**Meeting Minutes**

**September 21–22, 2015**

The Federal Motor Carrier Safety Administration’s (FMCSA) Motor Carrier Safety Advisory Committee (MCSAC) and the Medical Review Board (MRB) met on September 21–22, 2015, in Arlington, VA. In accordance with the provisions of Public Law 92-463, the meeting was open to the public. Col. Scott Hernandez, MCSAC Chairman, called the meeting to order at 9:00 am.

The following individuals attended the meeting:

**MCSAC COMMITTEE MEMBERS**

Rob Abbott, American Trucking Associations

Brandon Buchanan, ABA *(surrogate for Peter Pantuso)*

LaMont Byrd, Director of Health and Safety, International Brotherhood of Teamsters

Gary Catapano, Senior Vice President of Safety First Student, Inc.

Bill Dofflemyer, Captain, Maryland State Police, CVED

Bruce Hamilton, Vice President, Amalgamated Transit Union

Scott Hernandez, Chairman; Colonel Colorado State Patrol

Henry Jansy, General Counsel, Advocates for Highway and Auto Safety

John Lannen, Vice Chairman; Executive Director, Truck Safety Coalition

Jane Mathis, Parents Against Tired Truckers

Robert Mills, Officer, Fort Worth, TX, Police Department

Janice Mulanix, Assistant Chief, Enforcement and Planning Division, California Highway Patrol

Stephen Owings, President, Road Safe America

David Parker, Senior Legal Counsel, Great West Casualty Company

Danny Schnautz, Clark Freight Lines, Inc.

Todd Spencer, Executive Vice President, Owner-Operator Independent Drivers Association

Calvin Studivant, Motorcoach Operator, Community Coach

Tami Friedrich Trakh, Citizens for Reliable and Safe Highways

**MRB COMMITTEE MEMBERS**

Gina C. Pervall, M.D., C.I.M.E., Chairman

Christine M. Cisneros, M.D., M.P.H., Ph.D.

Michael T. Kelley, M.D., M.P.H.

Brian T. Morris, M.D., J.D., M.B.A., M.P.H.

Albert James Osbahr, III, M.D., M.S.

**FMCSA AND OTHER GOVERNMENTAL REPRESENTATIVES**

Larry Minor, Associate Administrator for Policy and Designated Federal Officer (DFO), FMCSA

Shannon Watson, Senior Policy Advisor and Deputy DFO, FMCSA

Shashunga Clayton, Director, Office of Outreach and Education, FMCSA

Pat Hu, Director, Bureau of Transportation Statistics, Office of the Assistant Secretary for Research and Technology U.S. Department of Transportation (US DOT)

Bill Morgan, Drug and Alcohol Division, FMCSA

Pam Perry, RN, Medical Programs Division, FMCSA

T.F. Scott Darling, III, Acting Administrator, FMCSA

Eran Segev, Volpe Center, US DOT

Martin Walker, PhD, Chief, Research Division, FMCSA

**OTHER ATTENDEES**

Brandon Buchanan, American Bus Association (ABA)

Adrienne Bugg, United States Coast Guard

Charity Coleman, iBiz

Matthew Erim, National Motor Freight Traffic Association

James Frederick, Profession Driver Health Net

Adrienne Gildea, Commercial Vehicle Safety Alliance

Jimmy Hoover, Law360

Dr. Peter Johnson, Washington State Department of Labor and Industries (L&I)

Dr. Alan Lankford, Sleep Safe Drivers

Laurel Marburs, Virginia Tech Transportation

Rafael Marshall, National Transportation Safety Board Kelly McNelis, iBiz

Serafin Menocal, BOSE Corporation

Erika Miller, American Academy of Physician Assistants

David Osborne, BOSE Corporation

Elaine Papp, Health and Safety Works, LLC

Bob Perry, Rolling Strong

Ken Presley, United Motorcoach Association (UMA)

Dr. Larry Rogina, Take Shape For Life

Harry Sensenig, Take Shape For Life

Martha Simmons, New Editions Consulting

Alan Smith, Greyhound

Steven St. Clair, The National Registry of Certified Medical Examiners Training Institute

Mark Valentini, Owner-Operated Independent Drivers Association (OOIDA)

Tom Weakley, OOIDA

Ronna Weber, National School Transportation Association

Joel Whiteman, Road Ready

Andrea Wohleber, Transportation Trades Department, American Federation of Labor and Congress of Industrial Organizations

**REMARKS AND COMMITTEE ACTION**

The MCSAC meeting minutes from June 22–23, 2015, were approved. The MRB meeting minutes from July 20–21 2015, were approved.

**1. Driver Health Study Results Presentation; Dr. Martin Walker**

Drivers are reluctant to report their medical history because of punishments. Biometric data are a key component to understanding how the committees can better promote health and wellness.

**2. FMCSA Wellness Program for Commercial Motor Vehicle (CMV) Drivers; Pam Perry**

FMCSA’s Wellness Program page is available online. Food choice at truck stops for drivers is a concern that should be looked into.

Public comments

* [Dr. Larry Rogina, Take Shape for Life] Health coaches need to be used as parameters for weight loss. Some truckers are afraid to monitor their portion controls and what they are eating. Having a registry to track these individuals is outstanding. Certified Medical Examiners (CMEs) should be handing out health information to truckers.

**3. CMV Drivers and Wellness Program Development Presentation; Dr. Brian Morris**

Health and Wellness programs for drivers are beneficial for drivers. Online options are available for health risk assessments.

Public comments

* [Pam Perry, FMCSA] Measurements can be done in a contained environment. The Wellness Program can save money long-term. Employers should be motivated with money, and what it costs to retain a great driver.
* [Elaine Papp, Health and Safety Works, LLC] Average drivers should be included in what is being developed. Public/private partnerships can also serve as a great option. This can potentially be modeled on the Alliance Program. A program focused on techniques and how to make a change can be effective, especially if one major program is considered.
* [Bob Perry, Rolling Strong] Drivers know they are responsible for collecting data, and need options for help. The average driver consumes over 4500 calories a day, mostly from liquids. Health coaches are able to train drivers and give them the support they need. There is not a driver shortage, but we do not do enough to take care of the drivers we have.
* [Harry Sensenig, Take Shape for Life] Physicians who are health oriented are better suited to help drivers. Physicians can urge drivers to educate themselves on what they are eating. Physicians should be provided with more health information to give to drivers to take on the road with them.
* [Dr. Larry Rogina, Take Shape for Life] Doctors do not always promote health. The United States has the technology and support to help those who need it. Drivers with wellness coaches will be life changing. The driver motivation needs to come from within, and physicians can help with this.

**4. The Bus Athlete Program; Brandon Buchanan and Ken Presley (Presentation)**

The Bus Athlete Program was created roughly 12 years ago. This 365 step approach encourages drivers to promote a healthy lifestyle.

**5. Owner Operated Independent Driver Association (OOIDA) Wellness Pilot Program and Results; Tom Weakley (Presentation)**

The goal of the OOIDA Wellness Pilot Program is to encourage drivers to change their bad habits. The Wellness Pilot Program will end within the next six months unless additional funding can be provided.

Public comments

* [Pamela Perry, FMCSA] Drivers are annoyed if they get a one-year card versus a two-year card. They feel that the physicians want more money. Many of these drivers have conditions that need to be monitored. Drivers do not like that they need to visit someone who is not their primary doctor.
* [Serafin Menocal, BOSE Corporation] Vibrations and the effects of sitting are a huge concern of the BOSE Corporation. This is an issue that primarily terminates the careers of drivers. We have created anti-vibration seating. This control in your seating is 100 percent compliant.
* [Harry Sensenig, Take Shape for Life] There are different health officials here who are involved with their patients. Drivers do not want to deal with electronics. CMEs need to start acting as the health coach and get drivers excited.

**6. Fitness to Operate “Data Jam;” Dr. Pat Hu (Presentation)**

There are different phases within scenarios of the “Data Jam.” This can be accessed and discovered on <http://www.healthit.gov/>. The “Data Jam” can be used as a tool where drivers can be honest about their health and the medications they are taking.

Public comments

* [Dr. Peter Johnson, Washington State (L&I)] With all of the drug interactions, you would need a drug un-wellness application as well. This could help identify negative combinations.
* [Elaine Papp, Health and Safety Works] Pharmaceutical companies may push back. Medications warn individuals to not drive or operate machinery. Now, those labels have changed to fit the individual’s standards.
* [Bob Perry, Rolling Strong] There are applications that drivers will not engage in. We should work in the end to change the culture and provide support and services. The number one way to get to the men and women is to make sure they generally understand you really care about them as an individual. There should be more programs on satellite radio on drivers.

**7. Preliminary Discussion on Task 15-3**

The Committee reviewed Task Order 15-3. Recommendations and behaviors were brainstormed to help motor carriers improve their work environment, diet and exercise, sleep and fatigue, personal injury, and lifestyle choices before, during, and after their shifts.

Discussion points

* Exercise and meal planning before work would benefit the overall health of drivers.
* Drivers should have an option to manage stress while on the road.
* [Pam Perry, FMCSA] Companies have created a *NutriSystem* for drivers. Packaged meals studied by nutritionists can be purchased.
* Driver schedules are built around the company they work for.
* Drivers do not know where they will be when, making it difficult to adapt to a set eating and sleeping schedule.
* There is not a shortage of CMV drivers. The average starting age of drivers is 25 years-old.
* Stress management, skill building, and training could be provided to drivers by the company.
* [Dr. Peter Johnson, Washington State (L&I)] When drivers wake up, they should have a healthy meal and take a walk to raise their heartrate. FitBits can track amount of sleep and daily physical activity.
* Drivers should not be held accountable for traffic or weather. Pay drivers by the hour.
* Underlying medical conditions should be treated adequately.
* Currently consequences for some things out of driver control are too harsh. Referenced to the North American Fatigue Management website.
* Drivers should evaluate alcohol and substance abuse within their lifestyle choices. Certified Medical Examiners (CME’s), companies, and the Agency should discuss lifestyle choices with drivers.
* [Dave Osbourne, BOSE Corporation] Technology is available to alleviate back pain and fatigue. Vehicle maintenance can help reduce vibration and pain, and help with sleep.
* [Bill Morgan, FMCSA] Drivers should receive training on what constitutes drug and alcohol abuse.
* Provide drivers who want to change their poor habits with the opportunity to change. Not all drivers are willing to change.
* Families are the cultural center of change. If family is not involved, there should be a social involvement and interaction in order to change behavior.
* [Bill Morgan, FMCSA]Motor carriers need to ensure that drivers report what drugs they are taking – prescription and over-the-counter.
* Further resources should be available on the FMCSA website to help make drivers more motivated on their health and wellness.

**8. Continue Discussion of Task 15-3: CMV Driver Health and Wellness**

The Committees continued to discuss CMV driver health and wellness issues.

Discussion points

* [Dr. Peter Johnson, Washington State (L&I)] FMCSA should make a finger-tapping task or psychomotor vigilance task (PVT) available for drivers. This can be used as a protective mechanism before a shift.
* [Alan Smith, Greyhound] I am willing to share Greyhound statistical information on drivers.
* [Pam Perry, FMCSA] Trade shows offer health and wellness resources for drivers.
* Safety lessons should also be provided to drivers. Drivers need to know the boundaries. Most injuries that happen to drivers are in the loading and unloading environment.
* It is up to drivers to make requests to improve their safety.
* [Dr. Peter Johnson, Washington State (L&I)] Resources are available in Washington State to further the safety of drivers. The Safety & Health Assessment & Research for Prevention (SHARP) program incorporates The Trucking Injury Reduction Emphasis (TIRES).
* What drivers eat on the road correlates with fatigue. A driver’s diet can affect their level of alertness.
* Drivers should have access to the North American Fatigue Management Program.
* [Dr. Peter Johnson, Washington State (L&I)] Give drivers a simple and understandable rule for portion size.
* During their shift, driver should stop to stretch or do some sort of physical activity.
* Could allocate money to put into rest stops and add information packets for drivers. Computer kiosks could also be used for finger-tap testing.
* Studies show that someone else teaching/mentoring a driver on health and wellness works better than a driver trying to do it alone.
* Drivers should be trained on ways to self-diagnose fatigue and the closest places to rest depending on their location.
* [Dr. Peter Johnson, Washington State (L&I)] Encourage truck drivers to take naps where REM sleep is optimized. Drivers can take a 45 minute nap with a 15 minute wakeup period and feel great afterwards.
* Provide guidance for drivers for what they are experiencing. Some drivers are encouraged not to stop driving until they are done, no matter how tired they are. Drivers need to feel they can take a break when they need one.
* Drivers must understand what needs to be done to heal from an illness in order to be on the road. Physicians need to look for these indicators. This is a shared responsibility.
* [Steve St Clair, NCRME Training Institute] CMEs are looking for products to educate drivers on health and fitness issues. They also need to evaluate how much time will be put into health and fitness. A product from this process should serve as a template for CME’s to use for drivers. Handouts, websites, and personal interactions with drivers should be an option.
* Drivers should be respected and should feel empowered.
* There should be a post-shift recovery education for drivers.
* The Committees need to work as a collective group and show drivers are cared about.

**9. Deliberate on Task 15-3 Report**

The committees deliberated on how to change Task 15-3 to improve the health and wellness of drivers.

Discussion points

* The topics discussed at this meeting will serve as input for the Work Group. The Work Group is a subcommittee of the joint committee.
* Different communication methods to encourage drivers to change their health and wellness.
* There needs to be a way to motivate individuals. Cannot overload informational products. Employees and family members can encourage drivers.
* [Bill Morgan, FMCSA] What is the level of nutritional training or resources available for truck drivers with diabetes?
	+ Drivers can go to a diabetes educator. CMEs are not treating the drivers who come in, but are testing them.
* There should be check-ins for the drivers who are trying to improve their health and wellness to see if they are feeling happier and healthier.
* The tone for wellness needs to be set. A policy should be set forward for driver wellness. The expectation may be that the policy will work immediately, but this will take time.
* The framework needs to be long-term to result in improved culture and wellness outcomes. However, short-term goals are needed.
* A culture cannot be created through policy. Something needs to be done to promote exercise in a positive way.
* If drivers are living paycheck to paycheck, it will be hard to buy certain items for drivers to better themselves. These items should be accessible to all different types of drivers.
* The subcommittee will meet soon to discuss outcomes further.

**PRESENTATIONS**

|  | Presenter | Presentation |
| --- | --- | --- |
| 1 | Martin Walker, PhD, Chief, Research Division, FMCSA | Driver Health Study Results |
| 2 | Pamela Perry, RN, Medical Programs Division, FMCSA | FMCSA Wellness Programs for CMV Drivers  |
| 3 | Brian Morris, MD, AllOne Health | CMV Drivers and Wellness Program Development |
| 4 | Brandon Buchanan, ABAKen Presley, UMA | The Bus Athlete Program |
| 5 | Tom Weakley, OOIDA | OOIDA Wellness Pilot Program and Results |
| 6 | Pat Hu, Director, Bureau of Transportation Statistics, Office of the Assistant Secretary for Research and Technology, US DOT  | Fitness to Operate “Data Jam”  |

**ADDITIONAL PUBLIC COMMENTS**

**Alan Lankford – Sleep Safe Drivers**

Drivers need to have adequate opportunity to sleep. The timing of the sleep is important. If there are things going on that can disrupt your sleep, you can still be fatigued. The sleep environment is important, and people need to be educated. There is a myth which states that only 4-6 hours of sleep are needed. Getting a good night’s sleep is a good educational opportunity. Earlier, there was focus on hypertension. Sleep apnea is a cause of hypertension.

**Dr. Peter Johnson, Washington State (L&I)**

There is a sleeping giant in this room, and it is full body vibration. A randomized control trial three years ago demonstrated a 47 percent reduction in back pain with these seats. There will be less of a decrement in their response times to get into fatigue and accidents. Will be doing a study in Washington State looking at sleep habits. This is a new area for us and we invite feedback.

**ADJOURNMENT:** The meeting was adjourned at 2:30 pm.

We hereby certify that, to the best of our knowledge, the foregoing minutes are accurate and complete.

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Scott Hernandez

Chairman, MCSAC

\_\_\_//signed//\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gina C. Pervall, MD

Chairman, MRB

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Larry W. Minor

Designated Federal Officer, MCSAC and MRB