

CASE STUDY OF A BERYLLIUM EMPLOYEE

My name is Stephanie Carroll. I am the granddaughter of an employee who worked at the Nevada Test Site. I am an active member of the Beryllium Health Safety Committee. My grandfather developed a fatal respiratory disease as a result of his work. He died from that disease, gasping for every breath. Since my grandfather's death, I have made it my mission to help workers at the Nevada Test Site and other DOE facilities who suffer from the respiratory diseases they developed from that work. I helped my grandfather obtain EEOICPA benefits but we couldn't get the program to approve his claim for 6 agonizing years, while he suffered from his illnesses and inability to obtain adequate medical care. Since then, I have tried to help hundreds of his co-workers. In the process of helping those workers I have discovered serious abuses by the administrators of the EEOICPA. Thank you for giving me the opportunity to bring this information to you. I know you are as concerned as I am, that these abuses be stopped and the EEOICPA program achieve the mission that Congress intended.

I recently was retained by a 66-year old female who worked at the Savannah River Site from 1972 to 2005. When she came to me, her claim had been repeatedly denied. Her claim is a case history which demonstrates many of the abuses which occur in this program. Her claim shows that she was tricked and lied to by employees in the Jacksonville District Office. Her claim shows that the district office sent misleading development letters to her. Her claim shows that the district office and the FAB ignored the clear medical evidence and employment evidence showing that her claim should be approved. Her claim shows claims examiners

and hearing representatives who seem to believe that they should do everything they can to deny claims. Her claim shows a toxic culture within the program which is both pervasive and is hurting claimants and defeating the mission of the program. I have prepared separate documents which further provide examples of each of these abuses, however I will use this claim as a case study in what the program should not be doing.

She filed a claim for benefits for the Part B respiratory condition of chronic beryllium disease. This condition is a statutory condition, with specific medical criteria set out by Congress. Because of the nature of this condition, Congress did not require that an employee actually be diagnosed with chronic beryllium disease. Congress indicated that the claim for this condition should be approved based on specific diagnostic testing criteria based on the dates of the medical evidence.

She filed a claim for benefits for COPD. She worked as a laborer and laboratory technician. The JAX office sent a letter (attachment #A) to her telling her that they searched all available resources and could not find evidence that she was exposed to toxins linked to COPD. However, if they had reviewed SEM (attachment #B), it shows that she was exposed to numerous toxic substances, including sulfur dioxide, ammonia, asbestos, cadmium oxide, chlorine, nitrogen dioxide, silicon dioxide, vanadium pentoxide and welding fumes, which are linked in SEM to COPD. The January 6, 2011 letter, was terribly misleading. The letter misstates the claim file evidence regarding her exposures. This letter seems to show an intent by the claims examiner to discourage my client from pursuing her claim. Many claimants are elderly and trust what a government employee, such as a claims examiner tells them. My experience shows me that such trust is badly misplaced.

She filed a claim for benefits for chronic beryllium disease. Her medical dispensary records from the Savannah River Site include incontrovertible medical evidence showing that she was diagnosed and treated for a chronic respiratory condition prior to 1993. She submitted medical records from her doctors which included b-reader x-ray reports showing parenchymal findings characteristic of pneumoconiosis and a small opacities profusion 3/2. She submitted a chest CT scan showing hilar and mediastinal adenopathy, parenchymal densities, and consolidation. The chest x-ray and chest CT findings meet one of the criteria for chronic beryllium disease. Her medical records show that a clinical course of treatment for the chronic respiratory condition of pulmonary sarcoidosis. Her lung biopsy showed non-caseating granulomas and negative stains, which is a pathology finding characteristic of chronic beryllium disease. Her pulmonary function tests showed her FVC was 58% of predicted and her FEV1 was 61%. Those PFT results establish obstruction and restrictive lung processes and meet the necessary diagnostic criteria. Her medical records meet 4 of the 5 pre-93 criteria and the EEOICPA also requires that she meet 3 of those criteria.

JAX claims examiner sent a letter to her doctor (attachment #C) requesting additional information regarding her sarcoidosis. However, that letter was irrelevant to her claim for chronic beryllium disease and seems designed to confuse my client regarding her claim.

The district office prior to my involvement in the claim told her that she was not entitled to benefits for chronic beryllium disease and strongly urged her to drop her claim for that condition. She followed their advice on the assurance that they would approve her claim for her other conditions. They didn't approve

her claim for her other conditions and she sought my help.

I refiled the claim for her for chronic beryllium. The DO denied her claim. The Jacksonville DO and FAB denied her claim. I have attached a copy of the FAB final decision (attachment #D). The final decision did not discuss any of the medical records in her claim file. The FAB hearing representative in final decision stated that she not submit any medical documentation to establish chronic beryllium disease. The content of the final decision shows either a hearing representative who doesn't know what he is doing or doesn't care enough about his job to do the right thing or shows that he is just wants to deny the claim for his own personal reasons. This final decision is very typical of what many of the employees in the DEEOIC program do on a daily basis. I get so mad when I see this type of action. I hope you find them as outrageous as I do.

I have prepared written materials that demonstrate many of the other problems with the program that need to be considered by this Board. Those materials document the toxic culture of the program, problems with SEM, problems with Industrial Hygienists, inconsistent policies, and inadequate training. My time before you is very limited today but I hope you will review and consider those documents.

Thank you for giving me an opportunity to speak to you today.

Stephanie Carroll

AtomicWorkerAdvocacy@gmail.com