



August 18, 2020

Dr. Steven Markowitz, Chair
Advisory Board on Toxic Substances and
Worker Health
Queens College, Remsen Hall
65-30 Kissena Boulevard
Flushing, NY 11367

Dear Dr. Markowitz:

I am writing in response to the Advisory Board on Toxic Substances and Worker Health (Advisory Board or Board) recommendations submitted to the Secretary on June 19, 2020.

In conjunction with that meeting, the Board recommended the following:

1) We recommend that the Department of Labor evaluate the job categories and associated aliases for all DOE sites in the Site Exposure Matrices [SEM] and revise its list of occupations with presumed pre-1995 asbestos exposure (Exhibit 15-4) to reflect current knowledge as summarized in this rationale and associated data and references. Supervisors of the listed job categories should also be considered for inclusion.... A Committee of the Board should work with the Department to conduct this exercise and achieve a consensus on a revised list of occupations with presumed pre-1995 asbestos exposure.

The Division of Energy Employee Occupational Illness Compensation (DEEOIC) agrees to work with its SEM contractor to assess the material submitted by the Board, to determine if it warrants any change to either the health effect data maintained in SEM or the job categorizations listed in Exhibit 15-4.3a. DEEOIC anticipates that it can complete its review of the material before the end of the calendar year.

The Board's recommendation that a "Committee of the Board" should work with DEEOIC to essentially make its own recommendations, separate and apart from those recommendations voted on and presented to the Secretary by the full Board, is not feasible and, therefore, must be declined. If a "Committee of the Board" were to provide advice directly to DEEOIC—as this recommendation clearly contemplates—the "Committee of the Board" itself would become subject to the Federal Advisory Committee Act (FACA). It, therefore, would have to comply with all of the legal requirements of FACA, including those requiring open meetings and a balance of membership, in addition to many other requirements. Moreover, any "Committee of the Board" would likely be considered a "discretionary committee" subject to the requirements of E.O. 13875 (June 14, 2019) requiring approval from the Office of Management and Budget. Additionally, these actions can be performed by the Board itself. For these reasons, DEEOIC is unable to accept this recommendation.

2) *The Board recommends that the clinical diagnosis of Parkinsonism, as established primarily but not exclusively by a neurologist, is treated the same as the diagnosis of Parkinson disease throughout the EEOICP claim adjudication process, with respective entries of both terms and aliases recommended in the DOL's Site Exposure Matrix (SEM). The Board has identified the following aliases that are in use for both terms with corresponding ICD 9 and ICD 10 codes:*

- *ICD 9 332 - Parkinson's Disease*
- *ICD 9 332.0 - Paralysis agitans, Parkinsonism or Parkinson's Disease NOS – not otherwise specified, idiopathic, primary*
- *ICD 9 332.1 - Secondary Parkinsonism*
- *ICD 10 G20 - Parkinson's Disease, Hemiparkinsonism, Idiopathic Parkinsonism, Paralysis Agitans, Primary Parkinsonism*
- *ICD 10 G21 - Secondary Parkinsonism*

DEEOIC agrees to accept that for the purposes of claim adjudication under the EEOICPA, the following are acceptable aliases for Parkinsonism:

- Parkinson's Disease
- Paralysis Agitans
- Hemiparkinsonism

While the Board made a recommendation regarding "Secondary Parkinsonism," DEEOIC cannot accept a secondary condition as an alias for that of a primary illness. DEEOIC would instead evaluate any claim for a secondary condition as a consequential illness. With a consequential illness, if a qualified physician establishes a reasonable link between the illness and a previously accepted covered illness, DEEOIC can accept the consequential illness for compensability.

The Board also recommended adding "Idiopathic Parkinsonism." Existing program procedure already provides instruction to DEEOIC staff that they are to evaluate such claims without consideration given to the idiopathic designation.

DEEOIC intends to update the Federal (EEOICPA) Procedure Manual, Exhibit 15-4, to reflect this updated information by the end of September. In addition, it will update the current SEM listing for Parkinsonism with the agreed to aliases.

3) *The Board recommends that in addition to carbon monoxide and steel/manganese products already included in the EEOICPA Procedure Manual and DOL Site Exposure Matrix, exposures to carbon disulfide (CS₂) and trichloroethylene (TCE) be presumed to cause, contribute, or aggravate Parkinsonism claims. These exposures were present in the DOE weapons complex and have been shown to be associated with increased risk of Parkinsonism in human studies. The Board also recommends, based on epidemiologic studies, a minimum exposure duration of eight (8) years for Part E causation in adjudicating Parkinsonism claims with exposures to carbon disulfide and trichloroethylene.*

At present, the Board issues no recommendations for methanol, toluene, n-hexane, and polychlorinated biphenyls (PCBs), or other work-related exposures common throughout the

DOE weapons complex. The Board also issues no recommendation for pesticides or specific pesticide products that may have been used on DOE installations. Current evidence is not sufficient to support a presumption of these additional agents with regard to Parkinsonism. As new research is emerging, the Board recommends a periodic review of human studies literature on risk factors for Parkinsonism for DOL to provide updates in this field.

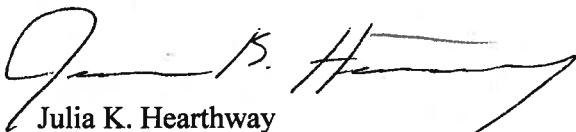
Presumption of causation implies the judgment that the literature at the current time is sufficient to support the statement that the exposure can contribute to causation of the disease or aggravate the course of the disease in exposed populations, and the judgment that the degree of exposure in the individual is sufficient to have produced this contribution to causation in that individual. This use of presumptions is intended to identify the subset of people with the straightforward presentations to streamline the compensation process by eliminating the need for detailed causal evaluation by the physician and industrial hygienist. It must be emphasized that if an individual does not meet the criteria for the presumption of causation, this does not imply that there is not sufficient evidence of causation. It simply means that individuals who do not meet these presumptive criteria and would need to be evaluated through a fact-based process entailing industrial hygiene and medical review to make the judgment whether the exposure contributed to causation of the disease.

DEEOIC agrees to add carbon disulfide (CS₂) and trichloroethylene (TCE) as toxic substances with a Parkinsonism health effect in SEM. DEEOIC will instruct the SEM contractor to update the internal variant of SEM effective within the next few weeks. The SEM contractor will also capture this change during the next incremental update to the publically available SEM.

With regard to the Board's recommendation regarding the addition of an eight-year minimum exposure duration, DEEOIC does not agree that the medical health science literature or rationale provided by the Board is sufficient to add an eight-year exposure duration to the Parkinsonism causation standard. Of the 43 published papers submitted to DEEOIC, it is not clear which serves as the basis for the Board's recommendation. Within the rationale provided in support of the recommendation, the Board cites one study (Gash 2008) that involved a small group of workers (three) who developed Parkinsonism after 8-33 years of TCE exposure. However, DEEOIC does not consider the study sufficiently compelling to support adding an eight-year minimum exposure duration. Generally, DEEOIC relies on large-scale epidemiological studies that do address bias (i.e., recall, case finding, and other sources of bias) consistently in multiple populations to establish an exposure to response relationship, rather than anecdotal reports.

On behalf of the Department, the Office of Workers' Compensation Programs, DEEOIC, and the communities we service, I look forward to the continued efforts of the Advisory Board.

Sincerely,



Julia K. Hearthway
Director, Office of Workers' Compensation Programs