departments

1 across the country, as well as all the other fire  
2 fighters as well.

3 As well as the CDC, that we would be  
4 mitigating some significant issues impacting the  
5 fire fighting community of this country.

6 Thank you very much. It has been my  
7 pleasure to be here and speak to you all, and I'll  
8 be here most of the day.

9 Have a great session.

10 MR. REED: Thank you, Mr. Madden.

11 Our next speaker is John Tippett, who is  
12 the Project Manager for the International  
13 Association of Fire Chiefs.

14 MR. TIPPETT: Good morning, everyone.

15 While the technical difficulties are being  
16 squared away, just on behalf of Gary Brease  
17 (phonetic) and the International Association of Fire  
18 Chiefs, it's not only a pleasure to be here, but  
19 it's a real honor to have an opportunity to talk to  
20 such a distinguished group, folks that I know and  
21 don't know.

22 MR. HALES: I remember back in the old

1 days, when you used to have slides, you know the  
2 actual slides.

3           Somebody would be working on it in the  
4 back, and you would hear them unravel, and all of  
5 the sudden you would hear this crash and all of the  
6 slides go down. And then your next slide that would  
7 come up, would be upside down.

8           (Discussion throughout room off the record.)

9           MR. TIPPETT: Okay, here we go.

10           This morning, we're going to talk about --  
11 a little bit about the relationship between the fire  
12 fighter Fatality Investigation reporting and the  
13 IAFC. In particular, the fire fighter Near-Miss  
14 Reporting system, which is a project that I work on.

15           I also work as a battalion chief in  
16 Montgomery County, Maryland, which is suburb of DC.

17           So it's a great opportunity to be here  
18 today.

19           What's the mutual goal here?

20           The mutual goal is to look at fire fighter  
21 safety and reporting.

22           The Near-Miss reporting system works in a

1 fashion that's -- don't know if that's going to run  
2 probably not, but anyway, the program is designed to  
3 try to look at fire fighting and at fire fighter  
4 safety in a different role.

5           The concept behind it is that the national  
6 attention that was drawn by the fatality  
7 investigation program sort of spurred the interest  
8 in finding another way to do things.

9           There was an entire metronome-like quality  
10 of how the fire fighter fatality reports kept  
11 drilling home the same point, over and over and over  
12 again, about what was causing fire fighter  
13 fatalities.

14           And that became the point where members of  
15 the IAFC, in particular the executive director,  
16 said, There has to be a different way of doing  
17 business.

18           If that small video clip had run to  
19 fruition there, we would have seen some very well  
20 protected fire fighters crawl into an environment --  
21 and I think a lot of people may have already seen  
22 that video clip, but it is very poignant in that it

1 shows that, despite everything we have done with  
2 standards, equipment, procedures and policies, we  
3 still make mistakes.

4 We still do foolish things that don't seem  
5 to make any sense to anyone.

6 So the Near-Miss reporting program was  
7 designed at the impetus of what came out of the fire  
8 fighter Fatality reports over the last several  
9 years.

10 It serves -- the fatality program serves  
11 as a reference for Near-Miss reporting.

12 It's included in the links on the  
13 Near-Miss reporting system, and it is a very vital  
14 component of what we do. It is the place that we  
15 turn in -- to where things can go particularly  
16 wrong.

17 There's an incident pyramid that has been  
18 modified through the years, and it really drives  
19 home the point.

20 The NIOSH focus, of course, is at the end  
21 of the pyramid there, the peak of the pyramid, the  
22 catastrophic event that results in life changing

1 events that haunt fire departments for years.

2 But there's a different way to do  
3 business.

4 And as a result of, again, the near-miss  
5 reports coming -- I'm sorry, the fatality reports  
6 coming out time and time again, and people started  
7 to talk about what it meant to have an almost event  
8 occur.

9 How many of those almost events occur?

10 Well, according to some industry predictions, up to  
11 10,000.

12 So there are 10,000 opportunities to make  
13 changes in the fire service versus waiting for the  
14 funeral to occur. And that's where the two teams or  
15 the two groups work together, the two programs work  
16 together.

17 As Chief Dickinson noted, the one great  
18 component about the fire fighter Fatality Program is  
19 that it's a trusted broker. They have no vested  
20 interest. They don't belong to anybody in  
21 particular, not the manufacturers, not the NVFC, not  
22 the locals, not the International, not the IAFC.

1           They come in completely with clean hands.  
2           Their only interest is to find out what happened.

3           And we believe that that's one of the  
4           strongest components to the program.

5           And we believe that it is because of that  
6           trust that they have developed, that the program  
7           needs to continue, and it is very strong.

8           Very quickly there, one of the significant  
9           recommendations we think that needs to be made is  
10          there needs to be a greater emphasis on culture.

11          If I could have got that little video clip  
12          to run, you would have seen there, everything that  
13          we talk about as far as department culture. It's  
14          that aggressive interior attack mentality.

15          And on a personal note, there was an  
16          experience last spring when I was traveling with the  
17          program during the pilot testing, of a fire  
18          department that had suffered a fatality.

19          We were taken to the station on the shift  
20          that suffered the fatality. A truly, truly, truly  
21          moving experience.

22          And to this day, that fire department,

1 those people in that fire station, still believe  
2 that they would go out under the same circumstances  
3 and do the same thing.

4 So essentially they're making the  
5 statement that they would kill the fire fighter  
6 again, or they would allow him to kill himself.

7 And it's, again, it's because of that  
8 culture.

9 And we believe that through Near-Miss  
10 reporting and the fire fighter Fatality Reporting  
11 program, that we can break that chain, that this is  
12 the opportunity to do that by making more emphasis.

13 Through the years, the fatality reporting  
14 program has talked about a number of things, a  
15 number of components on the fire ground, that  
16 continue to haunt us, driving mistakes, command  
17 mistakes, failure to communicate.

18 And all of those points are -- continue to  
19 be valid.

20 And in probably one of the most  
21 significant enlightenments of my career, Dawn  
22 Castillo, at a task force meeting for Near-Miss, had

1 a fire officer challenge her and say, You guys keep  
2 telling us, you know, it's the same 12 things over  
3 and over again. And she very succinctly said, It's  
4 the same 12 things that are killing you. So it's  
5 time to do business a little bit different.

6 That's the value of the fire fighter  
7 Fatality Program.

8 The benefit to Near-Miss is it's a great  
9 catalyst for us to use as a place to make change.

10 So what the IAFC would like to  
11 recommend -- and I think Near-Miss is going to bear  
12 this to fruition because we have already received  
13 over 650 reports. And of the 650 reports,  
14 75 percent cite human error as the cause for the  
15 mistake. Not SOPs, not staffing, not any of the  
16 other things you may find, but the human error  
17 elements.

18 So we think that the one thing that the  
19 reporting system should do from the fatality  
20 perspective is dig down into that fire department  
21 culture and not be afraid to say that, Your fire  
22 department culture is dangerous. You're creating

1 the environment that allows fire fighters to make  
2 bad decisions or condones fire fighters making bad  
3 decisions.

4 There's a directed element we would like  
5 to see added.

6 And, again, I know I'm reiterating a lot  
7 of what we said this morning, but I think that also  
8 is taking that metronome and turning it back in the  
9 other direction.

10 The fatality reporting system has told us  
11 for years, it's the same things that are killing  
12 you.

13 Now, it's time for us in the fire service  
14 to turn it around and say, Yes. Give us some more  
15 directed points about the NFPA standards that are  
16 required, tell us about the actions taken by the  
17 departments, tell us if a fire department takes no  
18 action.

19 We need to know that.

20 I think among the fire fighters, fire  
21 service people sitting in the room, we know fire  
22 departments that are out there that have suffered

1 fatalities. They have had the International  
2 Association of fire fighters come to that  
3 organization and say, Make change. And five years  
4 later, they kill another fire fighter in the same  
5 way.

6 Brookline, Massachusetts is a perfect  
7 example. Not to cite a specific department, but  
8 that's the case. It's an interesting case.

9 We would also like to see discussion  
10 questions develop.

11 One of the things that's come out of  
12 Near-Miss reporting already is a program we have  
13 called Report of the Week, where the reviewer  
14 selects a report. They send it out with five  
15 questions.

16 It's become very popular. It kind of  
17 feeds people, gives them some points to discuss. We  
18 kind of take it upon ourselves -- or we think that a  
19 lot of people will go ahead and discuss these things  
20 on their own.

21 Well, some feedback we're getting is they  
22 like the directed questions.

1           So while the NIOSH report does a  
2 phenomenal job of telling the story of what  
3 happened, we think it needs to become a little bit  
4 more directed as to what kind of results we would  
5 like to see.

6           That's it.

7           MR. REED: Thank you, Mr. Tippet.

8           Our last speaker this morning of the  
9 invited stakeholder speakers is Rich Duffy, who is  
10 assistant to the General President for the Division  
11 of Occupational Health, Safety and Medicine of the  
12 IAFF.

13           MR. DUFFY: Good morning, or good  
14 afternoon.

15           Again, I'm Rich Duffy, with the IAFF for  
16 the past 28 years, and we certainly are happy to be  
17 here today to address the issues regarding this  
18 NIOSH program.

19           But before I do, I should also mention  
20 that Pat Morrison, who is our health and safety  
21 director -- and we have worked together a number of  
22 years, since prior to that he was an officer and a

1 fire fighter in the Fairfax County Fire  
2 Department -- is here with us.

3 And also, Sue McDonald, who is with our  
4 research and technical systems branch. And really  
5 is one of our data gurus that collects labor  
6 statistics on salary and working conditions of our  
7 membership throughout the United States and Canada.

8 And my only commercial is who we are in  
9 case people want to know that.

10 We are a labor union. And we represent  
11 about a quarter of million fire fighters and  
12 emergency medical personnel through the United  
13 States and Canada, in these particular areas.

14 When I was asked to speak a little bit  
15 today, I pulled up the slide show I gave eight years  
16 ago when we had the first program.

17 And it served two purposes.

18 One, I didn't have to look for another  
19 template for a background, but most importantly, I  
20 think the issues that we talked about eight years  
21 ago with the NIOSH folks, have some relevance in  
22 what they expected from us as part of our

1       conversations here this morning.

2                       So I'm -- as we sat through it the last  
3       few days, I took some of those points, and I'm going  
4       to talk from them.

5                       This is a very important program for the  
6       International Association of fire fighters, as well  
7       as the rest of the fire service.

8                       And I think as I go through these slides,  
9       you will understand that.

10                      Plus, there's specific recommendations  
11       which follow suit with the recent ones that John  
12       just made and that we certainly concur with.

13                      We talked about -- originally about the  
14       different accident investigations, all the parties  
15       that are interested in the NIOSH investigation  
16       process.

17                      And the parties not only include the fire  
18       fighters, which I think is extremely important.  
19       There's not a fire fighter in this country -- and I  
20       can speak from the career sector, but I can also  
21       speak for the volunteer sector -- that doesn't know  
22       who NIOSH is today.

1           Perhaps eight years ago they didn't, but I  
2 think everyone is well aware of it.

3           But most important -- more importantly or  
4 equally importantly -- there's others that are  
5 interested, including the management of those fire  
6 departments, the jurisdictional political leaders,  
7 and the public at large.

8           And indeed, the public at large is  
9 interested in the results of fatality investigations  
10 because, all too often -- not all too often. All  
11 the time, you know, when a fire fighter dies, that  
12 plays an important part in the news and the  
13 newspapers of that jurisdiction, not just for the  
14 day, but for many days to come.

15           So there is extreme interest in this  
16 investigation process, not just from the men and  
17 women on the street, but all through the whole  
18 members of that particular community.

19           We talked about the planning issues, how  
20 the investigations should be conducted, and  
21 certainly the follow-up.

22           I think the preplanning stage and the

1 conducting investigations have been very good with  
2 the NIOSH process.

3 We have talked about the system  
4 integration issues back then, and spent much more  
5 time on it then than we are today.

6 But we know the causes of injuries. We  
7 know how the circles interact and whether it's  
8 people, tools or the environments that are the  
9 problem, or to what extent of the problem, I think,  
10 the NIOSH reports better demonstrate.

11 We know there are problems with -- you  
12 know, there can be employee error, employer error.  
13 The tools of our trade that fail all too frequently  
14 and the environment that we work in.

15 The interesting part about the emergency  
16 environment, back a number of years ago, the work  
17 effort of fire fighters was looked at.

18 And in the late '60s, when the South Bronx  
19 in New York was burning, we were able to demonstrate  
20 that fire fighters were actually fighting fire,  
21 putting water on flames less than 5 percent of the  
22 time.

1           So if you look -- and they were, at that  
2 time, were probably doing forty working fires a  
3 tour.

4           Some fire departments, they don't do forty  
5 working fires a year. These were doing it every 12  
6 or ten or -- well, they were working nine- to  
7 15-hour shifts back then.

8           So every shift they were doing, that many  
9 working fires. They were fighting an awful lot of  
10 fire.

11           What I'm saying is that the emergency  
12 environment, the one you see on the front page of  
13 the paper every day, with the flames showing, is not  
14 something the fire fighters do all the time.

15           So there other environments that they work  
16 in, other environments that are hazardous. And some  
17 of those, we can do better control than we're doing  
18 today.

19           And I think the NIOSH program has been  
20 pointing that out.

21           We addressed at length, back then, the  
22 investigation team, how it should have been put

1 together.

2           Again, there were some saying that NIOSH  
3 had used that money to fund fire fighters out in the  
4 field or fire officers in the field to come do the  
5 investigations.

6           It was our position, back then, and it's  
7 our position today, that we should continue the  
8 effort to have full-time NIOSH staff to go out and  
9 do those investigations, keep them trained, keep  
10 them active.

11           Well, you don't have to keep them trained  
12 because they're gone all the time. But certainly be  
13 a part, continuing that particular effort.

14           When we envisioned this whole NIOSH  
15 investigation process, the IAFF did, we wanted to  
16 model it after the NTSB process, you know, plane  
17 goes down, train crashes, or another transportation  
18 entity has a crash, NTSB is first on the field.

19           And, again, to do an investigation. Not  
20 only are they doing it, the public expects it. They  
21 expect to see those blue windbreakers every time  
22 there is such an incident of the National

1 Transportation Board on the scene.

2           And I think we're getting to the point  
3 that fire fighters expect that, too, and I'll get to  
4 that as I conclude here today.

5           Issues that I think we need to do a better  
6 job on because we addressed each one of these,  
7 again, in detail back eight years ago, is the  
8 gathering of or using the tools of the investigation  
9 process, evidence gathering, mapping where the  
10 evidence is, the whole chain of custody issue,  
11 examination and testing of the products or the tools  
12 that may have led to the injury or fatality, and as  
13 well as how to diagram, photograph and so forth.

14           I think NIOSH needs to do a better job  
15 in -- and not that you're doing a bad job, but I  
16 think a better job in explaining the whole  
17 investigation process right from the beginning, so  
18 people, before they have a fatality, knows what  
19 NIOSH does, and when they come in, what the  
20 expectations are, and the fact that NIOSH may or may  
21 not, and, often the case, may not be there within  
22 the hours or the initial days of the incident.

1           And they have to do -- work with that fire  
2 department to reconstruct an awful lot of that  
3 incident so they can make their specific  
4 recommendations.

5           The witnessing issue is equally important.

6           I think one issue that has been extremely  
7 important for us -- and I have to compliment NIOSH  
8 for doing a good job -- and that is involving  
9 management and labor, at least in our sector of the  
10 fire service.

11           When NIOSH does a study or does their  
12 investigations, they do contact the local IAFF  
13 leadership, and informed of -- the investigation  
14 goes on.

15           And the NIOSH -- excuse me, the IAFF local  
16 leadership is allowed to participate in the process,  
17 as the management of that particular fire department  
18 does.

19           And in no case that I'm aware of right  
20 now -- and I think I'm aware of every one of them --  
21 have we had any labor management problems with the  
22 investigations themselves.

1           The public relations value and the  
2           communications value of this whole process, I can't  
3           stress enough.

4           And I'm not trying to grandstand fire  
5           fighter fatalities. I'm trying to grandstand the  
6           NIOSH participation in this process.

7           And I can probably give you the best  
8           example that where the picture tells 1,000 words.

9           Unfortunately, I don't have the picture,  
10          so I'll explain it.

11          We lost six fire fighters in Worcester,  
12          one that we debated at length with the NIOSH folks  
13          and tried to get them in there immediately for a lot  
14          of reasons. And they agreed.

15          They flew immediately within a day into  
16          Worcester. We had the state police escort them from  
17          Boston airport all the way into Worcester.

18          And I can't explain to you the effect it  
19          had on the men and women on that job, working  
20          Worcester, to see NIOSH people coming in there.

21          They were still trying to recover a number  
22          of the fire fighters that took -- well, eight days,

1 it took until, we guess, we got the last one out.

2           And I think that served a very important  
3 role, preinvestigation, the fact that someone was  
4 going to be there. Someone was going to come in and  
5 investigate that incident.

6           And they went back on the pile, continued  
7 working after NIOSH got there, but I think that was  
8 a very important part of the process.

9           And I think we need to continue that and  
10 do a better job on that because it really did make a  
11 difference to the attitude and the -- for a while,  
12 the work that was being done up there.

13           Addressing the issues, ironically,  
14 everything that we said back eight years ago, is in  
15 almost every report that NIOSH does.

16           NIOSH is critical of staffing in fire  
17 departments. And this goes from the New York City  
18 fire department down to the smallest fire  
19 department, where those issues are responsible in  
20 part or in total for the fatality of the fire  
21 fighter.

22           A lot of the managerial issues, both

1 command staff, incident commander responsibility,  
2 safety officer responsibilities, and the fire  
3 fighter responsibility in all of the traumatic  
4 deaths have been addressed, and, again, hopefully to  
5 some extent have led to change.

6 Emergency scene, where you have  
7 communications issues, structure training,  
8 accountability, rapid intervention teams, we talked  
9 in theory about this eight years ago.

10 I think over this eight-year period,  
11 especially in the reports that have come out, they  
12 have made a substantial contribution to make those  
13 changes in the fire service.

14 And a lot of it is not just cultural  
15 changes.

16 I have problems blaming a lot of things on  
17 culture.

18 It's not just culture. It's the actual  
19 structure. And those issues, once addressed, we  
20 have the tools to further seek those changes in  
21 those areas.

22 The communications issue is probably one

1 of the biggest issues that receive a lot of  
2 attention in the fire service, especially the  
3 pundits and the politicians that stand up on their  
4 soapbox and try to say the words, interoperability,  
5 all the time.

6 I would think the pet peeve we have in  
7 that is, until you have intraoperability -- until a  
8 fire fighter can talk to his or her fellow fire  
9 fighter within their own fire department, we  
10 accomplish that goal. Then we can start talking  
11 about talking to the fire fighters in the  
12 departments or talk to the water management people  
13 or talk to the sheriff's office or the police office  
14 on the same radios.

15 We haven't gotten there in this country  
16 yet. We have fire fighters that are -- well, don't  
17 have the capability to talk with each other.

18 And Until we address that -- and I think  
19 that comes out very clearly in the NIOSH areas.

20 And we have moved. I'm not saying we  
21 haven't moved.

22 I know when I first started with the IAFF

1 28 years ago, you know, it was only one member of  
2 the crew had a radio.

3           And then -- and of course, that's -- that  
4 hasn't improved in some areas, but many are that we  
5 have every fire fighter with a radio.

6           And there's ways to manage that. And I  
7 think that's being addressed, and we continue to do  
8 that within this particular process.

9           The tactical issue, the detailed tactical  
10 issue, I think one of the greatest achievements that  
11 NIOSH has done -- and we say this over and over and  
12 over again -- it has forced fire departments to do  
13 their own investigations, where we didn't have it  
14 before.

15           And I probably should have said this later  
16 on, but I'll say it now so I don't forget.

17           When we started this program, we talked  
18 about the difference between cops and fire fighters.  
19 When a cop died in the line of duty, it was a crime.  
20 There was yellow tape came out.

21           I don't care if it was an accident, a  
22 shooting, or whatever happened. If a cop dies, to

1 this day, it's a crime scene. It is treated by a  
2 crime scene. And those people that investigate  
3 outside cop issues, the cops investigate themselves  
4 as a crime.

5 Fire departments give good funerals. We  
6 never did investigations to the extent that they  
7 were needed done, but we did some very, very good  
8 funerals.

9 So the difference between the police and  
10 fire then, cops investigated. Fire fighters, we  
11 buried our dead.

12 And we did a good job on it, and a proud  
13 job of it, and we still do. But we failed to look  
14 at these issues to the extent that they needed to  
15 be.

16 With NIOSH's partnership -- and I truly  
17 call this a partnership, with fire departments that  
18 have fatalities -- we now see, and I have seen it  
19 across the country now that fire departments are  
20 doing their own investigations, either prior to or  
21 in concert with the NIOSH process.

22 Because who is the better to address the

1 specific fire ground tactics issue and better  
2 address it in -- well, in truth, knowing that there  
3 is a government entity coming in to watch over your  
4 shoulder to many, many of these issues.

5           And of course, as Tom discussed, the whole  
6 medical aspects of it, we talked back then that we  
7 were beginning this process. We have the process of  
8 the wellness/fitness program that has been out there  
9 now since 1997. We look at fire departments'  
10 occupational medical programs as part of the  
11 investigation issue.

12           Since the beginning of this program, there  
13 was the birth of the NPPTL as well as the movement  
14 of the SCBA issue up into Pittsburgh.

15           And I think we are now seeing -- and  
16 that's changing as the months go by, not just the  
17 years go by, the increased use of the expertise at  
18 NIOSH, both in division safety research in  
19 Morgantown, as well as through the NPPTL, National  
20 Personal Protective Technology Laboratories, in  
21 Pittsburgh, in assisting and looking at worker PPE  
22 issues.

1           I had the luxury, as well as Pat does now,  
2   in working, not just with the fire fighters, but  
3   with the other members of the labor movement, both  
4   in the trades and in the industries.

5           And I have been doing this for over 30  
6   years. And the fire fighters have been one of the  
7   few working groups, until recent times, that really,  
8   our only choice was to work on PPE issues.

9           We don't have the luxury of having -- you  
10   can't engineer a controlled fire. You can't put a  
11   big vent over an emergency. You have to deal. And  
12   fire fighters use protective clothing and equipment  
13   more than any other trades.

14           And we spent all of our energy on that.

15           And I think now the other trades are  
16   beginning to spend the energy -- or they have been  
17   for a while, but adjoining many of the issues that  
18   we have now in addressing the worker, all worker  
19   personal protective clothing issues.

20           And, again, we have documented problems  
21   with SCBAs.

22           You heard this morning the problems that

1 we have seen with PASS devices. No particular  
2 manufacturer, in this case. This one involves all  
3 of the manufacturers. Significant comments are  
4 being addressed on that, as well as the overall  
5 protective clothing of fire fighters.

6 Training issues and training fatalities,  
7 again, we are still killing, maiming, and injuring  
8 fire fighters and have significant near-misses in  
9 our training fatalities.

10 Just last night, for example, we have a  
11 fire fighter out in western Washington who is  
12 probably going to die today, was injured in a --  
13 critically, very critically injured in a rescue  
14 training exercise in the water.

15 And, again, we're still having fire  
16 fighter fatalities in training areas.

17 The addressing of standards by NIOSH in  
18 the reports is of critical importance and must  
19 continue, whether it's the OSHA standards that are,  
20 even though in the most case, obsolete, they're  
21 still there.

22 There's certainly the NFPA standards,

1     which they do cite throughout, when there is that  
2     issue, up to and including the NIOSH respirator  
3     standards. And we'll now start seeing their newer  
4     standards in the CBRN area.

5             I talked about that.

6             These are the final slides that we showed  
7     back then.

8             And, again, I want people to remember that  
9     this program was initiated, a lot of lobbying by the  
10    IAFF with then President Bill Clinton.

11            He finally supported the program. He  
12    included it in his 1998 budget. And then we worked  
13    through Congress, and at that time got \$2.5 million  
14    authorized and appropriated by Congress for this  
15    program.

16            And then Clinton did sign it.

17            Back then, the trauma facilities were in  
18    DSR in Morgantown. And as Tom talked about, the  
19    cardiovascular were in E-Chefs, in Cincinnati.

20            And of course, since that time, we have  
21    added the NPPTL labs and the SCBA evaluations up in  
22    Pittsburgh.

1           Their program, back then, is what the  
2           recommendation for this meeting was, to look at  
3           database development, research projects, laboratory  
4           and field research, and of course, information  
5           dissemination.

6           And now I'll talk about and finish up with  
7           our recommendations specific to the requests for  
8           this meeting.

9           Again, I should add that not -- the IAFF  
10          notifies NIOSH as well as the President of the  
11          United States, the two senators from the individual  
12          state, and the local Congressman of the person that  
13          died, the United States Fire Administration and  
14          others as immediately as we received these deaths.

15          So the deaths of IAFF members are  
16          reported. They're up on the IAFF website as soon as  
17          that member -- it's reported that they died.

18          It's on the front page of the website to  
19          his or her funeral service, and then it comes down  
20          and it goes into our database. So we obviously  
21          collect this.

22          Recommendations. We believe there should

1 be not one bit of reduction in investigations at the  
2 cost of any part of the program.

3 And I have to just say again and again and  
4 again, no event is the same. Even though it may  
5 sound the same, whether you want to label it as an  
6 incident -- a management issue, a staffing issue, a  
7 vehicle incident, there are particular circumstances  
8 to all of those events that make them different.

9 And I have said this, and we have said  
10 this continuously, and I think it puts this in  
11 perspective what I mean.

12 On 9-11, we lost 347 fire fighters in New  
13 York City, 343 FDNY members, one member of the Fire  
14 Patrol, and three World Trade -- IAFF members and  
15 former FDNY members that were safety directors at  
16 the WTC.

17 We said over and over again, we didn't  
18 lose 347 fire fighters. We lost one fire fighter  
19 347 times.

20 The issues, the family suffering, and the  
21 information you learn from those events are the same  
22 as the deaths that occurred a week before the World

1 Trade Center and a week after.

2           So we have to look at these fatalities as  
3 individually and not collectively.

4           They all have a very big significant  
5 impact both on the locality as well as the fire  
6 service in general. People are more and more  
7 relying on reading, reviewing, and in some cases,  
8 implementing the NIOSH recommendations.

9           I think the dissemination of information  
10 needs to have some changes.

11           I think it's -- in order to stop the  
12 confusion of the issue, I think NIOSH needs to log  
13 in all of the fatalities.

14           They get them from us. I know they get  
15 them from the NVFC. They get them from the Fire  
16 Administration.

17           If it's a line-of-duty death, it should be  
18 logged in on the NIOSH website.

19           And then next to that name, there could be  
20 three categories: No investigation is going to be  
21 done; the investigation is pending, and when it's  
22 really completed you have the report right there.

1 So we can follow up, we know where these deaths are.

2 And I think that would help not in the  
3 dissemination issue, but I think it would help in  
4 the review issue.

5 People will go to that website and  
6 follow-up more and more and more if they know that  
7 there was a fatality here, what the fatality issue  
8 was, whether in NIOSH's investigation, whether it's  
9 still pending, and then downloading the report when  
10 it's out there.

11 I think the outreach issue, we certainly  
12 support the issues that were addressed in the  
13 program materials.

14 But I think we have to continue -- and I  
15 know they do so, but I have to say I'm one of the --  
16 in fact, I think I'm the only person in the room  
17 that knows every NIOSH person here.

18 I know more NIOSH people in this room than  
19 John Howard knows, and he's the boss of you all,  
20 so --

21 And I say that with some pride because I  
22 have a lot of good friends from NIOSH, over 30

1 years, or 28 years now -- or 30 years now, because I  
2 did so before the fire fighters that we worked  
3 together on.

4 And it's good to see you all again, and to  
5 see that you're still alive. And I guess some of  
6 you appreciate, probably some of you don't, that I'm  
7 still alive, but that's okay.

8 I think that participation has to be more  
9 so, and not just relied on the Fire Investigation  
10 Program.

11 Certainly with the -- I hate using  
12 acronyms, but you get so used to it in DC, Division  
13 of Safety Research, the Division of Surveillance  
14 Health Evaluation and Field Services, and the  
15 National Personal Protective Technology lab, needs  
16 to better coordinate that whole process together, so  
17 the left hand knows what the right hand is doing.

18 And I know the difficulty because Pat and  
19 I can argue all the time, and I don't know what he's  
20 doing, and he doesn't know what I'm doing half the  
21 time.

22 So it is difficult. But I think that

1 participation across the board needs to be continued  
2 within the fire fighter investigation process.

3           Saying that, I know full well that  
4 NIOSH -- and many do. NIOSH has other jobs. They  
5 do not exist just for fire fighter investigations,  
6 and -- but when they can work together on these  
7 issues, we certainly appreciate it.

8           You also need to reach out and start to  
9 partner with other federal agencies and departments.

10           And I'll say this publicly. There's an  
11 awful lot of money out there, an awful lot of money  
12 out there, and an awful lot of money being directed  
13 toward first responder issues, more so now after  
14 9-11 than ever before. And a lot of that money, I  
15 think, is being perhaps misdirected.

16           So I think we need to look at the missions  
17 of places like Department of Homeland Security.

18           I think we need to do a better job.

19           NIOSH has to recognize, and they -- well,  
20 they have heard my story before. NIOSH is a  
21 national institute.

22           It's not part of the National Institute of

1 Health, but it clearly is a national institute.  
2 Even though there was talk, lots of times, of moving  
3 them over there, they're still -- perhaps we can  
4 argue that another time, whether they belong where  
5 they are now or move it to a national institute.

6 But there are groups there with money.  
7 National Cancer Institute, the blood, the heart  
8 institutes there that would like to look at data  
9 that addresses worker groups.

10 And we have said this on and on.

11 In our wellness/fitness program we have  
12 developed the database, a database for fire  
13 departments to use that are in the wellness/fitness  
14 program.

15 In fact, we have now computerized it, and  
16 we're going to distribute it to everybody for free.  
17 And, again, to follow specifically the medical  
18 evaluations and the fitness evaluations that are on  
19 an annual basis so we have that data, have data in a  
20 mandatory program that everybody is involved in that  
21 addresses high risk category group.

22 People that would drool over, back when

1 they just felt -- they started looking at the  
2 Framingham study, that we're offering now, and we  
3 can't get the bite of interest.

4 I think instead of trying to reinvent the  
5 wheel, to work with some of these programs and look  
6 at these government agencies.

7 The Department of Transportation, in fact,  
8 they even have the next slide, we need to look at  
9 them.

10 The Department of Transportation has been  
11 crash testing vehicles for safety issues and being  
12 used as a marketing issue for the auto dealers and  
13 the auto makers.

14 Again, for the first time -- and I think I  
15 can run this, so I can talk -- I'm probably not  
16 supposed to have this, but I do.

17 NIOSH has done an ambulance study. If  
18 people in this room aren't aware of it, it's because  
19 they haven't released it yet. They haven't released  
20 it yet because there's a legal -- ah, damn, it  
21 doesn't work.

22 I thought this would work. It worked when

1 I did it on my computer. You probably don't have  
2 whatever it took.

3 So, anyway, this is a nice picture of an  
4 ambulance crashing that NIOSH did.

5 The first time, the first time -- and  
6 Steve Proudfoot, who was part of that program and  
7 first investigators here, the first time that it was  
8 ever done for a worker issue, not for a marketing  
9 issue or safety of a product for a consumer issue, a  
10 worker issue, actually crashing an environment that  
11 a worker works in.

12 And I think there's phenomenal information  
13 in this part.

14 First of all, the safety of the vehicles  
15 that are being built out there. How well they are  
16 constructed for the safety of the occupants, the  
17 workers, as well as the safety of the occupants, the  
18 workers in the back of those vehicles tending to the  
19 public or whoever they're transporting out there.

20 Hopefully this will -- more work will be  
21 done.

22 25 percent of the fatalities of fire

1 fighters, including both career and volunteer, last  
2 year, were vehicle issues.

3           And I think a number of those -- and I'm  
4 not going to deny it. A number of them had a lack  
5 of seat belts. A number of them were excessive  
6 speed, the fun of being still in the fire department  
7 and driving real fast, a failure to do a lot of  
8 things.

9           But a lot of it is the equipment here.  
10 And I'm certainly proud, and I know that people are,  
11 that NIOSH is addressing the issue for the first  
12 time, of looking at that.

13           On Tuesday of this week -- and I know  
14 everybody is hungry so I can end up on this -- or  
15 excuse me, Monday of this week, Secretary Chernoff  
16 was at the IAFF legislative conference, which was  
17 held across the street.

18           And I always listen to what politicians  
19 say all the time because I know I can find a  
20 sentence that's useful, and this is exactly what he  
21 said.

22           He went up and he said, You can't ask

1 people to go out and save lives if you don't give  
2 them the tools to make sure they're able to conduct  
3 these activities without putting their own lives  
4 unnecessarily at risk.

5           Of course, we made sure the AP knew  
6 whenever all the other people -- or our  
7 communications people did.

8           This was in context -- so I don't tell you  
9 I'm taking this out of context. This was in the  
10 context of talking about avian flu.

11           And in fact, he went up and he said that  
12 all first responders -- and he's talking to fire  
13 fighters, so he meant all fire fighters -- need to  
14 be the first people in line to get vaccinated and be  
15 provided antivirals for an avian flu issue.

16           And then he went on to say this quote.

17           So I just somewhat take it out of context  
18 from the avian flu issue, but I haven't taken it out  
19 of context to a safety issue, nor have I taken it  
20 out of the context of what this country needs to  
21 recognize for our first responders.

22           We need to given them the tools, and we

1 think NIOSH has done exactly that.

2           So if anything I can do up here, I'm not  
3 here to wave the NIOSH flag. We are critical when  
4 we need to be critical, but we fully support the  
5 continuation of this program.

6           In fact, as an investigation program for  
7 fire fighter fatalities, we appreciate the add-ons  
8 to it, which are the research project, in other  
9 words but first and foremost, let's continue these  
10 investigations for the process.

11           And I forgot I had a slide that I just  
12 said all those things. So that's -- oh, one more  
13 thing I want to say.

14           That is my last slide, so I am going to  
15 say it.

16           When NIOSH evolved -- and NIOSH was part  
17 of -- well, NIOSH was born when OSHA was born. So  
18 back in the late '60s, when OSHA appeared, NIOSH  
19 was -- basically, there was the research arm for  
20 OSHA.

21           In fact, during the first ten years or 15  
22 years of NIOSH, they did a great job of putting

1 together what was called criteria documents.

2 NIOSH was actually the standard writer for  
3 all the OSHA standards. And for those of you who go  
4 back that far, you remember the multicolored books.

5 And I have them all, by the way, in boxes  
6 because I think they're wonderful documents.

7 Most of them were for health issues, but  
8 there are a couple of them for safety issues or  
9 criteria documents.

10 It wasn't a consensus document. It was a  
11 scientific document that NIOSH did the study  
12 together and made recommendations for standards to  
13 OSHA.

14 They haven't done so many of them anymore,  
15 for whatever reasons, political, I will say, funding  
16 perhaps.

17 And maybe they think they caught up with  
18 everything, which we know they haven't.

19 But I think part of the NIOSH  
20 investigation stuff should also be putting official  
21 recommendations in, as the law required, as the  
22 process required when NIOSH was originally set up,

1 so.

2           And I can give you a final example, and  
3 then you go to lunch.

4           Back in the early '80s, when we started  
5 working on PASS alarms for the fire service,  
6 personal alert safety systems or the boxes that buzz  
7 off that Charlie talked about earlier this morning,  
8 that was an issue -- was the issue -- an issue up in  
9 Pittsburgh, in 1985.

10           But back in the -- or '95.

11           But in the early '80s, we had a fire  
12 fighter -- a number of fire fighters that were  
13 killed.

14           The recent one was a fire fighter in Los  
15 Angeles City where an alarm went out that one of our  
16 fire fighters went down. And right after that, a  
17 fire fighter came out of the warehouse building, and  
18 he had upper airway burns and wasn't able to talk.

19           They thought that was the fire fighter  
20 that was down. He wasn't able to explain that there  
21 was another fire fighter in the building.

22           Well, that fire fighter was packed and

1 sent to the hospital. And the fire fighter that --  
2 they continued fighting the fire, and the fire  
3 fighter died.

4 If they had a way to signal someone to get  
5 out, I think he would have been alive today.

6 It's probably 60 percent of the fire  
7 fighters in the last 20 or so years that have died  
8 in fires that, if their personal alert systems  
9 worked, they would be alive today. And we can show  
10 you the data to show that.

11 Back then, we wrote to OSHA. We said,  
12 OSHA, you need to have a standard. You need to  
13 address this issue, require fire departments to have  
14 PASS device, fire departments.

15 We got written -- in fact, the person that  
16 wrote us back was a good friend of mine at the head  
17 of OSHA, Yule Bingham.

18 So it wasn't a political issue back then.  
19 It was the way that OSHA worked. And said, you  
20 know, we don't have a standard for PASS devices. We  
21 can't require fire departments, yada, yada, yada.

22 Well, through the NFPA process, we

1 developed probably the quickest standard NFPA ever  
2 had, was the PASS alert standard, which I think we  
3 did in less than two years.

4           It was the quickest, I think, area test --  
5 it was the quickest one we ever put together and got  
6 out.

7           To this day, now, 20 years later, OSHA  
8 still doesn't require emergency personnel to have  
9 PASS alarms.

10           So I think those recommendations need  
11 to -- and I think we need to continue to follow that  
12 process in an official effort of making  
13 recommendations.

14           Whether OSHA needs them or not, or whether  
15 they have -- or denied doing it, at least there is a  
16 record to follow that, which I think would also lead  
17 to more change.

18           I am done rambling. Thank you very much.

19           We will participate throughout this  
20 process this afternoon.

21           And, again, I got to, here, on behalf of  
22 my organization, behalf of our general president,

1 Harold Schafer, I want to thank NIOSH for what they  
2 do on the investigative issues, and all the help  
3 that you give for fire fighters in this nation.

4 So thank you very much.

5 MR. REED: Thanks, Rich.

6 We have had some great speakers this  
7 morning among the invited speakers.

8 So -- we're at 12:30.

9 We're theoretically on time here, for the  
10 schedule. But given the timeframe for lunch, I  
11 think I'm going to suggest that we regroup at 1:45.

12 I think we have enough time built in, and  
13 I think we're going to need probably a little more  
14 than an hour, anyway, for lunch, given the logistics  
15 of where we are.

16 So I'm going to suggest that we regroup,  
17 but promptly at 1:45.

18 And that we will start with the rest of  
19 the stakeholder comments that will be five-minute  
20 comments, and then we will open it up for additional  
21 comments, as well as dialogue for the end of the  
22 meeting.

1           So thank you all, again, for this  
2 morning's sessions, and we'll see you at 1:45.

3                         (A recess was taken.)

4           MR. REED: We have the attendance list  
5 that was promised this morning, and it's at the  
6 registration desk for those of you who want -- the  
7 reservation desk, I should say, for those of you who  
8 want a hard copy of the attendance list.

9                         There will also be a more of a formal  
10 record of that, you know, on our website, and -- but  
11 if you want a hard copy, it's there now.

12                         And Tim Pizatella asked me to remind  
13 you -- or actually to request support for a study  
14 that he mentioned in his talk. It's the -- in his  
15 slide where the formal assessment of the impact on  
16 NIOSH programs. It's the contract effort that's  
17 being done by RTI.

18                         And we strongly encourage that if you are  
19 part of that, or your fire department, or fire  
20 fighter group has received this questionnaire, that  
21 we request that you fill it out.

22                         Again, the impact of this study is to help

1 identify ways to enhance the program.

2           So it's directly helping us with many of  
3 the same things that we're getting here today in  
4 terms of direction and evaluation.

5           So please encourage your staff and your  
6 fire departments and fire fighters to complete that  
7 questionnaire if they receive it.

8           I think we're at about 30 percent response  
9 rate at this point, but we would love to have even  
10 more so, so thank you.

11           We are at -- after lunch, the point where  
12 we're talking about additional stakeholder comments.

13           And we have five and maybe one no-show at  
14 this point. Is Jerome Ozog here? Okay. I don't  
15 think...

16           So I think we're at a point where we can  
17 begin the additional stakeholder comments and still  
18 have time for the dialogue or additional comments  
19 from people who have not yet had a chance to talk.

20           And then for the dialogue part, are there  
21 questions of us or the other speakers, or just sort  
22 of this brainstorming that we had talked about

1 earlier that's so important to us?

2           So with that, our first speaker for the  
3 five-minute additional stakeholder comments is Ed  
4 Hartin.

5           And Ed Hartin is a battalion chief for the  
6 Gresham Fire and Emergency Services Training and  
7 Safety Division.

8           So, Ed.

9           MR. HARTIN: Good afternoon. I'm  
10 Battalion Chief Ed Hartin. I'm Chief Training and  
11 Safety Officer with Gresham Fire and Emergency  
12 Services in Gresham, Oregon.

13           In that we only have five minutes, my --  
14 the scope of my comments will be considerably  
15 narrower than my colleagues' this morning.

16           I believe that the NIOSH fire fighter  
17 Fatality Investigation Program has provided a  
18 substantial benefit to the fire services, with  
19 reports published by this program serving as a  
20 valuable resource in the effort to reduce fire  
21 fighter injuries and deaths.

22           However, there are some gaps in the

1 information provided by these reports.

2           Given the limited time available, I'm  
3 going to focus my comments on investigations and  
4 reports related to traumatic fatalities during  
5 structural fire fighting.

6           Safety during structural fire fighting in  
7 the United States has seen minimal improvement over  
8 the last 27 years, despite significant technological  
9 advances.

10           National Fire Protection Association and  
11 the United States Fire Administration reports have  
12 identified a number of trends.

13           The average number of fire fighter  
14 fatalities occurring on an annual basis has  
15 decreased, as has the number of structure fires.

16           This has resulted in a relatively stable  
17 rate of fire fighter fatalities during structural  
18 fire fighting.

19           Data also shows a marked increase in the  
20 number of traumatic fatalities during this type of  
21 fire fighting activity.

22           Most traumatic injuries during structural

1 fire fighting occur in one or more of the following  
2 three ways, structural collapse, rapid fire  
3 progress, or fire fighters becoming disoriented,  
4 lost, and running out of air.

5 Often, following collapse are rapidly  
6 worsening fire conditions.

7 In examining traumatic fire ground  
8 fatalities, Rita Fahy of the NFPA, indicates that  
9 anecdotal evidence points to fire fighters and fire  
10 officer's lack of experience as a potential causal  
11 factor in these situations.

12 A study by NIOSH staff published an injury  
13 prevention, identified the eight most common  
14 recommendations in the NIOSH fire fighter fatality  
15 reports related to incidents involving fatal  
16 traumatic injury during structural fire fighting.

17 And as illustrated on this slide, this  
18 list addresses key organizational and operational  
19 issues, but something is missing.

20 What is missing is a consistent and  
21 explicit focus on knowledge of fire behavior.

22 While this knowledge is an essential and

1 integral part of situation assessment, the  
2 recommendations do not clearly identify this.

3           Only three of the 67 reports dealing with  
4 incidents involving traumatic fatality between 1998  
5 and 2005 made specific recommendations regarding  
6 fire behavior, even though 35 of these incidents  
7 involved extreme fire behavior as a causal or  
8 contributing factor.

9           In the cases where recommendations were  
10 made, they focused primarily on recognition of  
11 backdraft and flashover indicators. In other cases,  
12 the importance of understanding fire behavior hides  
13 within a tactical context.

14           For example, in the 11 cases where the  
15 recommendation was made to closely coordinate  
16 ventilation and fire attack, ventilation performed  
17 by fire fighters caused rapid fire progress or  
18 negatively influenced fire spread.

19           Fire fighters must develop adaptive  
20 expertise in the application of fire behavior  
21 knowledge on the fire ground, and act proactively to  
22 avoid or mitigate the hazards presented by rapid

1 fire progress or the fire's effects on structural  
2 stability.

3 What can NIOSH do to assist the fire  
4 service in addressing this complex problem?

5 Action is required in several interrelated  
6 areas.

7 First, provide consistent focus on fire  
8 behavior and structural factors in reports related  
9 to traumatic fatalities during structural fire  
10 fighting.

11 Ensure that the investigators probe  
12 observations of key fire behavior indicators,  
13 specifically building factors, smoke, air track,  
14 heat, and flame.

15 It has been my experience that fire  
16 fighters and officers often see key indicators but  
17 do not make the connection between these  
18 observations and subsequent fire behavior.

19 Provide a narrative that follows fire  
20 development and emphasizes the positive and negative  
21 influences of tactical action.

22 Consistently capturing and reporting this

1 type of detail would further increase the utility of  
2 NIOSH reports and case studies for building  
3 proficiency in the application of fire behavior  
4 knowledge.

5           Second, more thoroughly examine the impact  
6 of training, experience, and expertise.

7           A single question comes to mind when I  
8 read these records, if the fire fighters or officers  
9 involved knew what was going to happen, would they  
10 have taken the same course of action, would they  
11 have searched above the fire without a hose line if  
12 they recognized that the fire was about to reach  
13 flashover, would they have vented in the same way if  
14 they recognized that the fire would increase  
15 dramatically in intensity and overtake crews working  
16 on the interior?

17           I suspect not.

18           NIOSH fire fighter fatality reports  
19 addresses training in a general sense.

20           It would be useful to delve more deeply  
21 into the training of not only the individuals who  
22 died, but also others -- others who had a situation

1 assessment and decisions making role in the  
2 incident, looking in particular at training and  
3 experience related to the specific causal factors  
4 involved, such as structural stability and fire  
5 behavior.

6           The foundation for situation assessment  
7 and tactical decision making is a solid  
8 understanding of fire behavior and its effect on the  
9 involved structure in incidents involving fire  
10 fighters being caught or trapped by rapid fire  
11 progress, or those in which fire behavior was a  
12 precursor to becoming disoriented or structural  
13 collapse.

14           NIOSH should included an explicit  
15 recommendation for in-depth fire behavior training  
16 and its application in a realistic context.

17           Thank you.

18           MR. REED: Thank you, Ed.

19           Our next speaker is David Daniels, who is  
20 the Fire Chief for the Fulton County, Georgia, Fire  
21 Department.

22           David.

1 MR. DANIELS: Thank you.

2 I appreciate the opportunity this  
3 afternoon.

4 Now, to do two things, first of all, do a  
5 little commercial for the International Association  
6 of Fire Chiefs Safety, Health, and Survival Section.

7 I couldn't pass up the opportunity because  
8 we -- at least my perception anyway, are as an  
9 organization, kind of new at putting effort and  
10 resource behind safety to the degree we do today.

11 And as a matter of fact, a lot of credit  
12 is due -- as we were walking to lunch and having a  
13 conversation about safety in the fire service, when  
14 you think about certain organizations, and  
15 specifically a lot of credit to the IAFF, who has,  
16 for years, had formal programs in place, budget  
17 assigned to it, people assigned to it, and the Fire  
18 Chiefs, as an organization, are starting to realize  
19 that's pretty important.

20 That if we're going to get some things  
21 done, we have to have people that are dedicated to  
22 it, and they're going to do it on a regular basis.

1           One of the things that happened here  
2           recently, is we had a committee, and the committee  
3           basically was made up of about 12 people. And we  
4           found that that wasn't quite enough to put the  
5           effort that we wanted to put into fire fighter  
6           health and safety related issues.

7           So we went to the group, the International  
8           Association, and asked that we become a section,  
9           which gives us a few more resources in terms of  
10          people.

11          So as of today, we're 420 or so people,  
12          who are interested in fire fighter health, safety  
13          and related kinds of issues, and are spending a lot  
14          of our free time, those of us who have it, to try to  
15          get some of those things done.

16          In general, we -- our goal is to try to  
17          help -- help the leadership of the fire service in  
18          terms of the appointed officials, the fire chiefs,  
19          understanding the importance of safety,  
20          understanding the importance of keeping their folks  
21          healthy, and getting them home the next day.

22          A few of the things we have done, just in

1 a very short period of time, is we wanted to start  
2 off with something positive.

3           There's a lot of conversation about the  
4 bad things that happen. And so one of the first  
5 things we did was have some recommendations and give  
6 some awards for some departments and officials  
7 around the country, who are actually doing some  
8 things right.

9           And that happened, actually, in our first  
10 year.

11           We're also engaged in writing for  
12 different -- lots of different publications, Fire  
13 Chief Magazine, Fire House Magazine, what have you,  
14 and what we want to see is not necessarily a group  
15 of folk who tries to do it all themselves, but wants  
16 to see it happen.

17           So we're engaged in some of these kinds of  
18 activities in terms of writing and that.

19           We also have been partnering with other  
20 segments of the IAFC, specifically with the Metro  
21 Section on this particular item, is trying to  
22 develop a vulnerability assessment tool.

1                   We also had some conversation with the  
2 IAFF on some work that they're doing to a greater  
3 degree, and they're looking for a way to complement  
4 that process to put a tool in the hand of a fire  
5 chief.

6                   These are some of the other kinds of  
7 things that our membership is involved in.

8                   And, again, we're still fairly new, but  
9 involved in a number of different activities around  
10 the country.

11                   If there's a fire chief who is involved in  
12 safety in any way, shape, or form, you probably --  
13 if it traces back, they're probably connected to our  
14 section in one way, shape, or form.

15                   We pride ourselves to some degree, being  
16 safety zealots, but want to be a little bit more  
17 professional about it in terms of our presentation.

18                   And that suggests that there is one way to  
19 keep our folks safe, but there are a number of  
20 different ways of doing that.

21                   Now, how this relates to the -- to NIOSH  
22 is that we found that of all of the information

1 that's available to us, this is the information that  
2 is most scientifically based.

3           Interestingly enough, as a fire service,  
4 much of what we do today, somebody just made up.  
5 They just made it up. There was not necessarily  
6 scientific basis or study. Someone made it up, and  
7 we all picked it up and we continue to do it.

8           So we're encouraged -- we're encouraged by  
9 the fact that the information that comes out of  
10 NIOSH has a strong scientific background and basis  
11 behind the recommendations.

12           Some of our suggestions include, of  
13 course, having -- continue to have adequate budget  
14 to do what's necessary. And we, as fire chiefs,  
15 always recognize that it takes money to get things  
16 done.

17           We also -- let me go back to that one for  
18 a second.

19           We also think there may be some value in  
20 providing informational sessions to fire chiefs  
21 about how the process works so they understand that  
22 here is what happens, here is what -- when we do an

1 investigation, here is what our folks do, just to  
2 kind of take away a little bit of the concern that  
3 may be raised by a fire chief that doesn't  
4 understand the process.

5 Now, also, we think that there would need  
6 to be pretty clear connections between what NIOSH is  
7 doing and the other bodies that exist in NFPA,  
8 IFSTA, what have you, the folks who are creating the  
9 standards and creating the training, if we can see  
10 linkages, visual linkages, this study produced this  
11 standard, which produced this set of training.

12 Again, it kind of helps people understand  
13 the value of the process, helps them understand the  
14 value of being involved, and the value of continuing  
15 to support the process long-term.

16 Five minutes. Thank you very much.

17 MR. REED: Thank you, David.

18 Jerome Ozog, is he here? Okay.

19 The next speaker is Steve Austin, who is  
20 the project manager for CVF -- I'm sorry, I don't  
21 know the acronym, Emergency Responder Safety  
22 Institute.

1                   So Steve.

2                   MR. AUSTIN: Good afternoon. My name is  
3 Steve Austin. I'm with the CVVFA Emergency  
4 Responder Safety Institute.

5                   We're an arm of the Cumberland Valley  
6 Volunteer Fireman's Association, 105-year-old  
7 nonprofit fire service education association.

8                   We have been working since 1998 to reduce  
9 the number of secondary incidents on the roadways  
10 that injure or kill fire fighters, police officers,  
11 and other emergency workers.

12                  Other than fatalities, there are no  
13 records kept documenting injuries or near-misses on  
14 the highway. And we know from our work that this  
15 incident happens several times each day in the  
16 United States.

17                  We attempt to identify these incidents,  
18 and report them on our website, respondersafety.com.

19                  Our Institute includes members from across  
20 the public safety spectrum, including the career and  
21 volunteer fire service labor and management.

22                  We're most proud of the support we receive

1 from many of the organizations that are here today  
2 in this room.

3 One of our key partners, are members of  
4 the fire fighter Fatality Investigation and  
5 Prevention Program. Investigator Mark McFall and  
6 Branch Chief Dawn Castillo have been especially  
7 supportive.

8 Lessons learned from tragic roadway  
9 fatalities that occur to fire fighters working to  
10 assist accident victims have been made a part of  
11 fatality reports and are most useful in preventing  
12 future tragedies.

13 We're especially grateful that NIOSH  
14 recognizes and promotes that high visibility  
15 garments must be worn by emergency workers operating  
16 on the roadways.

17 On alert bulletin published by NIOSH on  
18 this subject listed our group as a resource for  
19 information and training.

20 NIOSH representatives have attended and  
21 participated in our training session, and most  
22 recently in a best practices photo shoot on the

1 Pennsylvania turnpike.

2           The outcome from this activity will result  
3 in the production of free instructional injury  
4 prevention materials.

5           We're pleased with the cooperation we have  
6 received from the entire NIOSH team at every level.

7           We understand that in light of the federal  
8 budget restriction, this group of dedicated men and  
9 women are pushed to the limit in the effort to  
10 conduct the legislatively mandated investigations.

11           Prompt investigations and timely reports  
12 are crucial to preventing similar deaths and  
13 injuries in the future.

14           Most fire departments do not have the  
15 relationship or laboratories, engineers, and other  
16 experts that are often needed to support an indepth  
17 investigation.

18           NIOSH has these valuable contacts.

19           We will urge our fellow stakeholders, who  
20 are permitted to do so, to communicate with Congress  
21 about the need to support full funding for the fire  
22 fighter Fatality Investigation Program, so that the

1 program's mission can be completed in a timely  
2 fashion.

3 On behalf of our President, Gene  
4 Worthington, we thank NIOSH for holding this  
5 stakeholders meeting, and allowing us to be here  
6 today.

7 Thank you.

8 MR. REED: Thank you, Steve.

9 The last speaker that we have on the  
10 formal list is Jack Jarboe, and the Vice President  
11 for Grace Industries.

12 MR. JARBOE: Good afternoon. My name is  
13 Jack Jarboe. I'm the Vice President of Grace  
14 Industries.

15 For 30 years, I was an active fire  
16 fighter, and retired as a Division Chief in Prince  
17 George's County, just outside of Washington DC.

18 I also sit on a couple of NFPA committees  
19 for respiratory protection and for electronic  
20 safety, which now deals with the PASS devices.

21 I have the pleasure to work with a number  
22 of people from NIOSH, Bill Haskell and Les Foord, on

1 both of those committees.

2           And let me just say that their activity,  
3 their proactive activity, and the things -- the  
4 technology they bring to both of those committees,  
5 offer the committee a great deal, and we're very  
6 appreciative of their assistance and guidance, you  
7 know, things that they do.

8           I also wanted to mention to you the  
9 website, the NIOSH website that we have talked about  
10 earlier today.

11           I go there often. I think it's an  
12 outstanding website with a great deal, wealth of  
13 information.

14           It's well crafted. It's done  
15 professionally.

16           The one thing I do think that happens from  
17 time to time is, as I travel around the country and  
18 I talk to fellow fire fighters and I ask them about,  
19 you know, have you been able to, in fact, take some  
20 of the recommendations that NIOSH has put forth and  
21 put them in place? And I see their eyes glaze over  
22 occasionally.

1           That's an indication to me that they have  
2 not looked at that website.

3           And this actually occurs in some  
4 departments where I know that they have suffered a  
5 fatality.

6           So it's very important that we get this  
7 information to as many people as we possibly can.

8           Again, the reports are just absolutely  
9 outstanding if you take time to read them.

10          One suggestion I would make -- because  
11 some of the same people that I converse with when I  
12 mentioned other issues of the day, they're very  
13 quick to respond to whatever the issue might be --  
14 that they read this or that on firehouse.com, and  
15 they can almost quote it verse by verse.

16          So I'm wondering if perhaps maybe NIOSH  
17 should consider -- I know you can navigate it, but  
18 if it takes you 15 minutes to navigate from that  
19 site to the NIOSH website, you're going to lose  
20 people.

21          You only have probably 15 to 30 seconds to  
22 capture their interest. And if you don't get them

1 right away, you know, they have other things that  
2 distract them.

3           But I think a direct link from that and  
4 other websites like that, where people look for a  
5 lot of their news and information, that might get  
6 them directly to the fire fighter fatality website.

7           And I think the click-through rate would  
8 increase probably by tenfold.

9           One of the other things I would like to  
10 mention is this, just before I retired 12 years ago,  
11 we lost a fire fighter in small, 600 square foot  
12 house fire, in Suitland, Maryland.

13           He was 19 years old.

14           He had effected a rescue, put the child  
15 out, along with his partner, who rescued a second  
16 child. And in the confusion and chaos that  
17 surrounds Medevac airlift, we simply lost track of  
18 this 19-year-old.

19           Forty minutes later, we found him, dead,  
20 with his facepiece dislodged, on the stairwell.

21           And when you go back and look at it, you  
22 know, we failed this fire fighter. We failed his

1 family. We just needed to do a better job at fire  
2 fighter accountability.

3 That's when I got involved with Grace  
4 Industries. They were a small family business, and  
5 they were interested in trying to help us out.

6 In any event, we have worked on that for a  
7 number of years.

8 I just want you to know that there is  
9 technology available today that can address these  
10 problems of distress signalling and evacuation  
11 signaling.

12 The incident commanders need to know when  
13 a fire fighter is down. The incident commander  
14 needs to have a mechanism to evacuate the building  
15 and everyone in there if he has an impending  
16 collapse or some other calamity that he might see.

17 It just doesn't work using some of the old  
18 techniques that we have employed for over 50 years,  
19 blowing the air horns, et cetera.

20 There are a number of companies that  
21 either have technology or have technology that's  
22 emerging that I think can solve, to a great deal,

1       distress signaling and evacuation signaling.

2               But what we lack and have lacked for some  
3       eight or nine years is the ability to have a test  
4       that could validate that these technologies will, in  
5       fact, perform in the environment in which fire  
6       fighters are going to work.

7               And I would ask that the people here from  
8       NIOSH, who have the expertise, and the people from  
9       NIST, who have the expertise, you know, to maybe  
10      spearhead this, get together and come up with a test  
11      that we can validate, perhaps using NFPA 5000 as a  
12      backdrop because you're going to need to look at all  
13      the environments, all the types of construction, and  
14      what have you.

15              But as long as we lack that mechanism to  
16      test these technologies, we're not going to be able  
17      to say to the fire service, with confidence, that  
18      they're going to perform in the environment in which  
19      you have to work.

20              I want to thank everyone from NIOSH for  
21      the wonderful work they do.

22              Again, I can't say enough about the people

1 that do the investigations. They are absolutely  
2 professional in every way they do.

3 From time to time, I have had a few  
4 questions about something I may see, where sites  
5 particular standard that might be out of date, what  
6 have you. I have emailed NIOSH. They have gotten  
7 back to me immediately and corrected that.

8 I think they do a great deal for the fire  
9 service.

10 I would just like to see the fire service  
11 take advantage of all they have to offer.

12 Thank you.

13 MR. REED: Thank you, Jack.

14 We're at the end of the formal  
15 presentations for those people from whom we have  
16 heard.

17 So are there others in the audience who  
18 have not had a chance to speak, who would like to  
19 speak and -- before we get into more of the  
20 interactive, then go ahead, please.

21 If you would please identify yourself,  
22 name and organization.

1                   You can come here or ...

2                   MR. BRYNER: Nelson Bryner with the fire  
3 fighting Technology Group at the Building and Fire  
4 Research Laboratory at NIST.

5                   And I made some comments to both Larry and  
6 Tom earlier, and to Tim, about injuries and the cost  
7 of their prevention.

8                   I think the focus on fatalities here is  
9 appropriate, but I think NIOSH also wants to  
10 consider the cost of injuries, as well as their  
11 prevention.

12                   NIST recently through a contractor,  
13 Tri-Data, took a first cut at estimating fire  
14 fighter injuries and their prevention.

15                   It wasn't a large project, so it didn't  
16 allow for the creation of a model specific to fire  
17 fighters.

18                   It, instead, surveyed existing cost models  
19 and incorporated fire fighter specific injury data  
20 from places like NFPA and USFA.

21                   The cost estimates ranged from three to \$8  
22 billion; okay.

1           Now, there's a lot of issues with the way  
2           the cost estimates were done, but the main point is  
3           it's not a \$10 million problem. It's not \$100  
4           million problem. We're talking about a billion  
5           dollar problem.

6           So I would like to encourage that, while  
7           the focus on eliminating fire fighter fatalities is  
8           important, I think NIOSH should include the cost of  
9           injuries and the cost of preventing them as part of  
10          the program.

11          Thank you.

12          MR. REED: Thank you.

13          Could we get a copy of that report,  
14          please, for the record?

15          MR. BRYNER: I have, well, like three  
16          copies, but if you give me a business card.

17          MR. REED: Actually, it sounds like we  
18          have it with Tom, so we're all set. Thanks.

19          We'll make sure we get it entered into the  
20          docket.

21          Other speakers?

22          UNKNOWN COMMENTER: Well, it's an absolute

1 honor to be here today.

2           And there's probably very few things that  
3 are going on in the fire service that are more  
4 important than this.

5           This really set the template eight years  
6 ago for really giving some scientific basis to many  
7 of the programs that were ongoing or were starting  
8 at that time.

9           And I think that there could be is a much  
10 better linkage between the NIOSH fire fatality  
11 investigations and some of the major epidemiologic  
12 surveys that are ongoing.

13           For example, the NFPA has a survey updated  
14 every year on injuries and illness. IAFF has a  
15 survey updated every year on injuries, illnesses and  
16 fatalities. Just like the NFPA, different  
17 perspective of membership.

18           The Phoenix Fire Department has one.

19           Our wellness/fitness program, which is ten  
20 cities, has often thought about having one.

21           That epidemiologic data sort of sets the  
22 characteristics for what's going on in the fire

1 service and could yield a lot of additional  
2 information if it was joined together and properly  
3 analyzed, with specific attention on some of the  
4 things that don't result in fatalities immediately,  
5 but ultimately might.

6 By that I mean, what I have talked about  
7 before, which is not heart attacks resulting in  
8 death, but heart attacks or ischemic events that are  
9 occurring.

10 There's better treatment for this, thank  
11 God, deaths will decrease, but the ischemic events  
12 may actually be increasing.

13 We need to understand that. We need to  
14 record it. We need to study it. If we link  
15 together, we might be able to do that.

16 Occupational illness is more than just  
17 heart disease in the fire service. And fatalities  
18 resulting from occupational illness is more than  
19 just heart disease in the fire service.

20 Specifically, there are two other large  
21 areas which need to be looked at, and that's lung  
22 disease and cancer; all right. And we need to find

1 out what's going on there.

2           And, unfortunately, much of our data is  
3 being wrongly influenced by what we call  
4 longitudinal dropout.

5           We know, in New York City, who is coming  
6 down with lung disease and cancer, for the most  
7 part, in our membership, in our active fire  
8 fighters, in our active EMS workers.

9           Yes, some may be keeping it from us, but  
10 for the most part, people are admitting it.

11           We have good disability benefits, thank  
12 God, for these two problems in New York. So for the  
13 most part, people are telling us about it.

14           But once they retire, how do we find out  
15 about this? Are these deaths occurring five years  
16 of retirement, ten years of retirement, 20 years, 30  
17 years? We should know that. And we should be able  
18 to compare that to the general population. That's  
19 the least we should be able to do, to other first  
20 responders who have similar stress issues, but not  
21 the carcinogens and toxins that we inhale on a  
22 regular basis.

1           And possibly, in the great world, maybe to  
2 family members; all right, who have never had any of  
3 these events or exposures; all right, and that's a  
4 lot to hope for.

5           But we certainly have a long way to go,  
6 and could start instantly by trying to get the  
7 retirees to share medical information with the same  
8 databases that are already existing for active  
9 members.

10           Maybe there could be a financial incentive  
11 for them to share this information, but we are  
12 missing a large cohort.

13           And just linking with national death  
14 registraries is not the answer because, as many of  
15 you know, the last occupation is frequently the  
16 occupation recorded on a death certificate, and  
17 frequently the actual cause of death is no longer  
18 required on a death certificate as well.

19           So we are missing a tremendous factual  
20 basis for making decisions in the future.

21           And if it's just going to be on the  
22 illness side, cardiovascular deaths, then we could

1 be coming to very wrong conclusions; all right, with  
2 a limited database.

3           What I want to sort of concentrate on is  
4 the issue I brought up earlier this morning.

5           We are -- in the New York City Fire  
6 Department, have been blessed to have started the  
7 International Association for fire fighters  
8 Wellness, Finance program years before the World  
9 Trade center, in 1996. It revolutionized the way we  
10 did medicals.

11           We did a complete medical rather than a  
12 shortened medical, and we tried to do it on an every  
13 12- to 18-month basis.

14           And we have data before the World Trade  
15 Center, so we were able to compare, after the World  
16 Trade Center, what has happened, and that's resulted  
17 in a lot of publications that have helped our  
18 wellness, finance labor management and initiative,  
19 and also it's gotten people good medical treatment,  
20 which is really the bottom line.

21           But despite us having this program, I  
22 cannot clearly point to a reduction in

1 cardiovascular deaths.

2           So if we were talking -- the speaker  
3 before me was talking about what is cost of these  
4 programs.

5           We cannot, from a cardiovascular  
6 viewpoint, say that we have reduced costs. And  
7 that's because of the disconnect between having a  
8 mandatory program, our program is mandatory, it's  
9 non-punitive.

10           So if you repeatedly miss our medical, we  
11 try to get you to keep coming for it, but we don't  
12 really do anything about it if you miss it, but  
13 despite that, we have a good program.

14           About 85 percent of people participate in  
15 it, and that's really fantastic.

16           Well, it's not fantastic if the 15 percent  
17 of people that really need the program are actually  
18 avoiding it. If it's a random 15 percent, then it's  
19 okay.

20           It's not a good thing if, when we  
21 repeatedly find that you're overweight, that you're  
22 out of shape, that you have high cholesterols, that

1 you have high blood pressure, et cetera, et cetera,  
2 that you either ignore it, or you only temporarily  
3 deal with it; all right. That's not a good thing.

4 We need to have a labor management  
5 initiative that takes this makes it as nonpunitive  
6 as possible, but does something.

7 We have to start actually doing more than  
8 just talking. We need to actually do the thing that  
9 we all are afraid to do.

10 Fire fighting is the most dangerous  
11 profession on the plant Earth, and, therefore, it  
12 needs the fittest fire fighters on the planet Earth;  
13 all right.

14 If they're not the fittest fire fighters  
15 on the planet Earth, and if they repeatedly are not  
16 getting fit, then we need to do something; all  
17 right.

18 It's going to hurt that fire fighter maybe  
19 a little bit, but it's going to save his life.

20 But more than that, it's going to send a  
21 message to every other fire fighter in your work  
22 force that it is time to become accountable, and

1 it's a mutual responsibility.

2           You're absolutely right, when the union  
3 says, that guy, who is 40 pounds overweight, did not  
4 come on the job 40 pounds overweight. Management  
5 watched him gain every one of these pounds; all  
6 right. Management watched him eat every one of  
7 those donuts and not exercise, so management has  
8 responsibility.

9           The worker also has responsibility; all  
10 right. So we have to have a partnership that says,  
11 the time is over, to stop playing this game.

12           We have been trying to be consistent with  
13 NFPA 1582 Medical Standard, which is a major  
14 advance. And the last two additions of NFPA 1582  
15 have really started to do more than just say we're a  
16 loose set of guidelines.

17           They actually have real medical specifics  
18 to them and give doctors that don't have a lot of  
19 education about the fire service, real things that  
20 they should be looking for and acting upon.

21           However, there are interests out there  
22 that are trying to water down those standards. We

1 need to say to those interests; all right, that we  
2 have to protect these fire fighters; all right, that  
3 we have to maintain these standards.

4           It's a great thing for the volunteer fire  
5 departments to come here and say that they are all  
6 for a heart healthy program. They need to be for a  
7 heart healthy workforce.

8           Because frequently; all right, when we  
9 come up with very tough medical standards, there are  
10 fire departments or there are groups, aggregate  
11 groups out there that aren't that happy because it  
12 costs money.

13           Well, we spend money on the fire trucks.  
14 We have to spend money on the fire fighters.

15           And, you know, we can have education, and  
16 we have programs, but if your cholesterol is  
17 constantly 250, if your weight is constantly 50  
18 pounds overweight, we need to do something about it.

19           The slides that were shown before, where  
20 the average cholesterol was 199, that's fantastic,  
21 but that means that almost 50 percent of the people  
22 have cholesterols above 199; all right. We need to

1 do something about that.

2           So if I can leave you with some things,  
3 it's we have to start doing the programs that are  
4 already out there.

5           We have some fantastic programs. We have  
6 the NFPA from 1528. We have the IAFF  
7 wellness/fitness Initiative. We have the fire  
8 fighter Fatality Investigations. We have the NIOSH,  
9 NPP Tech Lab that's helping us bring some of this  
10 stuff into the forefront.

11           We have to maintain those programs.

12           But then what we have to do is we have to  
13 say, What are some things that we need to really  
14 institute, test them as interventions and see  
15 whether they work, and here are some quickie ideas.

16           They may not be right, but they're worth  
17 thinking about, and they're worth somebody doing.

18           For example, we need to talk about a real  
19 risk benefit analysis for going into a fire. If  
20 there's nobody in that building, maybe we shouldn't  
21 be in it.

22           Well, we have been saying maybe for a long

1 time, why don't we institute that in one big city  
2 and see what happens?

3 We need to think about extending work  
4 hours, shifts, and SCBA bottles.

5 If there's no lives in jeopardy, if  
6 there's no major gigantic property that's going to,  
7 you know, spread out of control and take out the  
8 entire city, we need to say, one bottle rule,  
9 period, for the interior structural fire fighting.

10 Bring more fire fighters in, have mutual  
11 aid, but when you're done with your bottle, you  
12 don't grab another bottle and go back in.

13 If this is the most dangerous fire --  
14 workforce in the world, if this is the most  
15 physically vigorous in the world, if this is the  
16 most exposed hazmat thing in the world, one bottle,  
17 and you're out.

18 And that's something that just requires  
19 guts. It requires a little bit of money and some  
20 administrative oversight.

21 Sometimes we're our worst enemies.

22 And the fire fighter is the one that wants

1 to go back in, this is the best fire I have been in  
2 in the last year; all right.

3 And we need to do the same thing with  
4 health, weight, cholesterol, certainly multiple risk  
5 factors, we need to put the brake on, and we need to  
6 just say, You're coming out of here; all right.

7 Those are the things that I would leave  
8 us -- that's what I think we need to be studying.

9 We need to put those interventions in  
10 place, study them, and see what happens.

11 Bite the bullet.

12 Thank you very much.

13 MR. REED: Thank you.

14 Other speakers, yes.

15 MR. REHFELD: I'm Mike Rehfeld, Baltimore  
16 County Professional fire fighters, IAFF Local 1311.

17 Just a couple of thoughts that I had that  
18 I think NIOSH needs to hear.

19 The first is, is that this program has  
20 truly been priceless for the fire service. The  
21 information that we have gained over the last eight  
22 years has led to a tremendous amount of change in

1 the fire service.

2           Prior the NIOSH starting these  
3 recommendations, not many fire departments knew what  
4 an INS system was, much less, did it. Not many of  
5 them knew what a rapid intervention team was, much  
6 less, did it.

7           In my particular department, we instituted  
8 a rapid intervention team program from scratch as a  
9 result of the NIOSH recommendations.

10           So there is value to the program, and I  
11 don't think any cuts are warranted at all, much  
12 less, trying to get full funding.

13           Kind of a background on the next step and  
14 where I think, from a stakeholder standpoint, I'm  
15 just a truck driver on a truck company, so I don't  
16 have any political agenda. I don't have any, you  
17 know, need to be seen or heard, so we get full value  
18 at the ground level. That's what I do.

19           There needs to be a mechanism to move from  
20 recommendation to compliance. With the  
21 recommendation, say it from an event, has got to be  
22 moved from a point to where it's enforced to occur.

1           If we don't do that, we're not going to  
2 accomplish the end result, which is reducing the  
3 fatalities and the injuries.

4           Right now, there doesn't seem to be that  
5 mechanism, anywhere. If a jurisdiction doesn't  
6 adopt an NFPA standard as law, there's no force for  
7 it to be complied with at the department level.

8           If OSHA doesn't adopt the regulation, and  
9 make it mandated or mandatory to comply, it doesn't  
10 occur, for the most part.

11           There needs to be political involvement in  
12 the NIOSH reporting, and I'll get to how to do that  
13 in a second.

14           And then, again, there needs to be  
15 compliance enforcement once the recommendations are  
16 made, and they need to be followed up on, and then  
17 there has to be some enforcement mechanism to make  
18 sure that they're acted on.

19           And I don't think that exists right now.

20           Recommendations, I think Rich Duffy said  
21 the morning that police view police fatalities as a  
22 crime scene every time. Whether it's a motor

1 vehicle accident, whether it's a shooting, a  
2 stabbing, or another act of violence, it's treated  
3 as a crime scene, it's investigated like any other  
4 crime scene.

5 I really think we need to move the NIOSH  
6 program in that direction, i.e., if you have a plane  
7 crash, NTSB is notified, FAA is notified, and  
8 there's an immediate response mechanism.

9 Right now, NIOSH doesn't have that  
10 immediate response mechanism in place. And I really  
11 think that we need to look at that to preserve the  
12 evidence, and to do an adequate crime scene  
13 investigation.

14 There needs to be a follow-up on the  
15 recommendations.

16 I made that comment this morning. I won't  
17 beat on that point, but there needs to be some  
18 mechanism to go from these are the recommendations,  
19 or is your department now complying with them at  
20 some point in time, and some follow-up.

21 And a lot of that follow-up doesn't take  
22 anything more than a phone call to get that

1 information.

2 I think the reports need to be  
3 disseminated to the political entity that that event  
4 occurred in, i.e., if it involves Baltimore City,  
5 than a copy of that report goes to the major of  
6 Baltimore City.

7 A lot of the recommendations that are made  
8 in these reports deal strictly with staffing or  
9 funding or making sure an INF system was enforced.

10 If the fire chief of that subdivision  
11 doesn't address the issue, he has no one over the  
12 top of him going, are you doing this, or why aren't  
13 you doing this, where he has to justify that  
14 operation.

15 So I think that would be an important step  
16 in moving forward.

17 And then, I think there needs to be a way  
18 to move all the near-miss and close call information  
19 into this process, so that it's not out there on  
20 Chief Goldfetter's site, closecalls.com, or in the  
21 Near-Miss site for the I chiefs, or wherever. It's  
22 spread out.

1           We need to be able to pull that  
2 information in.

3           And I think, to move NIOSH one step  
4 further is to try and reduce some of these incidents  
5 that they need to take and move a little more  
6 towards the injury issue, and look at the  
7 near-misses, especially the ones that result in  
8 significant injury or disabilities.

9           I think that would give us a clear picture  
10 of where we are and where we need to go.

11           Thank you.

12           MR. REED: Thank you.

13           Others?

14           MR. BERNZWEIG: Dave Bernzweig from  
15 Columbus fire fighters union.

16           There has been some good comments today,  
17 but there's one thing that I have felt has been  
18 missing largely from the discussion, with the  
19 exception of Chief Hartin mentioned a little bit  
20 about.

21           We talked a lot today about the rate of  
22 cardiac fire fighter fatalities and how that has

1 pretty much stayed the same, remained level in the  
2 past 25 years.

3           What we haven't talked a lot about is the  
4 rate of fire fighter fatalities inside of  
5 structures, and specifically, as Chief Hartin  
6 mentioned, was the noncardiac rate.

7           NFPA did a study in 2002, looked at  
8 basically 23 years with a rolling average, and found  
9 that inside structures, these noncardiac deaths, the  
10 rate actually has been on the rise since '77, and  
11 it's actually nearly doubled in some areas,  
12 specifically in the area of asphyxia or lost -- fire  
13 fighters who get lost and running out of air.

14           This is a problem.

15           Asphyxia is a very big problem.

16           Chief Dickinson mentioned a little bit  
17 about disorientation, which is a contributing factor  
18 to asphyxia, obviously. It's not the cause of  
19 death, but it is certainly leading up to the  
20 problem.

21           The fire service has begun to recognize a  
22 disorientation problem. We have -- been some the

1 studies done on it.

2 There's the U.S. fire fighter  
3 Disorientation study, looking at what causes  
4 disorientation. The U.S. Fire Administration has  
5 published that in the last two fire fighter Fatality  
6 reports.

7 It's getting more play, but we're solving  
8 the problem.

9 And in the NFPA report by Rita Fahy, she  
10 asked the question at the end, why? Why is this  
11 happening? Why are we killing these fire fighters?  
12 Why is the rate increasing?

13 And we have answered it.

14 Well, it's increasing because  
15 disorientation is a big problem. And the solution  
16 to that, that the fire service has largely adopted  
17 is air management.

18 We said, Well, you have got to manage your  
19 air better. We looked at this issue about four  
20 years ago in Columbus, and we decided that air  
21 management wasn't the solution for us.

22 We think it's a cop out.

1           We think that what air management is doing  
2   for the fire service is it's putting -- they're  
3   blaming the victim.

4           Air management is trying to -- what it  
5   does is we're saying, Well, we're not giving  
6   ourselves enough air. Let's go ahead and manage our  
7   air differently.

8           The reason we're not giving ourselves  
9   enough air is that we don't have any margin of error  
10   when we plan our air.

11           25 percent alarm is what the fire service  
12   uses. We know we need more than 25 percent. But  
13   rather than adjust our alarm, we say, Well, just  
14   leave before your alarm goes off.

15           It's a human solution.

16           The fire service has a human solution to a  
17   mechanical problem. And it's a mechanical problem  
18   only because it's a regulatory problem.

19           What I'm referring to is 42CFR, been in  
20   place -- I know it's been revised. That got revised  
21   in what, '91, '94, but it didn't change, at least,  
22   this portion of it, since prior to 1960, where the

1 20 to 25 percent end of service alarm was in place.

2           So here we are, since 45 years now, at  
3 least, where we have a low air alarm, which has an  
4 upper limit on it.

5           And so four years ago in Columbus, we  
6 decided we were going to get a new SCBA, wanted a  
7 larger bottle, allocating more air for exit, keep  
8 our work period the same, address all those concerns  
9 that departments have when we talk about air.

10           We're worried about depth of entry. We're  
11 worried about the structural degradation, worried  
12 about cardiac stress and thermal stress, and all  
13 these things.

14           We don't want to change any of that. What  
15 we wanted to change was our margin of error. We  
16 wanted to exit earlier.

17           What we found is that we can't do that  
18 because of 42CFR.

19           Now, I realize that's covered by NPPTL.

20           It's not necessarily the fire fighter  
21 Fatality Investigation branch, but one of the  
22 responsibilities of the branch is to recommend

1 changes and to identify areas that there could be  
2 work.

3 So what we need, what I'm asking for, is  
4 that we do, from this branch, that you do ask for  
5 some regulatory action, ask for a change.

6 Also, what we do for the fire service is  
7 we could put an alert together and talk about  
8 disorientation, and say this is a fire service  
9 problem.

10 We need a NIOSH alert on disorientation,  
11 and talk about ways we can mitigate the problem.

12 Because the fire service can't really  
13 address it until -- completely address it,  
14 appropriately address it until 42CFR addresses it.

15 So I appreciate your time, appreciate  
16 everything everybody had to say here today.

17 Thank you.

18 MR. REED: Thank you.

19 We'll go to this side now, next.

20 MR. KREIS: My name is Steve Kreis. I'm  
21 the Operations Chief for the Phoenix Fire  
22 Department.

1           Let me just speak today just a little bit  
2           from a perspective of maybe the local fire chief or  
3           a local operations chief, or a chief in a  
4           department.

5           Is it -- and I thought when I got here  
6           today that I had a pretty good understanding of  
7           safety systems and safety organizations within the  
8           fire service, but I'm probably more confused now  
9           today than ever, is that there are a ton of  
10          outstanding programs going on in the United States.

11          And just listening to all of you talk  
12          about them today, and thank you all for putting this  
13          thing on, as it really is good for us.

14          But I guess what I would ask -- and I  
15          don't know if it's NIOSH's role to do this or if  
16          it's the IAFF, or the IAFC, or who, is I think we're  
17          to the point that we're right on the edge of making  
18          a difference for fire fighter safety in the United  
19          States.

20          If you look at the programs that are going  
21          on, we're close. But I think we need a little bit  
22          of leadership.

1           And maybe it's NIOSH or somebody to gather  
2 these groups, put together some sort of  
3 collaborative effort where we don't have redundant  
4 programs going on in certain areas, where that we  
5 end up working together in these events and these  
6 types of incidents that are going on.

7           So I guess I would challenge NIOSH or  
8 somebody in this group here -- and all of you are  
9 very high powered folks -- but from the local guy's  
10 perspective is that I don't know who to call when.

11           And I really don't know what to do about a  
12 lot of things that are going on.

13           And it would be nice if you could help us  
14 with that because we're simply -- we're trying to  
15 make our fire departments run.

16           And if you talk to the average fire chief  
17 or the average operations chief, I'm worried about  
18 putting trucks on the street.

19           And second is some of the stuff that we're  
20 talking about today. But this is truly the most  
21 critical topic in the American fire service.

22           So I think that's a big deal for us.



1 the fire service may not be in that kind of  
2 position.

3 So, again, if you could figure out a way  
4 to assist us and help us in those types of  
5 investigations, I think that would be great.

6 The vehicle safety deal that Rich was  
7 going to play for us having to do with ambulances is  
8 outstanding, is that fire fighters die in the line  
9 of duty, as you all know better than I do, driving  
10 to and returning from calls, is that there has got  
11 to be a better way to make a safer vehicle for us to  
12 ride in.

13 So please continue with that.

14 Another focus that I would like to see  
15 from NIOSH, especially, is maybe focus on some  
16 prevention, injury prevention.

17 I don't know how you prevent fatalities,  
18 but there has got to be a way to do it in the fire  
19 service.

20 And you capture -- in your investigations,  
21 you capture the reasons why fire fighters die in the  
22 line of duty. It would be nice to twist that a

1 little bit and do some front end stuff having to do  
2 with fire fighter fatality prevention.

3 One other aspect that I would -- and I  
4 would like to volunteer Phoenix maybe, if you  
5 haven't already done it, to be the first -- as  
6 again, I mentioned five years ago, fire fighter  
7 Tarvar died in the line of duty -- is that to date,  
8 right now, going on in Phoenix, is a revisit of that  
9 whole event.

10 Is that we have done five years of  
11 training, five years of operational changes, five  
12 years of SOP changes, and it would be really nice  
13 if -- and I had a chance to talk to Dawn at the  
14 break, if you could come out -- if NIOSH could come  
15 out and assists us in looking at the things that we  
16 change, and see if, in fact, we did the -- if we  
17 followed through on the recommendations that you all  
18 made.

19 It would be nice to have that sort of an  
20 assessment.

21 I think Dr. Prezant said it this morning,  
22 probably better than any of us can -- and I would

1 echo a lot of his comments that he made just a few  
2 minutes ago -- but the new stuff is fun, discovering  
3 new ideas, discovering new medical procedures.

4 The tough part is enforcing and putting  
5 those recommendations into place.

6 And the old part or the things that we  
7 have been -- we continue to go around in circles  
8 with fire fighter fatalities, your reports show it  
9 as that it's the same sets of things that get fire  
10 fighters every day.

11 I don't know for sure how we fix that in  
12 the fire service. I would hope that we can come up  
13 with a way.

14 I think a collaborative effort on all of  
15 our parts would really get us there.

16 But I think -- based on that, I think,  
17 like I started out saying, is that we're right on --  
18 I believe we're right on the edge of making a  
19 significant difference in the American fire service  
20 today in how we -- as far as injuries and safety and  
21 welfare of fire fighters is concerned.

22 And I would challenge this group to step

1 up and maybe collaborate and work together and help  
2 out the locals.

3 Thank you.

4 MR. REED: Thank you.

5 MR. REALL: Thank you. My name is Jack  
6 Reall. I'm with the Columbus, Ohio Division of  
7 Fire.

8 I just took a couple of notes, a couple of  
9 things that I saw here, and I'll just reiterate a  
10 couple of them, actually, that have been mentioned  
11 already.

12 One of the things that I really like, the  
13 NIOSH reports. They come across my desk every week,  
14 ten days, two weeks, whether they get there, and I  
15 try to read through them.

16 My colleague, Dave Bernzweig, signed me up  
17 for the mailing list, so I can get more mail.

18 I appreciate that. But they're very good.

19 I look right at the recommendations, see  
20 if there's anything that we can start doing in our  
21 department to make change.

22 But -- and fortunately, I read all of

1     them.  The problem for me is I look for things that  
2     I can use the data out of that.  We collect data.

3             There's a lot of data collected to do a  
4     NIOSH investigation.  But then it becomes unusable  
5     data for us, for the most part.

6             We can sort and search based on very few  
7     things out of the NIOSH report.

8             And I would like to have more accessible  
9     use of the data that's collected so that I can  
10    search for departments in my size or my operational  
11    window to identify the trends that are occurring.

12            Another thing I would like to see is some,  
13    click links, for lack of a better word, to other  
14    NIOSH reports that have similar involvement or  
15    recommendations, and include the Near-Miss reporting  
16    System in that.

17            And if we're getting 10,000 near-misses  
18    for one fatality, I would like to see 10,000 links  
19    on there, you know, so that I can see how many times  
20    we have made that mistake before we got caught.

21            I think that's a good thing.

22            But all of these refer back to this

1 similar thing that I think everybody has mentioned,  
2 is they are good documents. I would like to see  
3 nothing degrade out of them.

4 I would just like to see them a little bit  
5 more user friendly, for those of us that are using  
6 them for -- to hopefully make change before we have  
7 a need for a NIOSH report.

8 And that's pretty much it.

9 I really enjoy them, and I would like to  
10 see them keep coming out the way they are, but just  
11 make them -- at least the data a little bit more  
12 user friendly for us.

13 Thank you.

14 MR. REED: Thank you. Any other?

15 MR. HORN: Afternoon, Gavin Horn, Illinois  
16 Fire Service Institute. We are the state statutory  
17 training institution for Illinois.

18 And what really got me very interested in  
19 this was the relationship between training and these  
20 reports. We use them.

21 We change our SOPs as much as we can, not  
22 only the research that we do in-house, but also some

1 of the results and recommendations that we get from  
2 these.

3           And I think that's pretty common across a  
4 lot of the state academies.

5           We would also like to see some of the  
6 information going the other way. In fact, I believe  
7 that was mentioned before, Mr. Hartin, what is the  
8 relationship between the training and the  
9 experience, and these fatalities?

10           We're doing a little bit of research in  
11 terms of how someone's training and experience  
12 affects their decision making.

13           But unless we can collect the data that  
14 says how this decision making ability affects them  
15 in terms of injuries or in terms of fatality, we  
16 can't make as strong of a point.

17           So that's one area that we would very much  
18 be interested in learning more in terms of whether  
19 we can gather that data and how detailed that data  
20 can be, not only have they had the training, when is  
21 the last time they had the training and how recently  
22 was that updated.

1           I know that's a lot of data that needs to  
2 be collected on top of what you're already  
3 collecting, but it could be useful.

4           Now, the other point that was made a  
5 couple of times today was the change in the fire  
6 service activities.

7           So we can say, in a sense, that we have  
8 the same number of fatalities over the last ten, 15  
9 years, but if we look at it, we can also say, well,  
10 we're reducing the number of fires.

11           So some might expect from the outside,  
12 that we really actually increase in the rate of the  
13 heart attacks.

14           But then again, if we look at it, there's  
15 other stressors that are now coming into the fire  
16 service, that we're just now beginning to  
17 understand.

18           We have typically looked at heat stress  
19 just from a structural fire fighting and also from a  
20 wildland fire fighting point of view.

21           But there's also heat stress, we're  
22 finding, from a three-hour technical rescue

1 validation exercise.

2 We're starting to find people that we need  
3 to send to the hospital from working three hours in  
4 the heat.

5 This isn't in a fire, but it's in the  
6 heat, and this is changing the stresses on the body.

7 So with some of this data, if we can  
8 understand what were the activities that were being  
9 carried out before or during, we might be able to  
10 understand how certain new types of activities in  
11 the fire service are affecting the human body, as  
12 opposed to just the traditional measures that we  
13 have looked at in the past.

14 So those are a couple of recommendations  
15 from our point, that we would really like to see.

16 And we appreciate everything that NIOSH  
17 has done, and we very much use them.

18 And thank you very much.

19 MR. REED: Other speakers?

20 Okay. Not seeing any, we have some time,  
21 and we would like to take advantage of this rare  
22 gathering of people to maybe engage in a dialogue,

1 or perhaps some discussion from the -- for some of  
2 the speakers, you know, in terms of questions.

3 I'm thinking, for example, that NIOSH  
4 staff might have questions of some of these great  
5 ideas for future work, you know, where there's  
6 Near-Miss, or you know, additional health studies,  
7 cardiovascular disease, or injury prevention.

8 So now is the time.

9 We have this rare gathering of expert  
10 people, and/or vice versa, you know, the  
11 stakeholders asking questions of NIOSH staff,  
12 perhaps.

13 So if you have comments or thoughts, we  
14 would love to hear them now.

15 That includes both directions, you know,  
16 NIOSH staff of the stakeholders, and vice verse.

17 So, again, the only thing I would ask is  
18 that you go to a microphone for the record and just  
19 identify yourself.

20 MR. HARTIN: Ed Hartin, from Gresham Fire.

21 I guess this is more in the form of a  
22 comment more than a question.

1           I know, several times, I have wanted to  
2 follow up on something I read in a NIOSH report, and  
3 I go to the NIOSH website, which I find to be very  
4 handy, except when it comes to finding out who do I  
5 call to find out the answer to this question.

6           If I'm looking for Jay Tarley's email, it  
7 took me a little bit of doing to find it, or who is  
8 in charge of this or that or the other thing.

9           I guess a comment if you want to make the  
10 information more accessible encourage more dialogue,  
11 to provide some sort of hear's how the program is  
12 organized, here are the people that you can contact  
13 easy access to the email, and addresses of the  
14 individuals involved in such.

15           MR. REED: Thank you.

16           MR. ROMAKA: Bill Romaka, with the  
17 Uniformed fire fighters, Health and Safety Officer.

18           One of the things that I think that I  
19 would like to see you guys do is with your fatal  
20 fire reports, the fatal reports, if you could do one  
21 on somebody who dies of cancer, administrative line  
22 of duty, I think you would bring the message and hit

1 home with regard to how -- what we're not doing  
2 correctly might be killing us in the field.

3           You put down causes. It would be  
4 something that if you did it like on a yearly basis,  
5 it would keep people -- it on the front of  
6 everybody's mind.

7           Just a consideration.

8           MR. REED: Thank you.

9           Any comments or reaction.

10          MR. HALES: This is Tom Hales.

11          The issue of cancer clusters are  
12 difficult. And in general, we have handled those  
13 situations where we have been asked to look at  
14 cancer clusters through our NIOSH HHE program.

15          Sometimes those involve extensive studies,  
16 and sometimes it's just addressing the potential and  
17 how to help yourself.

18          There's a wide spectrum of the ways we  
19 handle those evaluations or those requests.

20          I'm hesitant to offer the fatality program  
21 services to cancer clusters or cancer fatalities  
22 because that could easily take up everything we do

1 and all our time, and more so.

2 That's, you know, that's something worth  
3 discussing here. And, you know, let's open it up to  
4 the audience.

5 I -- Dave Prezant mentioned, you know,  
6 that maybe we should be doing larger cohort  
7 mortality studies looking at cancer.

8 And I sort of go back to one of our CBD  
9 meetings we had, where Jim Mellious (phonetic) was  
10 there, and he saying, Look, the Healthy Worker  
11 Effect is so strong in this workgroup, and the  
12 problem with ascertaining information, people, once  
13 they retire because their job is listed -- their job  
14 of record is what they're doing at the time they  
15 died, and we lose that information.

16 And that those barriers to conducting  
17 these good -- one study to answer all these 25  
18 studies that have looked at this issue, is really  
19 not feasible.

20 And it's certainly not the answer you want  
21 to hear, but from my perspective, it's a difficult  
22 issue, and I don't have an answer for it.

1 MR. PREZANT: Well, first off, I think --

2 MR. REED: Could you identify yourself  
3 again, please?

4 MR. PREZANT: Dave Prezant, New York City  
5 Fire Department.

6 I think that Bill Romaka -- yeah? I think  
7 that Bill Romaka, from the Uniformed fire fighters  
8 Association in New York City wasn't actually arguing  
9 that you do a cancer cluster investigation, which  
10 would really have a lot of problems associated with  
11 it because you're not certain. And being the  
12 federal government, you sort of have to be certain.

13 What he was suggesting, if I heard him  
14 right, is that you just highlight a single case,  
15 that you don't come down and say that it was  
16 definitively a fire, but rather this is one death.  
17 It's one death in an estimated number of X deaths  
18 per year.

19 And it highlights to us all of the  
20 potential carcinogens out there that fire fighters  
21 are exposed to regularly.

22 It should highlight to us the need for

1 proper respiratory protection, for proper medical  
2 evaluations pre and post retirement, for more  
3 reserve time in the SCBA, for one-bottle rule in the  
4 SCBA, et cetera, et cetera.

5           These are potential things that -- I don't  
6 have all the answer to how this should be, but I  
7 think the purpose was to just highlight it so that  
8 people could start talking about it, and to  
9 recognize that these are fatalities.

10           There's something -- highlight a young  
11 person; all right, that there's something about  
12 fires that may be synergistically part of the  
13 problem. I mean, that's what he was suggesting.

14           I think to follow up on what you were  
15 saying, I don't think it's impossible to do these  
16 studies. I think that it would take millions and  
17 millions and millions of dollars to duplicate a  
18 Framingham study in the New York City or any fire  
19 service.

20           But we could be simpler.

21           We could, as Phoenix suggested, have a  
22 subsequent meeting with some collaboration of

1 current ongoing survey tools, IAFF, NFPA, Phoenix,  
2 some big databases like FDNY, with some NIOSH input,  
3 and see if we could get to the next level of  
4 recommendations and a future FE study.

5           It could be a ten-question thing that we  
6 mail to every retiree in X number of fire  
7 departments, and get the unions and management to  
8 buy in that, you know, every two years or whatever,  
9 we're going to mail this out and get it back, and  
10 have a website so they can even go online and do it.

11           This is something that, if you keep it to  
12 ten questions, it's not going to be a perfect study,  
13 but it will give you some information, have you had  
14 a heart attack this year, have you come down with  
15 any lung diseases this year, have you come down with  
16 any cancers this year?

17           It could be that simple.

18           MR. HALES: I think there's a lot of  
19 programs in looking at, like we say, the nonfatal  
20 cardiovascular disease issues, and in exploring  
21 that, about the circumstances of those, is very  
22 fertile in my view.

1           And picking a couple of departments in  
2           which to focus on there, and use that as a  
3           springboard to talk about the issue in general.

4           Because right now, there's no national  
5           reporting system, as you know, for nonfatal cardiac  
6           events.

7           I would like to say one thing. A separate  
8           issue, different topic about the NFPA standards.

9           And we frequently refer to the NFPA  
10          standards during our reports, about what the  
11          consensus standards say and that they're being  
12          followed.

13          And at least with the illness  
14          investigations that we do, we frequently ask them  
15          are you in compliance with NFPA 1582, which is the  
16          medical standards.

17          And they say, yeah, of course we are. And  
18          then you actually go into their program, and they  
19          aren't even close. They aren't even close to doing  
20          it.

21          So it's this disconnect in which  
22          departments feel that they're in compliance with the

1 fire services consensus base standards out there,  
2 and yet, they aren't.

3 And part of that is, you know, we have  
4 talked about the barriers to implementing our  
5 recommendations.

6 Well, if they think they're compliant with  
7 1582, and they aren't, that's not a financial issue.  
8 That's not a local union blocking issue. That's an  
9 education issue.

10 And so I think it's a combination of  
11 education and other financial barriers that are some  
12 of the barriers to implementing our recommendations.

13 MR. PETERSON: Carl Peterson, NFPA.

14 And I have been involved in a past life in  
15 NFPA with fire reporting, data gathering, and one of  
16 the things I have realized early on, and I think  
17 it's still true today, is that the fire service  
18 doesn't like to report things. It doesn't like to  
19 collect data.

20 But I also wanted to follow up on  
21 something that you just said, in that I think  
22 sometimes what people think they have got in place

1 versus what's really happening are two entirely  
2 different things.

3           Do we have a seat belt policy? Yes.

4 Well, then why did the guy fall of the fire truck?

5           Okay, do we have our health and safety  
6 program? Yes. Well, then why are people sick or  
7 injured, or whatever?

8           So I think oftentimes there is -- you  
9 know, whether it's part of the reporting or whether  
10 it's perceived as to what's really going on in the  
11 department, that, yeah, we have got -- we are taking  
12 care of the bases -- we have covered the bases. We  
13 have done an SOP, or whatever, and, therefore,  
14 things are wonderful until the shit hits the fan.

15           And then, well, it must have been, you  
16 know, Charlie or Johnny or something, you know, not  
17 doing something right.

18           But we're not looking at things on a  
19 day-to-day basis and realizing sometimes that, you  
20 know, the potential is there because we're not  
21 following the SOPs, or we don't have the proper  
22 procedures in place or whatever, so...

1                   That's it.

2                   MR. HALES: Yeah. And part of the data  
3 that we collect during the fatality investigations  
4 ask are they following NFPA standards that are  
5 appropriate.

6                   And then we also ask the question, Are you  
7 enforcing them.

8                   So not only do you develop them and  
9 enforce them, but, you know, in our snapshot in  
10 time, we're still left with the same problem if they  
11 say, Well, of course, we enforce them.

12                   And then we're like well -- I mean,  
13 particularly when we're talking about NFPA standards  
14 that aren't related to that particular fatality.

15                   So if, let's say, it was a cardiovascular  
16 fatality, and I'm asking about seat belt, which is  
17 part of our data collection process. And, you say,  
18 of course we have got a policy, and of course we  
19 enforce it.

20                   But we, you know, if you have some great  
21 ideas that we can figure out how to gauge the  
22 honesty of that answer, that would be great.

1                   MR. REHFELD: Mike Rehfeld, Baltimore  
2 County fire fighters.

3                   I can give you a suggestion on how to  
4 gauge it, go ask a fire fighter. Don't ask the  
5 management.

6                   Go down and ask the guy on the street, you  
7 know, is your department doing this. And chances  
8 are, he's probably going to give you a pretty honest  
9 answer.

10                  MR. HALES: Got you.

11                  One other thing I mentioned, I have  
12 forgotten who brought up the issues of links to our  
13 data on our website. And I think Tim's group has  
14 done a really nice job.

15                  I think Mark McFall has done some work in  
16 trying to link particular recommendations, as well  
17 as particular type of fatalities so you can click on  
18 a menu and get all of our reports on that particular  
19 topic.

20                  Is that adequately -- Mark.

21                  Mark, do you want to mention that, or talk  
22 about it?

1 MR. MCFALL: Apparently --

2 MR. REED: Could you do the -- go to the  
3 microphone, please?

4 MR. MCFALL: Currently --

5 MR. REED: And identify yourself, I'm  
6 sorry.

7 MR. MCFALL: That's -- there we go.

8 Currently, the future that Dr. Hales is  
9 talking about doesn't list the cause of death or the  
10 type of injury or the recommendations, but we have  
11 built the foundation to expand into that.

12 Obviously, that takes time and resources.

13 But you can pull up state, year, and/or  
14 type of incident, whether it be medical or trauma  
15 related, so.

16 MR. WHITNEY: If I could -- is this thing  
17 turned on?

18 If I can just comment on that?

19 MR. REED: Yeah. Your name, again.

20 MR. MCFALL: I'm Mark Whitney of the U.S.  
21 Fire Administration.

22 Our website, which, as Charlie mentioned,

1 we get a quarter million visits just to the fatality  
2 section. We have links built into the NIOSH reports  
3 throughout our website, including in our database.

4 One of the features we're going to be  
5 adding to that web site and to the database,  
6 hopefully within the next half year or so, will be a  
7 keyword type search.

8 Because I get phone calls all the time for  
9 specific, hey, I'm looking for this keyword.

10 And without having to go through and read,  
11 they can actually search on the keyword, find it in  
12 the summary, and then click.

13 Because our reports, our summaries are by  
14 their nature brief because we know we have the asset  
15 of NIOSH reports to rely on. So they can go to the  
16 keyword, find the initial summary, and if they want  
17 more information, click on the NIOSH report and go  
18 to the more detailed information.

19 So hopefully that will help more in that  
20 regard as far as making the NIOSH information even  
21 more accessible for specific type things that people  
22 are looking for.

1                   MR. PETERSON: Carl Peterson, again. Just  
2 another thought.

3                   All NFPA standards now are available  
4 online in a read-only format.

5                   It might be helpful if people see NFPA  
6 Standard 1500, 1582, whatever it is, and say, oh, I  
7 can't afford that, or whatever, and have a link  
8 right there that will take them to our site, and I  
9 can work with Mark, or whatever, on these if you  
10 want, and you know, write that standard.

11                  MR. HALES: They're all online now?

12                  MR. PETERSON: Yeah.

13                  MR. HALES: Wow.

14                  MR. PETERSON: Every standard.

15                  Now, it's a read-only format.

16                  You can't print it. You can't -- you  
17 know, it has got an index and whatnot, but it's  
18 there.

19                  So there's no, I can't afford the \$35 or  
20 whatever.

21                  MR. HALES: Thank you.

22                  MR. MADDEN: Gene Madden, again.

1           And, yes, I did change my trousers.

2           There's a maybe interesting wildland fire  
3       statics on our NWCT website, if you don't already  
4       know, since our fatalities, U.S. Injury Records go  
5       back to 1910.

6           And you can go onto that site, and either  
7       by year, state, or type of fatality, that you can  
8       query the data and bring that up very rapidly.

9           Also, within that, besides the annual  
10      safetygrams that you can go back and review as well,  
11      you can also link to the lessons learned center,  
12      which is now a repository for our lessons learned  
13      from accident data.

14          And that might be helpful to you as you  
15      start to get those trucks and slip on units, and  
16      kind of dabble out there in the wildland community  
17      and deal with those kinds of issues.

18          Also on our website, is the 310-1 Wildland  
19      Standards Guide, if you are interested in and  
20      curious about what our training standards and  
21      requirements are, you can query that, as well.

22          I'm sure many in this room have done so,

1 but that's another opportunity for you all to go  
2 home with.

3 Thank you.

4 MR. REED: Any other questions?

5 I guess I'm also looking to the NIOSH  
6 staff here also in terms of clarification of points  
7 from the stakeholders' presentations.

8 I'll start.

9 First, I'll be the first to admit that I'm  
10 the relative newcomer to this arena, have no --  
11 don't have the level of expertise that the others in  
12 NIOSH have in this area.

13 But there are clearly common themes that  
14 we have heard across here today. And, you know, we  
15 do take this meeting very seriously, and we find it  
16 to be a very good meeting.

17 In fact, tomorrow, well in advance of our  
18 transcript being finalized, I know we will be  
19 meeting by tele-videoconferencing to talk about,  
20 sort of while the information is still fresh in our  
21 mind and the lessons learned from this meeting, and  
22 talk about the common themes that we have heard.

1           Most clearly and most certainly, you know,  
2           the continued fatality investigations are clearly  
3           universally important, and we will most certainly  
4           continue those.

5           There are other themes that we certainly  
6           want to investigate. Limited resources, you know,  
7           will make that a difficult tasking to try to  
8           implement in a research mode these days.

9           But we will certainly make every effort  
10          to, you know, to prioritize what we have heard here  
11          and implement it as much as we possibly can.

12          We also -- as I mentioned this morning, we  
13          also had promised to prepare a summary report, and  
14          at least conceptually, we don't know exactly what it  
15          would look at this point in time, but most certainly  
16          it will be a summary report based upon the themes  
17          that we have heard here today, and in our  
18          conclusions from those themes.

19          We may even be able to post that on the  
20          web in draft form for comment. And that's something  
21          that needs to be worked out, I think.

22          But to allow at least participants of this

1 meeting, if not the entire public in an open forum,  
2 the opportunity to react to that, those, for  
3 example, who couldn't be a part of this meeting  
4 today.

5 Are there any last opportunities for  
6 comments or for, you know, points, discussion points  
7 or clarifications or just dialogue while we're all  
8 here?

9 MR. DUFFY: I need to say -- Rich Duffy  
10 International Association of fire fighters.

11 I want to bring up another sore point  
12 topic that I brought up eight years ago, right from  
13 the beginning.

14 I think you need to reconsider how these  
15 reports are reported out, and I understand the  
16 history of it.

17 I understand it came from the prior NIOSH  
18 industry fatal accident investigation, but, you  
19 know, I think it's a disrespect to the deceased.

20 I think it's disrespectful to the family.  
21 And I think it's disrespectful to the fire  
22 department to put these reports out as "six fire

1 fighters died in central Massachusetts on this  
2 date." We all know it was Worcester. Or 343 fire  
3 fighters died in Southern New York City, you know.

4 I mean -- and that's how you report it.

5 And I understand the industry, but we're  
6 talking here very public information.

7 And every time I read a report of  
8 investigations in the abstract -- well, just the  
9 opposite. Every time I read a report that  
10 personalizes it with the name of the fire fighter,  
11 the fire department he or she is from, I think it  
12 sends home that it's not in the abstract anymore.

13 And I think you need to reconsider that  
14 because I think it's a -- I just find it very, very  
15 disrespectful.

16 For all of the work that we have done, to  
17 go out reporting it in the abstract, you know, fire  
18 captain dies wherever it was, and without clearly  
19 saying who it was.

20 There is no problem with confidentiality.  
21 It appeared on the front page of every newspaper.  
22 His or her picture was on the front page of that

1 newspaper. The fire department website has it. The  
2 United States Fire Administration reports it out on  
3 it's official government website.

4 We report it out.

5 Other fire service organizations report it  
6 out, and no one has ever complained to us about  
7 reporting out, nor the newspaper, and so forth.

8 So I would -- I know it's not a big deal,  
9 but for me, it is, for my organization, it is.

10 And you know, we tell the report  
11 available, we certainly put the names down and the  
12 fire department where it's from.

13 So I would bring that point up this time,  
14 as I did eight years ago, and I will probably bring  
15 it up eight years from now, but I wish you would  
16 consider that, again.

17 MR. AUSTIN: Steve Austin.

18 I actually paid a lot of attention to  
19 Rich's presentation this morning.

20 And I think that -- I think that, Rich, it  
21 was the third from the last slide, if it were, and  
22 you brought up a point that no one has mentioned

1 here today, and that was the point about  
2 collaboration.

3 Let me expand on that a little bit and  
4 talk about it from an area that I know a little bit  
5 about.

6 We know that we have emergency responders  
7 struck on the highway every day.

8 We have recently learned that more police  
9 officers die in motor vehicle related injuries than  
10 they do being shot by a gun.

11 And we know that transportation workers,  
12 primarily people working for state DOTs, about 1,000  
13 of them get killed on the roadway every year, struck  
14 by another vehicle.

15 And we know that the EMTs get struck on  
16 the road, and fire fighters get struck on the road.

17 This just isn't a NIOSH problem. This  
18 just isn't a fire service problem.

19 This is a problem for people, not only in  
20 HHS, but in justice, in the DHS to be working in  
21 DOT.

22 Now, there are various programs in all

1 those agencies that deal with this issue, but there  
2 is zero collaboration.

3 I think that's where Rich was going this  
4 morning.

5 We need to get together, even among the  
6 cabinet level of departments in the federal  
7 government, and pull these very valuable resources.

8 Because basically, the same thing is  
9 killing these other populations, and that's somebody  
10 in an automobile that's not paying close enough  
11 attention to somebody that's working on the highway  
12 in an unusual situation.

13 So I would ask that NIOSH and HHS maybe  
14 step up and be the leadership area here because  
15 you're already investigating these, and work with  
16 DOT, and reach out to the folks who are at NIJ and  
17 Justice, and reach out to others and try to put  
18 together something like maybe the Wildfire  
19 Coordination Group, or at least a think tank or  
20 something that would take a look at these  
21 reoccurring injuries and see if we can all work  
22 together to try to eliminate some of them.

1 Thank you.

2 MR. WHITNEY: I would like to address that  
3 comment just a sec.

4 Mark Whitney, again, from the Fire  
5 Administration.

6 There is, as a matter of fact, a good deal  
7 of collaboration going on between a number of the  
8 different agencies, transportation, Department of  
9 Justice, U.S. Fire Administration, et cetera.

10 I'm not saying that there couldn't be and  
11 shouldn't be more, but I really do have to speak up  
12 for Bill Troupe, on our staff, who a number of our  
13 reports, if you look on the inside cover of all of  
14 the different people funding, you know, DOT is  
15 funding, USFA is spending the money with DOT on  
16 doing the studies for roadside safety type reports  
17 and things.

18 So just -- there is collaboration, but  
19 your point is well taken. It could be and should be  
20 and hopefully will be more.

21 Thank you.

22 MR. HALES: One of the issues with

1 collaboration with DOT with sort of the illness  
2 investigation side is the DOT does have a commercial  
3 drives license program, where they put out the  
4 standards and guidelines for medical evaluations for  
5 commercial drivers.

6 Currently, fire departments are exempt  
7 from that regulation.

8 Does the fire service feel that that is an  
9 area in which we should try an collaborate with the  
10 DOT and address whether the importance of driver  
11 operator certification such as -- like the CDL,  
12 commercial driver's license?

13 MR. DUFFY: Rich Duffy, IAFF.

14 What do you think that gives you?

15 MR. HALES: I think it's a way of  
16 enforce -- well, it's a way of regulating that  
17 medical evaluations occur.

18 Currently, there aren't any regulations.

19 Now, is it going to be for all fire  
20 fighters, no. It's just going to be for your  
21 driver, operators.

22 Have driver, operators been involved in

1 motor vehicle crashes that have killed anybody else?  
2 Not that I know of, but they have been involved in  
3 motor vehicle crashes where they have destroyed  
4 equipment, yes.

5 MR. DUFFY: I see.

6 I think we have to be very careful on the  
7 perception of this overall quote, unquote, "what is  
8 a medical evaluation."

9 I think a fire department that does blood  
10 pressure and cholesterols every year is doing a fine  
11 thing, but that's not a medical evaluation of the  
12 fire fighter.

13 MR. HALES: That's not enough.

14 MR. DUFFY: That's not enough information.

15 I think -- and in fact, that's why we went  
16 to the wellness/fitness program and sat down and  
17 didn't take American Heart Association, American  
18 Cancer Association, the Canadian Heart Association,  
19 and all of the ABCs out there of medical  
20 associations and use their recommendation, but we  
21 spent an awful lot of time with physicians and  
22 validated the actual requirements needed for medical

1 evaluation of a fire fighter on an annual basis,  
2 both for immediate treatment like in the case that  
3 Dave talked about at the WTC, or to create a  
4 historical database on the medical hazards of fire  
5 fighting.

6 And I truly think we have done that.

7 Fire departments that do half a loaf are  
8 doing half the loaf, and not -- and should not be  
9 reported as, you know, well, we went into 38 cities,  
10 and 28 of them had medical programs.

11 If they have a program that's just doing  
12 cholesterols, that could be noted, but they  
13 certainly would have recommendation, as you have  
14 done in every single heart case, that they should be  
15 in the IAFF, IAFC Medical wellness/fitness Program.

16 And the vast majority of them have not, as  
17 yet, I would suspect in the -- at least in the areas  
18 that we have addressed here.

19 So I think it's important to look at what  
20 the medical requirements is.

21 The OSHA respirator questionnaire,  
22 medical -- is medical.

1           MR. HALES: Yeah, I have heard.

2           MR. DUFFY: What is that saying, if you  
3 don't have medical, check yes on everything, or  
4 check no, you know, whatever boxes will get you  
5 something, and check that box.

6           And I would venture to say that the  
7 majority of the workers checked it that way so that  
8 it would have to go to the next step,  
9 self-questionnaires.

10          MR. HALES: Yeah.

11          MR. DUFFY: But the important thing, we go  
12 back and said we do annual OSHA medicals, which I  
13 don't believe that is the case.

14          So I think it's indeed important.

15          What we have done with that is that our  
16 organization has pushed -- well, we already pushed  
17 the USRT.

18          The urban search and rescue teams that now  
19 respond in the various regions, not only have annual  
20 medicals, but they carry their medicals with them  
21 whenever they're deployed.

22          For the most obvious reason in the world,

1 but it's very difficult to achieve that.

2           Additionally, through the presidential --  
3 Homeland Security Presidential Directive, it was  
4 either five or eight, one of them, that was going to  
5 require credentialing.

6           A credential process where when the  
7 federal government needs assets in times of a  
8 federal emergency can assure that those assets  
9 are -- can perform efficiently and safely, and  
10 effectively.

11           And in order to do the efficient and  
12 effectiveness, the credential would include the  
13 training of that individual, including the updated  
14 training of it to various fire fighter standards  
15 that may be required as part of that deployment.

16           And additionally, we push for and I think  
17 we finally have now gotten, that they require an  
18 annual medical, the medical be up to date, and that  
19 be part of the credential.

20           This doesn't now say required to be -- it  
21 has to be credentialed. It's saying that the  
22 federal government are going to use you as an asset

1 in times of federal emergency. You have to have a  
2 credential with you, or, guess what, you don't get  
3 through the fence, or we're going to call upon you.

4 So we're making bite-sized steps in this,  
5 the NFPA 1582 standard, which is the medical  
6 standard for fire fighters.

7 Right now, as of the 2002 edition for  
8 incumbent fire service personnel, mirrors IAFF IAFC  
9 wellness/fitness program.

10 We have done it that way because the same  
11 docs that worked with us developing the  
12 wellness/fitness initiative, we all worked together  
13 under the NFPA umbrella to develop that system.

14 So those fire departments that don't like  
15 the words IAFF, or don't like the words IAFC, but  
16 mostly the IAFF, can now adopt something they called  
17 the NFPA, and we just smile and say, Well, that's  
18 fine. Don't adopt ours, but adopt theirs.

19 So it's the same program.

20 So I think that's effect, that it's for --  
21 most important, it's not consistent, that we're out  
22 there, at least, major fire service organization,

1 we have the IAFF and the IAFC and NFPA pushing for  
2 their systems in the same exact standard.

3 But that's what we need to be looking for.

4 MR. HALES: No. I threw it out there  
5 because we were having a discussion.

6 MR. DUFFY: Well, first of all, you raised  
7 the drug testing issue --

8 MR. HALES: Oh.

9 MR. DUFFY: -- which is not part of the  
10 medical program.

11 MR. HALES: Yes.

12 MR. DUFFY: Which, by the way, the Iatook  
13 (phonetic) was the first labor union, organization,  
14 to support drug testing, if done properly, and we  
15 still have done that.

16 That's a separate issue on a separate  
17 page.

18 MR. HALES: Yeah.

19 MR. DUFFY: But that comes into place in  
20 the CDLs all the time because it's done as part of  
21 the medical program.

22 And what it entails in that CDL medical

1 evaluation.

2 But, hey, if that achieves the point of  
3 getting everybody in the medicals, if they have the  
4 proper one, we -- in fact, we talk about the CDLs  
5 all the time.

6 If it's going to get us something, it  
7 gives us a bargaining rate, too, because everybody  
8 who is CDL, we believe, is upper level notch on the  
9 pay scale.

10 But we look at a lot of things all the  
11 time.

12 And I think that doesn't solve the problem  
13 until you know what all the issues are beyond a CDL.

14 MR. HALES: I only raised -- the reason  
15 why I'm not actually in favor of this is because the  
16 CDL is actually very poor.

17 It only says you have to do an exam, and  
18 doesn't have a lot of quantities about what you  
19 actually do, other than measure blood pressure.

20 And I don't know if you have seen some of  
21 the horrific accidents that have occurred among  
22 people who are certified CDLs, and look at what docs

1 have cleared those people for.

2 So it's really not a good process.

3 And, actually, interestingly, the ACOM is  
4 actually looking at certification tests for people  
5 to issue CDLs.

6 But ideally, you get somebody doing the  
7 exam as recommended in 1582 or the fitness/wellness  
8 initiative.

9 That's the goal.

10 Trouble is, right now, I don't think in  
11 the near future there's a way to regulate that.

12 It's a voluntary basis.

13 MS. TEPPER: My name is Allison Tepper,  
14 with NIOSH.

15 And as a manager of the program, Tom's  
16 program, doing the illness investigations, I really  
17 appreciate the input that everybody has provided  
18 here today.

19 And, you know, I think as Larry  
20 referred -- you know, indicated, we have had several  
21 messages that I think have been consistent through  
22 many of the speakers. And it's very helpful and

1 important for us to hear that.

2           And clearly, one of them is the important  
3 role that the investigations play in probably so  
4 many ways that we don't actually really appreciate  
5 and understand.

6           So thank you, everybody, for making that  
7 comment.

8           You know, I which the challenge, and I'm  
9 wondering if it's possible today, as we heard that  
10 message, and I'm, you know, sitting here today, I  
11 have three investigators who are investigating the  
12 health incidents.

13           And we heard not only the, you know, the  
14 argument for us to continue the investigations at  
15 the level we're doing now, but actually investigate  
16 all fatalities, plus near-misses, plus a lot of  
17 other ideas about things that we could do to enhance  
18 our program.

19           I'm wondering if it's even possible with  
20 all these people sitting in the room today, to come  
21 out of this at the end of the day with maybe one or  
22 two very sort of -- some sort of consensus about one

1 or two very sort of specific things that people  
2 think, you know, beyond what we're already doing,  
3 kind of what are the highest priority things that we  
4 might need to add to or embellish our program.

5 So that's -- I don't know if it's possible  
6 with this many people to actually kind of try to do  
7 that, or if we have time to.

8 But if we do, I think it might be helpful  
9 to think very concretely about what would be the  
10 highest priority areas that everybody is in  
11 agreement on.

12 MR. REED: Any reaction to Allison's  
13 question?

14 I guess in simplest words, I guess it  
15 would be like the 80/20 rule, you know, if we could  
16 identify some of those that have the most impact,  
17 what would they be.

18 MS. TEPPER: Right.

19 MR. DUFFY: Oh, I'll start.

20 I mean, I think it's clear today what  
21 everybody said is that the investigation portion of  
22 the fire fighter Investigation Program should not be

1 decreased to fund other areas.

2 I think we should look at continuing the  
3 investigation process, at least at the levels, if  
4 not identify why we're not actually investigating  
5 all fire fighter deaths.

6 I think the visibility of the program  
7 continues to be extremely important, and we should  
8 learn from the issues of the past.

9 I think if -- I don't know if I mentioned  
10 it before, but when National Transportation Safety  
11 Board went to their first incident, you know, they  
12 were nobodies.

13 And this is a true story, it's in some of  
14 their anecdotal history files.

15 But the first thing they did after they  
16 came back from that investigation, and I don't  
17 remember the person who was in charge, but he went  
18 out and he ordered badges for all of the  
19 investigators so they had authority.

20 And they went to the next one with a badge  
21 for authority.

22 And they also went out and got

1 windbreakers with NTSB on the back, before the FBI  
2 did it, before fire did it, before everyone else did  
3 it, and that's where that all started from.

4           So they had identity.

5           So they had people with authority and  
6 identity, and that increased to this day that no one  
7 questions NTSB.

8           And we have used the NTSB when we had the  
9 fire fighters killed up in Connecticut a number of  
10 years ago, two fire fighters were killed.

11           We had the NTSB investigator in there, and  
12 she not only had her blazer on and her badge, but  
13 she was in charge of that -- of that investigation,  
14 period.

15           And anyone else that wanted to say  
16 anything, they told him, go sit under the tree until  
17 the NTSB is gone.

18           And I hope that's how we look forward to  
19 this program as an authoritative recognized  
20 investigation.

21           And I will end up with a third point, I  
22 have three instead of two.

1           I really want you to reconsider or  
2   consider doing follow up investigations.

3           I don't know if you pick them randomly,  
4   figure some statistical relevant process to do that,  
5   but I think you should go back, and I don't care if  
6   you pull them out of a hat, take the investigations  
7   and go back to those cities, some of them with  
8   cardiac, some of them with trauma injuries, and  
9   literally -- and I think it's more in the phone  
10   call, go back and say hey, NIOSH recommended in this  
11   year you do this process, where are you today, and  
12   document it.

13           You're not going to write OSHA violations,  
14   you're not going to cite them on it, but I think  
15   that's a very important part of the process, both  
16   for that individual locality and to spread the  
17   message around that NIOSH is not just making  
18   recommendations, they like to follow up and report  
19   on that.

20           And I think that would be a good one for  
21   the program.

22           MR. HALES: Can we just follow up on that,

1 follow up on the follow up?

2 Can that be done by a survey in a letter,  
3 or do you think we need to do site visits to do  
4 that?

5 MR. DUFFY: I think -- to begin with, I  
6 think you can site visit it, and then that  
7 experience will generate how you continue with the  
8 program.

9 But I think it's a -- you want to do  
10 evaluation of your program.

11 Don't look at, you know, that's the old --  
12 that's the -- we're -- that's what you here down the  
13 street over here, Capitol, what do we need OSHA for,  
14 we haven't -- OSHA has been here for 30 years, we  
15 haven't reduced the injury rate or the fatality rate  
16 of workers.

17 Well, everyone knows what OSHA has done  
18 for the American workforce. And no one would ever  
19 want to get rid of it, but that's the rhetoric you  
20 hear all the time.

21 I think it's more important to evaluate  
22 the effectiveness by actually seeing how well your

1 recommendations have taken place.

2           You know, if you're OSHA, they should go  
3 good in the -- if they cited you for admissions on a  
4 factory, they should go back later, and they do do  
5 that.

6           They go back and they do follow-up  
7 inspections to see if those admissions are still  
8 there.

9           Well, if NIOSH recommended that a  
10 wellness/fitness program should be initiated, and  
11 they go back two years later after a cardiac death  
12 of one of their fire fighters, and find nothing,  
13 they said well, they still haven't done the  
14 recommendations and report that out.

15           And then if that comes back successful,  
16 then I think surveys should -- but surveys are  
17 obviously -- written surveys are easier.

18           The problem in the fire service, are  
19 folks -- actually Pat and Sue can tell you this, as  
20 well as the 100 people that work down the block in  
21 the IAFF, getting survey results back here, it's  
22 harder than pulling teeth, even from our own

1 membership.

2                   And they have every excuse in the world.

3                   I know the chief will tell you the same  
4 thing, volunteers will tell you the same thing.

5                   It's not very easy -- and probably other  
6 people will tell you the same thing, getting  
7 surveys -- you know, we clap and applaud and buy  
8 pizza for everybody if we get 10 percent of the  
9 responses back from people, you know, I mean that's  
10 a home run.

11                   So I think that's tough, but when you  
12 actually show up.

13                   MR. HALES: Yeah. They can't ignore you  
14 if you show up, where you wear the coat and the  
15 badge.

16                   MR. KREIS: Just back to revisiting sites.

17                   Is it -- I think I said it earlier, but if  
18 you wanted to start that program, is that we are  
19 just beginning to implement a revisitation of the  
20 fire departments, and for us, we would be -- the  
21 city of Phoenix would be happy to volunteer to kick  
22 that off for you.

1           I would add that it probably would require  
2   at lease one site visit just to kind of see what's  
3   going on, get a feel for it.

4           But we would be more than happy to help  
5   out with that.

6           MR. REED: I guess I would like to  
7   continue that theme that Rich responded to Allison's  
8   good question about the major impact  
9   recommendations, are there others.

10          And obviously, you know, we will staff and  
11   within NIOSH, the experts here, we will be going  
12   through all of our notes and making this an  
13   important process for digesting and coming up with  
14   these themes of what we can do differently.

15          But to help us, you know, with that, I  
16   think it would be good to try to sort of get that  
17   sense from you all directly, again.

18          MR. REHFELD: Mike Rehfeld, Baltimore  
19   County Professional fire fighters.

20          Allison's response doesn't fall on deaf  
21   ears.

22          I think all of us in the fire service

1 understand that most of what we have added to what  
2 the program is now, and what we would like to see  
3 later, understand a lot of it is a budgetary issue,  
4 you know, staffing, manhours that you have to put  
5 into it.

6 I was talking to, I think, Tom Baldwin at  
7 lunch, and one of the things that I suggested to him  
8 or talked about was if need be, if we need to hear  
9 from NIOSH, you know, that you need support from the  
10 IAFF, from the chiefs to start moving some funding  
11 from one direction to another, that's the political  
12 entity that we have to us to be able to do that.

13 But, again, it goes back to the very  
14 difficult question of where do you pull it from?

15 You know, if they go and lobby on your  
16 behalf, you know, that money may come out of DHS,  
17 and now we're going to have somebody over there  
18 screaming, and you just get into that political  
19 nightmare of an issue.

20 But, you know, you need to know that we  
21 understand that, you know, out in the fire service,  
22 that that's a significant problem, and we're not

1 just throwing these suggestions to make the program  
2 bigger, you know, and thinking that that's reality  
3 and that's going to happen.

4 Back to a more pointed question of exactly  
5 what we would like to see out of the program in  
6 addition, I think one thing, and I don't know if you  
7 do this now or not, in traumatic events, do you  
8 assign a medical officer to review that to see if it  
9 was maybe medically related prior to the traumatic  
10 event, you know, loss or disoriented because they  
11 had a stroke.

12 You know, I don't know if you delve that  
13 far into it or if you do that, but that would be one  
14 thing that would be important to me to see.

15 Was the vehicle accident -- did the  
16 vehicle go off of the right side of the roadway  
17 because the individual had chest pains or got dizzy,  
18 you know, do you delve into that, and then  
19 subsequently die from the traumatic event of the  
20 accident, you know, do you look at that.

21 In respect again, that would be useful to  
22 us out in the field to know, you know, that maybe we

1 have a bigger medical problem that's leading to the  
2 dramatic deaths in the process.

3 And I don't think the reports reflect that  
4 if I remember correctly.

5 MR. HALES: Can I respond to that?

6 It's a very good question. We are  
7 concerned about that as well.

8 And we work with our colleagues at  
9 Morgantown to address that issue.

10 With the motor vehicle crashes, there has  
11 been 14 instances which were medically related that  
12 caused the motor vehicle crash.

13 As far as the other traumatic fatalities,  
14 it's harder to grab some of those because no one was  
15 able to witness the person going down in a building  
16 collapse, or frequently the autopsy information is  
17 not helpful because of the circumstances of the  
18 death.

19 And those are a little bit harder to get  
20 at, but we feel pretty confident that those -- the  
21 one that we attributed to traumatic injuries are  
22 traumatic and not medical causes.

1           Now, I can't give you the 100 percent  
2 stamp on that, but that's based on our expertise.

3           I think with the motor vehicles, clearly  
4 it has been an issue and we use data from not only  
5 the autopsy information, but also the type of crash  
6 that occurred to make that assessment.

7           And so we do go out together on some of  
8 those.

9           MR. REED: Just also a response.

10           Just to be perfectly clear for the record,  
11 NIOSH, as a government agency, can't lobby congress  
12 for additional funding.

13           So given the likely event that we have  
14 hopefully level funding, then we will be in this  
15 difficult task of prioritizing and adjusting what we  
16 do.

17           Comment.

18           MR. REHFELD: I guess going back to the  
19 question of what's important or what's most  
20 important, I think one of the things that I have  
21 heard all day is that the investigations are  
22 important, and reports that came out of that are

1 important.

2           And, as I said in my earlier presentation,  
3 to have richer detail about the events, being able  
4 to follow the temporal sequence more easily, that's  
5 not so much a -- that's not so much a new thing, but  
6 just simply a refinement of the existing program.

7           And one of the other things that I was  
8 talk with Don about this morning, is that I know for  
9 a fire fighter, when they pick up a report and they  
10 read it, they read that report in a sense, in  
11 isolation, they're looking at what's there on the  
12 page, and there's not a connection to gee, what did  
13 the other 13 reports or other 67 reports that have  
14 some relationship to this say.

15           I'm in the process now of doing some  
16 qualitative analysis of all of the reports that deal  
17 with extreme fire behavior in some way, shape, or  
18 form.

19           But I think that looking at reports across  
20 topic area and saying okay, what's common -- what's  
21 common with these events, and then presenting that.

22           And I know there has been -- some of that

1 has been done looking at the alerts and so forth,  
2 with wildfire training, and so forth.

3 But I think there are some other areas,  
4 whether it be in the traumatic area, or whether it  
5 be in the medical area, that I think looking across,  
6 maybe going back, and I know having read all of  
7 those that relate to traumatic fatality in the last  
8 two months, cover to cover, I found a number of  
9 interesting things that were jumping out at me.

10 And I read them when they came out, but I  
11 hadn't put that together.

12 So I think that might be another place  
13 where we can take something that's already there and  
14 get some great value -- get some great value out of  
15 that.

16 MR. REED: Okay, good points.

17 Well, we have got a ton of information to  
18 go through.

19 Rich, yeah.

20 MR. DUFFY: You know, I'm sitting next to  
21 a microphone, so I can talk forever.

22 But since this is a public meeting and

1     there's a public record kept of this meeting, and I  
2     know there's some people here, and there probably  
3     other press here, but more importantly, there's  
4     people up on the hill that may want to look at this  
5     session and the results of the session.

6             And you don't have to provide it today,  
7     but can you provide it for the record, when this is  
8     closed, the budget for this program?

9             And both, you know, current budget, and I  
10    don't know if you have last -- the last couple of  
11    years.

12            But the eight-year budget would be  
13    tremendous if that could be put together, but  
14    certainly the current budget.

15            And I apologize, I'm getting stared at  
16    from the folks behind me, but I think that's  
17    important to put in here because I can attest to  
18    many here, there has been an awful lot done on this  
19    program, on clearly a shoestring.

20            So I think it's important that that be  
21    added to part of the record.

22            Thank you.

1 MR. REED: Thank you.

2 Tim reminded me to remind you all, again,  
3 as I mentioned this morning, that the docket will  
4 remain open for one month from today, and that  
5 information is on a handout sheet at the  
6 registration desk, if you don't have it, from the  
7 email, or I should say from the slide this morning.

8 So please make sure that you submit  
9 whatever relevant information you feel is important.

10 And even those who are not here today, we  
11 would very much appreciate having submission that  
12 are relevant to this effort.

13 And if you have follow on ideas, you know,  
14 in terms of Allison's question on sort of the 80/20,  
15 you know, the major priority areas for us, please  
16 send those in as well.

17 MR. HALES: I would actually make a bigger  
18 pitch for that and say we would like everyone here  
19 to log onto that site, and make either one or two  
20 priority comments that we should be addressing.

21 And that way we will get everybody's  
22 comments, you know, one or two things that we should

1 be doing which we aren't currently doing, would be  
2 very helpful.

3 MR. DUFFY: Will you mark that part of the  
4 record, or how would you do -- handle these  
5 comments?

6 MR. HALES: Yeah. I think that we easily  
7 could. And I think that we're looking at putting  
8 together, as Larry has mentioned, some sort of final  
9 report from this meeting.

10 We aren't sure of what shape that will  
11 take, but we will be giving that back to you.

12 And that can easily have that type of  
13 information.

14 MR. REED: Yeah, that's a good point.

15 So a good sort of homework assignment  
16 would be to send us those, you know, priority areas,  
17 each of you here, and it will be part of the record,  
18 it will be part of our final report, the assessment  
19 of that in terms of where we go.

20 And just to mention once again, we will  
21 have a report from this stakeholder meeting.

22 So thank you, again, for your

1 participation. And it's been a fabulous session and  
2 we appreciate all the hard work.

3 Thank you.

4 (Whereupon, the proceedings in the  
5 above-captioned matter were concluded at 3:41 p.m.)

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CERTIFICATE OF REPORTER

I, Joseph A. Inabnet, do hereby certify that the transcript of the foregoing proceedings was taken by me in Stenotype and thereafter reduced to typewriting under my supervision; that said transcript is a true record of the proceedings; that I am neither counsel for, related to, nor employed by any of the parties to the action in which these proceedings were taken; and further, that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

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Joseph A. Inabnet  
Court Reporter

Original transcript provided by the commissioned court transcriber was modified on 2/20/2007 to correct an obvious error on page 70 that incorrectly attributed a statement to a NIOSH employee. An additional modification was made on 4/23/2007, page 220, to correct an error that incorrectly attributed a statement to a NIOSH employee.