

Interview at
U.S. Coast Guard
National Maritime Center
(6 pages total)

Email between
Human Performance Group Chairman and Coast Guard party
representative regarding Interview Notes
(2 pages total)

Nine (9) pages total including this cover

INTERVIEW AT NATIONAL MARITIME CENTER-01/12/04

Present at the interview were: Barry Strauch, Morgan Turrell, and Mitch Garber, NTSB; Lt. Mark Bottiglieri, USCG.

The following members of the Coast Guard National Maritime Center were interviewed: Ernest J. Fink-Commanding Officer, Stewart A. Walker-Branch Chief-Licensing and Evaluation Branch, and Betty Garner-Marine Transportation Specialist. In addition, Christopher F. Murray, Attorney, Office of the Chief Counsel, also attended the interview.

Physical examination reports that mariners obtain (form CG-719K), go to the Regional Exam Center (REC), where the applications are sent to one of the evaluators. The evaluators use the policy, regulations, and guidance published in the Marine Safety Manual, a USCG publication applicable to the entire marine safety area. The evaluators have to qualify through an internal training program, which covers other areas in addition to medical areas.

The evaluators can make one of three decisions regarding the medical status of the applicant: 1) qualified, 2) not qualified, or 3) not qualified but by a "very minor" disqualifying factor and in fact, may be able to do their job safely. If 3) they will send the application forward to the National Maritime Center (NMC) with the recommendation that it be granted.

If the REC evaluators have questions on the applications they call Ms. Garner. NMC in general receives about 50 to 60,000 applications a year. Of those about 1200 to 1400 come in with recommendations for waivers. The NMC doesn't know how many are denied at the local level. Those numbers are not tracked.

If someone submits an application that is denied, the application is entered into the records. If the applicant then reapplied, the results would show up when he or she reapplied. The system is queried if someone applies and the evaluator would know. The paperwork is retained in a central repository.

Once the medical approval is granted mariners don't have to turn anything into the USCG for another five years, but pilots must have an annual physical and the USCG may review the results, that is carried out by the local CG office. It is assumed that local CG activities personnel would come to the NMC if they have any questions. The NMC job is to issue licenses, not to take them away. If a pilot became medically disqualified, they would be charged under suspension and revocation proceedings, and that would come under a different office, not NMC.

Charleston, SC, regularly reviews the annual medicals because they hear from them regularly.

If someone develops a medical condition that could be disqualifying, e.g., multiple sclerosis, there is no requirement to inform the CG of the disqualifying condition. If the CG becomes aware of a medical problem with a mariner, it would be investigated. In that case the CG could begin suspension and revocation proceedings, or the person can deposit his license with the CG voluntarily until his condition gets better. An MD who finds someone disqualified medically, can call any CG office and talk to the safety office. There is no formal mechanism to notify the CG that way.

If the doctor selects option 3) on the physical evaluation form (needs further review), the form would go to the NMC and Ms. Garner would review it to see that the supporting documentation is provided. She will then send the material to Dr. Ramirez, who will review it. He may request assistance from medical specialists. Ultimately they will get a report with a recommendation that the waiver be either granted or denied.

NMC has no MDs who work directly for NMC. There are some who work for the CG Personnel Command, Dr. Jones is the head of the group, and Drs. Ramirez and Jones have collateral duties working with NMC. They are both active duty Public Health Services physicians assigned to the CG.

Dr. Ramirez and others could ask for additional information. Ms. Garner would then contact the REC (regional examination center) to ask for additional information, and the NMC would then contact the mariner.

If an applicant is turned down by an MD, the applicant can go to another MD who could grant the medical license. The CG has provided additional information on the application to help the MDs. There is no CG requirement that an applicant turned down for a medical provide the form to the CG.

How do the RECs follow up on MDs who are approving a lot of applications? Stuart Walker has talked to the chiefs of the RECs and they know who the "good" MDs are and those who approve a lot of applicants. But, there really is no way to check on the MDs since, unless the mariner has a visible disqualifying condition, NMC will take the word of the licensed physician. There are ways, however, that the REC will follow up on applicants, e.g., someone who could not pass the color blindness test and then does pass, they can follow up to determine how the person's condition changed.

Mr. Walker does not know if NMC follows up on applicants with disqualifying conditions who later are considered medically qualified. If this is done, it is done outside the standard, on their own. If someone moves to another locale, his file will not follow him. Waivers will show up on the MMLD, the national CG database.

Waivers include eyeglasses to meet the vision requirements, in which case they are required to wear or possess the eyeglasses and retain a second pair on the vessel. The goal is to keep the person qualified as long as they can safely do their job. In some cases waivers may be issued that limit the mariner to a particular vessel.

NMC doesn't check on regions to see that determinations of fitness are consistently reached. The RECs use the same guidance. NMC provides the guidance and it is up to the REC to see that the guidance is applied equally. The evaluators are trained at the unit. There is annual training after that but it is not required. The training is not set up in a formal course. The REC evaluators have to demonstrate that they can do different things required of them in a competent manner.

NMC gets questions on a daily basis from the RECs. It depends on the applications. The questions go to Ms. Garner and may come via phone or e-mail. NY region would be in the middle in number of the calls they get. She gets maybe 5 to 10 calls per day.

NMC is not aware of MDs fraudulently completing an application. The CGIS would be notified of a fraudulent application. This actually happened recently, where a person was in a wheelchair and was considered fit. The mariner was then reported by someone else who saw him or her on a wheelchair.

NMC doesn't keep a count of the MDs, they don't track how many applications are completed by a MD. Because the files are not filed by MDs it is almost impossible to track MDs.

The NMC physicians review applications sent for further review and they would make a decision as to whether the person is fit or not. There is no list of medications that are prohibited. Medication use is considered in terms of the condition calling for the medication, and whether the condition is under control as a result of the medication. The reviewing MDs would refer to the Physician's Desk Reference (PDR) if they had any questions about a medication.

On the form, they ask for the side effects of the medications taken. They get a lot of questions about medications, including the length time they have taken medications. Medication use may or may not cause an application to be sent down to NMC for review. Medication use can be disapproved in one region, approved in another, and asked for further qualification in another. In response to this potential inconsistency, the CG is considering centralizing the evaluation process. It is anticipated that if everything goes well the centralization will be fully implemented by the Spring/Summer of 2007.

Applicants sign statements indicating that they acknowledge the penalties for not honestly completing the application form. There have been instances of people failing to provide information about criminal background, this was found in conjunction with security reviews. They are not aware of investigations caused by failure to provide medical information. If it was learned that a mariner was not honest, the CG would likely go after his license, but would not send it to the US attorney because it is a relatively minor offense.

There is nothing to stop mariners from not forwarding physical evaluation forms in which the person is found not qualified, and then go to another MD who finds him/her qualified and submitting that evaluation form. There is no effort underway to get the MDs to send

the application form rather than the applicant. This has not been discussed much within the CG.

Regulation is not specific as to the guidance the MDs are given as to consider conditions disqualifying or not. No instructions given to the mariner as to what to do with the form.

Mariners will voluntarily deposit the form with the CG for temporary things such as broken arms, legs, etc. The MD would complete the box "needs further review" if the MD wants more information, if for example, he/she is not the applicant's primary physician. The assumption is that the MD will say, before I grant this I will need more information such as by a stress test.

They have a draft revision of the NAVIC in the works that will probably be out in 6 months. This will pick up information not in the form 719K. The current NAVIC was issued in 98, before that was 92. There is no requirement that it be reviewed on a regular basis. The NAVIC is available on the web site and the form tells physicians them to refer to it. CG finds a lot of MDs who do a lot of marine physicals. The problem they have is with the MDs who don't do that many.

The most common conditions that are under review are heart conditions and diabetes. For example, someone how had a heart attack 8 years ago, but if the last stress test was 6 years ago, they will require a recent stress test. Heart is the biggest problem, but they are finding more and more diabetes, and also hypertension.

There is an appeal process available to mariners denied the medical. Three levels, one at the REC, then a formal appeal to the district commander, and finally to the commandant, which comes to the NMC. It is "very seldom" that it comes to the commandant.

There are cases where an MD has denied a waiver and NMC approved them. Stuart Walker directs Ms. Garner to notify the REC in that case, so he will assume the responsibility for notifying the REC. Occasionally an application will come through where something just doesn't look right. Their intent is to keep the person gainfully employed as long as he/she can do it safely, they will make such limitations on the application, by restricting the person's activities if need be. This happens rarely, e.g., once every two or three years.

Regulations permit use of other forms, provided that the examination was carried out in accordance with CG standards. They accept military physicals, but Mr. Walker would have to see the scope of the exam.

Dr. Jones-USCG-Graduated Duke, undergraduate and Duke University School of Medicine, completed residency at Baylor in pediatrics in 1973. He has been with USPHS since 73 on and off, and with the CG since 93, doing waivers for both active duty and mariners since then.

If the physicians have subspecialty concerns, e.g., someone with MS and they need a neurology question, they will refer back to the physician treating the person, and they will ask how is he/she now, and they (CG MDs) know that their decisions can be appealed in court. They will ask the MD, given these circumstances, what conditions do you think can cause concern, if a cardiac problem they will ask the cardiologist the prognosis for a heart attack (MI), in a situation requiring a labor intensive activity, e.g., fire on board. He will put the burden, as much as possible, on the specialist. They have specialists available at the Navy hospital, Dr. Jones reviewed waivers for accession to the CG for a number of years and was on the staff of the Navy hospital so he can ask the MDs then. The consults were either on the phone or person to person.

With MS, because of the possibility of rapid onset of sudden debilitating weakness, Dr. Jones would ask the neurologist the possibility of this suddenly developing. If the specialist says no, which is different than his own experience, Dr. Jones will consult with an MD at the Navy hospital he would not grant it, but if both did say that is was OK, he would recommend a limited waiver be granted and that the mariner be evaluated annually.

Other conditions, e.g., insomnia or sleep apnea where no specialist was involved, Dr. Jones would put the question to the primary physician, in your opinion is this mariner drowsy during the day, and see what his answer was. If the answer says he's not drowsy, and doesn't need a sleep apnea machine, Dr. Jones would think that the condition is not debilitating and would grant him a waiver. If the person was on a machine and the MD said that there was no daily impairment, he would recommend a waiver. Today the CG will allow people to remain in if they were on a machine that was controlling their sleep apnea. There is no requirement for a sleep latency study or sleep study. It's up to the physician, Dr. Jones doesn't require it. He would not talk to the MD in that case but would go by the written statement of the MD.

Medical treatment of sleep disorders, e.g., the mariner has been on Ambien or Sonata for a year or two, Dr. Jones would not tend to recommend a waiver in that case since if the person needs the Ambien to help him, and if he performs nighttime duty he may not be able to function. He would not grant a waiver if someone is taking narcotics for any reason because of the likelihood of drowsiness. In case of Tramadol, Dr. Jones would send the request back to the physician, he would ask the MD, is he drowsy, unless they had information from his employer or others that they observed the person drowsy.

There are a number of antihistamines that in non aviation do not require waivers, they would not ask for any input on drowsiness on antihistamines, or even Elevel, Prozac, etc. As long as the MD believes that the medication is controlling the condition they will grant the waiver. Tramadol would not call for Dr. Jones asking for additional information.

If the MD says the person is not having problems they will go with what the MD says. If that changes, hopefully the mariner will go to the ship's doctor and say that they are having problems. He relies a lot on the physician but Dr. Jones may request that a

specialist be involved in the evaluation. They do not consider Board certification of the physician in the evaluation.

Dr. Jones reviews about 15 to 20 physical evaluation forms a week, probably 10% does he follow up on, maybe one a year will he seek a consult with the Navy hospital. His main concern is the mariner's response to an emergency, going up down a ladder, fight a fire, etc., be effective. If so, Dr. Jones will write that in to the physician.

There is no program for medical evaluation of alcoholics on CG active duty. No similar program for civilian mariners. He does not run into a problem of physician not being up on side effects, Dr. Jones is interested in impairment of judgment or drowsiness and these are the two that he will focus on in reviewing medication use. He cannot think of other side effects of medications that would be disqualifying. He will consult the PDR if necessary. Cannot think of any drugs off hand where Dr. Jones did consult the PDR.

He will put more weight on the evaluation of an MD than on a nurse practitioner. Chiropractors are not permitted to evaluate mariners. He has not consulted with a MD in occupational medicine. He is in fact leaving this billet to go into an occupational medicine billet in HQ and will be taking training in it in Cincinnati. He will then take four one-week courses at the U of Cincinnati School of Medicine.

When Dr. Jones looks at a waiver he asks 1) is it likely to affect their health, 2) can they do their job, and 3) can they react in an emergency situation? They do roughly 1200 to 1400 a year, Dr. Jones is the final approval authority on these. For 3 years Dr. Ramirez was doing all of them but then she got involved in disability claims.

He knows of one physical evaluation that got involved in court and Dr. Jones provided expert testimony by phone. The ship company brought it to their attention that the mariner should not have had the waiver.

To him the big waiver requests involve cardiac conditions and psychiatric medicine use. Someone with chronic back pain is generally on narcotics and in that case the evaluation would not be approved, however, if the mariner is taking Advil then it is OK and the license will be granted.

Stuart Walker will provide the team with qualifications of evaluators, number of applicants denied for medical reasons, and whether RECs routinely checking previous applications.

Ford Robert

From: Strauch Barry
Sent: Thursday, January 15, 2004 2:00 PM
To: Garber Mitchell; Julius Chris; Ford Robert
Subject: FW: Interview notes



NMCinterviews.doc

Gentlemen:

What are your instructions to me for my response to the Coast Guard's request for items 1 and 2? If there is a problem with sending them the information requested in item 3, the personnel records, please let me know as well.

Thanks

Barry

-----Original Message-----

From: Bottiglieri, Mark LT [mailto:MBottiglieri@actny.uscg.mil]
Sent: Thursday, January 15, 2004 11:05 AM
To: Strauch Barry
Cc: Hawkins, Benjamin LCDR; Cobb, Charles CWO; Ford Robert; Turrell Morgan
Subject: Interview notes

Dr. Strauch,

The interview notes were thorough and I didn't record anything that would add to them. I did have two minor changes though, one on page 1 and one on page 2, that I made for your review.

<<NMCinterviews.doc>>

With regard to your and Dr. Garber's request for info on how many times the local CG offices check for annual physicals from pilots, it is now being handled at the HQ level to give you a better idea of what the CG is doing in that regard. This is the best and most efficient way of getting this data to you, rather than me trying to handle it one unit at a time. So I just wanted to update you on that.

One thing that I do need your help with though is I need from the NTSB copies of the following documents, most of what we collected when you were down here back in October:

1. Any and all medical and pharmacological records from all physicians, dentists, pharmacists etc...for both Smith and Gansas.
2. Any and all toxicology reports that the NTSB might have on Smith or Gansas.
3. Any and all NYC DOT and SI Ferry Division personnel files and work records, including time sheets, sign in sheets, performance reports, vacation logs, etc... for both Smith and Gansas.

I would like to try and get those by the end of this month. Thanking you in advance for any help or feedback you can give me.

V/R,

LT Mark A. Bottiglieri
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