



Cumberland County Fire Chief's Association

Minutes of June 24, 2013 Monthly Meeting



The meeting was hosted by Fort Bragg Fire and Emergency Services and we thank Chief Melvin and his staff for their hospitality.

Opening Prayer: Deputy Chief Pone provided the opening prayer.

Roll Call: Roll call was conducted with 14 departments and 5 associate members present.

Members Absent:

Fire Departments: Bethany, Cedar Creek, Cumberland Rd., Eastover, EMS, Hope Mills, Vander

Associate Members: FPD, SHP, FTCC, County Commissioner, Christian Firefighters, Life Link, Fort Bragg EMS,

Approval of Minutes: Minutes from the May meeting were approved.

Guests: Steven Blackburn, Retired Fire Chief, Fort Bragg.

Vendors Present: Chris Lee, Capitol Bank and his staff sponsored the meal for the evening and also gave out information regarding their banking services.

Heather Torello, State Chemicals gave a synopsis of her products and services

Treasurer's Report: No report.

Meeting Point of interests:

Next Chief's Meeting will be July 22, 2013 hosted by EMS Base. The meeting will begin at 7:00 pm.

- Vice President Marley advised that the Grays Creek Fire Department # 24 will pick up air truck coverage and duties in July 2013.
- Vice President Marley provided a packet with legal briefs and various informational materials. If you had your picture made in Eastover, a copy of same should be in your packet.

- Vice President Marley recognized Fire Chief Mark Melvin as the recipient of the International Association of Fire Chiefs – SE Division’s Career Fire Chief of the Year for 2013. Chief Melvin and Chief Freddy Johnson Sr are finalist for the National IAFC awards for Career and Volunteer Fire Chief’s of the Year for 2013. These awards will be given in August 2013 at the FRI conference.
- Vice President Marley advised everyone that we need the web links sent to President Johnson so that the final portions of the web site can be up loaded. The bylaws as well as other important information will be placed on the website.
- Vice President Marley stated that a retirement celebration for Retired Fire Chief Richard Bullard was held June 2, 2013 at 3:00 pm. This event took place at the Beaver Dam Fire Department. President Johnson attended the event and presented Chief Bullard a plaque from the Association. Chief Herndon attended and stated that the event was excellent and expressed his concern that only a few Chiefs in the County attended.

OLD BUSINESS

1. Vice President Marley advised the members that EMS would be picking up the OXYGEN contract for all of the County Fire Stations effective July 1, 2013.
2. Chief TJ McLamb and Timmy Mitchell gave an update on Fire House and MCT issues.

NEW BUSINESS:

1. There was discussion on new hose needed for the foam trailers. Chief Herndon requested that we have the treasurer’s report and a cost of the hose made available before we make a decision on the purchasing of same.

COMMITTEE REPORTS:

ID CARD COMMITTEE Lt. Tara Whitman (Stoney Point) Chairperson

- FYI. Fire Chiefs are required to send a signed letter or memo with a firefighter requesting an ID Card. For any questions or an appointment contact 424-0694 or e-mail at tara@stonepointfire.com

FIRE PREVENTION/EDUCATION COMMITTEE Retired Chief J.F. Hall, Chairperson

- No report.

COMMUNICATIONS COMMITTEE Chief B. Bullard (Stedman) Chairperson

- No report.

STANDARDS & POLICY COMMITTEE Chief K. Hall (Cumberland Road) Chairperson

- No report.

MEMORIAL COMMITTEE Chief R. Marley (Pearce's Mill) Chairperson

- No report.

AUTOMATIC AID/MUTUAL AID COMMITTEE Chief Ake (Beaver Dam) Chairperson

- No report.

FINANCE COMMITTEE Deputy Chief Freddy Johnson Jr. (Stoney Point) Chairperson

- Report provided during the Finance Report

RESCUE COMMITTEE Deputy Chief Hank Harris (Cotton FD) Chairperson

- No report.

BULK PURCHASE COMMITTEE Chief Pearce (EMS) Chairperson

- No report.

FIREHOUSE / MCT COMMITTEE Chief TJ McLamb (Spring Lake) Chairperson

- Chief McLamb advised that everyone that they are planning another users group meeting for Firehouse in August or September.

SPECIAL RESPONSE TIME COMMITTEE - Chief Hill (WCFD/FFD) Chairperson

No report.

ASSOCIATE MEMBERS REPORT

EMERGENCY SERVICES DIRECTOR/ ECC-911 (Randy Beeman, Director)

Timmy Mitchell discussed the recent drowning and thanked everyone for their support. Timmy advised that the Turner family had sent a thank you card to their office

EMS DIRECTOR: Brian Pearce, Director

- No Report.

HAZMAT BC Calvin Bishop, FFD - POC telephone for HAZMAT is 433-1729

- No report.

FORESTRY DISTRICT Craig Gottfried, County Ranger

- No report.

FTCC Ernest Ward, Director

- No report.

SHERIFF'S OFFICE Sheriff Butler

- No report.

CHRISTIAN FIREFIGHTERS Chaplain Casanova

- No report.

NC HIGHWAY PATROL

- No report

COUNTY COMMISSIONERS Fire Commissioner Ed Melvin

- No report.

FOR THE GOOD OF THE ASSOCIATION:

Chief Melvin advised everyone that the Fort Bragg Fire and Emergency Service Dive Team is in service and available for responses.

Vice President Marley discussed a Chaplains class being held in the County.

Chief Joe Marsh discussed a situation that recently occurred with the communications center advising that the station had a call pending. Susan Holland explained that with the new CAD, if the current station was on a call the CAD would automatically recommend other stations. The dispatchers are asking this question to determine if you have equipment available to handle another call. It was discussed that the departments would like to be dispatched and then will determine if they need additional resources. Susan will investigate this issue further.

Vice President Marley led a discussion regarding the response of the power companies. It was determined that you need to be specific as to what you need accomplished in order to get a correct response from the power companies.

ADJOURNMENT: A motion was made to adjourn by Assistant Chief Kevin Dove, seconded by Deputy Chief Hank Harris. The meeting was adjourned at 2030 hours.

Respectfully Submitted By:

Ronnie Marley

Ronnie Marley
Fire Chief / Vice President

Mark A. Melvin

Mark A. Melvin, CFO
Fire Chief / Secretary

6 Enclosures

1. Roll call
2. Legal brief's
3. Health Information
4. Capital Bank information
5. State Chemical information
6. Richard Bullard plaque and thank you information

**CUMBERLAND COUNTY FIRE CHIEF'S ASSOCIATION
ROLL CALL 2013**

MEMBERS PRESENT (21)	17	19	21	15	20	14								
ASSOCIATES PRESENT (11)	5	8	11	5	10	5								
Cumberland County Fire Chiefs Association	28 - Jan - 13	25-Feb-13	25-March -13	22- April 13	20-May-13	24- June-13								
MEMBERS														
BEAVER DAM STA 26	P	P	P	P	P	P								
BETHANY STA 12	P	P	P	P	P	A								
CEDAR CREEK STA 8	A	P	P	A	P	A								
COTTON STA 4	P	P	P	P	P	P								
CUMBERLAND ROAD STA 5	P	A	P	P	P	A								
EASTOVER STA 1	P	P	P	P	P	A								
EMS EMERGENCY MEDICAL SERVICES	P	P	P	A	P	A								
FAYETTEVILLE FIRE DEPT	P	P	P	P	P	P								
FORT BRAGG FIRE DEPT	P	A	P	P	P	P								
GODWIN – FALCON STA 17	P	P	P	A	P	P								
GRAYS CREEK STA 18	P	P	P	P	P	P								
GRAYS CREEK STA 24	P	P	P	A	P	P								
HOPE MILLS STA 21	A	P	P	A	P	A								
PEARCE'S MILL STA 3	P	P	P	P	P	P								
SPRING LAKE STA 22	P	P	P	P	P	P								
STEDMAN STA 23	A	P	P	P	P	P								
STONEY POINT STA 13	P	P	P	P	P	P								
STONEY POINT STA 19	P	P	P	P	P	P								
VANDER STA 2	A	P	P	A	P	A								
WADE STA 16	P	P	P	P	P	P								
WESTAREA Stations 15,20,25	P	P	P	P	A	P								
ASSOCIATE MEMBERS														
HAZMAT	P	P	P	P	P	P								
SHERIFF'S OFFICE	A	P	P	A	P	P								
HIGHWAY PATROL	A	A	P	P	P	A								
FAYETTEVILLE POLICE DEPARTMENT					P	A								
CC EMERGENCY SERVICES	P	P	P	P	P	P								
FORESTRY	P	P	P	P	P	P								
FTCC	A	A	P	A	P	A								
COUNTY COMMISSIONERS	P	P	P	A	A	A								
CHRISTIAN FIREFIGHTERS	A	P	P	A	P	A								
LIFE LINK	A	A	P	A	P	A								
FORT BRAGG EMS	A	P	P	P	P	A								
RETIRED CHIEF OFFICERS	P	P	P	A	P	P								

Special Notes:

CODES: (P) – Present (A)-Absent (E) - Excused

Legal Briefings for Fire Chiefs

How fire chiefs, fire commissioners, and other fire service officers use the law to protect their communities... their departments... their officers... and themselves.

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In This Issue

Disability Retirement – Work Related or Degenerative Disease?

Firefighter injured his back while lifting a heavy piece of gear. He filed an application for disability retirement benefits more than one year after the incident, claiming that his back injury made it impossible to continue working as a firefighter. The retirement board denied his claim, and the trial court reversed. This appeal followed.Page 2

Discrimination – Hostile Work Environment – Retaliation

Minority members of the fire inspection services brought this action alleging that they were subjected to discrimination and adverse employment decisions. The case was dismissed because the claimants failed to establish all of the necessary elements of their claims.Page 3

Probationary Firefighter – Poor Performance or Discrimination?

The claimant was a documented poor performer when measured against other probationary firefighters. The fire chief decided to terminate her for fear that she would be safety risk to other firefighters and the general public. Claimant alleged that she was discriminated by race and gender. The city filed a motion to dismiss the case.Page 5

Heart Disease – Retired Chief – City Appeals Benefits

The retired fire chief is a former smoker. Both of his parents died from heart disease. The city appealed the award of benefits. The chief noted that for many years, firefighters did not use smoke masks during fire calls and were exposed to smoke even after being issued a mask.Page 7

Workers' Compensation – Volunteer Firefighter

Volunteer firefighter was severely injured when a hose burst, causing the heavy nozzle to strike him on the head resulting in a fractured skull and permanent injuries. The injured firefighter sued his co-worker volunteer firefighter for negligence. Is workers' compensation his exclusive remedy? Is the other volunteer firefighter immune from liability?Page 8

In The Next Issue

Termination – Dishonesty Means Unfit for Service

Plaintiff, a seventeen year veteran firefighter, was found to be living outside the county limits which was a violation of the fire department's residency requirement. When confronted, he stated that he was leasing a rental unit inside the city.

Discrimination – Promotion – Reservist – USERRA Violation?

The firefighter, a reservist in the Air Force, was denied a promotion to battalion chief and assistant chief of administration. He alleged that the fire department failed to promote him due to his obligations as a reservist.

Legal Briefings for Fire Chiefs

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Disability Retirement

Back injury while lifting heavy equipment

Issues: Was the firefighter's disability caused by a work related accident or a degenerative disease that had no causal connection with the victim's duties as a firefighter? When there are differing medical opinions from examining doctors, what person or body is best qualified to determine the more credible testimony? Does the appeals court review the evidence at the trial court or the administrative body which determines whether the condition was work related?

James Sanders ("Sanders") was a firefighter with the St. Louis Fire Department from 1994 to May of 2009. The last nine years of Sanders' employment were spent in the maintenance garage where he repaired fire trucks and other equipment. On December 13, 2007, Sanders was lifting a right front tire onto a pumper truck when he felt a severe pain in his lower back.

Sanders notified his superior the same day and was treated at a medical facility. His back condition apparently did not improve, and he finally filed an application for disability retirement benefits on March 11, 2009 with the Board of Trustees of the Firemen's Retirement System of St. Louis ("Board").

The Board conducted an informal hearing and denied the claim. Sanders appealed the decision, and the Board conducted a much more comprehensive evidentiary hearing. During that hearing, the Board considered the medical opinions of three doctors who examined Sanders.

All three agreed that Sanders was totally disabled to the point that he could no longer work as a firefighter. However, two of the three doctors opined that Sanders suffered a degenerative disc disease in the vertebrae and disks, and this condition was *not* a natural and proximate result of the December 13, 2007 incident. Thus, the Board denied Sander's retirement disability claim.

Sanders appealed the Board's decision to the trial court. The court reviewed the record and concluded that "but for the December 13, 2007 incident, Sanders would *not* have sustained a permanent disability precluding him from his duties as a firefighter."

The court also reasoned that Sanders' degenerative spinal condition was non-disabling and only became symptomatic after the December 2007 incident. In the end, the trial court reversed the Board's decision to deny Sanders' claim for disability retirement benefits because there was a lack of substantial and competent evidence to support a finding that Sanders' asymptomatic latent degenerative disk condition was a natural and proximate cause of the permanent disability that rendered him unable to fulfill his duties as a firefighter.

The Board brought this appeal to the court of appeals.

Decision: Reversed.

The role of the court of appeals is not to review the decision of the trial court. Rather, it is to review the decision of the Board to determine if its decision is supported by sufficient evidence. That could mean that the court itself might have reached a different decision but would not reverse the Board.

Stated another way, the court will not substitute its judgment for that of the Board unless the Board's decision was not supported by competent

and sufficient evidence. *Missouri Veterans' Commission v. Vanderhook*, 290 S.W.3d 115 (2009).

In this instance, the Board properly decided that the opinions of the two doctors who rejected the notion that Sanders' back condition was caused only by the December 2007 incident were more credible. Instead they opined that he suffered from a non-work related degenerative disc disease, spinal stenosis, and joint disease. Further, there was sufficient evidence to support this decision.

Citation: Sanders v. The Firemen's Retirement System of St. Louis, et al., No. ED97962, Missouri Court of Appeals Eastern District Division Three (2013).

Discrimination – Hostile Work Environment – Retaliation

Insufficient evidence – claims dismissed

Editor's Note: This is an extremely complex case impossible to cover in one issue. However, there are some critically important allegations which were dismissed, and it is important that we report the procedural steps taken, and explain why the allegations were dismissed.

Yolanda Arnold ("Arnold") and other Plaintiffs are either current or former members of the City of Columbus Division of Fire ("CDF"). They worked in the inspections section of the Fire Prevention Bureau ("FPB"), which works in conjunction with civilian employees of Building Services where they conduct building code and fire code inspections.

Plaintiffs alleged that Building Services is staffed with mostly Caucasian employees, while the inspections section is almost totally African-American. Arnold served as a Battalion Chief ("BC") wherein she was charged with overseeing the daily activities of each of the FPB sections.

The allegations in this case stem from three separate investigations of FPB. The first investigation resulted from allegations that certain inspections section employees were failing to show up for inspections and were being paid overtime.

The investigation was conducted internally by the Professional Standards Unit ("PSU"). Since the allegations included possible theft, the Columbus Police Department ("CPD") conducted its own investigation contemporaneously with that of the PSU. At the end of these investigations, no specific wrongdoing was uncovered. Rather, "there appears to have been a failure in the procedure to assign and follow-up on inspections."

In April 2005, Arnold became aware that some inspection records were missing. She believed a Caucasian former FPB employee, who allegedly had demonstrated racial animus in the past, was responsible for taking these inspection records.

PSU investigated this matter as well, and Arnold allegedly stated that two employees claimed that the Caucasian employee previously mentioned, took the records and placed them in a box before he left the area with them. Arnold was charged with dishonesty, and a disciplinary hearing was conducted.

Fire Chief Pettus, an African-American, recommended that Arnold be

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Around the Nation

Settlement – Overtime

Violation of federal law?

The city denied any intentional violation of wage and overtime provisions of the applicable federal law.

The city and firefighter's union reached an agreement to settle a federal overtime lawsuit filed by certain fire service officers including over 70 current and former fire captains and chiefs as well as the firefighters' union. The exact terms of the settlement have not been announced, and none of the parties involved are willing to discuss the particulars.

The city council is scheduled to consider and vote for approval of the terms of the settlement.

The budget for the fire department this year is about \$54 million, with \$11.5 million set aside for overtime. Recent audits indicate that the overtime budgets of the previous two years were exceeded. Some are asking if \$11.5 million will be enough to cover the current year overtime expense.

The plaintiffs noted that in 2004 the federal labor laws were amended so that fire captains and fire chiefs must be eligible for overtime pay of one and one half times the regular pay after serving 212 hours in a 28-day period.

Lawsuit Filed

Overtime dispute

In 2010, several current and former firefighters sued the city alleging that they were not paid for overtime. The city has been using the heretofore controversial Mercer pay plan which the plaintiffs allege is in violation of the *Fair Labor Standards Act of 1938* as well as the civil service law for allegedly not paying the correct amount of overtime compensation.

There has been a change of judges since the original filing.

(Continued on next page)

suspended for eighty hours. Arnold appealed to the Civil Service Commission ("CSC"), which dismissed the dishonesty charge, and, instead, found a "lack of diligence" on Arnold's part. Her suspension was reduced down to forty hours.

The local media heard of the story and ran some negative stories about CDF and the inspections section.

In May 2005, Arnold sent a memo to Chief Pettus with the subject line reading "Disparate Treatment and Policy Violations." She also filed a claim with the Ohio Civil Rights Commission ("OCRC"), alleging discrimination and challenging the lingering questions and allegations of dysfunction surrounding the FPB. This prompted a third investigation, which was conducted by attorney Pamela Krivda ("Krivda"). Arnold was interviewed eight times, and a union representative was present with Krivda.

At the end of the third investigation, Krivda found no purposeful wrongdoing. She concluded that most of the missed inspections were the result of "a breakdown in communications" between Building Services and FPB's failure to assign the inspection to an inspector. Krivda also addressed Arnold's allegations of discrimination and found them to be unsubstantiated.

At the end of the Krivda investigation, Arnold was removed from FPB based on the continuing problems there and her disciplinary suspension. She kept her salary but was assigned to a position with substantially less responsibility.

In 2007, Arnold filed a claim with the Equal Employment Opportunity Commission ("EEOC") related to the three investigations and her suspension. Other Plaintiffs filed similar charges, challenging the presence of a union representative at the interviews, the requirement to complete time sheets, and the loss of parking privileges.

Arnold and other Plaintiffs filed a lawsuit in 2008, and the City of Columbus ("City") filed a motion for summary judgment on all charges. The federal district court dismissed the charges in favor of the City, and this appeal followed.

Decision: Affirmed.

The federal court of appeals reviewed the district court's decision *de novo* (consider all evidence once again).

For Arnold to establish a prima facie case of discrimination, she must show that: (1) she is a member of a protected class; (2) she was qualified for the job; (3) she suffered an adverse employment decision; and (4) she was replaced by a person outside of the protected class or treated differently than similarly non-protected employees." *Newman v. Fed. Express Corp.*, 266 F.3d 401, 406 (2001).

The court did not dispute that the first two elements were established. The suspension also qualifies as an adverse employment decision. However, Arnold also contended that other actions qualify as adverse employment decisions, including the negative media attention, loss of parking privileges, requirement to complete time sheets, and the presence of union representatives during investigation interviews. Finally, she alleged that the reassignment to a lesser responsible position was an adverse employment decision.

The court noted that a materially adverse employment action must be more disruptive than a mere inconvenience or an alteration of job responsibilities. In the end, the court agreed that only the suspension and

Continued on the next page ➤

reassignment would qualify as adverse employment decisions.

Thus, Arnold has established a prima facie case of discrimination. "The burden then shifts to the employer to 'articulate some legitimate, non-discriminatory reason' for its actions." In this instance, the City articulated legitimate, nondiscriminatory reasons for the suspension and transfer. The City noted that Arnold allegedly made false allegations against another employee. She was granted a hearing and appealed to the CSC, and her suspension was finally reduced. The transfer was justified based on Krivda's findings of ongoing problems with the FPB.

Even if the City established legitimate reasons for the adverse employment actions, were they a pretext to actual discrimination? Here, Arnold failed to provide sufficient evidence of a pretext, even though she mentioned questionable comments by other employees that she plays the "race card." These matters are not significant enough establish a pretext.

The hostile work environment claim also failed because the incidents Arnold mentioned took place over a number of years and were not sufficiently "severe or pervasive to alter conditions of [their] employment and create an abusive environment." *Harris v. Forklift Sys. Inc.*, 510 U.S. 17, 21 (1993). Isolated incidents do not amount to discrimination unless they are extremely serious.

The retaliation claims also failed for essentially the same reasons. Plaintiffs failed to demonstrate any causal connection between alleged harassment and their protected activity.

There are many other claims that were dismissed, but we are space limited.

Citation: Arnold, et al., v. City of Columbus, Nos: 11-359, 11-3468, 11-3815, United States Court of Appeals for the Sixth Circuit (2013).

Termination Probationary Firefighter Discrimination – retaliation

Issues: *Was the probationary firefighter terminated for poor performance or because of race and gender discrimination? Was she retaliated against? Did she exhaust her administrative remedies? Was the claim time barred?*

The City of Austin, Texas ("City") started an initiative called "Pass the Torch" which was intended to hire more female and minority firefighters so as to remedy a historical underrepresentation of minority and females in the Austin Fire Department ("AFD"). Fire Chief Gary Warren ("Chief Warren") took an active role in this effort. He came in contact with the Plaintiff, a female African American, who gradually expressed her interest in becoming a firefighter for the AFD. Those hired also had to complete certification as an emergency medical technician ("EMT").

Candidates selected would spend six months at the Fire Academy during which they would undergo physical and classroom training for all aspects of a career as a firefighter. At the Academy, trainees were classified as fire cadets. Thereafter, the academy graduates would be assigned to a fire station where their training and Probationary Fire Fighters ("PFF") status would continue for another six months. At the station, PFFs would be

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Around the Nation

City officials intend to continue using the Mercer plan until April of this year, but they are now considering continued use of the plan until litigation has been completed.

Complicating matters, city officials have prepared the current year's budget anticipating that the Mercer plan would expire and a new payroll plan would be adopted.

Lawsuit Filed

PTSD – discrimination

Plaintiff, a firefighter, alleged that he developed intense anxiety after responding to a traffic accident wherein a young man was trapped in a burning vehicle.

The victim suffered severe burn injuries. Plaintiff, who did not directly participate in the rescue effort, was sitting in the fire truck at the scene when other firefighters attempted to extract the screaming victim.

Plaintiff alleged that he experienced nightmares and had trouble concentrating on his job.

He reported his condition to his battalion chief, but, Plaintiff alleged, no effort was made to accommodate his condition.

He further claims that other firefighters who suffered visible anatomical injuries were treated differently.

Plaintiff also contends that the city should have found employment for him in another department as a reasonable accommodation.

It should be noted that Plaintiff's case was referred to the human resources director who sent him to the doctor who made the PTSD diagnosis.

The same doctor did not recommend a transfer to another city department, but he did suggest that Plaintiff be assigned to modified duty within the fire department.

Around the Nation

Fired for Claiming Sexual Harassment – Sues Township Awarded \$1.7 million

A former female firefighter ("Plaintiff") sued her town and immediate supervisor claiming she was subjected to sexual harassment and gender discrimination. Plaintiff now contends that very little was done to stop it.

Plaintiff also alleged that she was ultimately fired in 2007 due to her gender and that her supervisor acted with malice in recommending that she be fired.

Plaintiff was hired in 2007 as a probationary employee and was subjected to sexual harassment by a male firefighter who was transferred to her unit. She allegedly complained to her supervisor, but he allegedly did not act to stop the treatment.

Plaintiff also alleged that someone emailed Plaintiff's supervisor alerting him that she intended to file a claim once her probationary training was completed. In fact, Plaintiff was terminated *just prior* to finishing her probationary period.

She also alleged that her fellow firefighters were directed to sit in and watch a training video about sexual harassment, but the video was on a split screen and the other half screen showed a NASCAR event.

A jury trial was conducted and finally reached a verdict. Plaintiff was awarded \$1.67 million from her town and another \$75,000 from the supervisor.

When the attorneys for the town were contacted, they had no comment as to any plans to appeal the judgment. However, if the case is appealed, we intend to report it in an upcoming issue.

There remain a few unresolved

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mentored by active firefighters at the station and continue their own training while not on calls. The probationary period would last another six months. Chief Warren would make all of the hiring decisions and all PFFs and fire cadets were "at will" employees, meaning that they could be terminated at the will of Chief Warren for any reason or no reason. However, generally terminations were conducted due mostly to poor performance at the Academy and as PFFs.

Plaintiff was selected for a class at the Fire Academy after passing a series of tests. After a series of interviews, a criminal background check revealed a criminal conviction even though Plaintiff did not mention it in her application. Nonetheless, Chief Warren decided that Plaintiff was not being intentionally dishonest and hired her anyway.

Plaintiff entered the Fire Academy and had significant difficulties with the academic and practical skills phases of training. Her performance was considered by the Cadet Oversight Committee and a recommendation was made to terminate her due to poor performance grades. Plaintiff had particular difficulty with the "throw-bag" test, which evaluated a swift-water rescue skill.

This recommendation was passed to the Department Review Board. In the end, Chief Warren decided that Plaintiff be retained and continue at the Academy. She continued to experience difficulties with several phases of training right up to end of the training schedule. The Cadet Oversight Committee consulted with Team Leaders who expressed deep concerns as to whether Plaintiff could perform the duties of a firefighter. The Department Review Board unanimously recommended that Plaintiff be terminated. Chief rejected the recommendation and decided that she should graduate from the Fire Academy.

When Plaintiff became a PFF, Chief Warren personally selected a fire station where she would have the best chance to succeed and where she would receive excellent training and mentoring.

Plaintiff continued to struggle with both firefighter and EMT training. The Battalion Chief recommended termination.

Chief Warren finally met with Plaintiff on January 7, 2005, when she complained that her assigned station was not a "good fit" and that she did not receive sufficient support from her other team members. She also claimed that a named fire captain actually wanted her to fail. After the meeting, Chief Warren decided to terminate Plaintiff because she could not "competently perform several basic fire and medical skills... she posed a potential safety risk to herself and others – including members of the public."

On May 11, 2005, Plaintiff filed a charge of discrimination against the AFD with the EEOC and the Civil Rights Division of the Texas Workforce Commission. On November 22, 2005, she amended her complaint to add a claim of retaliation "for opposing and reporting discrimination actions towards me." She alleged that the discrimination took place on the date that she was terminated, January 7, 2005.

The statute of limitations for bringing a claim of discrimination or retaliation is 180 days.

Plaintiff received a *right to sue letter* and filed this action in district court. The City filed a motion for summary judgment, dismissing all claims, asserting both "traditional" and no-evidence grounds. The district court granted the motion, and this appeal follows.

Decision: Affirmed.

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In order to survive the motion for summary judgment that the City filed, Plaintiff was required to present some evidence of an unresolved fact issue. *Ajao v. Bed Bath & Beyond, Inc.*, 265 F.App'x 258,263 (2008). Plaintiff admits that she did not perform up to AFD standards. Her accusations of discrimination were found to be subjective beliefs that she was a victim of such treatment and not sufficient to support a claim of discrimination.

Plaintiff also failed to establish that she was "similarly situated" to other PFFs who were not in her protected class in any respect relevant to her job discrimination claims.

The AFD presented a legitimate reason for terminating Plaintiff, and she failed to provide any evidence that this action was a *pretext* for a discriminatory motive. Finally, the retaliation claim was time-barred because it was filed with the amended claim which was filed more than the 180 day statute of limitations. The discrimination claims were not time-barred.

The district court properly granted summary judgment.

Citation: Booker v. City of Austin, No. 03-09-00088-CV, Texas Court of Appeals, Third District, at Austin (2013).

Heart Disease – Retired Chief

City appeals award of benefits

Issues: *Is the heart condition of the retired chief work related? Does the fact that the chief smoked and had a family history of heart disease rebut the presumption that his heart condition is compensable?*

Vernon McMillan ("Plaintiff"), 70 years old, served a 32 year career as a firefighter with the City of Monroe, Louisiana ("City"). Plaintiff retired as a district chief in 1995. Four years later, his bid for benefits for lung damage pursuant to the provisions of the Firefighter's *Heart and Lung Statute* ("Heart and Lung Statute"), was denied.

In 2009, Plaintiff has filed another claim under the *Heart and Lung Statute* for his heart disease. In July of that year, he was taken to the local emergency room and treated for chest pains.

The treating physician opined that Plaintiff suffered from an unstable angina blockage and his right coronary artery and chronic blockage of a branch off of the right coronary artery. The following day, the same physician placed a stent in the diseased artery to alleviate the arterial blockage. He was released from the hospital the following day.

Plaintiff contacted Michael Shore, who served as the workers' compensation administrator for the City, and filed a claim for benefits for his heart condition under the *Heart and Lung Statute*. The City considered the evidence including some of the same evidence presented years before when Plaintiff filed a claim for lung damage. Once again, the City denied coverage, this time for Plaintiff's heart condition.

In March 2010, Plaintiff appealed the City's decision with the Office of Workers' Compensation ("Commission"). During the hearing, Plaintiff testified that he was hired as a firefighter in 1963. Up until the mid-1980's, firefighters in the City did not wear masks.

He explained that after engaging in a firefighting emergency he would

Continued on the next page ➤

Around the Nation

issues including a demand for legal fees and whether Plaintiff will be reinstated. If she does return to work, her award will be reduced by the amount dedicated for future wages. Other fire service officers were named in the lawsuit, but charges against them were dropped prior to the trial.

Lawsuit Filed

Defamation – claimed – investigation of wrongdoing

An 18 year veteran EMS chief has filed a lawsuit against the fire department and named township officials alleging that an investigation into alleged misdeeds and misconduct has damaged his reputation within the community.

Claimant was placed on a paid administrative leave and a 15-day unpaid suspension after a town board investigated a number of charges, including one that he was involved in an accident while driving a town vehicle on personal business. Claimant has denied that he was on personal business.

Later several local citizens attended a board meeting expressing their support for Claimant. In the end, Claimant was reinstated.

However, he feels that his reputation is permanently tarnished, even though the allegations against him have been dropped.

Lawsuit alleges that the defendants "conducted an improper and statutory-unregulated investigation of the [Claimant] based largely on unsubstantiated rumors and innuendos."

He also alleged that some of the defendants knowingly made false statements. Finally, he claims that the township officials failed to follow the applicable code and disciplinary process.

Township officials have been notified of this lawsuit, but no public comments have been made in response to the charges.

cough up black phlegm for several days later. He further testified that even when masks were issued, it was nearly impossible to not be exposed to considerable black, dense smoke.

Finally, once he was promoted to District Chief, Plaintiff testified that his supervisory duties required him to be very close to the fire. The Commission then considered Plaintiff's lifestyle and habits to see if they would contribute to his heart condition.

His treating physician, Dr. Sampognaro, filed a deposition wherein he listed the seven conditions that would impact one's tendency to suffer blockage of his arteries. The seven risk factors are: (1) a man over the age of 45; (2) high cholesterol; (3) high blood pressure; (4) diabetes; (5) tobacco use; (6) family history; and (6) sedentary lifestyle.

Dr. Sampognaro later testified that he could not tell whether Plaintiff's firefighting duties contributed to his blocked arteries.

Plaintiff acknowledged that both of his parents died from heart attacks when they were in their 80s and that up until ten years ago he smoked. However, Plaintiff testified that he worked out and kept a busy physical schedule.

Shore was called to testify, and he could not rule out firefighting as a possible cause to Plaintiff's heart condition. However, Shore pointed to the evidence from the previous hearing about Plaintiff's claim for lung damage and stated that, at that time, there was no evidence of heart abnormalities.

In the end, the Workers' Compensation Judge ("WCJ") rendered a judgment in favor of Plaintiff. He was awarded past and future medical benefits. There was no award for wage benefits. The WCJ found that the presumption that Plaintiff's heart condition was caused by his firefighter duties. The City's argument that there was a lack of proof of causation failed.

Plaintiff applied for penalties and attorney fees, but the WCJ denied this claim because it has been fourteen years since Plaintiff served as a firefighter.

Decision: Affirmed.

While the City could not prove a lack of causation, it did present possible contributing causes of the blocked arteries: Plaintiff's smoking; and family history of heart disease. Further, the fourteen year period between the chest pains and Plaintiff's last duties as a firefighter supports the decision to deny attorney fees and penalties.

Citation: McMillan v. City of Monroe, No. 47,700-WCA, Court of Appeal Second Circuit State of Louisiana (2013).

Workers' Compensation – Volunteer Firefighter Sues fellow firefighter for negligence

Issue: Is workers' compensation the exclusive remedy for the volunteer firefighter's injury? Is the other volunteer firefighter immune from liability for causing the accident?

Plaintiff, a volunteer firefighter with the Duson Volunteer Fire Department ("DVFD"), was severely injured as he and fellow firefighter, Daniel Lavergne, were testing a water hose on a pumper jack. Plaintiff alleged that the hose wall burst, which caused the hose to strike his head, fracturing his skull. After being treated, his injuries were diagnosed as permanent.

Plaintiff and his family filed this action against Lavergne and his insurer as well as other named parties. Lavergne and his Insurer ("Defendants") responded that the Workers' Compensation Law was his only remedy, and, thus, they were immune from liability. Defendants filed a motion for summary judgment, but the trial court denied the motion. Here, the trial court reasoned that immunity extended to the fire company but not to individual firefighters. The court carefully examined the language of the applicable statute and decided that extending immunity to Defendants would necessitate adding language to the statute, which it had no authority to do.

Defendants appealed, but the court of appeals agreed that the applicable statute does not extend immunity to individual firefighters in such actions. Defendants then filed this appeal with the Supreme Court of Louisiana.

Decision: Affirmed.

The Workers' Compensation Law was amended in 2009 and provides that a volunteer firefighter is entitled only to medical benefits and burial expenses but no other indemnity benefits.

The law grants immunity to a volunteer member of a volunteer fire company from a lawsuit in tort filed by a fellow volunteer member, not a fellow volunteer firefighter who is individually named as a defendant.

Citation: Champagne, et al., v. American Alternative Insurance Corporation, et al., No. 2012-CC-1697, Supreme Court of Louisiana (2013).

Heart Health Report

For a Symptom, Drug & Stress Free Life



8 Great Exercises to Save Your Heart

Even though we've been told hundreds of times that the heart craves exercise, most of us still don't do enough of it. In fact, some 40 percent of Americans surveyed admit that they never exercise. These are people who don't even go out for a walk around the block.

Newer research shows that only 3.5 percent of Americans meet the government's recommendation of a half-hour of physical activity a day, five days a week. And for those over 60, the figure is even lower.

With those numbers, it's no wonder that the rates of chronic disease such as heart attack, diabetes, and stroke are increasing.

In this issue of the Heart Health Report, I will explain how exercise can transform your life and prevent diseases of the heart, brain, and virtually every other organ in the body. I will also list eight exercises you can do to meet your daily requirement.

What Exercise Does For Your Heart

When I nearly suffered a heart attack how many years ago, I realized that I had to revamp my lifestyle, which included paying more attention to regular exercise.

Exercise prevents a wide range of risk factors that can lead to heart disease, including:

- Obesity
- High cholesterol
- High blood pressure
- Diabetes

Believe it or not, exercise also enables your body to create its own nonsurgical coronary bypass. This means that, as you exercise, your body can actually create tiny new blood vessels that enhance the flow

of blood to your heart. And in the case of a heart attack, those collateral blood vessels can actually save your life.

But there's even more good news. Recent research conducted in the United Kingdom showed that exercise actually repairs heart attack damage by activating stem cells that can repair heart muscle. This is amazing news, because neither cardiac drugs nor surgery can do that.

It's never too late to get started. Even if you've been inactive your whole life, you can start in your 40s, 50s, 60s, or upward and still reap the benefits well into old age. So don't waste time regretting a lost opportunity; the time to get started is now.

Let me offer one note of caution, however. If you're over 50, talk to your doctor for a thorough cardiac evaluation before you begin pursuing an exercise program to make sure you don't have underlying heart disease. If you do have an

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Find Your Target Heart Rate

You may have heard the term “target heart rate.” This is a useful measurement that tells you if you’re working your heart too intensely or not intensely enough.

To find your target heart range, subtract your age from 220. Multiply that figure by 0.6 and 0.8. This figure will give you the ideal range for your heart rate if you are working at 60 to 80 percent, which is considered a good level for cardiac conditioning.

For example, if you’re 40 years old, your maximum heart rate is about 180 beats per minute. Your target range is 108 to 144.

With that number, you can find out if you are exercising within your target heart range by taking your pulse for 15 seconds and multiplying the result by four. If you’re 40, for instance, your 15-second heart rate should fall between 27 and 36.

There’s a simpler way to make sure you’re not working too hard: the “Talk Test.” If you are walking with a friend, you should be able to carry on a conversation without huffing and puffing.

underlying heart condition, exercise is your key to reversing it. But you may need to address some medical issues first.

Also, as you start or increase your level of activity, if you experience any symptoms such as chest pain, shortness of breath, dizziness or undue fatigue, stop and consult your doctor.

Is Cardiac Rehabilitation for You?

If you’ve been diagnosed with heart disease or had a prior heart attack, or if you’ve received a stent or undergone open-heart surgery, then you are a candidate for cardiac rehabilitation. This is a supervised exercise program that helps return you to

a normal functioning lifestyle, or better.

Often, people with lung problems may find it difficult to exercise outdoors, but can do so in an indoor, air-conditioned space. Rowing machines and exercise bikes are sometimes easier for people with reduced lung capacity to handle.

If you have arthritis or other joint problems, you may also find conventional exercise programs challenging. But as you’ll see, there are other options.

So if you’ve been using an existing medical condition as an excuse not to exercise, it’s time to talk to your doctor and find a program that will work for you.

The Building Blocks of a Good Exercise Plan

There are three building blocks for promoting physical fitness:

- Cardiovascular exercise
- Strength training
- Balance and flexibility

Cardiovascular exercise, also called aerobic exercise, is any high-energy workout that uses the body’s large muscle groups, like the legs, promoting blood circulation, increasing breathing rate, and raising the heart rate.

Here are my top choices for cardiovascular exercise.

1. WALKING

I’ve always been a huge fan of a brisk walk, which is a low-impact form of exercise that will provide you with all the cardiovascular benefits you need.

This means that you are less likely to suffer the occasional injuries and aches that go along with

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running or jogging.

I've been an advocate of walking for many years, so I was excited to read the results of a new American Heart Association study which found that a brisk walk is just as good at lowering heart disease risk as other higher-intensity activities.

Researchers analyzed 33,060 runners in the National Runners' Health Study and 15,045 walkers in the National Walkers' Health Study. The results, which were published in the journal *Arteriosclerosis, Thrombosis, and Vascular Biology*, found that the energy used for moderate-intensity walking and vigorous running resulted in similar reductions in risk for high blood pressure, high cholesterol, diabetes, and possibly coronary heart disease over a six-year period.

When it comes to walking, one hour a day will suit your cardiovascular needs.

But even if you can only start out with 10 minutes, get started. You can gradually increase to an hour by adding five minutes a day each week.

Some people like to walk alone, others enjoy walking with their spouse or a friend and still others enjoy walking in groups. Take up the challenge; spread the word around the neighborhood or enlist your co-workers in a group walk at lunchtime, for instance.

You also might join or help organize a walking club at a local mall. Many such groups are out walking before the stores open, cutting down on window-shopping while they take advantage of the air conditioning.

If you want to boost your walking habit, many charities now sponsor five-kilometer walks. This affords you the opportunity to join with your community in raising money while getting a good workout.

Five kilometers equals about 3.1 miles, which is an easy trek for people accustomed to a daily one-hour walk.

2. BIKE RIDING

Riding a bicycle outdoors provides an excellent cardiovascular workout, and can also help build strength and increase balance and flexibility. By using leg muscles this way, you can burn a lot of calories.

However, you don't have to ride fast to get

cardiovascular benefits. Riding around town instead of driving decreases the time you spend being sedentary.

In addition, like walking, biking is a low-impact activity that can save wear and tear on your knees and ankles.

If you don't think it's safe to bike outdoors where you live, or if the weather is sometimes inclement, an indoor stationary bike provides a great cardiovascular workout as well.

Spinning — a type of class that focuses on intense indoor stationary cycling — is becoming increasingly popular across the country.

However, I would take some caution before joining a spinning class. It may be too much for you to tackle if you're older or not in very good shape.

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About Chauncey Crandall



Chauncey W. Crandall, M.D., F.A.C.C., is chief of the cardiac transplant program at the world-renowned Palm Beach Cardiovascular Clinic in Palm Beach Gardens, Fla., where he practices interventional, vascular, and transplant cardiology. Dr. Crandall

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Stress Is a Time Bomb for a Go-Getter

In each issue, I will share with you the story of one of my patients, detailing how making changes to your life can radically improve your heart health. Names and some details have been changed for privacy's sake, but the problems and their resolutions are real.

— Dr. Chauncey Crandall

When cardiologists see new patients, they run through a checklist of risk factors for heart disease. Does the patient have diabetes? High blood pressure? Is there a problem with cholesterol? What about a family history of heart disease?

Unfortunately “stress” is not often mentioned, though it is very much a risk factor for heart disease. In fact, stress was the main cause of my heart attack — so I am very aware of the damage it can do.

I was reminded of this when I recently met a new patient, Will.

Classic ‘Type A’ Personality

Will was a bank vice president who was complaining of chronic fatigue. He’d already undergone a full battery of tests. Although Will was unaware of it, he had suffered a previous heart attack, and had sustained damage to his left anterior descending artery, or LAD.

A blockage in this critical artery is like a ticking time bomb. Will needed treatment right away.

But before we proceeded, I also needed more information about Will’s other coronary arteries. I sent him for a cardiac catheterization, a procedure in which a tube is inserted into a blood vessel in the arm or groin and then threaded all the way to the heart, sending back images of the coronary arteries. This is the “gold standard” test for heart disease.

When the results came back, I was shocked. Although Will was relatively young and appeared to be fit, his coronary arteries told another story. Will had a severe case of three-vessel disease, meaning that all three of his coronary arteries were narrowing.

This is the type of dangerous, hard-to-treat heart disease that is customarily seen in people with diabetes or those who smoke.

The puzzling thing was that Will was not diabetic and he didn’t smoke. Although he did have high blood pressure and mildly high cholesterol, neither accounted for his condition. After talking for a few

minutes, I realized that Will’s enemy was stress.

I could see that Will was classic “Type A” personality, who fed on stress. His high-pressure bank job required long hours in the office and frequent travel. He was spending long periods either hunched over his desk or camped out at airports.

At night, he would stay up late in his hotel room, his eyes glued to the computer screen, dealing with relentless emails. Then, after only a few hours of sleep, he would wake up and start the whole process again.

Had Will been diabetic, we would have had to perform bypass surgery on him. But because he wasn’t diabetic, we were able to take care of that clogged LAD by just inserting a stent.

I also had a plan in mind that would reverse the blockages in the other coronary arteries. But the success of that plan depended directly on Will.

Getting the ‘Go’ Under Control

“You narrowly escaped having another heart attack,” I said. “And this one could have killed you. You have the arteries of a much older man. The good news is that time is on your side. You can get better.”

I told Will that work stress was taking a greater toll than he realized. He was eating unhealthy food, often in airports, making no time for exercise, and he was under constant pressure from his job.

“If you continue this way, there won’t be anything I can do to help you,” I concluded.

But, in fact, it turned out that this advice was nothing new for Will. His wife, Robin, had been begging him for years to cut back on his workload. Finally, he agreed to try.

Together, Will and I worked out a plan. He asked for a transfer that enabled him to cut down on his travel. He and Robin worked out a diet-and-exercise plan that included activities they could do together. Now that he felt more in control, Will was sleeping better than he had in years.

At his next checkup, Will was making progress. His blood pressure and cholesterol levels were down, and he seemed less intense than when I had first met him. Don’t get me wrong, he was still a go-getter — but he was getting the “go” under control.

You can’t transform a Type A personality overnight. But I’ve seen changes in Will already, and I am hopeful that if he conquers his stress, he will live a happier and healthier life for decades to come. □

Exercise Prevents Alzheimer's Disease

Alzheimer's disease is rapidly becoming the most feared ailment of our generation. After all, what good is a healthy heart if you lose your ability to understand your surroundings.

Fortunately, new evidence suggests that exercise can prevent Alzheimer's disease and vascular strokes, which can also cause dementia. For instance, studies are now showing that exercise beefs up brain volume, which declines as we age, and increases thinking ability as well.

And age is no barrier; a study published last year in *Neurology* found that daily physical activity reduced the risk of Alzheimer's disease and cognitive decline even in people over the age of 80.

Continued from page 3

3. SWIMMING AND WATER AEROBICS

Another great way to get cardiovascular exercise is swimming, which can be enjoyed no matter what your age. In fact, swimming is especially good for older people with arthritis, as the natural buoyancy of the water buffers joints.

Unless you're an experienced swimmer, you may not be able to perform the kind of sustained swim that gives you the same benefit that walking does. Still, a few lessons may increase your stamina and enjoyment.

If you don't swim, water aerobics classes are an excellent alternative. These classes combine aerobic exercise in shallow water with the opportunity for low-impact activity.

4. ELLIPTICAL TRAINERS AND ROWING MACHINES

Two of the most popular types of exercise machines are the elliptical trainer and the rowing machine. The elliptical trainer allows you to move in a natural way that is much like running. But your feet are fixed to pedals that never touch the ground, avoiding joint-stressing impact.

Some machines have adjustable ramps and arm handles, to add intensity. You can also pedal backward for variety.

Rowing machines also provide excellent cardiovascular exercise because they work the large muscle groups in the legs and the shoulders, but also build strength as well. The benefit of this machine is

that it is a seat-based exercise that works well for the elderly.

Combine both for a great full-body cardiovascular workout.

5. ZUMBA AND OTHER AEROBIC DANCE PROGRAMS

Many women have turned to Zumba, a Latin-infused dance program, for their cardiovascular workout. It is a cardiovascular workout that can provide variety when combined with other exercises, such as a walking.

There is also a version of Zumba, called "Zumba Gold," for older people.

6. WEIGHT TRAINING

The best type of strength training involves using lighter weights. You can start with weights as small as one or two pounds and progress to higher weights as your strength increases.

Dumbbells are usually effective, but if you don't have them you can even start by lifting a can of soup or a laundry detergent container.

As you lift, keep breathing slowly, deeply, and rhythmically. Exhale when you begin the resistance movement, or lift, of the exercise. Then inhale as you go back down.

Keep your joints relaxed, and allow a day or two between workouts.

7. CALISTHENICS AND FLEXIBILITY TRAINING

Calisthenics are exercises that use the weight of the body for conditioning. Examples of these activities include lunges, push-ups, pull-ups, and sit-ups.

When doing calisthenics, remember to adjust for your physical condition. For instance, men often do full-body push-ups, while women commonly do them with their knees on the floor. Both types make

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This month's password is: exercises

(Please remember to use lowercase letters.)

Quick Takes: Tips for Better Heart Health Now

Statin Side Effects Can Be Avoided

There's good news for people who need to continue taking cholesterol-lowering statin drugs but have been forced to discontinue them because of side effects. A new study, published in the *Annals of Internal Medicine*, shows that many are able to restart the same drug, or switch to a similar one that doesn't have adverse effects.

Researchers at Brigham and Women's Hospital reviewed medical records and doctors' notes for 108,000 people prescribed a statin at one of two Boston hospitals between 2000 and 2008. They found that about 57,000 of them stopped the drugs at least temporarily during that period.

They also found that about 19,000 people had drug-related side effects noted in their medical records. In addition, 11,000 — 10 percent — stopped taking statins because of those problems, which included muscle pain, nausea, gas, and liver dysfunction.

However, the researchers found that most people who had stopped taking the statins were prescribed the same or another statin within a year — and more than 90 percent ended up staying on that medication.

This suggests that the muscle and stomach problems might not be related to the drug, or could be a side effect of a particular type of statin.

While statins are too often prescribed for people who could lower their cholesterol with

lifestyle changes, for others, they can be lifesavers. This study is good news for them.

Western Diet Is Bad for Seniors

Many of us grew up eating fried and processed foods, dairy products, and rich desserts. While such foods evoke nostalgia, they won't fuel our bodies for a healthy old age.

A new study of more than 5,000 British civil servants found that those who ate the most fried and sweet food, processed and red meat, white bread, butter, and cream doubled their risk of premature

death or poor health in old age.

Researchers characterized the Western diet as one consisting of fried food, processed food, red meat, pies, sweetened desserts, chocolates, refined grains, high-fat dairy products, and condiments.

The study included nearly 3,800 men and 1,600 women in Britain, with an average age of 51, who were followed from 1985 to 2009. By the end of that time, 73 percent of the participants had experienced normal aging and 4 percent had undergone ideal aging, which is defined as free of chronic conditions with high scores on tests of physical and mental abilities.

During the follow-up period, 13 percent of the participants had a nonfatal cardiovascular event, 3 percent died from heart-related causes and 7 percent died from other causes. The researchers concluded that those who ate a Western diet were less likely to have a healthy old age.

‘This research underscores that a plant-based or Mediterranean diet is the way to go.’

Even if you grew up eating the Western style diet, this research adds to the evidence that a plant-based or Mediterranean diet that features whole, organically grown fresh fruits and vegetables, whole grains and healthy fats, like olive oil, is the way to go.

Remember, it's never too late to change.

Egg Whites Lower Blood Pressure

If you're already eating egg whites to reduce the risk of heart disease, you're probably lowering your blood pressure as well.

Researchers from Clemson University found that a peptide — a chemical compound containing two or more amino acids — found in egg whites reduces blood pressure about as much as a low dose of a blood pressure drug.

Working with lab rats, the researchers demonstrated that the substance, known scientifically as RVPSL, lowered blood pressure in laboratory rats as effectively as some anti-hypertensive medications without causing any adverse side effects.

Lead researcher Zhipeng Yu said the study built on others that have shown beneficial blood pressure effects from egg whites. He also noted that the peptide retains its beneficial effect even after the egg whites are cooked, so egg whites have the potential of being used in addition to blood pressure medications.

Egg whites are high in protein and low in cholesterol and, if you're like many Americans, you are probably already favoring them in place of whole eggs.

In fact, I find an omelet made from one egg yolk to every three egg whites to be a perfect way to start the day. □

Importance of Strength Training

In addition to cardiovascular exercise, you'll also need to do 30 minutes of strength training three times a week. As a rule, muscle mass begins declining around age 40, and picks up speed after about age 50.

The rate of muscle loss then really accelerates, outpacing muscle gain. By the time people reach 70, they are often so weak they can't even pick up a bag of groceries.

Once upon a time, we thought that

there was nothing to be done about this. But we now know that muscle loss isn't inevitable. In recent years, studies conducted in nursing homes have shown that strength training combats "muscle wasting" in old age.

Strength training, known also as "resistance training," is anaerobic exercise, which means it does not require the infusion of extra oxygen as aerobic exercise does.

Instead of added oxygen, your

body uses glycogen, which is a form of energy that it stores. Strength training also builds up lean muscle mass, which helps your body burn fat more efficiently.

These exercises should involve all of the muscle groups: legs, hips, chest, back, abdomen, shoulders, and arms. These activities should make your muscles work harder than they are accustomed to during your daily activities.

Continued from page 5

for effective workouts.

It's increasingly being demonstrated that flexibility is a key to longevity. Researchers recently showed that people who can sit down and stand up using only one hand (or, even better, without that hand for help) are likely to live longer.

A prior study showed that being flexible enough to touch your toes while seated correlated with flexible, healthier coronary arteries.

Falls are an enemy of the elderly and the not-that-elderly alike. Jane Brody, *The New York Times* health columnist, recently wrote a column articulating about how, at age 65, the possibility of falling raised a fear in her that was unknown when she was younger.

Staying strong, flexible, and balanced can help ally these fears.

8. STRETCHING AND BALANCE

Simple stretching exercises include turning your neck from one side to the other or extending your shoulders by standing against a wall with your hands down, and then turning them forward and raising them up to shoulder height or doing a variety of chair exercises.

Balance exercises include standing on one foot, heel-to-toe walking, doing balance walking, and simple sit-to-stand exercises.

The National Institute on Aging offers a variety of exercise guides for Americans, including a free 120-page guide that can be downloaded on your computer or ordered as a print copy for free.

Putting It All Together

Being presented with all of these different exercise choices may seem daunting at first. But remember, these are goals to reach; it's okay to get started more slowly.

What is important is not how fast you reach your goal, but that you reach it. You'll discover you'll make major fitness progress along the way.

Here's a plan that shows what it all might look like.

- **Every day.** One-hour brisk walk. Ideally, this should be a continuous walk to reap the full benefits of aerobic exercise. But if you have to divide it into two half-hour walks, you'll still get benefits. Possible substitutions for variety include one hour of laps at the pool, one hour of water aerobics, or an hour-long Zumba class.
- **Monday, Wednesday, Friday.** Half-hour of strength training exercises either at the gym, or working out at home with weights or calisthenics
- **Tuesday and Thursday.** Balance exercises during lunch
- **Upon awakening and before bed.** Stretching exercises

As you learn to incorporate activity into your life, your abilities will grow, and you'll discover you will be taking a great deal of pride in your increasing physical abilities.

Now is the time to start, so don't put off beginning your exercise program any longer. Your life depends on it. □

Ask Dr. Crandall

Dear Readers,

I will try to answer as many questions as I can. However, because of the volume of questions, I cannot answer each letter personally. Please include your full name, city, and state when submitting. If you have a question for me, please e-mail it to: askdrcrandall@newsmax.com.

My husband suffered a blood clot in his lung and his doctor put him on warfarin. I asked if he could take CoQ10 like he usually does, but I was told that it would interact with the warfarin. Is that true?

— Lorraine L., Galveston, Texas

Certain foods and beverages can interfere with warfarin's blood-thinning properties. Therefore, doctors often tell patients to eliminate certain foods and beverages because of it.

I believe the reverse is the way to go.

What your doctor should do is adjust the dosage of warfarin to your husband's blood level so that he can continue taking the CoQ10.

I am 72 years old and I have an aortic regurgitation murmur. My last echocardiogram showed a slight increase, and the leakage, which was previously called "moderate," is now "severe." Do I need surgery?

— Louis T., Chicago, Ill.

Aortic valve regurgitation, which is also known as aortic valve insufficiency, is a condition in which the aortic valve becomes calcified, or stiff, and does not close tightly enough.

The result of this condition is that some of the blood leaks backward in the heart.

You can live with mild or moderate aortic insufficiency, but this condition can progress.

As the leakage worsens, the heart may become enlarged.

If this happens, surgery may be warranted, whether or not symptoms exist.

However, these studies can be misread, so getting a second opinion from a different echocardiography technician and physician is a must.

If your aortic insufficiency is actually severe, you and your cardiologist can develop a game plan and decide whether it can be treated medically or whether surgery is needed.

While on vacation, my 61-year-old friend was walking up a hill and felt heaviness in his chest along with a slight pain in his arm. These symptoms reoccurred twice during our trip. When we came back, he had a cardiac stress test done, but everything checked out okay. Should we be concerned?

— Brooke T., Orange, Calif.

A cardiac stress test uses physical exercise such as walking on a treadmill or riding a stationary bike to evaluate the stress of exercise on the heart.

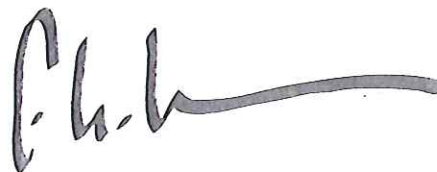
A normal, or negative, cardiac stress test does not necessarily mean that your friend is okay. A stress test only diagnoses critical disease.

Even if the test results come out negative, a doctor needs to make sure your friend does not have diabetes, high blood pressure, high cholesterol, or any other condition that could indicate the presence of heart disease.

So even though your friend has been given a so-called "clean bill of health," he should undergo other tests.

He will need to determine if he has a non-critical blockage that could rupture and cause a heart attack.

To your heart health,



Chauncey W. Crandall, M.D.

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OVERVIEW

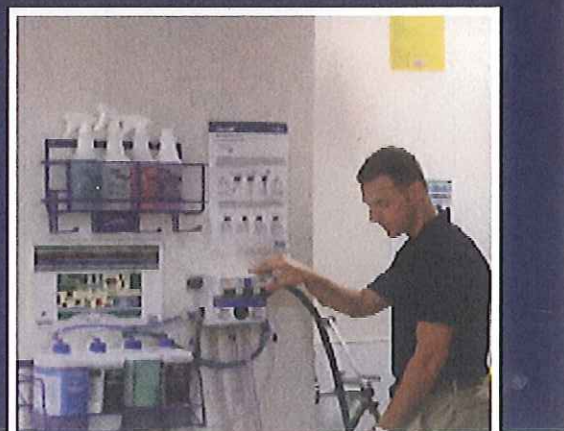
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June 2, 2013

Fire Chief
Roy "Richard" Bullard
3341 Beaver Dam Church Road
Roseboro, North Carolina 28382

Dear Richard:

On behalf of the Cumberland County Fire Chief's Association congratulations on your retirement. We certainly appreciate all the outstanding support you have provided over the past thirty years to the Cumberland County Fire Service.

I especially want to express our sincere gratitude, to your wife Virginia and your entire family for their tremendous support during your long volunteer fire service career.

Our sincere best wishes to you and your family for happiness and success in all your future endeavors.

Sincerely,

Freddy L. Johnson Sr.
President / Fire Chief

"All In a Days Work"

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Artist - Cathy Cooksey



6-14-13

Dear Freddy,

I can't say thank you enough for the honor of having you and Freddy attend my retirement reception. The fact that you took your Sunday afternoon family time to be a part of the Program and present me with the beautiful plaque from the Cumberland County Fire Chiefs' Association is so appreciated.

Please extend my thanks to everyone at the next Fire Chiefs' meeting. I have enjoyed being a part of the Association and will miss everyone very much. God bless you all!

Richard