

**From:** Donna Hand  
**Sent:** Tuesday, March 14, 2017 12:39 AM  
**To:** DOL Energy Advisory Board Information  
**Subject:** Pulmonary diseases asthma

To the Board;

1. The DEEOIC has issued decisions denying claimants that have been diagnosed with asthma. The requirement of the claimants to be specific of occupational asthma vs asthma is a violation of the statute. The statute includes "aggravating" and/or "contributing to" as well as causation. AN employee would be exposed to the same toxic substances of asthma while performing the work duties, while the physician will only diagnose asthma. IT IS A MOOT ISSUE TO DISTINGUISH ASTHMA FROM OCCUPATIONAL ASTHMA, the DEEOIC is mandated to follow the statute which only requires an illness to be aggravated by or contributed to by a toxic substance. The toxic substance only has to have the potential because of it's nature to be a factor in aggravating, contributing to or causing the illness. "Work related" also only requires while the worker was performing the work duties, which would also include the work areas, not just the labor category. There are workers who had child hood asthma, but then Jacksonville issued a request to the National Office and a memo was issued to deny claimants that had childhood asthma and then claimed asthma from work. ( This claimant did not have any asthma attacks from 16 yrs old until she started working at Oak Ridge, and the Oak Ridge DOctor even stated so in the medical files.)

2. The Former worker screening physician has diagnosed a claimant with plural plaques, and has informed the claimant of the toxic substances connected with plural plaques. The DEEOIC Director Rachel Letion refuses to reopen the COPD, based on this new evidence and will only reopen the asthma claim which was denied based on the Exhibit Matrix for Confirming Sufficient Evidence of Non-cancerous Covered Illnesses. At the FAB hearing and in the file is documented proof of asbestos exposure, as well as asbestos compounds, vermiculite, lead, cadmium, beryllium, solvents, and other heavy metals. Again, the Director denied reopening of the COPD because COPD cannot have asthma like symptoms. Several treating physicians as well as article in medical journals have stated that COPD/asthma is an accepted respiratory illness.

*Unlike the pneumoconioses, recognition of work-relatedness for asthma and chronic obstructive pulmonary disease (COPD) is difficult. This is the case for two reasons. First, these are multifactorial diseases that are strongly associated with nonoccupational exposures. Second, the occupational dose–response and temporal relationships for either airway diseases are complex. Some work-related airway disorders do not fit neatly into either asthma or COPD categories. Work-related variable airflow limitation may occur with occupational exposure to organic dusts such as cotton (byssinosis), flax, hemp, jute, sisal, and various grains. Such organic dust-induced airway disease is often classified as an “asthma-like disorder” rather than as “true” asthma. American Thoracic Society Statement: Occupational Contribution to the Burden of Airway Disease This Official Statement of the American Thoracic Society was approved by the ATS Board of Directors June 2002.*

3. The DEEOIC Director has issued a statement that Upper respiratory infections, ( URI) are not signs of a "chronic respiratory illness" that may be used to determine the pre-1993 criteria for Chronic Beryllium Disease. In fact even if the files show documentation of bronchitis, unless it has the word "chronic" with the bronchitis it also may not be used. The World Health Organization has defined "chronic respiratory disease"..... Chronic respiratory diseases are a group of chronic diseases affecting the airways and the other structures of the lungs. The World Health Organization even includes pulmonary hypertension as a "chronic respiratory disease". HOWEVER, Director Leiton and John Vance refuses to allow the Case Examiners or FAB to accept URIs or pulmonary hypertension as a "respiratory" illness. An URI listed on the medical records from work, may be from a 'bacteria' but more likely than not it is from exposure to a respiratory toxin. Even when the medical records show URIs, the worker does not stop his/her working duties, but continue working after taking "Robitussin", etc.

4. In the beginning, when DOE had the Part D, the accepted illness of heavy metal toxicity was claimed and was being paid. Then when Part E was established, the DEEOIC still had a computer code for heavy metals, "99". When the employee claimants started filing claims for heavy metal toxicity, the Jacksonville Office wrote to the National Office requesting a procedure how to handle heavy metal toxicity. A memo came back which stated that if the illness can be connected to the heavy metal, it was to be accepted. However, the Jacksonville Office interpreted the memo to be that heavy metal toxicity is a symptom and not an illness. So now all heavy metal claims are being denied. The claimants had a chelated toxic panel that established certain metals that were in their body well out of the reference range. ( It should be noted that Oak Ridge did and does chelation for some time now.) PLEASE ADDRESS HEAVY METAL TOXICITY and how to "develop a claim".

5. Please address the correct ICD-10 code for chronic beryllium disease since beryllium will affect the liver, the skin, the skeleton, and the eyes. Beryllium is not just a respiratory disorder.

Donna Hand Worker Advocate