

TO: Mr. Minor, Ms. Watson,

Members of the Motor Carrier Safety Advisory Committee, Members of the Medical Review Board.

FROM: Bob Stanton on Behalf of Truckers for A Cause.

RE: Joint meeting of the Motor Carrier Safety Advisory Committee (MCSAC) and Medical Review Board (MRB) on Monday and Tuesday, September 21 and 22.

DATE: September 7, 2015

This is also being also submitted through the Regulations.gov portal as formal written comments.

If the concept is for the agency to actively involve public-private stakeholders in a partnership to improve drivers' health, the amount of lead time given from the Federal Register Notice until the meeting is totally inadequate for not for profits or even for profit entities to prepare and deliver meaningful input into the process.

As of 9/7 "Copies of the MRB and MCSAC joint task statement and an agenda for the entire meeting will be made available in advance of the meeting." were not available. If the agency is seeking meaningful input and participation on concepts from not for profits and other stakeholders with experience working with drivers on health related initiatives the agency needs to recognize that these stakeholders need adequate time and notice of meetings to be able to prepare and deliver written comments and information.

- CONCEPT # 1 – Any initiatives in relation to driver health and wellness need to be developed and implemented by a group of stakeholder representatives familiar with the medical treatment issues, MRB certification guidance on the topic, and drivers familiar with practical issues on treatment.

Circa 2010-2011 the FMCSA using the National Sleep Foundation under contract prepared educational materials for drivers on sleep apnea. Truckers for a Cause had issues with the content of the materials as they did not reflect either the recommendations of the 2006 Joint Task Force nor the 2008 MRB-MEP. The educational materials prepared suggested oral appliances were an acceptable treatment option when at the time the recommendations were not to certify.

In addition the materials did not cover at all the issues of power supply for CPAP in no-idle areas. This is a significant barrier to effective treatment strategies.

Further the contract was awarded to the National Sleep Foundation under a sole source no bid contract. Other groups such as the American Sleep Apnea Association which hosted the 2010 and 2011 Sleep Apnea in Trucking and Intermodal Sleep Apnea conferences which FMCSA participated also had expertise as good as or perhaps better than NSF.

You need to get a large group of stakeholders to provide input from a variety of approaches to get effective workable initiatives.

- CONCEPT # 2 – Any initiatives will need to deal with the reluctance of drivers to participate in ANY health and wellness initiative unless there are strict privacy policies in place. Initiatives will need to be prepared to discover and protect the identity of drivers with disqualifying medical conditions while they are getting treatment to get any driver to participate.

Cicra 2010 Gary Hull the co-coordinator of Trucker for a Cause had the opportunity to present at a Transportation Research Board International symposium on Driver Health and Wellness. One of the basic themes of his presentation and a recurring theme of our work advocating for drivers on sleep apnea related issues is that drivers are scared stiff about seeking medical treatment or participating in health and wellness activities because of how it may affect their DOT medical card.

This has been further reinforced through experiences with the MERV (Medical Education Resource Vehicle) program which was an outreach and educational effort jointly operated by Safety First Sleep Solutions and the St. Christopher Truckers Development and Relief Fund. The MERV was staffed by a former driver, physician's assistant and paramedic. It had strict confidentiality policies and reputation. Still in many cases drivers would not come to seek even information until their medical conditions had deteriorated to the point they needed ambulance evacuation and hospitalization.

Schneider National had a driver wellness program that included free supposedly confidential BP and BG checks. The program developed major participation issues when a driver with a disqualifying BG level found at the wellness screening was taken out of service by Schneider Safety management. The publicity when this driver went on a Sirius-XM radio talk show to tell his story resulted in few to no drivers participating in the future.

A similar issue came up with the early years of the JB Hunt Sleep Apnea program. While voluntary when the first driver in the program was fired for non-compliance with CPAP they couldn't get any other drivers to volunteer.

Further, the EEOC recently posted a request for input on health and wellness initiatives as they relate to compliance with the Americans with Disabilities Act. The written comments submitted by Truckers for a Cause emphasized the issues around health and wellness initiatives in safety sensitive occupations with fitness for duty regulations.

- CONCEPT # 3 - Delivery of health and wellness initiatives needs to be done by drivers with experience and authenticity with the driver population.

One of the best examples of this would be the first Mid-America Trucking Show (2009?) I helped doing sleep apnea screenings and education for drivers. I was in one booth wearing typical truck driver attire. Across the aisle was Dr. Jeff Dormer an excellent MD board certified in sleep medicine working a booth for Fusion Sleep wearing a lab coat.

I had a line of drivers waiting to be screened – I was having their wife or kids make the kinds of sounds the driver made while snoring, talked about how often you get up to pee, and explained apneas causing typical fight or flight syndrome.... “that’s why you get up to pee all the time”.

Dr. Dormer explaining nocturia and using sleep study tracings to discuss staging of sleep had no one talking to him.

Jill Glenn of Dedicated Sleep a good vendor doing managed care programs with a variety of fleets came and volunteered her time at an OSA screening event at the OOIDA Kansas City Truck Show October 18-19, 2013. This event was held just after Public Law-113-45 had passed congress. Driver’s wives were bringing their spouses in to be screened. The general theme was “They can’t mess with your DOT card now... You’re going to talk to these folks.” This was an outside show. It happened to be 34 deg and rain the first day. Jill got so cold and wet stepping outside to handle confidential questions with drivers that we almost had to med-evac her for hypothermia. Jill holds a CTP (Certified Trucking Professional) designation from the National Private Truck Council in addition to an RPGST (Registered Polysomnography General Sleep Technician) certification. She knows both trucking and sleep medicine.

Another good example of the type of joint expertise that needs to be recruited is Dr. Karen Heaton with the UAC School of Nursing. Having worked with her or her students on study data collection at several truck shows she took the time to become a NRCME examiner. Her husband is a working driver.

- CONCEPT #4 - Health and Wellness initiatives will need to get into policies and regulatory issues outside of normal MRB areas to actually have an impact.

One of the simplest ways to improve driver health and wellness is to enable drivers, especially those in the long haul OTR segment of the industry to store prepare and eat more healthy food options in the truck.

One of the largest barriers to this is being able to refrigerate foods. Good real refrigerators must be hard wired to battery due to the high amperage draw when the compressor motor starts. Normal company policy for trucks does not allow ANY hard wiring to battery.

While 12-V appliances like Burton ovens are available the best option is being able to use a microwave even. These also either requires a large 12V DC- 110 V AC invertor or hard wiring to battery.

Both food storage and preparation options then have issues when drivers are parked in no idle areas if their truck is not APU equipped. Hotel loads for food storage and preparation in no idle areas is an issue.

While buying fruits and vegetables for eating while OTR is a challenge that can be worked around... things like where do you clean and prepare them... The men’s room sinks at the truck stop?

We won’t even start of the health issues of expecting drivers to sleep in sleeper berths with no HVAC in dessert or below freezing conditions.

FMCSA will need to be prepared to engage on air quality regulations that prohibit idling with no driver health and wellness exemptions. A statement by the head of the CARB Diesel Particulate program about idling restrictions at the 2013 California Commercial Motor Vehicle Safety Summit give an idea of the problem: "Protecting the health of all Californians through enforcing our anti-idling regulations is more important than the health of truck drivers with sleep apnea who cannot use their CPAP machines. If you don't like that answer Sue US.. We get sued all the time."

- CONCEPT # 5 – Health and wellness initiatives need to recognize the reality that even with the Affordable Care Act most drivers still do not carry health insurance. If they do carry insurance it will be \$ 3-5,000 deductible coverage.

FMCSA's own data "Over twice as many drivers are not covered by health insurance or a health care plan (38% vs. 17%)."<sup>i</sup>

In conclusion I want to reinforce the concept that to be effective this type of initiative needs to start with active recruitment of stakeholders with expertise in a wide range of medical conditions. The FMCSA at this time does not have a good record of doing so. The recruitment of stakeholders needs to start with relationship building and learning to work with their limits and expertise.

Two examples:

- Recently FMCSA issued waiver denials to a group of drivers with Narcolepsy. When reviewing the comments I was amazed that neither Awake Narcolepsy nor the Narcolepsy Foundation submitted comments.

After the Federal Register notice had been posted I took the time to track down Dr. Eveline Honig Executive Director of the Narcolepsy Foundation. In a great wide reaching phone conversation she had excellent information that FMCSA should have had in making its decision on these waivers.

She and the Narcolepsy Foundation was not even aware that the topic was under review.

It did not take me much to make contact with Dr. Honig. A simple "Google" search and some e-mails and we were talking.

- In preparing the written comments on the Insulin Treated Diabetes Management rule for Truckers for a Cause I reached out to a large variety of Diabetes management related groups for input in developing our comments.

A common theme I heard back from groups was... WE DON'T HAVE ENOUGH TIME TO SUBMIT COMMENTS!!!

Most if not all private partnership stakeholders will not be familiar with the rulemaking or advisory committee process. Most if not all private medical patient support groups the executive director cannot officially communicate a position or advocate on a topic without approval of their board of directors or a medical advisory committee. This takes time.

We welcome the opportunity to become an active participant in any initiatives to improve drivers' health.

Trucker for a Cause is a small driver support group for drivers with sleep apnea. We have quite a bit of experience with initiatives both successful and not so successful.

We will be looking forward to seeing the concepts the MCSAC-MRB comes up with.

Bob Stanton

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<sup>i</sup> [National Survey of Long-Haul Truck Driver Health and Injury](#)

[www.fmcsa.dot.gov/.../Natio...](http://www.fmcsa.dot.gov/.../Natio...)

Federal Motor Carrier Safety Administration

Over twice as many **drivers** are not covered by health insurance or a **health care plan**(38% vs. 17%). ◦ A lower **percentage** of **drivers** perceived their health ...