

United States Senate

WASHINGTON, DC 20510

October 4, 2018

Commissioner Charles P. Rettig
Office of the Commissioner
Internal Revenue Service
1111 Constitution Avenue, NW
Washington, DC 20224-0004

Dear Commissioner Rettig,

We write to express our deep concerns about plans to remove automated external defibrillators (AED) from IRS posts with fewer than 100 personnel.

Every year, over 350,000 Americans suffer from cardiac arrest,¹ and of these incidences, nearly 10,000 occur in the workplace.² Cardiac incidents account for approximately 15 percent of workplace deaths.³ While the general likelihood of a cardiac emergency increases with age, high stress jobs increase risk for heart disease and cardiac arrest. The IRS recognizes this and offers wellness programs to its employees to help deal with the inherent stress of the job. Given this recognition, we have serious questions as to how the removal of equipment that can save the life of an employee or a visitor in the case of an emergency contributes to employee well-being, and on what basis it was determined that removal of this equipment is an appropriate course of action.

We understand that the IRS notified the National Treasury Employees Union (NTEU) in December 2017 of its plans to remove AEDs from 46 IRS offices around the country, which all have fewer than 100 employees. Although the most recent contract signed with the NTEU only requires the IRS to provide AEDs for offices with more than 100 employees, we are concerned that it is short-sighted for the IRS to carry out its plan to remove AEDs.

The average cost of an AED is \$1,500-\$2,000, and typically, devices only require minimal maintenance.⁴ In an emergency, a victim's chance of survival decreases by seven to ten percent for every minute that passes without defibrillation.⁵ Therefore, with in-office access to an AED and proper training, IRS workers can learn to recognize the signs of sudden cardiac arrest and can provide immediate assistance with an AED, which greatly increases the odds for victims.

¹ https://cpr.heart.org/idc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_501520.pdf

² https://cpr.heart.org/idc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_501517.pdf

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4095850/>

⁴ https://cpr.heart.org/idc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_501519.pdf

⁵ https://cpr.heart.org/idc/groups/ahaecc-public/@wcm/@ecc/documents/downloadable/ucm_501520.pdf

Given the clear benefit of having AEDs onsite we would like to know:

1. What cost savings does the IRS expect from removing the AEDs in offices of 100 employees or fewer?
2. Did the IRS evaluate the number of lives that could be saved by maintaining access to AEDs in all IRS offices?
3. Did the IRS evaluate the potential for higher medical costs to the government if AEDs are not available and a more serious medical condition results from cardiac events in employees or members of the public at IRS facilities?
4. Did the IRS consider the unique circumstances of each office that it plans to remove AEDs from with respect to whether there is onsite emergency medical care, or how fast off-site medical care can be activated in the case of an emergency?
5. Did the IRS consider the unique characteristics of each IRS unit that would be affected, for example, the number of staff present in each office on an average day, the location of staff members in proximity to one another, and other factors that could influence staff's ability to assist one another or call for outside help in the case of an emergency?

We look forward to your prompt response to these questions so that we can better understand the justification for this action and how it supports the health and safety of the IRS workforce.

Sincerely,



MAZIE K. HIRONO
U.S. SENATOR



BRIAN SCHATZ
U.S. SENATOR