

# INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS



Statement of

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SUBCOMMITTEE ON FEDERAL WORKFORCE, POSTAL  
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U.S. HOUSE OF REPRESENTATIVES

on

AN EXAMINATION OF WORKER PROTECTIONS PRE-  
AND POST- INJURY

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Thank you Chairman Lynch, Ranking Member Chaffetz and distinguished members of the Subcommittee. My name is James Johnson and I am the 16<sup>th</sup> District Vice-President of the International Association of Fire Fighters, representing federal fire fighters throughout the United States and Canada. I appreciate the opportunity to appear before you today on behalf of our General President, Harold Schaitberger, and the nearly 300,000 fire fighters and emergency medical personnel who comprise our organization.

Mr. Chairman, I testify today not only as a representative of the IAFF, but as a former federal fire fighter who fully understands the important role federal fire fighters play and the hazards they face. Prior to taking my current position with the IAFF, I served for seventeen years as a Lieutenant at the Wright-Patterson Air Force Base Fire Department in Ohio.

Federal fire fighters play an essential role in protecting the vital interests of the United States. The over 10,000 federal fire fighters face some of the most difficult and hazardous working conditions in the country guarding military installations, strategic sites and VA hospitals. Their seventy-two hour work week is unparalleled. Without their dedicated service, our nation would be less secure.

The job of federal fire fighters is unique in many ways. The nature of the work, which involves fire suppression, rescue activities and the delivery of emergency medical services places federal fire fighters at an increased level of risk for injury and death. Because this increased level of risk is inherent to the occupation and can never be eliminated in total, employers must make every effort to promote safe practices. But we must also assure that when job-related injuries do occur, employees can easily access the care and benefits they deserve through the Federal Employees Compensation Act (FECA) so that they may focus on their recovery. Unfortunately, far too often, the federal government falls short in providing for federal fire fighters both pre- and post-injury.

## **Job Hazards**

Far more often than other occupations within the federal sector, federal fire fighters are routinely exposed to carcinogens, infectious diseases and other occupational hazards.

Federal fire fighters respond to the same types of emergencies as their counterparts in the municipal sector – including medical emergencies, hazardous materials incidents, structural fires, and aircraft emergencies. But they also face unique hazards involving incidents at weapons depots, facilities conducting classified work and research, and emergencies aboard naval vessels.

Federal fire fighters often respond to these incidents without adequate information about the dangers they may encounter. An EMS call can actually turn out to involve a chemical spill, and a structural fire can be the result of a research or ammunition test failure. Although fire fighters take precautions and wear protective gear, as with all aspects involving occupational protection, exposures happen.

Furthermore, fire fighters are regularly exposed to stress, smoke, heat and various toxic substances, including known carcinogens. As a result, they are far more likely to contract heart disease, lung disease and cancer than other workers. Additionally, as the nation's leading providers of emergency medical services, fire fighters are increasingly exposed to infectious diseases.

## **Workplace Safety**

Firefighting is one of the nation's most hazardous occupations, and the IAFF and other fire service organizations place the highest priority on protecting fire fighter safety and health. Through the National Fire Protection Association (NFPA), the fire service has developed comprehensive industry consensus standards regarding personal protective equipment, occupational medical programs, infection control, respiratory protection, and other important safety and health protections.

The National Technology Transfer and Advancement Act of 1995, Public Law 104-113, requires federal agencies to comply with industry consensus standards where applicable. The adoption and careful application of industry consensus standards does much to reduce risk to employees. While federal agencies employing fire fighters have adopted many standards applicable to fire fighter health and safety, too often the same agencies will fail to follow their own requirements at the worksite.

For example, although the U.S. Air Force adopted NFPA 1582, the Standard on Comprehensive Occupational Medical Program for Fire Departments, it chose to amend the standard through a technical implementation guide (TIG), eliminating or changing important safety protections, such as certain hearing tests, cancer screenings, and vaccines. The TIG further deferred many required annual activities under the standard, and left certain required activities to the physician's judgment. Given the serious health hazards associated with fire fighting, such changes leave fire fighters employed with the Air Force at unnecessary risk.

This same scenario repeats itself throughout the Department of Defense and the other administrative agencies. Agencies must be held to the requirements of the National Technology Transfer and Advancement Act, and more importantly, must not be permitted to "water down" such standards in everyday use.

## **Office of Workers Compensation Programs**

Because of the very nature of fire fighting, injuries can and do occur. When they do, an injured fire fighter should ideally focus on his recovery and returning to work as soon as possible. Unfortunately, too often an injured fire fighter must instead battle a slow, bureaucratic and confusing Office of Workers Compensation Programs (OWCP).

Even before a federal fire fighter files a FECA claim, he or she sometimes faces an uphill battle receiving guidance from his or her employer. Often, the injured employee is given incomplete,

conflicting, or flat-out wrong advice on how to proceed by his or her supervisor or HR representative.

Once claims are filed, an employee often encounters numerous hurdles which significantly lengthen the claims process and have the effect of penalizing the employee.

The OWCP adjudication process is especially slow. It often takes six months to a year for OWCP to process a claim for payment, and sixty or more days for OWCP to process a claim where surgery or other medical intervention is needed.

For example, a recently injured fire fighter at the Great Lakes Naval Facility sustained an acute hernia while on the job. Surgery was indicated after the first medical visit; however surgery could not be performed until OWCP adjudicated the case and approved the care forty days later. The fire fighter suffered during this time, during which he could not work. The surgery could have been performed within five days of the initial injury. Had this happened, the employee could have returned to work two weeks before his claim was eventually approved.

Aside from contributing to employee pain and suffering, such delays come at significant economic cost by delaying an injured employee's return to work. This process must be improved, especially when surgery or other medical intervention is necessary.

A second significant hurdle to quality service through OWCP remains the various paperwork requirements. When an employee is injured, they are currently provided numerous forms, many of which require duplicate information. OWCP should also take steps to expand features within the Affiliated Computer Services (ACS) portal, adding the ability to upload and view medical information such as medical documentation, forms and receipts digitally and eliminating the requirement that such information be mailed by USPS. These changes would reduce paperwork and the burden on the claimant, as well as reduce costs.

Finally, many injured employees have difficulty finding a physician who will accept OWCP claims, resulting in limited access to care and delaying a patient's return to work. OWCP should encourage physicians to accept OWCP patients by creating a physician training program and developing dedicated physician resources, such as a website or information packet, to help providers better navigate the claims process. Combined with the ability to upload medical documents, this recommendation will help encourage more physicians to participate in the program, improving patient access.

Making these changes to streamline and improve the claims process will facilitate the quick and effective treatment of the employee with the goal of returning to work as soon as possible.

### **Presumptive Benefits for Federal Fire Fighters**

While the claims process under FECA is difficult enough for injured employees, federal fire fighters facing an occupationally-caused illness face an even greater challenge. Under the Federal Employees Compensation Act, federal employees suffering from occupational illnesses

must be able to pinpoint the precise incident or exposure that caused a disease in order for it to be determined job-related. This burden of proof is extraordinarily difficult for fire fighters to meet because they respond to a wide variety of emergency calls, constantly working in different environments under varied conditions. As a result, very few cases of occupational disease contracted by federal fire fighters have been deemed to be service-connected.

This inability to pinpoint a specific exposure that caused an illness has led 42 states to enact “presumptive disability” laws covering municipal fire fighters. Based on solid scientific evidence, states have concluded that certain illnesses are clearly associated with fire fighting, and they presume that these illnesses are job related even if the fire fighter is unable to document the specific emergency response incident where the exposure occurred.

Unfortunately, federal fire fighters are some of the very few fire fighters in the nation who know no such protection. This unfairness is particularly pronounced in the many places where federal fire fighters participate in mutual aid responses. During my career at Wright-Patterson, I often responded to incidents along side fire fighters employed by municipalities in the neighboring communities of Fairborn and Riverside, Ohio. Every fire fighter in our company knew that if we were exposed to a toxic chemical during a response, the municipal fire fighters would be guaranteed disability compensation, but we would not.

To address this inequity, Representatives Lois Capps and Todd Platts have proposed legislation entitled the Federal Fire Fighters Fairness Act. The legislation would create a rebuttable presumption that fire fighters who become disabled by health and lung disease, certain cancers and certain infectious diseases contracted the illness on the job. H.R. 948 would shift the burden of proof to the employer to prove that the illness was caused by some factor other than the duties of the fire fighter.

## **Fire Fighting and Disease**

The IAFF believes a presumption for these diseases is warranted. Fire fighters are exposed on an almost daily basis to stress, smoke, heat, toxic substances and infectious diseases, and numerous scientific studies have established a link between the diseases listed in the bill and fire fighting:

- A 2007 Harvard study published in the New England Journal of Medicine found that fire fighters face a risk of death from heart attack up to 100 times higher when involved in fire suppression as compared to non-emergency duties
- A 2008 study by Kang et.al. of male Massachusetts fire fighters from 1987-2003 found increased risk among such fire fighters for numerous cancers, including colon and brain cancer.
- A 2006 study conducted by the University of Cincinnati found that on-the-job exposure to soot and toxins creates an increased risk for various cancers among fire fighters.
- A U.S. Federal Government study conducted during the development of the OSHA Bloodborne Pathogen Standard shows that 98% of Emergency Medical Technicians and 80% of fire fighters are exposed to bloodborne diseases on the job.

- A 1989 study by Markowitz in the Archives of Environmental Health of fire fighters exposed to hydrochloric acid during a large PVC fire showed that 9.4% of fire fighters were diagnosed with asthma and 14.3% suffered from bronchitis.

Many additional studies come to the same conclusions – that everyday exposure to smoke, stress, chemicals, carcinogenic agents, extreme temperatures and bodily fluids puts fire fighters at increased risk to develop cancer, heart disease, infectious diseases, and lung and respiratory diseases.

## **Cancer**

The link between fire fighting and cancer is of particular concern. Technology has created a distinct difference in the modern fire environment. Fire fighters are exposed in their work to extremely high concentrations of a large number of toxic and carcinogenic chemical compounds.

Some of these chemicals -- for example, carbon monoxide and soot containing polycyclic aromatic hydrocarbons -- are natural products of combustion and have always been present at fires. However, the combustion of modern synthetic and plastic materials produces many highly toxic and carcinogenic compounds that were not found in fires even three or four decades ago. Exposures today commonly include benzene, formaldehyde, polycyclic aromatic hydrocarbons (PAH), asbestos and the complex mix of carcinogenic products that arise from combustion of synthetic and plastic materials.

These chemical compounds are commonplace ingredients in our environment as components of household furniture, plastic pipes, wall coverings, automobiles, buses, airplanes, and coverings for electrical and other insulation materials.

Practically every emergency situation encountered by a fire fighter has the potential for exposure to carcinogenic agents. However, fire fighters can also be exposed to carcinogenic agents when the protective clothing they wear is exposed to high heat or burns. Fire fighters have even been exposed to carcinogens through the fire-extinguishing agents they utilize. The list of potential carcinogenic agents that fire fighters can be exposed to is almost as long as the list of all known or suspected carcinogens. Nevertheless, fire fighters constantly enter potential toxic atmospheres without adequate protection or knowledge of the environment.

Research has clearly shown the following specific linkages established between cancer and chemicals encountered in fire fighting:

- Leukemia is caused by benzene and 1,3-butadiene.
- Lymphoma and multiple myeloma are caused by benzene and 1,3-butadiene.
- Skin cancer is caused by soot containing PAH.
- Genitourinary tract cancer is caused by gasoline and PAH.
- Gastrointestinal cancer is caused by PCBs and dioxins.
- Angiosarcoma of the liver and brain cancer are caused by vinyl chloride.

Leukemia, lymphoma, multiple myeloma, cancer of genitourinary tract, prostate cancer, gastrointestinal cancer, brain cancer and malignant melanoma are among the cancers that have been observed consistently with increased frequency in epidemiologic studies of fire fighters. It is likely that additional associations will be identified between chemicals encountered in the fire environment and cancer in fire fighters. Nevertheless, the available data are sufficient to conclude that excess risk of cancer is a distinct hazard of fire fighting.

## **Conclusion**

On behalf of the International Association of Fire Fighters, I appreciate the opportunity to share with you our views on federal worker safety and improvements under the Office of Workers Compensation Programs. By adopting strong safety standards at work, streamlining and improving the claims process under OWCP, and implementing presumptive benefits for federal fire fighters, the federal government can help prevent injury and ensure that when an injury or illness does occur at work, employees may focus on their recovery, rather than the status of their claim.

To the extent the IAFF can assist the Subcommittee in working towards this end I am happy to offer our expertise and pledge to work closely with you and your staffs.

Again, I'd like to thank the Subcommittee for the opportunity to testify today and am happy to answer any questions you may have.