Stan Wolf

19966 Camden Avenue Hayward, California 94541-1450 <u>stan@variable.com</u> 510-276-3737 FR Doc #04-7984

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Department of Health and Human Services 5600 Fishers Lane Rockwall II Suite 815 Rockville, Maryland 20857

RE: Doc 04-7984

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Dear Staff,

Thank you for the opportunity to offer my comments on the proposed rule change to the Mandatory Guidelines for Federal Workplace Drug Testing Propgrams policy. I will provide some background then my comments specifically on the proposed rule changes.

I was affected directly in the past by the rules in effect at the time (around ten tears ago). I spent many years and a large amount of money pursuing a career as a commercial pilot. When I was finally qualified to begin work for a commercial carrier I was required to submit to a pre-employment drug screening. The only method available was urinalysis.

I went to my appointment, where a surly young attendant (not of the same sex) took me in an examining room and drew a curtain between me and her. There was a portable camper potty on the floor surrounded by paper towels on my side of the curtain. She stood on the other side clearing her throat and inquiring impatiently about the delay as I found it impossible to urinate in the container. After a while I had to state that I would be unable to produce the sample, and was given a followup appointment for a few days later. hen I arrived for the second appointment I had a male attendant in the same circumstances, and although it was very difficult I produced a sample for him that was acceptable.

I have always found it difficult to urinate in the presence of others, and my experience with this drug screening made that problem much worse. I came to dread the though of a random inspection, especially if handled so poorly and disrespectfully by the tesing facility and staff. Ultimately, in part because of the no-alternative drug testing requirements and my dread fear of a problem during testing I abandoned my aviation career and pursued other interests. Residual social phobia over the spectacle of forced urination in the presence of others eventually led me to seek treatment for what I came to understand was a officially classifiable disorder know as Paruresis. I am happy to report that this is less troublesome now than before.

So it was with some interest that I read the proposed rule your agency is considering. My comments follow:

Section 2.3(b) states that if a problem occurs (including explicitly "shy bladder for a urine specimen") DURING the collection of one type of specimen, permission can be obtained from a federal agency to collect an alternate specimen (saliva, hair, sweat patch). It would seem that a much better approach would be to have a provision for making arrangements IN ADVANCE for an alternative to urinalysis to be offered. If the test subject is known to have a high risk of failure to be capable of producing a urine sample under the screening protocol, why waste everyone's time, money, and dignity with a failed test and resulting request for alternative and rescheduling? Your agency would need to consider under what circumstances a prior arrangement for alternative testing methods would be requested and approved. I would have been happy to produce a physician's statement regarding my phobic disability. This could have saved my career.

Section 5.8 (Page 128) deals with privacy requirements. As described, some paruretics could be expected to be nervous and possibly unable to comply with the sample demand. The requirement that "visual privacy" be required under most circumstances is very much open to interpretation, and could result in the collector of any gender pulling an examining room curtain across the space between collector and subject, and waiting expectantly a few feet away (as has happened to me).

is worth noting that the collector must "note any unusual behavior or appearance" on a Federal form (Section 8.5(a)(8)), which could spell trouble for the person being tested. Can nervousness and anxiety in poorly staged collection circumstances constitute "unusual behavior or appearance"?

Section 8.5 (beginning on Page 138 and running over FIVE pages) deals with collection procedures for urine specimens - an seemingly elaborate ritual of intricate authoritarian demands and required compliance. No wonder some individuals end up having problems delivering a sample after all this fussing. Perhaps there is no alternative but to detail these procedures in this way, but it helps illustrate the importance of offering alternatives to those who are susceptible to a phobic reaction.

Again, thank you for this opportunity to comment. Overall, it would appear that this change in rules offers a much improved opportunity for individuals like me who ran into misfortune under the old rules to avoid unneccessary negative career impact due to rigid and inappropriate testing methods.

Regards, Stan Wolf

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