

BRB No. 07-0595 BLA

B.M. (Deceased) )  
 )  
 Claimant-Respondent )  
 )  
 v. )  
 )  
 OMAR MINING COMPANY )  
 )  
 Employer-Petitioner ) DATE ISSUED: 04/30/2008  
 )  
 DIRECTOR, OFFICE OF WORKERS' )  
 COMPENSATION PROGRAMS, UNITED )  
 STATES DEPARTMENT OF LABOR )  
 )  
 Party-in-Interest ) DECISION and ORDER

BRB No. 07-0773 BLA

M.M. )  
(Widow of B.M.) )  
 )  
 Claimant-Respondent )  
 )  
 v. )  
 )  
 OMAR MINING COMPANY )  
 ) DATE ISSUED: \_\_\_\_\_  
 Employer-Petitioner )  
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 DIRECTOR, OFFICE OF WORKERS' )  
 COMPENSATION PROGRAMS, UNITED )  
 STATES DEPARTMENT OF LABOR )  
 )  
 Party-in-Interest ) DECISION and ORDER

Appeal of the Decision and Order of Linda S. Chapman, Administrative Law Judge, United States Department of Labor.

James M. Haviland (Pyles, Haviland, Turner & Mick, LLP), Charleston, West Virginia, for claimant.<sup>1</sup>

Ann B. Rembrandt (Jackson & Kelly PLLC), Charleston, West Virginia, for employer.

Before: SMITH, HALL, and BOGGS, Administrative Appeals Judges.

PER CURIAM:

Employer appeals the Decision and Order (04-BLA-6645 and 04-BLA-6646) of Administrative Law Judge Linda S. Chapman granting benefits on claims filed pursuant to the provisions of Title IV of the Federal Coal Mine Health and Safety Act of 1969, as amended, 30 U.S.C. §901 *et seq.* (the Act). This case involves a subsequent claim filed on November 4, 2002,<sup>2</sup> and a survivor's claim filed on July 7, 2003.

The administrative law judge adjudicated both the miner's subsequent claim and the survivor's claim. In regard to the miner's claim, the administrative law judge credited the miner with at least forty years of coal mine employment.<sup>3</sup> The administrative law judge found that the new evidence established the existence of clinical pneumoconiosis pursuant to 20 C.F.R. §718.202(a). The administrative law judge, therefore, found that claimant established a "material change" in the miner's condition pursuant to 20 C.F.R. §725.309. Decision and Order at 19. Turning to the merits of the miner's 2002 claim,

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<sup>1</sup> Claimant is the surviving spouse of the deceased miner, who died on January 14, 2003. Director's Exhibit 31. In addition to her claim for survivor's benefits, claimant is also pursuing the deceased miner's claim.

<sup>2</sup> The miner initially filed a claim for benefits on June 5, 1973. Director's Exhibit 1. The district director denied the claim on November 9, 1979, because the miner did not establish any of the elements of entitlement. *Id.* There is no indication that the miner took any further action in regard to his 1973 claim. The miner filed a second claim on November 4, 2002. Director's Exhibit 2.

<sup>3</sup> The record indicates that the miner's coal mine employment occurred in West Virginia. Director's Exhibits 3, 4. Accordingly, this case arises within the jurisdiction of the United States Court of Appeals for the Fourth Circuit. *See Shupe v. Director, OWCP*, 12 BLR 1-200, 1-202 (1989)(*en banc*).

the administrative law judge found that the evidence established the existence of clinical pneumoconiosis pursuant to 20 C.F.R. §718.202(a). The administrative law judge also found that claimant was entitled to the presumption that the miner's pneumoconiosis arose out of his coal mine employment pursuant to 20 C.F.R. §718.203(b). The administrative law judge further found that the evidence established total disability pursuant to 20 C.F.R. §718.204(b)(2), and that the miner's total disability was due to pneumoconiosis pursuant to 20 C.F.R. §718.204(c). Accordingly, the administrative law judge awarded benefits in the miner's claim.

In regard to the survivor's claim, the administrative law judge found that the evidence established that the miner's death was due to pneumoconiosis pursuant to 20 C.F.R. §718.205(c). Accordingly, the administrative law judge also awarded benefits in the survivor's claim.

On appeal,<sup>4</sup> employer contends that the administrative law judge erred in finding that the evidence established that the miner's total disability was due to pneumoconiosis pursuant to 20 C.F.R. §718.204(c) in the miner's claim. In regard to the survivor's claim, employer contends that the administrative law judge erred in finding that the evidence established that the miner's death was due to pneumoconiosis pursuant to 20 C.F.R. §718.205(c). Claimant responds in support of the administrative law judge's award of benefits in both the miner's claim and the survivor's claim. The Director, Office of Workers' Compensation Programs, has not filed a response brief.<sup>5</sup>

The Board's scope of review is defined by statute. The administrative law judge's Decision and Order must be affirmed if it is rational, supported by substantial evidence,

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<sup>4</sup> On May 7, 2007, the Board acknowledged receipt of employer's appeal regarding the miner's claim and assigned it BRB No. 07-0595 BLA. Subsequently, employer notified the Board that it appealed both the miner's claim and the survivor's claim, each of which was incorporated in the administrative law judge's March 19, 2007 Decision and Order. In an Order dated June 29, 2007, the Board assigned employer's appeal of the survivor's claim BRB No. 07-0773 BLA, and consolidated the two appeals for purposes of decision only. [*B.M.*] v. *Omar Mining Co.*, BRB Nos. 07-0595 BLA and 07-0773 BLA (June 29, 2007)(Order)(unpub.).

<sup>5</sup> Because no party challenges the administrative law judge's findings that all of the new evidence established the existence of clinical pneumoconiosis and thus a change in an applicable condition of entitlement pursuant to 20 C.F.R. §§718.202(a), 725.309(d), and that the evidence established that the miner was totally disabled by a respiratory or pulmonary impairment pursuant to 20 C.F.R. §718.204(b)(2), those findings are affirmed. *Skrack v. Island Creek Coal Co.*, 6 BLR 1-710 (1983).

and in accordance with applicable law. 33 U.S.C. §921(b)(3), as incorporated by 30 U.S.C. §932(a); *O’Keeffe v. Smith, Hinchman & Grylls Associates, Inc.*, 380 U.S. 359 (1965).

### **The Miner’s Claim**

In order to establish entitlement to benefits under 20 C.F.R. Part 718 in the miner’s claim, claimant must establish that the miner had pneumoconiosis, that the pneumoconiosis arose out of coal mine employment, and that the pneumoconiosis was totally disabling. 20 C.F.R. §§718.3, 718.202, 718.203, 718.204. Failure to establish any one of these elements precludes entitlement. *Trent v. Director, OWCP*, 11 BLR 1-26 (1987).

Employer contends that the administrative law judge erred in finding that the evidence established that the miner’s total disability was due to pneumoconiosis pursuant to 20 C.F.R. §718.204(c).<sup>6</sup> Employer specifically argues that the administrative law judge committed numerous errors in crediting Dr. Green’s opinion, that the miner’s totally disabling pulmonary impairment was due in part to his coal dust exposure, over the contrary opinions of Drs. Oesterling, Zaldivar, and Castle.<sup>7</sup>

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<sup>6</sup> Revised Section 718.204(c)(1) provides that:

A miner shall be considered totally disabled due to pneumoconiosis if pneumoconiosis, as defined in §718.201, is a substantially contributing cause of the miner’s totally disabling respiratory or pulmonary impairment. Pneumoconiosis is a “substantially contributing cause” of the miner’s disability if it:

- (i) Has a material adverse effect on the miner’s respiratory or pulmonary condition; or
- (ii) Materially worsens a totally disabling respiratory or pulmonary impairment which is caused by a disease or exposure unrelated to coal mine employment.

20 C.F.R. §718.204(c)(1).

<sup>7</sup> The administrative law judge also considered the opinion of Dr. Walker, who opined that the miner’s severe pulmonary impairment was the result of a combination of his coal dust exposure and cigarette smoking. Director’s Exhibit 10. Because Dr. Walker provided no rationale or support for his opinion regarding the cause of the miner’s total disability, the administrative law judge found that it was not sufficiently

The administrative law judge credited Dr. Green's opinion because she found that it was more consistent with Dr. Jelic's autopsy findings.<sup>8</sup> Decision and Order at 22. The administrative law judge noted that Dr. Jelic, the autopsy prosector, in addition to diagnosing bullous emphysema, found "marked focal emphysema surrounding multiple macules of pneumoconiosis throughout all lobes." *Id.* The administrative law judge found that, unlike Drs. Oesterling, Zaldivar, and Castle, Dr. Green addressed the significance of both the miner's focal/centriacinar emphysema and the miner's bullous/panacinar emphysema, ultimately attributing the miner's total disability to both forms of emphysema.<sup>9</sup> *Id.*

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reasoned. Decision and Order at 20. Since no party challenges the administrative law judge's finding as to Dr. Walker's opinion, the finding is affirmed. *Skrack*, 6 BLR at 1-711.

<sup>8</sup> On microscopic examination of the miner's lung tissue, Dr. Jelic noted, *inter alia*, that:

Sections of the lungs demonstrate simple coal workers' pneumoconiosis. . . . Simple coal workers' pneumoconiosis presents with multiple macules throughout the all [sic] lung lobes and occasional dust nodules. Anthracotic and polarizable silica/silicate particles are numerous and associated refractile collagen fibrosis is conspicuous. Local emphysema surrounding macules is marked. Acute exacerbation of chronic bronchitis is present. The latter presents with focal squamous metaplasia of the respiratory epithelium. Emphysema is marked. The large anthracosilicotic nodule in the right lower lobe for the most part of it's [sic] part exhibits ossification with presence of hematopoietic elements.

Director's Exhibit 35.

Dr. Jelic diagnosed the following conditions: (1) simple coal workers' pneumoconiosis; (2) marked emphysema with focal formation of bullae (bullous emphysema); (3) acute exacerbation of chronic bronchitis; (4) acute bronchopneumonia involving right upper and right lower lobes; (5) organizing pneumonia involving right middle and lower lobes, and left upper lobe; (6) adhesions between the left lung, chest wall and diaphragm; and (7) liver congestion. Director's Exhibit 35. Dr. Jelic did not address the etiology of the miner's emphysema and chronic bronchitis.

<sup>9</sup> Dr. Green, a Board-certified pathologist, interpreted the miner's autopsy slides as follows:

The administrative law judge accorded less weight to the opinions of Drs. Oesterling, Zaldivar, and Castle because they did not address the significance of the miner's focal emphysema in excluding coal dust exposure as a cause of his totally disabling pulmonary impairment.<sup>10</sup> Decision and Order at 21-22. The administrative law judge specifically found that Dr. Oesterling ignored Dr. Jelic's autopsy finding of "marked focal emphysema." *Id.* at 22. The administrative law judge found that although Dr. Zaldivar "acknowledged the relationship between coal mine dust exposure and focal/centriacinar emphysema, [he] did not address Dr. Jelic's microscopic findings of marked focal emphysema surrounding the multiple macules of pneumoconiosis that were throughout all the lobes." *Id.* at 21. The administrative law judge also found that:

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Simple coal workers' pneumoconiosis is seen in all sections of the lung and is predominantly of the macular type. Occasional micronodules, a single silicotic nodule and occasional foci of interstitial fibrosis, which appear to be dust related, were also seen. The lesions of pneumoconiosis overall are moderately severe. The lesions contain large quantities of black pigment, much of which has the morphology of bituminous coal mine dust together with numerous birefringent needle-shaped particles, consistent with silicates, seen by polarizing microscopy. All the macules are characterized by coexistent focal (centriacinar) emphysema.

The emphysema overall is severe, the majority of it is of the focal/centriacinar type but in some areas it has become the most severe form, *i.e.*[,] panacinar.

Claimant's Exhibit 1.

Dr. Green further opined that the miner's cigarette smoking and coal dust exposure contributed approximately equally to his chronic obstructive pulmonary disease and pulmonary impairment. Claimant's Exhibit 1.

<sup>10</sup> Dr. Oesterling diagnosed panlobular and bullous emphysema. Employer's Exhibit 1. Dr. Oesterling noted that panlobular pulmonary emphysema is a disease process that is not attributable to coal mine dust exposure. *Id.* Dr. Oesterling opined that the miner's cigarette smoking had to be considered the primary etiologic agent in the evolution of his quite significant chronic obstructive pulmonary disease. Employer's Exhibit 1.

Drs. Zaldivar and Castle reviewed the medical evidence and similarly opined that the miner's pulmonary impairment was the result of his bullous emphysema caused by smoking and was unrelated to his coal dust exposure. Employer's Exhibits 2, 3.

Dr. Castle acknowledged that there was focal emphysema, and that coal mine dust causes focal emphysema as part of the coal macule, but he did not explain how, in light of these findings, he was able to totally exclude [the miner's] 40 year history of coal dust exposure as a factor in his disabling emphysema.

Decision and Order at 22.

Employer argues that the administrative law judge erred in finding that Drs. Oesterling, Zaldivar, and Castle failed to take into account and address the significance of the miner's focal emphysema. We agree. As employer notes, the administrative law judge did not address the significance of the fact that Drs. Oesterling, Zaldivar, and Castle indicated that their respective diagnoses of clinical coal workers' pneumoconiosis encompassed a finding of focal emphysema.<sup>11</sup> Consequently, in opining that the miner's clinical pneumoconiosis did not contribute to the miner's pulmonary impairment, Drs. Oesterling, Zaldivar, and Castle addressed the miner's focal emphysema as a cause of the miner's disabling pulmonary impairment.<sup>12</sup> Consequently, the administrative law judge's

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<sup>11</sup> Dr. Oesterling explained that macular coal workers' pneumoconiosis will typically be accompanied by focal emphysema. Employer's Exhibit 9 at 68.

Dr. Zaldivar explained that:

[S]imple pneumoconiosis refers to the macules seen by the pathologist in the terminal bronchioles of the lungs. And distal to that, there's an enlargement and destruction of lung tissue which is a focal emphysema.

Once those findings are present, then by definition, macules of pneumoconiosis are found. This is due to coal workers' pneumoconiosis.

Employer's Exhibit 6 at 18.

Dr. Castle explained that:

The coal mine dust causes focal emphysema as part of the coal macule, and certainly, that was seen, but he had . . . these large areas of bullous emphysema unrelated to the coal macules and coal mine dust.

Employer's Exhibit 7 at 13.

<sup>12</sup> Dr. Oesterling opined that the level of the miner's clinical pneumoconiosis appeared "insufficient to have significantly altered structure." Employer's Exhibit 1. Dr.

finding that Drs. Oesterling, Zaldivar, and Castle did not consider and address the significance of the miner's focal emphysema is not supported by substantial evidence.<sup>13</sup> See 33 U.S.C. §921(b)(3); *Tackett v. Director, OWCP*, 7 BLR 1-703 (1985).

We also agree with employer that the administrative law judge erred in according greater weight to Dr. Green's opinion because he took into account the miner's "extensive history of coal mine employment, as well as his lengthy, but also distant, history of cigarette smoking." Decision and Order at 22. Before crediting Dr. Green's opinion on this basis, the administrative law judge should have addressed whether Drs. Oesterling, Zaldivar, and Castle also properly took into account the miner's coal mine employment and smoking histories. See *Milburn Colliery Co. v. Hicks*, 138 F.3d 524, 533, 21 BLR 2-323, 2-335 (4th Cir. 1998); *Sterling Smokeless Coal Co. v. Akers*, 131 F.3d 438, 441, 21 BLR 2-269, 2-275-76 (4th Cir. 1997); Employer's Exhibits 3, 6, 9.

The administrative law judge also failed to address the conflicting medical opinion evidence regarding the cause of the miner's bullous emphysema. Dr. Green based his opinion, that the miner's pulmonary impairment was attributable in part to coal dust exposure, on his belief that, because all types of emphysema are related to coal mine dust exposure, it was "not possible to differentiate dust-induced and cigarette smoke-induced emphysema on the basis of its type." Claimant's Exhibit 1. Drs. Oesterling, Zaldivar, and Castle, however, each opined that bullous emphysema is not caused by coal dust exposure.<sup>14</sup> An administrative law judge is required to consider all relevant evidence in

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Oesterling, therefore, opined that the miner's clinical pneumoconiosis "would have produced little or no disability or respiratory impairment." *Id.* Dr. Zaldivar indicated that the miner's level of pneumoconiosis would only have been expected to cause a "minuscule amount of damage to the lungs." Employer's Exhibit 6 at 29. Dr. Castle opined that the miner's clinical pneumoconiosis did not play any role in his respiratory impairment. Employer's Exhibit 7 at 15.

<sup>13</sup> Contrary to the administrative law judge's characterization, Dr. Jelic did not render a finding of "marked focal emphysema." Decision and Order at 22. In his microscopic description, Dr. Jelic noted that "[l]ocal emphysema surrounding macules [was] marked." Dr. Jelic also noted that the miner's "[e]mphysema [was] marked." *Id.* Among his final diagnoses, Dr. Jelic listed "[m]arked emphysema with focal formation of bullae (bullous emphysema)." Dr. Jelic did not list "focal emphysema" among his final diagnoses. Consequently, should the administrative law judge, on remand, find that Dr. Green's opinion is more consistent with Dr. Jelic's autopsy findings, the administrative law judge should provide an explanation for her finding.

<sup>14</sup> Dr. Oesterling opined that panlobular emphysema is a disease process that is not attributable to coal mine dust exposure. Employer's Exhibit 1. Dr. Oesterling stated that



the record. *See* Administrative Procedure Act, 5 U.S.C. §557(c)(3)(A), as incorporated into the Act by 30 U.S.C. §932(a), by means of 33 U.S.C. §919(d) and 5 U.S.C. §554(c)(2); *Wojtowicz v. Duquesne Light Co.*, 12 BLR 1-162 (1989). The administrative law judge erred in not addressing this conflicting evidence.<sup>15</sup>

In light of the above-referenced errors, we vacate the administrative law judge's finding that the evidence established that the miner's total disability was due to pneumoconiosis pursuant to 20 C.F.R. §718.204(c) and remand the case for further consideration.

In so doing, we note that the administrative law judge credited medical opinion evidence attributing the miner's total disability in part to "legal" pneumoconiosis,<sup>16</sup> in the form of emphysema and chronic bronchitis due in part to coal mine dust exposure, pursuant to 20 C.F.R. §718.204(c). Decision and Order 20-22. As employer argues, before addressing whether the evidence established that the miner's total disability was

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panlobular emphysema is associated with two entities; cigarette smoking and asthma. Employer's Exhibit 9 at 39-40.

Dr. Zaldivar opined that:

The information which you sent me shows the typical abnormalities found in a smoker who developed bullous emphysema. As Dr. Oesterling stated and as stated in the textbook from Spencer's cited by Dr. Oesterling, bullous emphysema is not a manifestation of coal workers' pneumoconiosis. It is a manifestation of smoker's emphysema. The bullae are a magnification of the panacinar emphysema or lung destruction caused by smoking.

Employer's Exhibit 2.

Dr. Castle opined that the miner's bullous emphysema was not caused by simple pneumoconiosis. Employer's Exhibit 7 at 13. Dr. Castle further opined that panlobular emphysema is not related to coal dust exposure. *Id.*

<sup>15</sup> The administrative law judge also did not address Dr. Oesterling's explanation for why he disagreed with Dr. Green's opinion that fifty percent of the miner's chronic obstructive pulmonary disease was due to coal dust exposure. Employer's Exhibit 9 at 62-63.

<sup>16</sup> "Legal pneumoconiosis" includes any chronic lung disease or impairment and its sequelae arising out of coal mine employment. 20 C.F.R. §718.201(a)(2).

due to “legal” pneumoconiosis pursuant to 20 C.F.R. §718.204(c), the administrative law judge should have first determined whether the medical opinion evidence established the existence of “legal” pneumoconiosis at 20 C.F.R. §718.202(a)(4). *See* 20 C.F.R. §§718.201(a)(2), 718.204(c)(1). Consequently, on remand, the administrative law judge is instructed to initially address whether the medical opinion evidence establishes the existence of “legal” pneumoconiosis pursuant to 20 C.F.R. §718.202(a)(4).

On remand, when considering whether the medical opinion evidence establishes the existence of legal pneumoconiosis pursuant to 20 C.F.R. §718.202(a)(4) and when reconsidering whether the evidence establishes that the miner’s total disability was due to pneumoconiosis pursuant to 20 C.F.R. §718.204(c), the administrative law judge should address the comparative credentials of the respective physicians, the explanations for their conclusions, the documentation underlying their medical judgments, and the sophistication of, and bases for, their diagnoses. *See Hicks*, 138 F.3d at 533, 21 BLR at 2-335; *Akers*, 131 F.3d at 441, 21 BLR at 2-275-76.

### **The Survivor’s Claim**

Employer also argues that the administrative law judge erred in finding that the evidence established that the miner’s death was due to pneumoconiosis pursuant to 20 C.F.R. §718.205(c). Because this survivor’s claim was filed after January 1, 1982, claimant must establish that the miner’s death was due to pneumoconiosis pursuant to 20 C.F.R. §718.205(c).<sup>17</sup> *See* 20 C.F.R. §§718.1, 718.202, 718.203, 718.205(c); *Neeley v.*

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<sup>17</sup> Section 718.205(c) provides that death will be considered to be due to pneumoconiosis if any of the following criteria is met:

- (1) Where competent medical evidence establishes that pneumoconiosis was the cause of the miner’s death, or
- (2) Where pneumoconiosis was a substantially contributing cause or factor leading to the miner’s death or where the death was caused by complications of pneumoconiosis, or
- (3) Where the presumption set forth at §718.304 is applicable.
- (4) However, survivors are not eligible for benefits where the miner’s death was caused by traumatic injury or the principal cause of death was a medical condition not related to pneumoconiosis, unless the evidence establishes that pneumoconiosis was a substantially contributing cause of death.
- (5) Pneumoconiosis is a “substantially contributing cause” of a miner’s death if it hastens the miner’s death.

20 C.F.R. §718.205(c).

*Director, OWCP*, 11 BLR 1-85 (1988). Where pneumoconiosis is not the cause of the miner's death, a miner's death will be considered to be due to pneumoconiosis if the evidence establishes that pneumoconiosis was a substantially contributing cause or factor leading to the miner's death. 20 C.F.R. §718.205(c)(2). Pneumoconiosis is a "substantially contributing cause" of a miner's death if it hastens the miner's death. 20 C.F.R. §718.205(c)(5); *Shuff v. Cedar Coal Co.*, 967 F.2d 977, 16 BLR 2-90 (4th Cir. 1992).

In finding that the evidence established that the miner's death was due to pneumoconiosis pursuant to 20 C.F.R. §718.205(c), the administrative law judge credited Dr. Green's opinion, that the miner's medical and legal pneumoconiosis contributed to his death,<sup>18</sup> over the contrary opinions of Drs. Oesterling, Zaldivar, and Castle.<sup>19</sup> Decision and Order at 22-24. In crediting Dr. Green's opinion regarding the cause of the miner's death, the administrative law judge committed the same errors that she committed in crediting Dr. Green's opinion regarding the cause of the miner's totally

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<sup>18</sup> Dr. Green opined that the miner died of respiratory failure due to pneumoconiosis and chronic obstructive pulmonary disease. Claimant's Exhibit 1. Dr. Green opined that the miner's coal dust exposure was the major underlying factor that caused his death. *Id.* Dr. Green opined that the miner's cigarette smoking was a contributory factor to his death. *Id.*

<sup>19</sup> Dr. Oesterling opined that the miner's coal mine dust exposure "in no way hastened, contributed to, or caused [his] death." Employer's Exhibit 1. Dr. Zaldivar opined that neither coal workers' pneumoconiosis nor coal dust exposure played any role in the miner's death. Employer's Exhibits 2, 6 at 34-35. Dr. Castle opined that the miner's "death was not caused by, contributed to, or hastened by coal workers' pneumoconiosis." Employer's Exhibit 3.

disabling respiratory impairment. Specifically, the administrative law judge accorded less weight to the opinions of Drs. Oesterling, Zaldivar, and Castle because they failed to address the significance of the miner's focal emphysema as a factor in his death, and again accorded greater weight to Dr. Green's opinion because he took into account the miner's smoking and coal mine employment histories. *See* Decision and Order at 23-24. In light of our decision to vacate the administrative law judge's finding pursuant to 20 C.F.R. §718.204(c) that was based on the same reasons, we also vacate the administrative law judge's finding pursuant to 20 C.F.R. §718.205(c), and remand the case to the administrative law judge for further consideration of the survivor's claim. As discussed above with respect to the miner's claim, the administrative law judge should resolve whether the miner had legal pneumoconiosis before addressing whether legal pneumoconiosis caused or hastened his death.

Accordingly, the administrative law judge's Decision and Order awarding benefits is affirmed in part and vacated in part, and the case is remanded to the administrative law judge for further consideration consistent with this opinion.

SO ORDERED.

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ROY P. SMITH  
Administrative Appeals Judge

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BETTY JEAN HALL  
Administrative Appeals Judge

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JUDITH S. BOGGS  
Administrative Appeals Judge