



What's Happening

Navy Fire and Emergency Services Newsletter

Protecting Those Who Defend America



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OMNI CEDO DOMUS

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Email the Editor:

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The Idiot I Had Become: A Heart Attack Story

By Rick Brockman, Deputy Director, Navy F&ES

Note: The following piece first appeared in the April 2007 issue of this newsletter. Unfortunately, it is still very relevant seven years later. — Rick

The morning of Sunday, 18 March 2007 began like any other Sunday at my house but this morning I was skipping the usual Sunday church services so I could devote some quality time to my college homework. It was a particularly nice day, so I figured to add a walk with my dogs to the day's schedule and hit the school work later in the afternoon. After a quick breakfast of Cheerios and toast I grabbed my coffee cup and settled down to watch the Sunday morning talking heads while I anticipated the coming day.

Then my life changed.

It felt like serious heartburn at first so I swallowed a couple of antacids, but they didn't work like they usually do, so I decided I'd wait it out. Pretty soon the pain was radiating to my jaw and down both arms.

Let me tell you something about the human mind. It is a remarkably fickle thing; sometimes you know exactly what you need to do, but your mind convinces you that you are overreacting; that is precisely what happened to me.

I am describing the textbook symptoms of a heart attack; symptoms I learned over 35 years ago and have taught to countless firefighters; symptoms I can recite in my sleep. Instead, my mind said "Call your daughter; she'll know what to do". Contrary to popular belief, I am not yet a senile baby boomer and I shouldn't have to rely on my kids to take care of me. At least not yet. But it is what it is, and I called my daughter. "I need you to come over, I don't feel well" I told her.

The words HEART ATTACK never once entered my mind, I swear to God.

By now my arms and chest hurt so badly I could barely move. When I tried to change the channel (I know, I hardly believe it myself) my fingers were numb and the remote dropped to the floor.

I started to get dizzy about the time my daughter got there. She was irate and talked to me like the idiot I had become.



Supporting the Fleet, Fighter, and Family



Editorial (Cont.)

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For a quick moment I came to my senses and told her to call 911. She was already on the line. The ambulance was at the door and I was packaged and on my way to the hospital before I knew it. The paramedic gave me a couple of nitroglycerine tablets and kept a very close eye on me the entire ride. Still, I had no clue.

Emergency room nurses give very good clues. "Mr. Brockman, we think you are having a heart attack" is about as good a wakeup call as there is. I was moved to the Cardiac Intensive Care Unit within an hour. Within a few hours I was transferred to the University of Maryland Medical Center in Baltimore and underwent a coronary arteriography the next day.

The news was good. I had, in fact, suffered a heart attack; however, I would not need surgery. If it wasn't for the pounding headache as a result of the quart of nitroglycerine pumped into my bloodstream, I would have done a cartwheel.

I spent three days in the hospital and left with a new outlook on life. First, how unbelievably STUPID could I have been, but most important, what now?

Not to sound cliché, but something like this makes a person reflect and I was in a great mood for some introspection my first night back home. I immediately flashed back to the day I heard one of my good friends was killed by a massive heart attack out of the blue. This guy was in terrific shape, worked out regularly, ate well, didn't smoke, didn't drink, you know the rest. Got up one morning playing with his kids and next thing you know I'm delivering his eulogy. Stories like that are common in firehouses across the country. This newsletter identifies firefighters who die of heart attacks on the job every month, 35 already this year. How many suffer "mild" heart attacks like mine and either don't recognize it or never say anything to anyone?

What are we doing wrong?

In my case, almost everything. I am overweight, a Type II diabetic, don't exercise enough, and carry more stress home with me every night than I like to admit. I did quit smoking about five years ago so I have that going for me. But for the most part I'm lucky I avoided more serious heart problems. I probably deserved much worse.

I get a second chance, and if you're reading this, so do you. Let's not blow it.

Personally, I have to make a lot of changes. You have to determine for yourself how well you match up with what is considered normal.

That brings me to the point of this piece; IT'S TIME WE MEASURE UP!

Get your personal affairs in order and be sure your loved ones know what you want should the worst happen.

The next time you visit your doctor ask how you measure up to the standards outlined by the American Heart Association. If you fall within the parameters of a Low Risk, congratulations; work to stay there. If you find yourself to be in the High or Moderate Risk lot, which is where I fear most of us reside, you have to make some changes.

Editorial (Cont.)

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Once, a long time ago, I found myself near death and contemplating my fate. "I've done pretty well; if this is my time, I can't complain."

Yeah, that was many years ago under different circumstance. This time was different. This time I appreciated the outpouring of love and support that came my way and came to the realization that my attitude about my life is incredibly selfish. My family wants me to stay around as long as possible and for me to ignore my health is an insult to that love.

Ask your family about that and see if you don't come to the same realization. We owe it to them to be healthy so put down that Ding Dong and MEASURE UP!

Note: I updated a few things but this is all taken from the original article over seven years ago. Since then I am much lighter, off insulin, eat better, try to exercise, and still have far to go. How do you measure up?

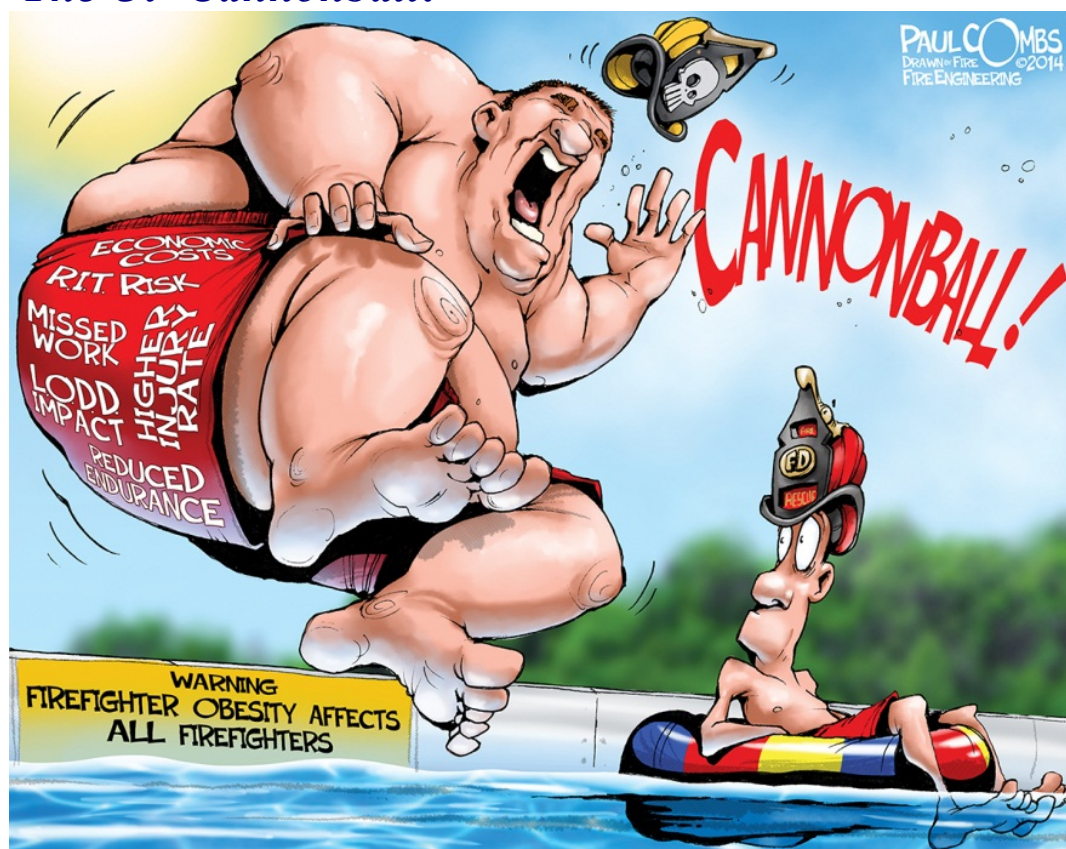
– Rick



Combs Cartoon



The Ol' Cannonball!



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Last Alarms

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TCOoO Update



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Last Alarms

The USFA reported 57 deaths to date in 2014. The following line of duty deaths were reported since we published our last issue:

Matthew Goodnature
Lakeview, OR

Billy Norris, Sr. ♥
Lecompte, LA

Jamie Middlebrook
New Carlisle, IN

Jonathan French
Glendale, KY

Douglas Casson ♥
Vaughn, MT

Darrell Parker ♥
Fairbury, NE

2014 Totals

♥ 39 (68%) 🚒 5 (8%)

♥ Indicates cardiac related death

🚒 Indicates vehicle accident related

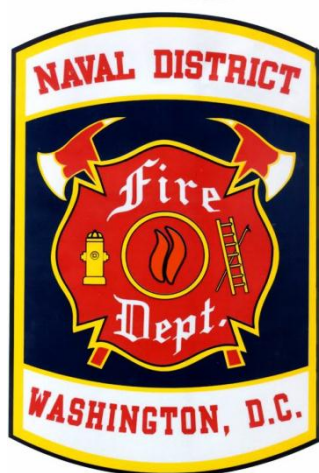
Taking Care of Our Own

Check with your Fire Chief if you wish to make a leave donation.
There are currently 28 DoD firefighters in the Taking Care of Own program.

Name	Location	Point of Contact
Joey Tajalle	NAVBASE Guam	Julie.Quinene@fe.navy.mil
Dana Picard	Westover ARB, MA	Diane.Lessard@us.af.mil
Billie Edwards	March ARB, CA	Melinda.Miller.2@us.af.mil
Wilson Humphries	USAG Camp Parks, CA	Alexis.A.Rivera8.civ@mail.mil
Peter Giles	Kirtland AFB, NM	Curtis2.Ray@kirtland.af.mil
Christopher Lumpkin	Fort Belvoir, VA	Joyce.R.Peck.civ@mail.mil
Chris Burke	Fort Wainwright, AK	David.Halbrooks@us.army.mil
Annie Sands	Altus AFB, OK	Nils.Brobjorg@altus.af.mil
Mark Davis	JB Langley-Ft Eustis, VA	Dale.E.Hankins.civ@mail.mil
Michael McClure	Niagara Falls, NY	Peter.Stein@us.af.mil
Russell Reynolds	Niagara Falls, NY	Peter.Stein@us.af.mil
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Stephen Garman	Fort Detrick, MD	Katherine.M.Szamier-Bennett.civ@mail.mil
David Gill	NAS Fort Worth JRB	Allen.Almodovar@navy.mil
Melvin Wilson	NAS Fort Worth JRB	Allen.Almodovar@navy.mil
James Johnson, Jr.	NWS Indian Head, MD	Mike.Carroll@navy.mil
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Brandon Fines	Fort Belvoir, VA	Erika.M.Nieves.civ@mail.mil
Nathan Cerulli	DLA San Joaquin, CA	Dewey.Rose@dla.mil
Patrick Campbell	NAVBASE Ventura County, CA	Paula.Hays@navy.mil
Robert Morris	MCAGCC 29 Palms, CA	Darlene.Hull@usmc.mil
Derwin Jones	Pine Bluff Arsenal, AR	Paul.A.Jarrell2.civ@mail.mil
Reynard Black	NWS Yorktown, VA	Marc.J.Smith@navy.mil
Adam Jamieson	NCTMS Cutler, ME	Marc.J.Smith@navy.mil
Joel Klouzal	Norfolk Naval Shipyard, VA	Marc.J.Smith@navy.mil

Departed Veteran

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Tribute to Fire Official and Lifesaver

By Joseph P. Cirone



Firefighters throughout Naval District Washington (NDW) and in Stafford, Virginia continue to effectively respond to calls for fire, rescue and emergency medical services, following the sudden loss of Fire Battalion Chief John McDonald.

The viewing took place on June 5 at the Covenant Funeral Home in Fredericksburg, VA, according to firefighter Curt Alvis, president of the Stafford Volunteer Fire Department (SVFD).

A memorial service was conducted at the Mt. Ararat Baptist Church in Stafford, VA followed by internment at the Quantico National Cemetery, Alvis said.

McDonald, 54, a Navy veteran, began his firefighting career in 1974, while still a teenager, as a volunteer with the SVFD.

McDonald, known to many people as “Johnny Mac,” continued his volunteer service until his death. He was a life member of the SVFD and served in many roles, including a term as its fire chief, during his 40 years of service there.

He also served the Stafford County Fire and Rescue Department as a volunteer battalion chief, the training division chief and a member of a fire incident Safety Review Board, among other roles.

Before becoming a paid firefighter with NDW in July 1984, McDonald served four years in the U.S. Navy as a boatswain’s mate, most of which was aboard the destroyer USS Caron (DD-970), during which time he earned a sea service deployment award.

Upon learning of the loss, JBAB Commander Navy Capt. Frank Mays said, “Our sincere condolences go out to Chief McDonald’s family, friends and co-workers. He was a valuable asset at JBAB and served as an extremely competent incident commander for many of the emergencies here and on other nearby naval installations. His loss is sad and will certainly impact all of us. We will not soon forget his long and dedicated service and fellowship.”

Echoing Mays’ reflection of McDonald’s incident command competency, Alvis said, “Johnny was known for his smooth and calm incident command style that clearly communicated actions to be taken by firefighters at incidents.”

NDW Fire and Emergency Services Acting District Chief Jeff Williams said, “The loss of Chief McDonald is indescribable. His leadership, courage and camaraderie will be sorely missed, not only by this fire department, but by the larger Navy family.”

Tribute (Cont.)

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Alvis added, “We lost a giant of a man, a trusted friend, a mentor to many and a true fireman’s fireman.”

While he was very proud of his naval service, according to his NDW co-workers, it was his part in the saving of at least seven lives, while working at NDW that make his co-workers and family very proud of him, according to Williams. “He was also a lifesaver in his volunteer fire department work as well,” Williams said.

Alvis stated, “Johnny Mac touched hundreds; maybe even thousands of lives in the fire department over his 40 years of service as a volunteer and 30 years as a career fireman.” “It is nearly impossible to convey what tremendous degree of dedication and excellence Johnny served this department,” he continued.

At NDW, McDonald served in various roles, well beyond that of a competent, well-liked and respected firefighter, including those involving training other firefighters and overseeing the maintenance of the NDW fire, rescue and emergency medical services fleet of vehicles and equipment.

McDonald is survived by his wife and two children.

“Our thoughts and prayers go out to the family. We pledge our unwavering support during this time and beyond,” Alvis said. “We owe his family a huge debt of gratitude for sharing Johnny with us for 40 of his 54 years on this earth,” he continued. Directing his comments to McDonald’s family, Alvis stated, “He missed dinners, picnics, school events and quality time with you in order to serve the community. For that, we truly thank you.”

McDonald’s brother, David, is also a life member and a past fire chief at SVFD. “Together, their blood brotherhood cultivated the fire department’s brotherhood, with both of them mentoring many of the young members,” Alvis recalled.

Referencing SVFD’s designation as Stafford County’s Fire Company 2, Alvis said, “During Johnny’s tenure as fire chief, the term ‘Dedicated 2 Excellence’ was created as the gold standard by which the department was to live by, reflecting his dedication to excellence.”

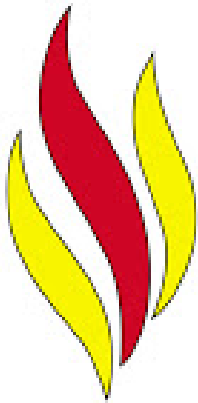
“That excellence showed in how Johnny trained firemen, managed emergency incidents and carried himself as a chief fire officer at all times. He expected the best out of his firemen and was not shy in letting you know it. His legacy lives on and will never be lived down,” Alvis concluded.

No sooner does a great man depart, and leave his character as public property, than a crowd of little men rushes towards it. There they are gathered together, blinking up to it with such vision as they have, scanning it from afar, hovering round it this way and that, each cunningly endeavoring, by all arts, to catch some reflex of it in the little mirror of himself.

-Thomas Carlyle

Back in the Day

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Seagrave Aerial Ladders

Story By Tom Shand, Photos from collection of Ted Heinbuch



The history of steel aerial ladder equipment can be traced back to 1935 when Seagrave introduced a three section 65 foot hydraulically powered aerial device. Prior to this time virtually all aerial ladders were constructed of wooden rails and rungs reinforced with steel truss rods and were raised and extended

using spring loaded mechanisms. The first of these units was delivered to Lancaster, OH with a 75 foot tractor drawn steel aerial built for Pasadena, CA during 1936.

To demonstrate the strength of the new design Seagrave published photos showing eleven fire fighters ascending a 65 foot aerial in order to convince fire departments that steel aerial ladders were safe and could easily outperform their wooden counterparts. Many departments such as Boston, Chicago and FDNY continued to acquire 75 foot wooden aerial ladders with the last ones placed into service during 1955. As with many innovations the fire service was slow to adopt the new engineering and design technology even during this era.

The post-depression period was one of the most innovative times in fire apparatus history as manufacturers were developing new configurations to attract departments to specify their apparatus. During 1935 Seagrave introduced the full grill series of pumpers, aerial ladders and quads which featured the Seagrave designed 12 cylinder engine. The V-12 engine was rated at 240 horsepower with 906 cubic inch displacement. With dual ignition, twenty four spark plugs and 2350 pound weight this engine was one of the most powerful of its time and averaged just two to three miles per gallon of gasoline.

During 1941 Seagrave produced their first four section 85 foot aerial ladders with the first units delivered to Great Falls, MT and Pittsburg, PA. With the outbreak of World War II a unit originally built as a factory demonstrator was redirected and sent to Pearl Harbor to replace the apparatus lost in the attack. After this point all manufacturing was diverted to support the war effort and by late 1944 several hundred commercial and custom chassis fire apparatus were delivered to all branches of the military for use at installations around the globe.

The Portsmouth Naval Shipyard in Kittery, ME placed into service their first aerial ladder during 1942 with a Seagrave 85 foot midship aerial ladder assigned as Ladder 1. This apparatus carried a number of Seagrave wooden truss ground ladders in lengths up to 40 feet. This truss ladder design was developed by Frederic Seagrave in 1881 and is the basis for the wooden

Back in the Day (Cont.)

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Tom Shand

ground ladders utilized by a number of west coast fire departments. The Portsmouth ladder truck was equipped with a 100 gpm booster pump and 150 gallon water tank and



like most wartime deliveries was devoid of any chrome or bright work on the vehicle. This Seagrave model 66 aerial was assigned serial number B-4985 and served at Portsmouth until 1974 when it was replaced with an American LaFrance 1000 series 85 foot aerial ladder painted chrome yellow.

Other apparatus serving at the Portsmouth Naval Shipyard includes a 1941 Stewart chassis 500 gpm pumper, a 1942 Seagrave 750 gpm pumper along with a 1942 Mack L model 1000 gpm pumper. Only the Stewart pumpers assigned as Engine 2 was provided with an enclosed cab as the other two pumpers were built as open cabs with no doors. The department also operated a 1943 International 6x6 unit that was equipped as a foam unit.

During the war years American LaFrance, Buffalo Fire Appliance, Mack, Maxim and Peter Pirsch all supplied fire apparatus for use to protect U.S. Naval installations. Several of these vehicles later served with municipal departments as older units were replaced. While Seagrave was a major supplier of apparatus to all branches of the military during this period the company concentrated almost exclusively on the municipal market after 1944.

Fire apparatus of this era were very distinctive and could easily be identified by their grill, fender and cab design. Today, the Seagrave aerial ladder design is still going strong with increased tip loads and outrigger configurations to safely stabilize the vehicle.

FPWG Corner



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On the Job at Naval Air Station Corpus Christi



Naval Air Station Corpus Christi Fire and Emergency Services - Inspector Maurice Phillips

Naval Air Station Corpus Christi Fire and Emergency Services fire prevention is involved in the pre-design process and plan reviews to ensure adequate life safety and fire protection systems meet adopted codes and standards.

The plans review process is based on the requirements of the DoD 6055.06 *Department of Defense Fire and Emergency Services Program*, and the OPNAVINST 11320.23G *Navy Fire and Emergency Services Program*.

On the Job - Florida

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Helicopter Mishap Drill

By Clark Pierce



It was a hectic scene at the NAS Jacksonville south seawall, as first responders answered the call during a simulated July 23 aviation mishap training scenario.

As part of the exercise, an MH-60R Seahawk helicopter assigned to

HSM-74 “Swamp Foxes” declared an emergency about one hour into its flight from NAS Jacksonville.

The main transmission “chip light” had illuminated in the control panel – so the pilots reversed course back to the Hangar 1122 seawall.

According to the training scenario, as the HSM-74 helicopter approached the seawall, control degradations reached a point where the helo’s auxiliary fuel tank was jettisoned into the St. Johns River. After a hard landing on the seawall, one of the main rotor blades detached and hit a nearby fuel truck – triggering fire and fuel leaks from the 8,000-gallon tanker.

The drill involved emergency responders and support agencies from both on and off base, including the Jacksonville Fire and Rescue Department Fire Boat Team, NAS Jax Fuels Division, CBMU-202, FLUOR, Jacksonville Pollution Control, NAS Jax Environmental Department, and NAS Jax Air Operations Department.

“A major challenge for a response involving multiple organizations is establishing a communication plan at the Incident Command Post (ICP),” said NAS Jax Commanding Officer Capt. Roy Undersander, who observed the drill from the seawall area.

“From a command-and-control perspective, our ICP established a clear picture of the situation. They set priorities with the crash response team, arranged medical treatment of simulated injuries to the HSM-74 aircrew, and facilitated the transition to environmental mitigation and cleaning up the fuel spill.”

Installation Training Officer Jim Butters said, “An important aspect of this on-base scenario is preserving the incident scene so the HSM-74 Aviation Mishap Board can determine what may have caused the incident.”

NAS Jax Executive Officer Capt. Howard Wanamaker said all drill objectives were met or exceeded. “Interaction between all units and first responders went very well – thanks to the effective radio communications established by the ICP.”

Wanamaker added, “The high heat and humidity was a serious challenge. Our personnel avoided dehydration by controlling their exposure and drinking readily available water.”

Florida (Cont.)

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Fire Chief Mark Brusoe, of First Coast Navy Fire & Emergency Services, was impressed by the performance of the airfield crash trucks that had flames from the aircraft fire trainer suppressed in short order.



“Egress of the helo pilots was accomplished by firefighters with no errors. The use of multiple radio frequencies was challenging but helpful in melding all aspects of the first responders into one effective team.”

The drill also supported the NAS Jax Environmental Department’s annual certification of its Tank and Spill Program On-water Response Team. “Evaluators from NAVOSH (Navy Occupational Safety & Health) observed our role in today’s drill – and we successfully met every objective,” said Jim Taylor, tank and spill manager for the base.

“They said that our booms and boom-response boats were maintained in the best material condition that they’ve observed to date.” Taylor noted that the base’s boom response is limited to an incident of 2,000 gallons.

“Beyond that, we would communicate with a Jacksonville Oil Spill Response Organization (OSRO) to provide additional response equipment and personnel. For the drill, we simulated the breakdown of our vacuum truck. Not only did our OSRO deliver a vacuum truck – they also sent a towboat and a skimmer.”

Andros Island Drill



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Technical Rescue Training

By Patrick Turnage, Fire Chief, AUTECH, Andros Island, Bahamas



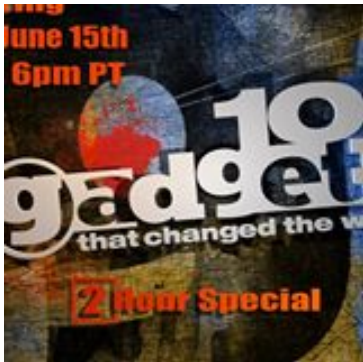
In coordination with Ethos Distributed Energy and Pacific Northwest Engineering, PAE firefighters at the Atlantic Undersea Test & Evaluation Center (AUTECH), a detachment of the Naval Undersea Warfare Center, located on Andros Island, Bahamas conducted rescue training on the newly installed 1 megawatt Wind Turbine Generator

(WTG). The WTG is approximately 230 feet high and poses several significant and unique hazards to both maintenance and rescue personnel. In the three days of intensive training,

AUTECH F&ES personnel trained on ascending the tower, extricating, stabilizing, and packaging of victims as well as various ways to lower the patient safely to the ground using ropes and specialized rescue equipment. AUTECH firefighters are already highly proficient in tower and confined space rescue techniques and the WTG training served not only to enhance their current skills but bring new concepts and proficiencies to the job as well.

Chiefs Clipboard

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The Handiest Gadget?

By Ronny J. Coleman

Do you have any gadgets in your house? Do you have any gadgets in your desk drawer? Do you know what a gadget is? Is a gadget worth even talking about? Well, the History Channel obviously thought so, because they recently put on a presentation entitled “101 Gadgets that have Changed the World.” I ran across it one night while browsing TV channels looking for something that was more informative than a reality show.

What I found was a program that had been put together by the editors of Popular Mechanics magazine in which they attempted to enumerate what “gadgets” have had a most profound effect on society. They believe that their list resulted in our civilization being different today than it could have been previously through the invention of the gadget and therefore, changed history. One of the disclaimers in the show was that not everybody agrees on the sequence of the gadgets or the priority of which one gadget was more important than the other. Moreover, they had to admit that some gadgets were directly related to the invention of a previous gadget.

If nothing else, it was an entertaining show so I decided to sit down and endure the countdown. Imagine my surprise then when gadget #61 was the smoke detector. To be honest, when they first started talking about it, I was a little surprised. All of the other items that had been talked about previously were pretty heavy duty things such as the invention of aircraft, printing machines, etc. Then, up pops the smoke detector. It was on the screen for probably less than a minute and the brief narrative spent most of the time talking about how the smoke detector has saved so many lives.

As a fire officer, I am certainly not going to argue with that case. But, I was moderately surprised to find out that the guys who are the geeks and gismo makers felt strongly enough about the smoke detector to give it that degree of priority. After all, society fought the installation of the smoke detector for over a decade.

So, I was happy enough to sit back and think that was pretty cool. Then amazingly, gadget #46 was the basic fire extinguisher. That is right, higher than the smoke detector was the common garden variety fire extinguisher that you have in your garage or on the wall of your business.

The narrator went on to explain that the concept of fire extinguishers is not exactly a modern invention. He stated that extinguishers have been around for hundreds, if not thousands, of years but the modern fire extinguisher was given that priority because of its role in controlling incipient fires. The narrator postulated that hundreds of thousands of fires a year are actually stopped in their tracks by a fire extinguisher. I am not sure where they got their facts, but the very existence of a fire extinguisher on this list in a higher priority than a smoke detector, I found somewhat fascinating.

Chiefs Clipboard (Cont.)

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Chief Ronny J. Coleman

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Continuing with my interest in this parade of gimmicks, I kept waiting to see if there was going to be another one that would pop up that comes from our arena of expertise. Sure enough, it happened. Gadget #23 started off with the footage of the major casino fires in Las Vegas. Showing horrific scenes of the building on fire, they proceeded to say that the number 23 priority was putting computers on fire trucks. The computer had already been brought up as a gadget that had changed society but here at gadget 23 was proof positive that computers made a difference in the fire service.

I can accept the fact that computers have had an effect on the fire service, but I can also believe that there are whole bunch of fire departments out there that do not have computers to this day. Not only do they not have them on their apparatus, they don't even have them in their fire stations. So, it got me to be even more focused on is there going to be something else pop up that is going to demonstrate the biggest, baddest fire protection gadget of all.

Of course, I am referring to the fire sprinkler. Inasmuch as it has been in service well over 100 years old, I had sort of hoped to see it appear in the inventory already. But, I was destined to remain disappointed. It was never mentioned once.

When they got to number 1 and I never heard the word sprinkler, I was disappointed in the imagination and expertise of the techno-gurus put together by Popular Mechanics. I ended up questioning the wisdom of their wizards.

How can anybody overlook the role of the fire sprinkler in altering America's fire problem?

Well, I guess it is easily done because it happens all the time. Apparently nobody in the wonderful world of technology is ready to make the fire sprinkler head the hero that it really is. So, let me make this comment. If I was going to list the top 10 devices that have influenced the American fire service the most, I would certainly place the sprinkler head on that list. It would be right behind the recognition that putting water on a small fire is a whole heck of lot better than putting lots of water on a fire that is out of control.

How about you? If you were given a choice of a built-in fire protection device to protect the lives and property of your wife, your children, your business, which of the four technologies would you think is the most important: a smoke detector, a fire extinguisher; a computer on a fire truck, or a fire sprinkler properly installed and maintained?

Where would you put it on the list? My vote is for number one!

About the Author: Ronny J. Coleman is the former California State Fire Marshal, Past President of the IAFC and Chairman Emeritus of the Center for Public Safety Excellence. He has won numerous awards in his lifetime career devoted to writing about fire and life safety.

You can read more of Chief Coleman's columns at <http://www.cafsti.org/tabletalk/>

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CPSE News

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Navy Fire Chiefs Garner Top CPSE Awards



Navy Region Mid Atlantic Fire Chief Stephan D. Cox was honored by receiving the Ronny Jack Coleman Leadership Legacy Award during the Center for Public Safety Excellence's 15th annual awards ceremony held during Fire-Rescue International in Dallas, Texas.

Chief Cox has a long and distinguished career in the fire and emergency services and continually serves as an advocate and mentor for accreditation and professional credentialing.

The Ronny Jack Coleman Leadership Legacy Award recognizes an individual from an accredited agency or the Chief Officer Designation echelon for superior leadership and actions that have elevated the international fire and emergency service profession through mentoring, teaching and sharing outstanding contributions; and who has exhibited the consistent dedication of renewal qualities and commitment to fire service professionalism by demonstrating a devotion to help raise the international fire and emergency service to greater heights.

Retired Navy Region Southwest (and former U.S. Air Force Academy) Fire Chief Ernst Piercy was also honored during the ceremony by receiving the Ray Picard Award. This award is aptly named after its first recipient and one of the founding fathers of fire and emergency service accreditation, Chief Ray Picard, who retired as fire chief of Huntington Beach, CA. Recipients are selected annually from a pool of nominations. The Award recognizes individual superior leadership and outstanding contribution to CFAI and to fire and emergency service accreditation.



Chief Piercy exemplifies the character, competency, and leadership exhibited by Ray Picard.

Congratulations to both Chiefs for these well-deserved honors!

DoD also saw three U.S. Air Force Fire Departments earn accredited status; McConnell AFB, KS, Moody AFB, GA, and Shaw AFB, SC; and one Navy Fire Department, Navy Region Mid Atlantic, Hampton Roads, VA earn its third reaccreditation. Congratulations to all for choosing to become (or remain) better, stronger, and more powerful F&ES organizations!

TSP Tips

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Accessing TSP Without Penalties

By Sandra Harman, S. Harman & Associates, Inc. sharmaninc@aol.com

Important Note: As a FERS employee or a member of the uniformed services, if you are married at the time you plan to access your TSP account you must either: (1) elect a default annuity which is a joint life annuity with a 50% survivor benefit, level payments and no cash refund, or (2) you must have your spouse's notarized signature waiving their right to the joint life annuity with a 50% survivor benefit, level payments and no cash refund.

The TSP is similar to a 401(k) plan in that everything in the TSP is tax-deferred (unless you have invested in the TSP Roth 401(k)). Because it is tax-deferred, there are rules and restrictions if you retire before a specified age and withdraw money from your account prior to age 59½. The TSP is unique in that any Federal employee who retires in the calendar year in which they are 55 or later can access any and all money in their TSP account without penalty. However, if you retire prior to the year in which you are age 55 there is a 10% early withdrawal penalty on all withdrawals prior to age 59½, unless you withdraw funds on actuarially projected life expectancy. There are two possible withdrawal methods: (1) substantial equal installments based on an actuarially projected lifetime payments, and (2) a true annuity. Both of these withdrawal options are available at any age with no early withdrawal penalties. However, there are differences:

- Substantially equal installments based on actuarially projected lifetime payments; this is not an annuity which guarantees you a specific dollar amount every month for your lifetime. Instead, this payment method is based on the concept that some of your principal is being paid to you with every payment. Therefore, ideally you would receive the last money from your account in the month of your death. You did not run out of money nor did you die with money in your account. The ideal won't happen too often. There are three (3) possible methods of calculating the substantially equal payments; however, the one used by the Thrift Savings Plan is the Required Minimum Distribution method.
- The true annuity guarantees a payment of at least the amount you received in the first annuity payment every month for your lifetime. If you elect the annuity your money is managed by an insurance company, at present Metropolitan Life. Once you have received the first payment, you cannot change options or cancel the annuity and, further, you are not managing your money. There are several options from which to choose:
 - Single Life
 - Joint and Survivor Spouse (100% or 50%)
 - Joint and Survivor Insurable Interest

With the substantially equal installment method your money is still in the TSP, you are continuing to manage how it is invested once you are no longer subject to the 10% early withdrawal penalty you can change your withdrawal method and if you should die the balance in your TSP will be paid to your beneficiary.

TSP (Cont.)

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With the true annuity your money is no longer in the TSP, it is managed for you by an insurance company and you cannot make any changes once you have received the first payment.

Substantially Equal Periodic Payments (SEPP)

The rules for 72(t) distributions require you to receive Substantially Equal Periodic Payments (SEPP) based on your life expectancy to avoid a 10% premature distribution penalty on any amounts you withdraw. Payments must last for 5 years (the 5-year period does not end until the fifth anniversary of the first distribution received) or until you are 59½, whichever is longer. Further, the SEPP amount must be calculated using one of the IRS approved methods which include:

- **Required minimum distribution method:** This is the simplest method for calculating your SEPP, but it also typically produces the lowest payment. It simply takes your current balance and divides it by your single life expectancy or joint life expectancy. Your payment is then recalculated each year with your account balance as of December 31st of the preceding year and your current life expectancy. This is the only method that allows for a payment that will change as your account value changes. Even though this may provide the lowest payment, it may be the best distribution method if you expect wide fluctuations in the value of your account.

IN ORDER TO HAVE YOUR ACCOUNT DISTRIBUTED WITHOUT PENALTY UNDER EITHER OF THE FOLLOWING TWO (2) METHODS YOU WOULD MOVE IT FROM THE TSP INTO AN IRA.

- **Fixed amortization method:** With this method, the amount to be distributed annually is determined by amortizing your account balance over your single life expectancy, the uniform life expectancy table or joint life expectancy with your oldest named beneficiary.
- **Fixed annuitization method:** This method uses an annuitization factor to calculate your SEPP. This is one of the most complex methods. The IRS explains it as taking the taxpayer's account balance divided by an annuity factor equal to the present value of an annuity of \$1 per month beginning at the taxpayer's age attained in the first distribution year and continuing for the life of the taxpayer. For example, if the annuity factor for a \$1 per year annuity for an individual who is 50 year's old is 19.087 (assuming an interest rate of 3.8%), an individual with a \$100,000 account balance would receive an annual distribution of \$5,239 ($\$100,000 / 19.087 = \$5,239$). This calculator uses the mortality table published in IRS Revenue Ruling 2002-62, which is a non-sex-based mortality table. Please note that your annuitized SEPP is based on your life expectancy only and is not based on the age of your beneficiary.

The revenue rulings that contain the Federal mid-term rates may be found at: <http://www.irs.gov/taxpros/lists/O.id=98042.OO.html>

This method may at times provide the largest payments depending on the size of the account and interest rates used. And like the amortization method, the payments are fixed.

TSP (Cont.)

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It is, however, the most complicated method to use. The IRS's Annuity Factor table is not as easy to use as the life expectancy factors from IRS Publication 590. However, there are computer programs available that contain the actuarial table used for the Annuity Factor Method.

Brentmark's Software Pension & Roth IRA Analyzer is one program that will do the calculations for you. Another helpful source is: <http://72t.net/>

If payments are changed for any reason other than death or disability before the required distribution period ends, the distributions will be subject to a retroactive application of the Premature Distribution Penalty. It is 10% (plus interest) for all years beginning the year such payments commenced and ending the year of the modification. It is important to remember that while 72(t) distributions are not subject to the 10% penalty for early withdrawal, all applicable taxes on the distributions must still be paid. Further, taking any early distributions from a retirement account reduces the amount of money available later during your retirement. Please contact your tax advisor for information.

ANNUITIES

Single Life Annuity guarantees an annuity payable to you during your lifetime. You can elect the Single Life Annuity with or without COLA, with or without the cash refund option, and with or without a 10- year certain payout. The COLA is capped at 3% but is an important consideration- the longer you live if your annuity is not adjusted for COLA, the less buying power it will have. (For example, assume a \$50 bill in 1957 bought \$50 worth of goods and services, in 2014, due to inflation, it would buy \$4.66 worth of goods and services).

The cash back option is important because it assures that you or your beneficiary will receive at least the amount you had in the TSP when you purchased the annuity. This is an expensive option but guarantees that the value of your account will be paid to you or your beneficiary. Ten-year certain payout is a short- term guarantee. It guarantees that if you die within the first 10 years of the annuity, your payments will be continued for the balance of the 10 years to whomever you have named. If you receive payments for 10 or more years there will be no payments after your death. However, if you live to be 110, you would continue to receive payments.

Joint and Survivor Spouse- requires that you elect either 50% or 100%. The key is that the 50% or 100% survivor's annuity would be paid to whomever outlived the other, (i.e., it is your TSP account, you elect joint and survivor spouse 50%, your spouse predeceased you, your TSP annuity will be 50% of what you were jointly receiving.) You have the same COLA option on either joint and survivor spouse annuity as in the single life annuity. For joint and survivor spouse annuity, you do not have the 10-year certain payout; however, you do have the cash back option.

If you want to know what's happening in the market, ask the market.
-Japanese Proverb

On the Job- CNRMA

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On the Job - Northwest



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Nursing Facility Evacuated



The Eastern Virginia Healthcare Coalition issued an alert message throughout the Commonwealth of Virginia advising of a need to evacuate the Harbour Pointe Healthcare and Rehabilitation Center located in Norfolk, VA. During routine maintenance of the facility's generator a sprinkler head discharged in the mechanical room saturating much of the facility's electric service panels and caused minor flooding. Dominion Virginia Power instructed the facility to shut off all power to the building so the electrical service could be evaluated. The City of Norfolk directed an evacuation of the center. Fifty-four minutes later NRMAFES received a call from Norfolk Fire & Rescue requesting mutual aid to assist in evacuating nearly 150 patients.

NRMAFES was able to assist by providing five staffed ambulances, three advanced life support and two basic life support, conducting sixteen emergent interfacility transports to outlying nursing centers, some as far away as northeast North Carolina. The incident garnered significant regional media coverage and tested the ability of a multiple agency response. In summary, interoperations proved to be seamless and Harbour Pointe Healthcare and Rehabilitation expressed their gratitude to all involved.

Mutual Aid Training



Navy Region Northwest F&ES recently hosted Kitsap County agencies on station at Naval Hospital Bremerton as part of the CITADEL RUMBLE exercise.

The scenario entailed an earthquake registering 7.4 on the Richter scale affecting the Puget Sound region with aftershocks causing major damage to the Hospital, trapping patients on the upper stories. The exercise provided crew members the opportunity to demonstrate patient packaging skills and showcase interoperability between neighboring fire agencies. This was a great example of how a well-coordinated drill can ensure fantastic training value for all participants. Everything from command and control, patient packaging, interagency communications, technical rescue and apparatus positioning was demonstrated by each F&ES agency. These four agencies work together daily on real world emergencies throughout the county. This was the first non-fire ladder evolution coordinated within the county, made possible by recent apparatus acquisitions by South Kitsap and Central Kitsap county mutual aid partners.

NRNW F&ES looks forward to continue strengthening of community partner relationships through coordination and training.

Ebola Guidance

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Jonathan Woodson, M.D.
ASD (HA)

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From Assistant Secretary of Defense Health Affairs

Ebola Virus Disease (EVD) is caused by infection with a virus of the family Filoviridae, genus Ebola virus. When infection occurs, symptoms usually begin abruptly. The first Ebola virus species was discovered in 1976 in what is now the Democratic Republic of the Congo near the Ebola River. Since then, outbreaks have appeared sporadically. Ebola infection is a severe, often fatal disease in humans and nonhuman primates. The current outbreak occurring in Guinea, Sierra Leone, and Liberia was recognized in March 2014, but likely started in December 2013.

Current Situation: On July 31, 2014, the World Health Organization (WHO) reported 1,322 cases (728 deaths) in Guinea, Liberia, and Sierra Leone and one travel-related case, classified as probable by the WHO, in Nigeria. Despite concerns about cross-border spread, the WHO has not recommended travel or trade restrictions for the three affected countries. On July 31, 2014, the Centers for Disease Control and Prevention (CDC) issued a warning to avoid nonessential travel to Guinea, Liberia, and Sierra Leone. No warnings have been issued for Nigeria or Togo. Liberia has closed most of its border crossings.

Risk to U.S. Personnel: According to the National Center for Medical Intelligence, the risk of Ebola transmission to U.S. personnel in the area is low, even during an extensive outbreak in the local population. Casual contact does not transmit infection. Patients are unlikely to transmit infection early in illness and do not pose high risk until more severely ill. Person-to-person transmission requires direct contact with the blood or bodily fluids of a severely ill patient. No vaccine is currently available to protect against Ebola.

- Contact of the extent required for transmission is typically restricted to health care personnel who care for Ebola patients or have contact with blood or body fluids from these patients without using appropriate PPE, family members providing direct care, and those participating in traditional burial rituals that involve close contact with blood and bodily fluids from the recently deceased. Such exposures are very unlikely to occur among U.S. forces, with the exception of medical personnel.
- U.S. military medical personnel, who DO NOT use appropriate PPE while caring for critically ill Ebola patients or handling patient samples are at significant risk of infection.
- Military personnel should not handle any animals with confirmed or suspected Ebola virus infection. Ebola hemorrhagic fever outbreaks are focal in nature and are traced usually to an initial human case associated with butchering and consumption of a diseased forest-dwelling primate or, possibly, exposure to bats near caves and mines.

Healthcare Guidance: On August 1, 2014, the CDC released a Health Advisory, *Guidelines for Evaluation of US Patients Suspected of Having Ebola Virus Disease*. The CDC also prepared *Infection Prevention and Control Recommendations for Hospitalized Patients with Known or Suspected Ebola Hemorrhagic Fever in U.S. Hospitals*, July 2014.

Ebola (Cont.)

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Additional information is available on the CDC website:

<http://www.cdc.gov/vhf/ebola>.

Diagnosis: Diagnosing EVD in an individual who has been infected for only a few days is difficult, because the early symptoms, such as fever, vomiting, and diarrhea, are nonspecific to Ebola virus infection and are seen often in patients with more commonly occurring diseases.

However, if a person has the early symptoms of EVD and there is reason to believe that EVD should be considered, the patient should immediately be isolated. Diagnostic testing is available at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) (301) 619-4738/3318, DSN: 343-4738/3318).

Treatment: There are no medical countermeasures approved by Food and Drug Administration against Ebola virus infection. Standard treatment for EVD is limited to supportive therapy. This consists of balancing the patient's fluids and electrolytes; maintaining their oxygen status and blood pressure; treating them for any complicating infections. Timely treatment of EVD is important but challenging because the disease is difficult to diagnose clinically in the early stages of infection. Because early symptoms such as fever, vomiting, and diarrhea are nonspecific to Ebola viruses, cases of EVD may be misdiagnosed initially. However, if a person has the early symptoms of EVD and there is reason to believe that EVD should be considered (contact with the bodily fluids of a suspected Ebola patient), the person should be isolated immediately and public health professionals notified. Supportive therapy can continue with proper protective clothing until samples from the patient are tested to confirm infection.

Reportable Medical Events: All suspected cases of Viral Hemorrhagic Fever should be reported immediately to The Armed Forces Health Surveillance Center, state health departments, the CDC Special Pathogens Branch and USAMRIID, using established reporting procedures. Consult USAMRIID before obtaining or sending specimens to USAMRIID for confirmatory testing.

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FDA Warning

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Powdered Pure Caffeine

The FDA is warning about powdered pure caffeine being marketed directly to consumers, and recommends avoiding these products. In particular, FDA is concerned about powdered pure caffeine sold in bulk bags over the internet. The FDA is aware of at least one death of a teenager who used these products.

These products are essentially 100 percent caffeine. A single teaspoon of pure caffeine is roughly equivalent to the amount in 25 cups of coffee.

Pure caffeine is a powerful stimulant and very small amounts may cause accidental overdose. Parents should be aware that these products may be attractive to young people.

Symptoms of caffeine overdose can include rapid or dangerously erratic heartbeat, seizures and death. Vomiting, diarrhea, stupor and disorientation are also symptoms of caffeine toxicity. These symptoms are likely to be much more severe than those resulting from drinking too much coffee, tea or other caffeinated beverages.

All consumers seeking caffeinated products should be aware of the potentially high potency of these powdered pure caffeine products. Parent should recognize that teenagers and young adults may be drawn to these products for their perceived benefits.

What to do

- * The FDA advises consumers to avoid powdered pure caffeine.
- * It is nearly impossible to accurately measure powdered pure caffeine with common kitchen measuring tools and you can easily consume a lethal amount.
- * If you believe that you are having an adverse event related to caffeine, stop using it and seek immediate medical care or advice.
- * The FDA wants to know about adverse events associated with powdered pure caffeine and other highly caffeinated products. You or your health care provider can help by reporting these adverse events to FDA in the following ways:
- * By phone at 240-402-2405
- * By email at CAERS@cfsan.fda.gov <<mailto:CAERS@cfsan.fda.gov>>

Why this advice is important

Pure caffeine products are potentially dangerous, and serious adverse events can result, including death. People with pre-existing heart conditions should not use them.

U.S. Food and Drug Administration <http://www.fda.gov/> Follow FDA on Facebook <https://www.facebook.com/FDA>
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New NFA Program

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Oshkosh Strikers



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NFA Announces New Managing Officer Program

The United States Fire Administration's National Fire Academy (NFA) announces a new training program aimed at improving the professional skills of America's fire and emergency medical services first responders. Called the Managing Officer (MO) program, the curriculum emphasizes leadership, safety, community risk reduction, training, and technology for those men and women who may be embarking on supervisory roles in their organization.

The MO program differs from other NFA programs by providing new officers a defined nationally-recognized curriculum. Students will be able to complete the program in as little as two years, and will receive a NFA capstone certificate when they finish.

NFA Superintendent Dr. Denis Onieal explained, "The MO program will fulfill the four universal elements of professional development: higher education, training and certification, continuing education and experience. This includes a combination of self-study, state and local training, and resident courses at the National Emergency Training Center in Emmitsburg, MD. □

The program curriculum and entrance requirements were established by the NFA Board of Visitors. The four resident courses include Contemporary Training Concepts for Fire and EMS, Applications of Community Risk Reduction, Transitional Safety Leadership and Analytical Tools for Decision-Making.

APPLY NOW! For additional information, refer to the Managing Officer website at:

http://www.usfa.fema.gov/nfa/managing_officer_program/index.shtm

New Navy ARFF Vehicles



Four new Strikers for Isa AB, Bahrain and a new Snuzzle for Joint Region Marianas (Guam)

Retirement News

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Phased Retirement is Finally Here

By Kellie Lunney, Government Executive

After more than two years in federal regulation limbo, the law allowing federal employees to partially retire while continuing to work part-time for the government is finally being implemented.

Eligible federal employees can submit their applications for phased retirement beginning 6 November 2014. The Office of Personnel Management recently filed the 129-page final rule on the new program for publication in the *Federal Register*. The so-called phased retirement provision, included in the 2012 transportation reauthorization act, allows eligible feds to work 20 hours per week, receiving half their pay as well as half their retirement annuity. Those employees who enter phased retirement must devote at least 20% of their work time, or about 8 hours a pay period, to mentoring other employees, ideally for those who take over for them when they fully retire.

“The regulations are another way that our administration, the president’s administration is giving agency leaders new tools to manage and plan for the 21st century workforce,” said OPM Director Katherine Archuleta. “They will let managers provide the kind of flexibility that will meet the needs of our employees while allowing us to continue to tap into their experience, their wisdom and their judgment of the talented federal workforce.”

Phased retirement seems like a win-win for the government and retirement-eligible federal workers: Uncle Sam gets to keep valuable employees for a bit longer, and partially-retired employees will earn more money than they would by fully retiring, or simply working part-time.

Eligibility for phased retirement is similar to the criteria for federal workers who are fully retiring.

“Upon retirement, the employee will be entitled to a greater annuity than if the employee had fully retired at the time of transition to phased retirement, but less than if the employee continued on a full-time basis,” said Ken Zawodny, associate director for retirement services at OPM, during the call with reporters. Partial retirees will work 50 percent of the time and receive half of what their annuity would have been (not including credit for sick leave) had they fully retired. That work ratio, however, could change eventually. “In the future, and at OPM’s discretion, different working percentages could be permitted,” Zawodny said.

Employees who enter into phased retirement will have their annuity payments calculated twice – once when they partially retire and again when they fully retire – and are treated as part-time employees for most employment purposes, including leave and pay. But their health care won’t change once they go part-time, said Mark Reinhold, OPM’s associate director of employee services and the agency’s chief human capital officer. Phased retirees will continue to receive the full contribution from the government under the Federal Employees Health Benefits Program and their costs won’t change, Reinhold said.

Retirement (Cont.)

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Zawodny said OPM made some minor tweaks to the proposed rule except for a new requirement in the final regulation that directs agencies to draft a written plan when approving or denying applications for phased retirement. “Requiring the written plan protects both the agency and the employee,” he said.

The National Active and Retired Federal Employees Association praised the release of the final rule – more than a year after the proposed rule was published. “The new regulations are arriving just as the federal government faces a critical retirement wave,” NARFE President Joseph A. Beaudoin said. “Three years from now, the number of retirement-eligible federal workers will double. The phased retirement program should help stem the tide of this retirement surge.”

Agencies will have broad discretion in deciding how to implement phased retirement, including deciding which jobs are eligible for it, determining mentoring activities and deciding how long an employee can remain partially retired. There won’t be much wiggle room when it comes to requiring partial retirees to mentor, however. “Mentoring is an essential component of phased retirement, and agencies have very limited authority to waive that requirement,” Reinhold said.

But Beaudoin expressed skepticism over how well the mentoring requirement will be enforced. “While most of NARFE’s concerns were addressed or clarified in the final regulations, we are disappointed that they allow agencies too much leeway to waive the mentoring requirement,” he said. “Unfortunately, there are several mentoring requirements already in regulation that are not being used to their fullest extent. Given the federal government’s current limited use of mentorship programs, NARFE believes that agencies could benefit from additional guidance from OPM on mentoring best practices.”

OPM officials said they will provide detailed guidance to agencies soon on how to implement phased retirement.

As for the retirement claims backlog, which OPM has made progress on reducing, Zawodny said the agency didn’t know how phased retirement would affect that workload, since the government will be processing some applications twice. “We hope it’s spread out enough so that the impact is not going to be an issue,” he said, though he pointed out that the initial retirement calculation for partial retirees “won’t be that different than the final calculation.”

OPM officials said they received hundreds of comments on the proposed rule and had to coordinate with other agencies, including the Social Security Administration and the Federal Retirement Thrift Investment Board, because of how complicated the change is. “We just wanted to make sure we got it right and I think we did,” Reinhold said.

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Wellness Corner

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Firefighters Obesity Rate 'Higher Than Public'

From www.FireRescue1.com

NVFC found that overweight, obesity rates in firefighters range from 73% to 88%, higher than nationwide average

Rates of overweight and obese individuals in the fire service are higher than those found in the general public, according to a new study.

Researchers looked at the body composition of both career and volunteer firefighters across the nation, with overweight and obesity rates ranging from 73% to 88%.

About two-thirds of Americans are overweight or obese on a general, national level.

The research demonstrates that a large percentage of firefighters do not meet minimal standards of physical fitness, according to the study conducted by the NVFC.

"Addressing the Epidemic of Obesity in the United States Fire Service" looks at the impact of obesity, the scope of obesity in the fire service, and why obesity has become an epidemic.

Occupational factors may place firefighters at high risk for weight gain, including:

- Shift work
- Sleep disruption
- Unhealthy eating patterns in the firehouse
- The absence of fitness standards for firefighters

"This report will urge everyone from national fire service leadership, to department chiefs, to individual firefighters to think creatively and join in efforts to reverse the negative trends of unhealthy body weight and poor physical fitness," the report says.

"It is time to begin a national conversation regarding obesity in the fire service."

The report outlines how overweight and obese firefighters have been shown to suffer from a large number of problems compared to their colleagues, including hypertension, higher risks for cardiovascular disease, low fitness, reduced muscular strength, and more frequent cardiac events.

"Overweight and obese firefighters are less fit to perform their jobs and cost fire departments significantly more than firefighters with a healthy weight," the report adds.

Snacking was identified as a particular challenge at the firehouse; having an abundance of high sugar or high carbohydrate snacks around the station was consistently reported as being a big challenge among those surveyed.

Obesity (Cont.)

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"You have that downtime, you know, and it's easier to have M&Ms, a Snickers bar in the firehouse than it is to have a carrot or celery," said one responder to the survey.

Another said, "What kills us sometimes is during, like, holidays or like, 9/11, families around the fire station bring in food. And they mean the best intentions, but they bring in the worst food for you -- cookies, cake, and stuff."

As firefighters gain more weight, research has found that cardiorespiratory fitness plummets and the risk of cardiovascular disease increases, the report says.

"There is solid evidence that suggests physical fitness is related to job performance and the performance of simulated firefighting tasks (e.g., hose and ladder carry, donning SCBA, climbing three flights of stairs, rescue and body drag, etc.).

"The fact that so many firefighters are not fit is troubling. This situation may be at least partially due to lack of agreement over fitness and body composition standards in the fire service and the fact that few departments engage in regular monitoring of body composition and physical fitness in their firefighters."

Among the recommendations the report makes for the fire service to combat obesity and increase fitness are:

- Fire departments should consider conducting annual fitness assessments.
- Minimal fitness recommendations for all firefighters should be a priority.
- An effective fitness program can be implemented by fire departments at minimal cost and using existing facilities.

The NVFC partnered with the HOPE Health Research Institute for the report, which was supported by the U.S. Fire Administration.

Couples Humor



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Odd Noise



Heavy snow had buried a woman's van in their driveway. Her husband dug around the wheels, rocked the van back and forth and finally pushed her free.

A short while later, while on the road, she heard an odd noise coming from under the van.

Concerned, she got on her cell phone and called home.

"Thank God you answered," she said when her husband picked up.

"There's this alarming sound coming from under the van. For a minute I thought I was dragging you down the highway."

In a shocked voice, her husband replied, "And you didn't stop?!"

F&ES POCs

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