

Transparency is important.

I heartily support the subcommittee's recommendation to make teleconference notes available to the public. These documents are not just administrative tools but are also used to make decisions on individual claims. Restricting these has put claimants at a distinct disadvantage for years. The same goes for Generic Exposure Profiles. DOL calls these documents proprietary and will not release them although they too have been used on individual claims.

This being said, documents provided to the board and their subcommittees must be releasable as well, at least through FOIA. Currently DOL has prevented release of these documents through FOIA. It is not appropriate for DOL, the agency being advised, to be the one to make the call on what is releasable or not. This must be up to the board. Doing otherwise gives the appearance of the fox guarding the henhouse.

The board is also correct in regards to the Statement of Accepted Facts. If there an error is made in the SOAF it is very difficult to get it corrected. It can take years and many recommended decisions. When an error is made in the SOAF the error is amplified in any CMC or IH report done on the case. This wasteful financially and very frustrating to claimants. A simple solution to this would be to allow the claimant or their advocates provide clarification and corrections before the errors negatively affect the claim.

One issue in reorganizing the occupational physicians into one department supporting all OWCP divisions is that the divisions have different standards. For example: FECA has a higher bar that much be met than EEOICPA.

Another suggestion is that IHs and CMCs be made available at Final Adjudication Branch Hearings to defend their opinions when they have weighed in on a claim. At current time, the claimant has no access to the specialist who makes these important determinations on their claim. This leads to errors and improper claim denial.

Thanks to the board for recommending Circular 15-06 be rescinded. I would encourage DOL to follow this recommendation and reevaluate all claims that were denied when this bulletin was consulted.