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262

STATE OF ALASKA 1984 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: 2nd SS SB 262
Title: "...Presumptions under
the Alaska Workers' Compensation"
Sponsor: Josephson & Rodey
Requestor: Labor & Commerce
Date of Request: 3/27/84

FISCAL DETAIL

Agency Affected: Labor
Program Category Affected: Public Protection
BRU, Program or Subprogram(s) Affected: Workers' Compensation

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL	0	0	0	0	0	0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

SOURCE OF FUNDS TO OFFSET FISCAL IMPACT OF BILL:

ANALYSIS: Attach a separate page for analysis

Prepared By: Jacquelyn McClintock

Phone: 465-2790

Division: Workers' Compensation

Date: 3/27/84

Approved by Commissioner: Jim Robison

Date: 3/28/84

Agency: Labor

LEG:A:40

Distribution (by Agency preparing fiscal note):

Legislative Finance

Legislative Sponsor

Requestor

Office of Management and Budget

Impacted Agency(ies)

12/1/83

Bill No. 2d SS SB 262

Date March 28, 1984

Title "An Act relating to Presumptions under the Alaska Workers' Compensation Act."

Contact *J. L. McClintock*
465-2790

This bill attempts to broaden the rebuttable presumption for firefighters and police officers by adding the specific language that disability or death of a firefighter from heart or lung disease or disability or death of a police officer from heart disease arises out of and in the course of employment if the person has been continuously employed in the job class for three years or more.

Existing language in the Act provides coverage for occupational diseases arising out of and in the course of employment. The definition of injury under AS 23.30.265(13) includes "occupational disease or infection which arises naturally out of the employment or which naturally or unavoidably results from an accidental injury" as coming within the provisions of the Act.

Under the provisions of AS 23.30.120 it is already presumed, in absence of substantial evidence to the contrary, that a claim comes within the provisions of the Act provided that sufficient notice of the claim has been given; that the injury was not proximately caused by intoxication or by the employee being under the influence of non-prescribed drugs; and the injury was not the result of the employee's willful intent to injure or kill himself or another.

The provisions of AS 23.30.105 specify the time periods for an employee to file a claim as: 1) two years after the employee has knowledge of the nature of his disability and its relation to his employment and after disablement; and 2) one year after death. The Act further provides that in case of a latent defect, the employee has full right to claim as determined by the Board, time limitations notwithstanding.

The Department acknowledges the hazards connected with these particular occupations; however, we feel that the present language of the Act fully protects them for occupational injury or disease claims. If it can be shown that a problem does exist under Alaska's current law and that legislation is needed to protect the specific job classes of firemen and policemen, we would support such legislation.

APPROVED:



Jim Robison
Commissioner

Bill No. Senate Bill 262

Date April 25, 1983

Title "An Act relating to Presumptions under the
Alaska Workers' Compensation Act."

Contact: J. L. McClintock

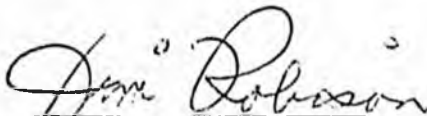
The Department questions the need for legislation that sets a certain group of employees apart from other employees, particularly when existing language in the Act provides coverage for occupational diseases arising out of and in the course of employment.

The definition of injury under AS 23.30.265(13) includes "occupational disease or infection which arises naturally out of the employment or which naturally or unavoidably results from an accidental injury" as coming within the provisions of the Act.

Under the provisions of AS 23.30.120, it is already presumed, in absence of substantial evidence to the contrary, that a claim comes within the provisions of the Act provided that sufficient notice of the claim has been given; that the injury was not proximately caused by intoxication or by the employee being under the influence of non-prescribed drugs; and the injury was not the result of the employee's willful intent to injure or kill himself or another. Does enactment of this bill mean the provisions in Section 120 do not apply to this certain class of employees or are the new provisions in addition to the existing presumption? The language in Subsection (c) of the proposed bill is confusing as to which disease relates to which job class, i.e., lung disease and its relationship to policy officers or emergency medical service providers.

The Department recommends that further research be done to identify the problems under the Alaska Act that this legislation is attempting to resolve. If it is clearly shown that legislation is needed for this particular class of employees, a review of other states' legislation should be undertaken. Also, the Division of Insurance should be requested to obtain a cost analysis from NCCI.

Approved by:



Jim Robison, Commissioner
Department of Labor

SB 262 TITLE & SPONSOR SUMMARY 14:21 5/22/84 PAGE 1 OF 2
AMENDED TITLE: 2DSSSB 262
AN ACT RELATING TO PRESUMPTIONS UNDER THE ALASKA WORKERS'
COMPENSATION ACT

PRIME SPONSOR: JOSEPHSON.

CO-SPONSORS: RODEY.

CURRENT STATUS: 3/20/84 IN (S) LABOR & COM REFERRAL: JUDICIARY

SB 262 SENATE ACTION 14:21 5/22/84 PAGE 2 OF 2
DATE SEQ PAGE LEGISLATIVE ACTION

03/20/84 01 2402 FIRST READING -- COMMITTEE REPORTS
LABOR & COMMERCE
JUDICIARY
RULES

*** ** ** *** ** *

Name (please print)	Address	Representing	Testify?? (YES or NO)	Phone Number
BARRY Haight	656 7 th AVE FBKS	FAIRBANKS FIRE FIGHTERS ASSN	YES	455-6293
Earl Lanni	3740 W. 6 th Anch.	Anchorage F.F.	YES	243-8342
CRAIG GODBRIGHT	Box 121024 ANC 99512	FIRE FIGHTERS	YES	194 6296
DAVID Wigglesworth	417 West 8 th Ave Anch.	Alaska Health Project	YES	276-2864
Jacqueline McClintock	P.O. #04 1149 JUNEAU	WORKERS COAL DIV.	YES	465-2790
Rosa King	134 No. FRANKLIN - JUNEAU	A.G.C.	YES	586-1740
Steve Silver	P.O. Box 1211	ROMEA	YES	586-3346
Tom Cashen	124 FRONT ST. JUNEAU	AFL - CIO	YES	586-3050
GREG O'CLARAY	124 FRONT ST JUNEAU	SEAFARERS INT'L UNION	YES	586-9711

Worker's Comp



Alaska Health Project

417 West Eighth Avenue — P. O. Box 10-1037, Anchorage, Alaska 99510 — (907) 276-2864

March 28, 1984

TO: Senate Labor and Commerce Committee

FROM: David Wigglesworth
Occupational/Environmental Health Specialist

SUBJECT RE: Testimony in Support of 2nd Sponsor Substitute for Senate
Bill No. 262, An Act Relating To Presumption Under the Alaska
Workers' Compensation Act.

Alaska Health Project appreciates the opportunity to testify in support of SB 262 -- a bill which will give firefighters and police officers the means to receive the compensation that they justly deserve.

Over 100,000 workers die annually from occupational diseases. Yet, nationally and in Alaska, workers' compensation laws have grossly neglected this important issue. In 1980, the U.S. Department of Labor reported that only 10 percent of injury compensation cases were contested by insurers, while a much higher percentage of disease cases were contested. For example, 78 percent of all respiratory disease cases were contested in 1980. Of these, over 75 percent ended in a compromise.¹

Clearly, the main question in most injury cases is determining the extent of the disability and not the validity of the claim. While in cases involving occupational disease, the fundamental question is whether such an illness is job-related and ultimately whether occupational illness exists.

I am not suggesting that human disease stems only from the workplace. However, I am drawing attention to the fact that research is now indicating that workplaces are affecting the proliferation of disease in our society. The question not normally asked in worker compensation cases dealing with occupational disease, which should be, is given the fact that disease and illness exists in our society, to what extent does the evidence indicate that certain occupations and job conditions actually exacerbate and possibly cause the wide range of disease found in our general population?

In the case of firefighters and police officers, evidence clearly indicates that the onset of common diseases to the lung and heart are greatly enhanced (and possibly caused) by the requirements of their jobs. The stresses and strains of firefighting and responding to public emergencies, environmental conditions (temperature extremes), trauma, burns, exposure to toxic substances are all predisposing factors in the causation of several cardiac disorders and lung diseases. For example:

Stress: The human body's reaction to stress results in several biochemical changes that put a strain on the heart thus promoting coronary thrombosis, arteriosclerosis, and hypertension. These changes include:

- * The release of hormones which affect the rate of metabolism,
- * increase in blood pressure,
- * increase in the production of blood sugar;
- * increase in pulse rate to provide an increased blood supply to cardiac and striated muscles,
- * increase in cholesterol and fatty acids in the body.²

Documented evidence concludes that hypertension, coronary thrombosis, the anginal syndrome, and manifestations of accelerated atheromatous changes are especially pronounced in firemen and in workers employed in other dangerous occupations.³ Moreover, research attests to the fact that arteriosclerosis with premature vascular breakdown "appears to be higher among individuals exposed to stress and strain than in the population at large."⁴ The reports indicate that the acceleration of heart disease is not uncommon in occupations such as firefighting because of "exposure to hazardous physical tasks."⁵

Temperature/Environmental Conditions:⁶ The stress caused by cold temperatures also effects the tissue of the body. Exposure to the cold causes:

- * elevated pulse rate,
- * increased blood pressure,
- * vasospasms.

Continuous exposure to cold has been known experimentally to cause:

- * persistent hypertension,
- * cardiac hypertrophy,
- * cardiovascular atherosclerosis,
- * nephrosclerosis (hardening of the kidney).

Exposure to excessive heat can result in a variety of physiological effects. Principally, exposure to heat puts great strain on the cardiovascular system. In conjunction with personal protective equipment (weighing up to 50 pounds) physical work may become next to impossible. Persons with pre-existing heart disease are especially at risk.

Toxic Fumes/Hazardous Materials: Evidence indicates that exposure to toxic fumes and vapors can result in heart disease and irreversible pulmonary changes such as emphysema and fibrosis. The decomposition of "everyday" plastic (VC, PVC) can release a variety of toxic gases such as carbon monoxide, phosgene, hydrogen cyanide, and hydrogen chloride. In many instances, the physiological effects of these gases do not fully appear until several hours after exposure.

For example, the corrosive action of hydrogen chloride inhalation is often delayed as much as 12 to 24 hours after exposure.⁷ Phosgene gas has a latency period of 5 to 12 hours. Exposure to phosgene can cause respiratory tract irritations and in some instances, pulmonary edema. Chronic exposure to phosgene can cause emphysema and fibrosis.⁸

Exposure to plastic fumes have also been known to cause a heart disorder called premature ventricular beat. (This is especially serious for firefighters with pre-existing coronary artery disease⁹). Premature ventricular beat can lead to sudden death syndrome.

Clearly, toxic fumes from burning plastics, are only a few of the many toxic gases to which firefighters and police are exposed to at a fire. Some of the hazardous materials to which firefighters and police officers may be exposed to in the Anchorage area are: pesticides, solvents, PCBs, adhesives, resins, paints, laquers, jet fuel, oxidizers, reactants, explosives, and flammables.

Virtually every business and home in Anchorage and Fairbanks utilizes hazardous and/or toxic materials, which, when exposed to the heat of a fire, decompose into noxious and toxic gases which could cause lung damage if inhaled. Furthermore, the irritating properties of many of these gases on the throat leads to the production of excessive mucous. Infections thrive on mucous, so that chronic irritation "may easily lead to increased susceptibility to respiratory infections.¹⁰

What effect has job conditions and job requirements had on the lungs and hearts of firefighters and police officers? A review of some available epidemiological studies dating back to the 1950's reveal some grisly statistics:

- * In 1950, a study by the U.S. Department of Health Education and Welfare investigated the mortality rates for cardiovascular disease suffered by male firefighters compared to males in all occupations. The results indicated that for every 158 firefighters who died of C.V.D. 100 males in all other occupations died of similar problems.¹¹
- * From 1940 - 1980, the Institute for Cancer and Blood Research studied 1,557 death certificates of active and retired firefighters concluded that firefighters face a 1 to 3 chance of dying from cancer versus a 1 to 5 chance among the general population.¹²
- * In 1981, occupational disease caused 404 firefighters to retire or change jobs, the most common disease being heart disease.¹³
- * In 1981, the mortality rates for firefighters was 58 deaths per 100,000 compared to 12 deaths per 100,000 for all U.S. industry. That's five times the national average.¹⁴

- * Among firefighter deaths from occupational disease, 60 percent resulted from heart disease, 33 percent from lung cancer, and 4 percent from lung disease.¹⁵
- * The National Institute for Occupational Safety and Health (NIOSH) has performed a series of studies on high stress occupations such as police officers. The first study was performed in 1972 which triggered "a broader long-term study undertaken in cooperation with the Police Foundation and the International Conference of Police Associations."¹⁶
- * A ten-year study (1965-1975) performed by the California Department of Labor revealed that 78 percent of firefighter fatalities in California were attributable to cardiovascular strain or disease. Of note, the California Labor Code establishes for firefighters the disputable presumptions that hernia, heart trouble, and pneumonia arise out of and in the course of employment.¹⁷
- * Thirty-eight (38) other states have adopted legislation affording protection to firefighters suffering from disease of the heart and lung out of and in the course of employment.

In the final analysis, the debate concerning presumptive occupational disease legislation is only just beginning. The difficulty of relating a disease to a particular profession will not allow for a quick and easy resolution of this debate. In the meantime, however, decisions in all workers' compensation cases involving injury or illness, or both, must be based on an evaluation of the best available information. Given the facts, it stands to reason that firefighters and police officers should no longer bear the burden of proving that diseases to their heart and lungs are occupationally related. The fact that these diseases can attack while they are off duty should not preclude them from receiving compensation. Undeniably, police officers and firefighters especially have certain unavoidable and unexpected job conditions which promote and cause damage to the lungs and disorders in the heart.

Alaska Health Project urges the Senate Labor and Commerce Committee to support and SSSB 262 and advocate its rapid adoption.

Reference Notes

- 1 Barth, Peter and Hunt, Allan, Worker's Compensation Disease, ASPER, USDC, 1976 (draft).
- 2 Tabor, Martha, The Stress of Job Loss. Occupational Health and Safety, June 1980, pg. 20 to 26.
- 3 Reich, Nathaniel E., M.D., FCCP Firefighting and Heart Disease, Department of Medicine, State University of New York, College of Medicine, P. 27.
- 4 Ibid, p. 27
- 5 Ibid, p. 21
- 6 Ibid, p. 24
- 7 Esch, Victor H., M.D, Toxicity in the Firefighter's Environment, Chief Surgeon, Board of Police and Fire Surgeons, District of Columbia, Maryland, p. 48.
- 8 Pott, A.M., F., P. Simon, and R.W. Gerard, 1949. The mechanism of action of phosgene and disphosgene. Arch. Biochem. Biophys. 24:329 in Occupational Disease
- 9 Dyer, R.F. and Esch, V.H., Polyvinyl Chloride Toxicity, J.A.M.A., Jan. 26, 1976. Vol. 235, No. 4, pp. 393 - 397.
- 10 Stellman, Jeanne M., Work is Dangerous To Your Health. Random House Books, 1973, p. 25.
- 11 Work Injuries and Illnesses to Local Firefighters in California, Dec. 1977. California Division of Labor Statistics and Research, p. 10.
- 12 Breiman, Howard R., "Epidemiological Study of Firefighters 1940-1980," Institute for Cancer and Blood Research in Daily News April 24, 1984.
- 13 Death Rate for Firefighters Continues as the Nation's Highest.....Bureau of National Affairs, Occupational Safety and Health Reporter 12/16/82 p. 585.
- 14 Ibid, p. 585
- 15 Ibid, p. 585
- 16 Work Injuries and Illnesses to Local Firefighters in California, p. 10
- 17 Sheridan, Peter J., NIOSH Puts Job Stress Under a Microscope in Occupational Hazards, April 1981.

LAW OFFICES OF
FAULKNER, BANFIELD, DOOGAN & HOLMES

A PROFESSIONAL CORPORATION

DENALI TOWERS NORTH

2550 DENALI STREET, SUITE 700

ANCHORAGE, ALASKA 99503-2774

(907) 274-0666

TELEX: 090-26-455

JUNEAU OFFICE

SUITE 300, 801 W. TENTH

P. O. BOX 1120

JUNEAU, ALASKA 99802-1157

(907) 586-2210

TELEX: 099-45-335

SEATTLE OFFICE

FIFTH AVENUE PLAZA

800 FIFTH AVENUE, SUITE 3740

SEATTLE, WASHINGTON 98104

(206) 292-8008

TELEX: 70-4212

MICHAEL M. HOLMES
RANDALL J. WEDDLE
WILLIAM B. ROZELL
LAWRENCE T. FEENEY
CHARLES N. DRENNAN
ANTHONY M. SHOLTY
JAMES R. WEBB
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DIANE L. DALEY
JAMES E. HUTCHINS

NORMAN C. BANFIELD
OF COUNSEL

HERBERT L. FAULKNER (1882-1972)
FRANK M. DOOGAN (1923-1977)

March 19, 1984

Senator Joe Josephson, Vice Chairman
Senate Judiciary Committee
Alaska State Senate
Pouch "V"
Juneau, AK 99811

Re: Sponsor Substitute For Senate Bill No. 262

Dear Senator Josephson:

I have recently received a copy of Sponsor Substitute for Senate Bill No. 262 which is an amendment to §.120 of the Alaska Workers' Compensation Act. I am writing to you because you are a co-sponsor of the Bill.

As you know, the Alaska Workers' Compensation Act has a rebuttable presumption that a claim is compensable. However, under several Alaska Supreme Court decisions interpreting the Act, the presumption does not arise until the employee comes forward with some evidence reflecting that the injury or disease is somehow connected with his employment. Under normal circumstances, that evidence is presented through a medical report by a treating physician.

Your amendment to §.120 of the Act is apparently intended to allow a narrow segment of the work force to obtain the benefits of the presumption of compensability without presenting any evidence of work relationship if the disability or death arises from heart or lung disease. The amendment is apparently designed with the assumption that firefighters and policemen suffer work-related heart attacks more often than the general population and that firefighters suffer work-related lung diseases more often than the general public. There may be statistics to support these conclusions and I trust that committees evaluating this amendment will be afforded the opportunity to review those statistics.

The amendment also seems to assume that heart disease is caused by stress. I can think of no other reason to grant this benefit to police officers who are generally thought to be employed in a high stress job. However, there is a debate in

Senator Joe Josephson
SSSB 262
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the medical community as to whether or not stress aggravates or causes atherosclerosis. In fact, I am presently handling a case in which a local internist and two Seattle cardiologists have testified that employment stress is not a recognized risk factor in the development of atherosclerosis. I realize that there are those who hold opposing views. However, the purpose of this letter is not to debate the cause of heart disease. Rather, I question the advisability of granting a special privilege to a narrow class of workers based upon an assumption with regard to medical science that is not necessarily accurate.

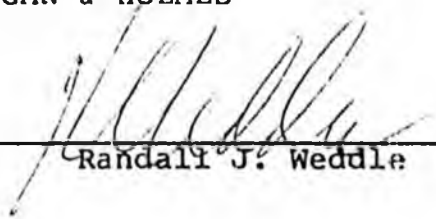
Moreover, I question the general lack of wisdom in granting special benefits to a narrow class of workers such as firemen or policemen. As citizens, we all value the contributions of our policemen and firemen, but we also value public servants in many other high-stress occupations such as teachers, judges, doctors, and air traffic controllers.

In conclusion, I would like to urge the Senate to solicit comments from experts in the field of lung and heart disease and the effects of environmental factors faced by firemen and policemen with regard to those diseases. There are certainly specialists within Alaska who are familiar with these issues and could provide you useful information in evaluating the wisdom of SSSB 262.

In order to insure that this letter is given fair consideration, I feel compelled to conclude by assuring you that I have not written at the request or on behalf of any client, but merely as an interested citizen.

Very truly yours,

FAULKNER, BANFIELD,
DOOGAN & HOLMES

By: 

Randall J. Weddle

RJW:ce

cc: Senate Labor & Commerce Committee
Senate Judiciary Committee



Alaska National

INSURANCE COMPANY

A policy of service and protection

February 22, 1983

Mr. Mike Szymanski, Representative
Pouch V
State Capitol
Juneau, Alaska 99811

Dear Mike:

I am pleased to provide you comments on the proposed legislation for an act amending the workers' compensation act to establish certain hazards of fire fighters and peace officers as work related and to establish that disability benefits commence on the first day time is lost as a result of work related disability.

This measure deals with two separate subjects: the first, is establishing presumptions of disability for certain diseases which are arising out of the work of fire fighters and peace officers. The second, deals with doing away with a three day waiting period for short disabilities.

PRESUMPTIONS FOR FIREFIGHTERS AND PEACE OFFICERS:

There are three serious problems with this proposal.

First, the language as drafted creates both a conclusive and a rebuttable presumption for the same thing.

At one point, the legislation says a "work related injury shall be conclusively construed to include any respiratory ..." Then later, the legislation provides "such diseases or illnesses are deemed to arise out of and in the course of employment in the absence of evidence to the contrary."

A conclusive presumption is one that cannot be rebutted by other evidence. On the other hand, it would appear from the later paragraph, that evidence can be presented to show that the disease was not work related.

As a matter of legislative clarity, it should either be a rebuttable presumption or a conclusive presumption, but certainly not left ambiguous.

The second problem deals with the "after retirement" determination of the disease.

Unfortunately, every person who passes on, does so because of cardiovasacular, pulmonary or respiratory disease. Thus, it can be

expected that without any difficulty, a retired peace officer can show sufficient indicia of a disease which as to other people are simply natural results of age and attribute those conditions to the fact that he was a police officer or a fire fighter and convert the workers' compensation system into a very lucrative retirement system. Since the presence of cardiovascular pulmonary or respiratory disease after retirement is conclusively presumed or even rebuttably presumed to be as a result of his work, there are little or no defenses to preclude every retired peace officer and fire fighter from collecting workers' compensation insurance.

The third problem deals with the very notion of presumptions in the workers' compensation system.

Similar legislation was adopted in Michigan several years ago and also currently exists in the Federal Black Lung Law. In these statutes, conditions which are typically attributable to older persons or persons who smoke, have been given presumptive work related status creating a deluge of claims against the workers' compensation system at great expense to the employer. A review of both the Black Lung and Michigan Workers' Compensation Laws will reveal that they became pension funds for retired workers which greatly abused the system.

It is my belief, that the language of the current laws are broad enough; and, in fact, it has been so interpreted by the Workers' Compensation Board, to include any form of occupational disease which is demonstrably work related. When there is satisfactory evidence that the disease exists and that the disease was caused by work hazards, it creates a legitimate disability under the law. In short, firefighters and peace officers who do suffer work related occupational diseases, already have adequate means, through the existing laws, to be compensated, and there is really no demonstrable need to extend that with presumptions.

The Workers' Compensation Law already requires only minimal proof by a worker. Proof of the existence of the physical disability and minimal evidence that it is work related. Upon these showings, the burden of proof already is transferred to the employer. It is making the employer's burden impossible by creating conclusive or even rebuttable presumptions, and it creates unnecessary cost burdens on an already costly system.

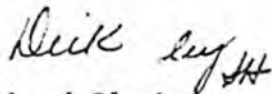
THREE DAY WAIT PERIOD:

The second issue deals with a three day wait period. Under current law, the three day wait period is eliminated if the disability goes beyond 28 days. In other words, if it is a short period of disability, the employee is uncompensated for the first three days. This concept has been written into almost every Workers' Compensation Law and was designed as a means of precluding employees from using insignificant injuries as a way of receiving one or two days time-off with pay. On the other hand, if the injury is severe enough that it requires more than 28 days of disability, then it is regarded that the first three days ought to be paid by the workers' compensation system.

There is absolutely no justification for carving out a special treatment for firefighters or peace officers.

On balance, Mike, I find this proposal to be highly discriminatory in that it singles out two single classes of workers for special treatment under the law with no apparent justification; and, also, it is a very costly venture for the municipalities which are already subject to high burdens for their workers' compensation obligation. I would urge you to not advance this proposal.

Yours cordially,

A handwritten signature in cursive script that reads "Rick Block".

Richard Block
President

RB/krl

Alaska State Legislature

House of Representatives

Representative Mike Szymanski

SR-A-Box 130-F
Anchorage, Alaska 99502
Phone (907) 549-3373

While in Session:
Pouch V
State Capitol
Juneau, Alaska 99811

Official Business

April 25, 1983

Ms. Jan Hart DeYoung
Jermain, Dunnagan & Owens
801 West Fireweed Lane, Suite 201
Anchorage, Alaska 99503

Dear Jan:

When I received your latest letter of April 20, 1983 regarding the Fire Fighters Heart & Lung Legislation proposal, I contacted the Department of Labor to discuss the issue with them. I have also asked my staff to do some research on what has happened in other states with this type of legislation.

At the same time, Senator Josephson has introduced Senate Bill 262 which addresses this issue specifically and a hearing is scheduled on the legislation tomorrow, April 26.

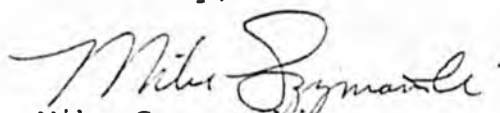
Paula Terrel, on my staff, has talked with Senator Eliason's staff on this legislation and also with Jackie McLintock, Director of the Workers Compensation Division of the Department of Labor. I think it is generally believed that coverage should be available to firefighters for heart and lung disease. Some questions have arisen as to the applicability of existing statutes and as to whether or not police and emergency services personnel should be covered as well. I think that the Department of Labor will request that more time be given for them to work with the Division of Insurance and to do some research into the problem.

For myself, I can anticipate myself sponsoring such legislation on the House side and the only reason that this has not yet happened is that I really believe it is in everyone's interest to introduce legislation which has already been carefully looked at, not only by the groups that it would impact but by the Administration.

What I propose is that we see what happens during the hearing and then I will work with Senator Josephson's staff and with the Division of Workers' Compensation and with you and those you represent to put in a bill on the House side which has all the kinks ironed out. It is possible, on the other hand, that SB 262 will go through committee hearings with a version which will be satisfactory to all concerned and, if that is the case, then we might just wait for it to come over to the House side.

In any event, I wanted to let you know that I am still interested in this legislation and wish to continue to work with you and the representatives of the fire fighters to produce the best possible legislation.

Sincerely,



Mike Szymanski
State Representative

cc: Jackie McLintock, Division of Workers
Compensation
DoneKoch, . . . Division of Insurance
Senator Joe Josephson
Senator Dick Eliason

APR 22 1983

JERMAIN, DUNNAGAN & OWENS
ATTORNEYS AT LAW

WILLIAM K. JERMAIN
CHARLES A. DUNNAGAN
BRADLEY D. OWENS
RANDALL G. SIMPSON
HOWARD S. TRICKEY
JAN HART DEYOUNG
GARY C. SLEEPER

800 W. BIRCHWOOD LANE, SUITE 201
ANCHORAGE, ALASKA 99503

TELEPHONE
AREA CODE 907
276-6532

April 20, 1983

Rep. Mike Szymanski
Pouch V
Juneau, Alaska 99811

Re: Fire Fighters Heart & Lung Legislation

Dear Rep. Szymanski:

Thank you for your letter of April 12, 1983, in which you forwarded a letter from Richard Block of Alaska National Insurance Co. In his letter Mr. Block criticized certain aspects of the original bill we asked you to consider. I believe that his criticisms have been answered in the second draft of the bill enclosed in our letter of March 14, 1983. I have enclosed a copy of that second draft for your reference.

Mr. Block pointed out an ambiguity in the original bill. He felt it was not clear whether the bill created a conclusive or rebuttable presumption of work relatedness for heart and lung diseases. The second bill clearly creates a rebuttable presumption. The employer, therefore, can bring forward evidence of non-occupational causation to defeat the presumption of job relatedness.

Second, Mr. Block believed that allowing this presumption to apply to fire fighters after retirement would result in the payment of workers' compensation benefits to every retired peace officer and fire fighter. Again, the second draft answers this problem. Disability or death resulting from heart and lung disease must commence within a certain time period after retirement for the presumption of compensability to apply. That time period will differ for each fire fighter and is tied to the length of service, three calendar months for each full year of employment to a maximum of 60 months (or five years).

Third, Mr. Block questions the need for such legislation in Alaska. He states that fire fighters and peace officers who do suffer work-related occupational diseases

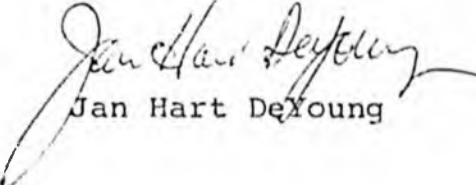
Rep. Mike Szymanski
April 20, 1983
Page 2

have adequate means through the existing laws to obtain workers' compensation benefits. Mr. Block is correct that such occupational diseases are already covered by the existing law. He ignores, however, the way those laws are applied. It has been the experience of the fire fighters that employers and insurance carriers routinely controvert claims made for heart and lung related disabilities. It is only after lengthy proceedings before the board and the courts that such disabled fire fighters have been able to receive compensation benefits for these disabilities. In cases of economic hardship, a fire fighter may be forced to settle his or her claim for less than the benefits provided under the law. The materials we provided to you earlier demonstrate a higher incidence of heart and lung disabilities in fire fighters than in workers of other occupations. Fire fighting is not only a high stress occupation, but it involves repeated exposure to smoke and toxic fumes. Legislation which acknowledges this higher incidence of heart and lung diseases would result in a swifter recovery of the benefits the law currently provides. Such legislation is needed in Alaska, and the fire fighters urge your support of this legislation.

Your time and interest in this legislation are appreciated.

Very truly yours,

JERMAIN, DUNNAGAN & OWENS


Jan Hart DeYoung

JDY/kk
Enclosure

cc: John Kiewik, President
International Assn. of
Fire Fighters Local 1264

ANCHORAGE FIRE FIGHTERS UNION



LOCAL 1264

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS
AFL-CIO

XXXXXXXX



801 W. Fireweed XXXXXXXXXXXXXXXXXXXXXXXX
Suite 201
Anchorage, AK 99503

March 14, 1983

Rep. Mike Szymanski
Pouch V
Juneau, Alaska 99811

Attention: Mark Higgins

Re: Fire Fighters Heart & Lung Legislation

Dear Mark:

I appreciate your speaking with me about the Fire Fighter's concerns for heart and lung workers' compensation benefits. The materials I referred to during our conversation are enclosed. They include numerous examples of other states' legislation on this subject and several articles outlining the special threat of heart and lung disease to fire fighters posed by their working conditions. These materials demonstrate that fire fighters face the hazards of smoke asphyxiation, sudden unusual stresses and strains, repeated exposure to excitement and sudden atmospheric changes in their occupation, all of which directly contribute to a high incidence of lung and heart disease. The fire fighters very much appreciated Representative Szymanski's stated interest in this legislation and took seriously the suggestion that the legislation was too broad to be politically feasible. The fire fighters are interested in working with you to develop a successful bill on this subject.

The draft bill which you were sent earlier was very broad. The bill could be more narrowly focused and still meet the concerns of the fire fighters for heart and lung protection. The immediate problem is that of the fire fighter who suffers a heart attack while employed on the job and then must pursue a workers' compensation claim for several years before benefits can be recovered for this occupational disease. Legislation is needed which creates some kind of presumption that heart and lung disease in fire fighters is work related in the absence of evidence to the contrary. This need can be met with more narrowly drafted legislation.

AIR MAIL TO ALASKA IS FASTER

Bill No. _____

In the Legislature of the State of Alaska

Thirteenth Legislature - First Session

For an act entitled "An Act amending the Workers' Compensation Act to establish certain hazards of fire fighters and peace officers as work-related."

Be it enacted by the Legislature of the State of Alaska:

Section 1. Purpose

Fire fighters, peace officers, and emergency medical service personnel are engaged in a type of work creating occupational hazards of smoke asphyxiation, sudden unusual stresses and strains, repeated exposure to excitement and sudden atmospheric changes and exposure to toxic fumes and contaminants contributing to hypertension and heart and lung diseases and injuries. In recognition of the risks inherent in these occupations and the purpose of workers' compensation laws to provide simple, swift and inexpensive compensation for work-related disability, the Workers' Compensation Act is amended as provided herein.

Section 2. AS 23.30 is amended by adding a new section to read as follows:

In the case of fire fighters, peace officers, and emergency medical service personnel employed by a fully paid fire department or police department of a city, village, municipality or the state, any death or disability resulting from hypertension and heart and lung diseases and injuries shall be presumed covered under AS 23.30.050, 23.30.095, 23.30.145 and 23.30.180-.215 in the absence of affirmative evidence of non-occupational causation, provided any one of the following conditions apply:

(1) if such death or disability occurs during the performance of any duty that is within the scope of employment;

(2) if such disability or death manifests itself while said person is so employed, provided that the worker has had three or more years continuous service as a fire fighter, peace officer or emergency medical service provider;

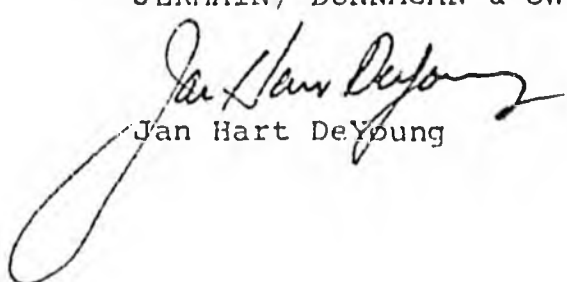
(3) if disability or death occurs during a period of three calendar months for each full year employment, but not to exceed 60 months, commencing with the last date actually worked in the specified capacity.

For example, the bill could be limited to heart and lung disease, and not include back injuries and hernias. California's statute does cover all of these occupational hazards, but Local 1264's primary concern is heart and lung protection. It may also be necessary to put limits on which fire fighters qualify for the presumption. Several of the states require a fire fighter to have served as a fire fighter for a minimum period before qualifying for the presumption. An outside time limit may also be advisable. California's statute provides that the disability is presumed work related if manifested while the fire fighter is on active duty and for a period of time after leaving fire fighting duties. The length of time depends on the number of years served as a fire fighter. I have enclosed a second draft which incorporates these changes.

I appreciate your time and interest in this matter. John Kiewik, President of Local 1264 of the International Association of Fire Fighters, or I will be in touch with you in two weeks to discuss this legislation. Meanwhile, the fire fighters are also contacting Sen. Joe Josephson and Rep. Ramona Barnes to elicit their support in this matter.

Very truly yours,

JERMAIN, DUNNAGAN & OWENS



Jan Hart DeYoung

JDY/kk
Enclosures

cc: John Kiewik

In the Legislature of the State of Alaska
Twelfth Legislature - Section Session

For an act entitled "An Act amending the Workers' Compensation Act to establish certain hazards of firefighters and peace officers as work-related and to establish that disability benefits commence on the first day time is lost as a result of work-related disability."

Be it enacted by the Legislature of the State of
Alaska:

Section 1. AS 23.30 is amended by adding a new section to read as follows:

Firefighters and peace officers and emergency medical service personnel are engaged in a type of work creating occupational hazards of smoke asphyxiation, sudden unusual stresses and strains, repeated exposure to excitement and sudden atmospheric changes contributing to cardiovascular, pulmonary, and respiratory diseases, hypertension, back strain and disease, and hernias.

In the case of a fully paid fire department or police department of a city, village, or municipality employed and compensated upon a full time basis, work-related injury shall be conclusively construed to include any respiratory and pulmonary and cardiovascular diseases or illnesses, hypertension, back

strain and hernias which develop or manifest themselves either (1) during a period while the member of the department is in active service of the department; or (2) after retirement and which result from the performance of duties as a firefighter or peace officer or emergency medical service personnel.

Such diseases or illnesses are deemed to arise out of and in the course of employment in the absence of evidence to the contrary.

Section 2. AS 23.30.150 is amended as follows:

(a) No compensation may be allowed for the first three (3) days of disability, except the benefits provided for in Section 95 of this chapter; if, however, the injury results in disability of more than twenty-eight (28) days, compensation shall be allowed from the date of disability.

(b) In the case of firefighters and peace officers and emergency medical service personnel, the waiting period set forth in subdivision (a) of this section shall not apply and compensation shall commence on the first day of disability.



Mike Dineen of The Times

works on the capuchin. To his rear, Monkey Wharf manager Roskde observes and, at right, animal health technician Miller assists. Peek-A-Boo, in Miller's arms, is still after her ordeal.

Saturday start

IDITAROD '84

the first checkpoint in Eagle River and the re-start site at Settlers Bay on Knik Arm in Wasilla.

Parking is available at both sites, Brobst said, especially at Settlers Bay, where a larger parking area has been plowed this year.

However, race officials note, there will be few places between Anchorage and Eagle River where spectators will be able to stop and watch the mushers.

The first leg of the race goes

od officials have made difficult for excess can have tried to make asy as possible for hu-

il be the second time world's premier long-dis-og race has started in

Newspaper Articles

See Iditarod, page A-14

Police stress draws more disability claims

by David Postman
Times Writer

A growing number of stress-related retirement claims by Anchorage police officers is worrying city officials that some officers are abusing the system, overplaying their emotional problems to attain a lifetime of leisure at taxpayers' expense.

But whether or not the claims are overstated, fraudulent or bona fide statements of sick men needing relief is proving hard to determine. Documents on file with the municipality and interviews with several parties involved reveal the difficulty.

The core of the problem centers on two factors — first, whether the officer has a serious, debilitating emotional disorder and second, if that problem has been caused by working as a policeman or woman.

The number of claims leaped to six in 1983. Prior to that, there had been only one such application in the preceding 14 years.

Of the 1983 applications for benefits, two of the officers were granted full disability pensions. On the basis of the officers' applications (no hearings were held), the board found they had suffered through a sufficiently high number of stressful and traumatic incidents.

The board rejected one officer's claim that he was suffering from post-traumatic stress disorder and denied the man retirement benefits. The attorney representing the claimant has asked the board to reconsider the case. The other three cases are still pending.

The rise of emotional and mental disability cases on the Anchorage police force is not only a local phenomenon.

Police departments across the nation are seeing increasing numbers of officers seeking early retirement because, they say, psychological problems caused by their jobs have left them unfit to work.

And case studies show there are plenty of police-work-related tasks that can leave emotional scars.

An officer who has shot someone or traded gunfire with a suspect may suffer problems months or years after the inci-

dent. One Anchorage policeman, who asked not to be identified, told of the "year-after syndrome."

He said many officers don't react to a shooting or other violent incident until exactly one year later. Then the episode will burst back into the policeman's mind in the form of a vivid nightmare or flashback.

See Police, page A-14

Meese vows 'even-hand' in justice

by Susanne M. Schafer
Associated Press

Washington — Edwin Meese III told a Senate committee today that he would pursue "even-handed justice" if confirmed as attorney general, but several Democrats questioned the genuineness of his commitment.

Meese, the White House counsellor and President Reagan's conservative conscience, appeared before the Senate Judiciary Committee at the first of his confirmation hearings.

If confirmed by the Senate, Meese would succeed Attorney General William French Smith, who has resigned to return to private law practice.

Meese told the committee that he understood the heavy responsibilities placed upon the attorney general by the Constitution.

"There must be in the Department of Justice and our government a commitment to even-handed justice and equal protection of the law for all citizens regardless of race, color, sex, creed, background or economic circumstances," he said.

"There must be also a similar commitment to the vigorous enforcement of the law and to the careful observance of the fundamental principles of justice and due process," he said.

He added: "I pledge myself to" See Democrats, page A-14

Police and stress

Continued from page A-1

Many police departments across the country have established psychological counseling programs for officers who have experienced a traumatic event. But one problem inherent to such programs is what one psychologist labels the "John Wayne syndrome."

W. Clinton Terry, an assistant professor of sociology and criminal justice at the University of Florida, wrote in a police journal that "stress and emotional upset are handled by being tough, not complaining, and not showing feelings."

While the trauma may be buried, it arises later in the form of ulcers, alcoholism, suicide, divorce and coronary problems, Terry wrote, noting that police officers suffered those problems in higher numbers than those in all other jobs.

In the last few years, half of the officers who retired on permanent disability from the two largest police forces in California — Los Angeles and San Jose, Calif. — did so for emotional reasons, according to Michael Roberts, a psychologist who is a na-

tionally known specialist in the counseling of police officers.

Col. Tom Anderson, former director of the Alaska State Troopers, heard Roberts speak about police stress at an International Association of Chiefs of Police conference in 1975.

Anderson says the session "turned on a light bulb" for him. He knew troopers had a stressful job, but he never realized the department could help a troubled officer or perhaps head off a serious problem.

When the troopers began a field officers training program, Anderson had Roberts come up from San Jose to do psychological evaluations on new recruits.

Roberts and his firm, Law Enforcement Psychological Services Inc., now are on contract with the city police to do similar work.

Anderson, now head of security for the Sullivan Sports Arena, said many of the claims for retirement benefits in stress-related cases may be bogus.

"A lot of people are milking the system," Anderson said. But he said that may be the price one has to pay for the "poor individual who really needs help" to get off the force.

Anderson says it was different when he started in police work more than 20 years ago. Back then, he says, no one ever talked about the stress of being a police officer.

But Anderson says police officers today are high paid and they are reluctant to give up the "good life."

Also, it "practically takes an act of Congress" to fire an officer, due to the efforts of strong police unions, Anderson said.

Anchorage Police Chief Brian Porter refused to comment on stress among his officers. Porter also ordered other department personnel not to discuss the matter with reporters.

However, one police official may have summed up the feelings of many still at their jobs. He said he feels the retirement board should tighten its regulations and reject the sob stories of malingerers.

Otherwise, he said, "some of these guys will be lying on a beach somewhere for the rest of their lives" living off disability benefits they don't deserve.



Associated Press

THE NUMBERS

From left are Rep. Jim Duncan, D-Juneau, Rep. Ben Grussendorf, D-Sitka, and Rep. John Lindauer, R-Anchorage.

tack Meese's Reagan ties

is shown distressing those who are liv- ward Metzenbaum, id he questioned ability to perform as a partial attorney gen- is close ties to Rea-

have said they would attempt to help fight the nomination.

Thurmond said he would not let the hearings become "a far-ranging partisan debate" about administration policies and would hold them to determining the qualifications of Meese to be

attorney general.

Thurmond said he intended to complete the hearings Friday and schedule a vote by next week, but Democrats argued that they needed more time to state their objections.

Hunting partner

Continued from page A-1

the Knik River area. Both had been shot by the same person, someone who had access to an airplane.

They took the information from the June rape report, did an extensive investigation of Hansen's background and obtained a warrant to search his home for

evidence that would link him to the June rape and the two murdered women.

The troopers looked for Henning that day, but he wasn't around. His wife was, though. She drove by Hansen's home as the troopers were searching it and told them her husband had lied about being with Hansen the night of the June rape.

reach outside and touch someone.

ABSTRACT

This 15-month study involved the investigation of 101 fire fighters in-the-line of duty deaths. The breakdown of cause of death was: 45 heart attacks, 13 building collapse, 12 burns, 9 smoke inhalations, 6 apparatus accidents, 5 electrocutions, and 1 equipment failure. There tended to be a higher incidence of fatalities occurring in the Mid-Atlantic, East, and New England areas. The mean age of fire fighter's fatality was 43.5 and the mean years of service was 15.8. Sixty percent of the fatalities occurred to men holding the rank of fire fighter. The vast majority of fire fighters who died in the line of duty worked either a split shift (10/14) or a 24-hour shift. There were 14 volunteer fire fighter fatalities.

Summaries of every case are provided in one of three sections: Fire Fighters Killed While Fighting Fires, Fire Fighters Killed in Non-Fire Situations, and Fire Fighters Killed by Heart Attack.

Fire Fighters Killed While Fighting Fires: Protective equipment, improper use, non-use and/or insufficient equipment were a contributing factor in several of the smoke inhalation and burn cases. In 9 of the 41 cases in this section there was a relationship between the fatality and the individual's fire fighting experience. There was found to be a relationship between officer leadership on the fireground in a number of the fatalities. A shortage of manpower on the ground contributed to six fatalities. Other contributing factors discussed in this section are: communications, late notification, civilian responsibilities, fire prevention, pre-fire planning, and arson.

Fire Fighters Killed in Non-Fire Fighting Situations: Equipment, type of protective clothing, apparatus and tools were a contributing factor in the vast majority of the fifteen cases of this section. In several cases the victim fire fighters did not have the experience or proper training in which to conduct the duties required of him.

Fire Fighters Killed By Heart Attack: The mean age of the fire fighter heart attack victim was 51.3 and the mean years of service was 22. In general, the victims were slightly overweight and 60% of them smoked cigarettes regularly. There were three specific aspects of fire fighting that contributed to the development of heart disease: exposure to smoke/toxic fume inhalation, stress, and over-exertion. In over one-third of the cases, fire fighters experienced symptoms of heart trouble before the actual attack. In 7 of the 45 cases fire fighters had suffered heart attacks previous to the fatal one. There were several procedural problems after the heart attack occurred. Most serious of these were late ambulance responses, lack of proper equipment, and trained personnel (EMTs) on the fireground to perform emergency medical treatment.

*The 1975 IAFF Death and Injury Survey data was not yet complete at the time of printing this report. Therefore the relation between the number of deaths investigated for this study and the total number of deaths in this period is presently unknown.

Human Behavior, Social, and Medical Problem

firefighters. Synthetic construction materials and modern skyscraper construction are particularly dangerous to the firefighter, necessitating the use of masks as a routine procedure. Lung injuries and disease continue, however, despite the use of protective equipment. Recent statistics indicate that the rate of loss in pulmonary function for firefighters is more than twice the expected rate. Experts conclude that the government must intensify its efforts towards firefighter safety by advocating the standard use of masks, and by encouraging training programs on the dangers of toxic substances and combustion products of synthetic materials.

c. EMERGENCY MEDICAL SERVICES AND FACILITIES

1289
BURNED OUT OR BURNED UP?
 Adams, R.
Firehouse 6(9):75-80, 144, September 1981.

The attrition rate for emergency medical technicians (EMTs) is growing for a variety of work-related reasons. Emergency medical service (EMS) is one of the most stressful professions for full-time or part-time work. A particular problem involves burnout, the loss of motivation and desire to continue on the job, which stems from job tensions and dissatisfaction/frustration with the politics and bureaucracy inside and outside of the system. From the worker's perspective, a major concern is the open hostility toward the service shown by many fire service personnel, and very few fire departments have upward mobility for emergency medical workers. An adversary attitude often develops, fueled by the need to cope with shrinking budgets and growing costs. Upgraded certification requirements are perceived by many EMS personnel as major obstacles to their continued participation. The problem stems from a lack of flexibility in many state training systems. Results of one attrition study show that job satisfaction and a positive self-image are the two key ingredients to high morale and low turnover in career and volunteer EMS, and that system abuse is heavily involved in the relationships which develop the perception of professionalism. There is also a need to educate the public about proper use of the EMS and about its capabilities and limitations, as well as to allow EMS personnel to have real input to the medical community and to insure that they are taken seriously by hospital staff.

form of lead, bromine, manganese, and hydrocarbons. It is estimated that gasoline traces will be found in 60 percent of all arson fires. The same laboratory test procedures can also point to another accelerant if gasoline was not used. Techniques include gas chromatography and energy dispersive X-rays. Samples from many different areas of the building showing signs of a gasoline fire, will increase the likelihood of finding by the laboratory. The fire investigator's knowledge of the building is essential, and a good rapport must be established between the investigator and the analyst.

1287
THE ISOLATION OF ACCELERANTS BY HEAD SPACE SAMPLING AND BY STEAM DISTILLATION
 Kubler, D.G.; Greene, D.; Stackhouse, C., et al.
Arson Analysis Newsletter 5(5):64-79, September 1981.

Methodological aspects of the isolation of accelerants from fire debris by head space sampling and by steam distillation are discussed. The validity of the view that the higher boiling hydrocarbons are insufficiently volatile to be adequately isolated by either method is also addressed and findings are reported from calculating the vapor pressures of C-10, C-13, and C-15 through C-20 hydrocarbons at 100°C. They demonstrate that these materials will be sufficiently volatile with steam to be isolated by steam distillation and to be detected by gas chromatography, provided that the steam distillate is extracted so that the microgram quantities or less of the hydrocarbons are removed from the water. Although the head space sampling technique is used for arson debris, the confidence of results is often questionable due to strange and nonreproducible gas liquid chromatographic patterns. Problems in the use of steam distillation relate to the low solubility of hydrocarbons in water, and a procedure is described whereby the water condensate is extracted from the steam distillation with pentane. The pentane extract is then evaporated to about 3 ml and chromatographed, which makes the determination of accelerants by steam distillation very reliable.

b. COMBUSTION TOXICOLOGY

1288
FIREMAN, SAVE THYSELF
 Cohn, S.
American Lung Association Bulletin 67(7):4-7, September 1981.

Recent reports indicate that the occupational hazards to a firefighter's lungs may not end with the extinction of a fire, and that there is a lack of awareness in government of the dangers that firefighters face. There are no health and safety codes for firefighters, and modern technology has complicated the hazards which confront

FIRE TECHNOLOGY ABSTRACTS

Human Behavior, Social, and Medical Problems

d. INJURIES AND FATALITIES

1290

A COMPUTER PROGRAM TO TRACK FIRE FIGHTER HEALTH AND PHYSICAL FITNESS

Jones, K.L.

International Fire Chief 57(9):16-19, September 1981.

Fairfax County, Virginia's fire and rescue services are utilizing a simple computer program to insure that firefighters are physically able to handle their jobs. The program, specifically designed as a preventive measure, has resulted in an improvement in the physical conditioning of personnel. Use of the automated data processing system by the medical/physical coordinator has also resulted in rapid retrieval of the medical information necessary to formulate improvements in the analysis phase of processing that information. The program allows the medical/physical coordinator to run profiles on an individual's vital medical data as it relates to the firefighter's heart/lung condition. Details of the program design and implementation are provided.

1291

EXPLOSION HAZARDS IN FIREFIGHTING

Croft, M.

Fire 74(916):260, October 1981.

Findings from 127 British incidents in which fires were accompanied by explosions are summarized. If an explosive smoke/air mixture is formed (as in an incident at Chatham, England in which rubber latex mattresses produced a flammable smoke), an explosion can occur if an ignition source is present. Such smoke explosions can produce pressures of 5 to 10 kN/m² or higher, and flashover can occur in as little as 2 seconds. Temperatures may be deceptively low at the discovery stage. Low rates of smoldering may be increased on exposure to additional air leading to the formation of a source of ignition. Most fire/explosion incidents have occurred in factories and warehouses; more firefighter injuries happen in supermarkets, shops, factories, and warehouses than in churches or office buildings. Most of those killed had entered the premises believing the fire had been quenched or that it had extinguished itself due to insufficient oxygen supply.

1292

USFA STUDIES FIRE FIGHTER INJURY AND ILLNESS

King, K.

International Fire Chief 47(9):20-22, September 1981.

The United States Fire Administration has awarded a contract to compile more in-depth data on firefighter injuries and illnesses in light of observations that they

have the highest occupational fatality rate of all industries and have an injury/illness frequency rate that is twice as high as the national average. The purpose of the study is to 1) identify current major safety and health problems and the related causal factors associated with firefighter injuries and illnesses; 2) provide detailed information on the circumstances and sequences of events leading to these injuries/illnesses and the factors contributing to the high firefighter injury/illness rate; and 3) identify and compile information on recommended corrective actions. The study has two phases, the first of which will use existing data from a national sample of 53 fire departments. Phase 2 will probably include a new and possibly larger sample of fire departments to report a standardized set of detailed data elements on each injury/illness as it occurs. Phase 1 methodology and planned analyses are described.

1293

FIRE LOSS INFORMATION

National Fire Protection Association

In: *National Fire Protection Handbook, 15th Edition*. National Fire Protection Association, Quincy, Massachusetts, September 1981, pages 2-16.

Fire death and injury rates for selected countries of Western Europe, North America, Asia, The Pacific, and Africa are compared. The data were obtained from a 1980 survey of fire protection associations conducted by the National Fire Protection Association, except for Japan, Canada, Australia, and Singapore, which provided data from reports. The United States has the highest number of reported deaths per 100,000 persons (3.80); France has the lowest (.56). However, the reported number of deaths per 1,000 structural fires in the United States is one of the lowest (2.94), which suggests differences in reporting—many more "little" fires may be reported in the U.S., while in Europe, only the more severe may be included in the statistics. Incomplete property loss figures are also apparent. In terms of direct property losses, the U.S. had the most fires per 1,000 persons (12.89); the lowest dollar loss per fire (1.60); and a dollar loss per capita in the middle range (20.58). A major problem of such comparisons is the lack of estimates on uninsured losses that need to be incorporated into total loss figures.

e. PHYSIOLOGY

1294

SMOKE INHALATION

Coleman, D.L.

Western Journal of Medicine 135(4):300-309, October 1981.

A case study is presented on the clinical manifestations of smoke inhalation injury. The history and pathogenesis of such injury, the systemic illness resulting from inhalation of toxic gases, and the local effects of the inhalation

FIRE TECHNOLOGY ABSTRACTS

Human Behavior, Social, and Medical Problems

lines and that it is critical for him to realize the finite limitations that are imposed. Suggestions are given for approaching the accident site, for handling vehicles that are or are not in contact with a line or other energized source, and for utilizing methods of self-protection when entering a possible energized area, treating patients in direct contact with an energized line, and removing a patient from a downed line. It is imperative in such urgent situations not to hastily make commitments to a potentially fatal course of action and to await the arrival of trained power company personnel if at all possible.

d. INJURIES AND FATALITIES

559

FATAL FIRE INVESTIGATION: HOMICIDE Mercilliot, F.

Fire and Arson Investigator 31(4):3-13, April-June 1981.

Fire-related homicides—intended or unintended deaths which may or may not be due to the fire itself—are described. Of interest to the fire investigator are information relating to time of death; circumstances of discovery; and forensic information available to the Medical Examiner, including body temperature, discoloration, and rigor mortis. Investigation implications are presented for death by asphyxia (strangling usually involves a windpipe fracture); hanging (rarely a means of homicide); traumatic deaths, gassing; electrocution; firearm injuries; stab wounds; crib death; and child abuse. Investigations should be conducted according to the investigator's available resources, skills and experience, and case load.

560

A CLOSER LOOK AT CAUSE AND EFFECT IN FIRE FATALITIES—THE ROLE OF TOXIC FUMES Punderson, J.O.

Fire and Materials 5(1):41-46, March 1981.

Much has been learned about fire from laboratory studies on fire gases, but the idea of using a laboratory toxicity test to rank or rate materials with respect to fire safety has not proved to be a fruitful concept. "Toxicity" standards or specifications are not an effective defense against the threat of toxic fumes in fire for reasons which are fundamental to the nature of fire itself. As a matter of public policy on materials standards, by far the best way of reducing the threat of toxic fumes and all other fire threats is by control and regulation of those materials' properties or performance aspects which permit the elimination or moderation of fire. Some of the concepts discussed in this paper run counter to commonly held assumptions, and they are put forth for the purpose of stimulating open public discussion on alternative approaches to improved decision-making in fire safety. (Auth. Abs.)

561

WHAT WE'RE LEARNING ABOUT FIREFIGHTER SAFETY AND HEALTH

Keena, B.

Emergency Management 1(3):6-9, Spring 1981.

Research by the National Fire Data Center indicates that firefighting is one of the nation's most hazardous occupations; that more than 160 firefighters are killed in the line of duty in the United States each year; and that occupational injuries and illnesses, such as heart disease, emphysema, and other respiratory diseases force an average of 650 firefighters to retire each year. Specific hazards include physiological stress, exposure to extreme temperatures, the physical strenuousness of the work, smoke and toxic gas inhalation, explosions and falling objects, electrical and chemical accidents, and criminal violence. Even for Emergency Medical Technicians and paramedics, the hazards are great, and efforts have recently been directed to improving firefighter safety and health by Federal, state, and local programs. These preventive measures have attempted to develop air masks using advanced NASA technology, to conduct lung and environmental studies, to facilitate use of the mobile hospital, and to develop the Firefighter's Integrated Response Equipment system using NASA technology. These new achievements in lightweight equipment and clothing, establishment of standard mandatory procedures, and improved physical fitness programs may contribute to firefighter safety and health in the future.

e. PHYSIOLOGY

562

NUTRITION AND FITNESS COUPLED FOR GOOD HEALTH

Vaughan, L.A.; Schamadan, J.L.; Faulkner, P.
Fire Command 48(4):14, April 1981.

The physical fitness and nutrition program of the Phoenix Fire Department, serving over 800 firefighters and support personnel, is described. The program is supervised by a team made up of departmental safety officer, physician, and nutritionist, with the safety officer acting as liaison and scheduling training sessions. After completing physical fitness evaluations of the firefighters, the physician identifies departmental concerns and refers individuals for dietary counseling. The nutrition program serves to enhance firefighter awareness and knowledge of nutrition. Eventually, there will be differences in the quality of fire station meals and total dietary intake. The nutritional program is implemented through group presentations and a monthly newsletter column; counseling concentrates on high blood pressure, obesity, and elevated blood lipids. Firefighters' wives will be included in the educational program. The initial department reaction has been one of behavioral change, interest, and enthusiasm.



Research Department

Wash Post

From the Desk of:

WALT LAMBERT

3/4/75

**Police Heart Attack
Compensation Allowed**

HARTFORD, Conn., March 4 (UPI)—The state supreme court has upheld a law allowing monetary awards to the families of policemen and firemen who die from heart attacks, whether at home or on the job.

The law provides unemployment compensation benefits if the law officers, and firemen passed physical examinations when they first began the job.

The high court noted that firemen and policemen were found to have an unusually high rate of heart disease and hypertension, and they deserved the benefits.

FIRE EXPOSURE

The most critical thermal exposure faced by fire fighters occurs during actual fire suppression and fire rescue activities. Research by the National Bureau of Standards (NBS) and the United States Fire Administration (USFA) examined the fire environment both in simulated laboratory fires and by placing thermocouples and heat sensitive tape on fire fighters while they were engaged in interior structural fire fighting. In general, four conditions are faced by structural fire fighters.

Class I conditions occur when a small fire is burning in a room. Environmental temperatures up to 140°F (40°C) and thermal radiation up to 0.05 watts/cm² are encountered for up to 30 minutes.

Class II conditions occur in a room that has been totally involved after the fire has been "knocked down." In this case, environmental temperatures from 105-203°F (41-95°C) and thermal radiation from 0.050-0.100 watts/cm² are encountered for up to 15 minutes.

Class III conditions exist in a room that is totally involved. Environmental temperatures from 204-482°F (96-250°C) and thermal radiation from 0.175-4.2 watts/cm² are encountered for up to 5 minutes.

Class IV conditions occur during a flash-over or backdraft, where environmental temperatures from 483-1500°F (251-815°C) and thermal radiation from 0.175-4.2 watts/cm² are encountered for about 10 seconds.

Fire fighters face particularly severe exposures during fuel and chemical fires. Research by the U.S. Air Force found that environmental temperatures of 2000°F (1093°C) and thermal radiation of 5.0 watts/cm² can be approached.

During grass, brush and woodland fire fighting operations, environmental temperatures similar to Class I interior structural fire conditions are generally encountered. However, thermal radiation levels can equal those encountered during Class III interior structural fire conditions.

States with Heart and Lung Laws

The following states have some type of heart and lung law which affords protection to fire fighters.

Alabama	Nevada
Delaware	New Hampshire
Florida	New Jersey
Georgia	New York
Hawaii	North Carolina
Idaho	Ohio
Illinois	Pennsylvania
Iowa	Rhode Island
Kentucky	South Carolina
Louisiana	South Dakota
Maine	Tennessee
Maryland	Texas
Massachusetts	Utah
Michigan	Vermont
Minnesota	Virginia
Missouri	Wisconsin
Montana	Wyoming
Nebraska	Conn.
	Oregon

Similar Laws in Other States

March 28, 1984

Senator Richard I Eliason, Chairman
Senate Labor & Commerce Committee
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

RE: Second Sponsor Substitute for Senate Bill 262

Dear Senator Eliason:

On behalf of the Labor/Management Ad Hoc Committee on Workers' Compensation in Alaska, we are writing this letter to state the ad hoc committee's opposition to the Second Sponsor Substitute for Senate Bill No. 262.

As you are probably aware, the Labor/Management Ad Hoc Committee on Workers' Compensation in Alaska was formed rather spontaneously approximately two years ago. Its purpose has been to review and analyze the Alaska workers' compensation system in a forum outside the political arena. Our committee members have different backgrounds, the perspective of the committee has always been to view legislation, not as a benefit necessarily to labor or management, but as to how it affects the entire system. It is against this background that the following comments to SB 262 are made.

SB 262 proposes to alter the statutory presumption contained in AS 23.30.120(a) by adding a new subsection relating solely to police officers and fire fighters. It is the ad hoc committee's understanding that two of the major reasons for the introduction of this legislation are: 1) Statistically, cardio-pulmonary disease is greater amongst fire fighters than among the general population, and 2) approximately 38 of the remaining 49 states have similar provisions in their workers' compensation laws.

The ad hoc committee's objections can be summarized as follows:

1. There has not been any showing that the existing provisions of the Alaska workers' compensation laws do not provide compensation for fire fighters suffering cardio-pulmonary diseases arising out of the course and scope of employment.
2. The proposed legislation affects only a narrow group of workers; this approach may establish a dangerous precedent for other "special" legislation.
3. Reliance upon provisions from other states' laws without understanding or comparing the other provisions of those same state laws to Alaska's workers' compensation law does not justify new legislation.

Letter in Opposition

4. The interpretation of SB 262 may create unintended benefits to claimants, more procedural hurdles for a claimant, and it may limit benefits to members of the class of employees which may have been intended to be benefited.

The Alaska Workers' Compensation Act contains language of presumptive coverage that is more liberally construed on behalf of the employee than any other state. The existing presumption contained in 23.30.120(a) is a rebuttable one. If the employer can show substantial evidence to the contrary that the injury is not work connected then no compensation is payable. In short, the existing statutory presumption operates in a manner similar to the provisions contained in SB 262; however, AS 23.30.120(a) applies to all employees on an equal basis.

Many of the statistics and reports cited by the fire fighters state that fire fighters are employed in an occupation wherein they are exposed to many dangers which contribute to a greater likelihood of a fire fighter having cardio-pulmonary disease. References have also been made to fire fighters who have suffered cardio-pulmonary disease and who have not received workers compensation. From the discussions with John Kiewik of the Anchorage Fire Department, it is the ad hoc committee's understanding that these instances where fire fighters have suffered cardio-pulmonary disease and have not received compensation are limited to those circumstances where the cardio-pulmonary disease or onset of the problem did not occur suddenly nor while the employee was actively engaged in work. Of these relatively few claimants who have not received workers compensation, the ad hoc committee was unable to ascertain whether these persons had been to a hearing before the Alaska Workers' Compensation Board.

Without learning the results of any of these cases before the Alaska Workers' Compensation Board, it is impossible to ascertain whether the present system is working. SB 262 will not assure the payment of workers compensation benefits at any earlier time than the existing presumption contained in AS 23.30.120(a). It is suggested, that before any amendments are made, there be some finding indicating that the present system is not working for a majority of the cases before the Workers' Compensation Board. At the present time, the information does not support making that amendment.

One of the more offensive aspects of this SB 262 to the "workers' compensation system" is the precedent of "special" legislation. SB 262 proposes to create a special class of employees based upon statistical information and reports indicating that these special employees have a greater than average propensity to incur to a particular injury or disease; should bear the cost of compensating not only those special employees who suffer this disease as a result of their employment, but of compensating those special employees who would suffer this same disease regardless of their employment.

The legislature, through the political persuasion of one group of constituents, is being asked to bend an entire system to fit the needs of that particular group. If the legislature yields to this special interest pressure, there may be other "special" legislation introduced. Examples, albeit somewhat overemphasized for effect, might include: Teachers commissioning a study which indicates that teachers have a higher than average incidence of stress related injuries and lobbying for a special presumption; or 2) business executives, labor leaders, judges and legislators commissioning a study which indicates that because of the work related "businessman's diet" there is a higher cholesterol level in their bloodstreams and, accordingly, a higher incidence of cardiovascular disease.

Additionally, it should be noted that no information was presented to the ad hoc committee indicating police officers should be included with fire fighters in SB 262.

The justification relied upon by many proponents of SB 262 that this bill or a similar provision is contained in some 38 other states' laws is severely flawed. First, as has already been indicated, the presumptive language already contained in AS 23.30.120(a) is given much broader interpretation by the courts and the board in the State of Alaska than in most of the other 38 states. In a similar vein, if comparisons are to be made with other states, then a statistic that the fire fighters, police officers and this committee should consider is that 47 of the remaining states contain provisions limiting compensation payments to injured workers to less than \$300 per week. Alaska provides compensation benefits to injured workers at a level that can exceed \$1,000 per week.

The final area of concern is with the technical and procedural effects of SB 262 on the existing system. Some of the following comments will also relate to the interpretation or meaning of the present language of Senate Bill 262.

1. What is a "fire fighter?" Does a fire fighter include persons employed by the Fire Department that are not engaged in fighting fires on a regular basis, i.e. dispatchers, fire captains, fire marshalls.
2. Must an employee be employed as a fire fighter for three years or more with the same employer? Can the three years continuous employment have occurred in another jurisdiction, i.e. California, and the employee still be eligible for the statutory presumption?
3. In order to come within the provisions of SB 262, must a fire fighter be employed as a fire fighter at the time of disability or death? If not, how long does this provision extend into the future.

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4. What does "continuously employed" mean?
5. Does the language in provision SB 262 exclude AS 23.30.120(a) from applying to a fire fighter suffering disability or death as a result of a heart or lung disease when that officer has not been employed for less than three years? In other words, does the operative language of proposed SB 262 preclude the application of the existing presumption to insured fire fighters not falling within the provisions of SB 262?

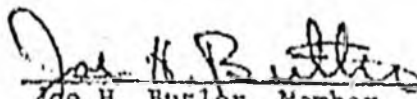
In summary, we urge this committee to exercise restraint with respect to the language contained in Senate Bill 262. It is the ad hoc committee's position that this special legislation is unnecessary at the present time. It should be ascertained whether the existing workers' compensation system works before any change is contemplated. Any changes that are contemplated should be thoroughly studied with respect to the effect the changes will have upon the existing system. And finally, no change should ever be made for the sole reason that a similar provision exists in 38 of the remaining 49 states without first examining the other provisions of those 38 states' laws.

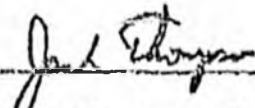
Thank you for your time and consideration in this matter.

Sincerely,

LABOR MANAGEMENT AD HOC COMMITTEE


William F. Reeven, Co-Chairman
3201 Spenard Road
Anchorage, Alaska 99503
561-5354


Joe H. Butler, Member
P.O. Box 204
Anchorage, AK


Jack Thompson, Member
2216 Post Road
Anchorage, AK