Advisory Board on Toxic Substances and Worker Health

March 14, 2019

Mr. R. Alexander Acosta
Secretary of Labor
Department of Labor
200 Constitution Ave.
Washington, DC NW 20210

Honorable Secretary Acosta:

On behalf of the Department of Labor Advisory Board on Toxic Substances and Worker Health, I submit the attached Revised Advisory Board Recommendations (including comments) relating to two areas that have been the subjects of prior Board and Department interchange: Asbestos and Occupational Health Questionnaire. These were adopted unanimously at the Board's meeting on February 28, 2019.

We sincerely hope that our advice is useful to the Department. We thank you for the opportunity to serve as Board members and wish the Program continued success in meeting the needs of the United States energy employees. Please let us know if there are questions.

Sincerely,

Steven Markowitz MD, DrPH
Chair
Advisory Board on Toxic Substances
and Worker Health

Revised Asbestos Presumption Recommendation

(Adopted by the Advisory Board on Toxic Substances and Worker Health, February 28, 2019)

As a result of interchange between the Board and EEOICP, the EEOICP and the Board have come to agreement on many aspects of EEOICP's current policies for consideration of claims for asbestos-related diseases. There is agreement on the set of diseases covered, important time factors (duration of exposure; latency), and the use of 1995 as a key date for presumption of significant asbestos exposure. There is also agreement that the asbestos-related disease claims of DOE workers but who do not meet exposure and causation presumption criteria adopted by EEOICP should be evaluated through the normal claims adjudication process, including use of industrial hygiene and medical evaluations when appropriate.

I. The Board notes the following provisions of Exhibit 15-4 (Exposure and Causation Presumptions with Development Guidance for Certain Conditions) of the EEOICP Procedure Manual V2.3:

   A. Asbestos Exposure Presumptions

      1. EEOICP presumes that the 19 labor categories designated on List 3a(1) [Exhibit 15-04] had significant exposure to asbestos prior to 1996. No other labor categories are presumed to have had significant exposure to asbestos.

      2. EEOICP makes presumptions about the levels of significant exposure to asbestos (low, medium, and high). List 3a(1) categories are presumed to have had high significant exposure to asbestos through 1986 and low significant levels of exposure to asbestos from 1987 through 1995.

      3. EEOICP presumes that labor categories other than those on List 3a(1) have had exposure to asbestos between January 1, 1987 and December 31, 1995, but makes no presumption about the significance of their level of asbestos exposure.

      4. EEOICP presumes that all job titles other than those on List 3a(1) do not have significant asbestos exposure after 1986.

   These presumptions are summarized in Table 1.

   B. Asbestos Disease Causation Presumptions

   For any of the seven asbestos-related diseases, EEOICP requires *as a matter of a causation presumption* that the clamant have a "significant level" of exposure to asbestos. The level (high, medium, or low) of significant exposure to asbestos is not specified with reference in the causation presumption. See the summary in Table 2 below.

II. The Board has several important residual concerns and recommended revisions:

1. Since the asbestos disease causation presumption criteria include "significant exposure" (as defined by the exposure presumption) without regard to whether such exposure is high, medium or low, the designation of asbestos exposure for List 3a(1) labor categories as high, medium, or low in the exposure presumption is not used and should be deleted from the Procedure Manual.

2. For labor categories other than those on List 3a(1), it is reasonable to retain the presumption that they had "some level of exposure to asbestos" prior to 1987 and that the industrial hygienist determine the significance of that exposure in decision-making on claims.

3. However, the Procedure Manual contains a clear negative presumption about asbestos exposure for jobs other than those in List 3a(1) between 1987 and 1996. That is, the existing policy presumes that asbestos exposure attendant to these jobs occurred but was not significant due to a low likelihood that exposures exceeded established occupational health standards. The Board believes that this presumption is not justified, because it assumes that occupational health standards were fully protective and that DOE worksites were in full compliance with such standards. Since the former is not true and the latter is not proven, the Procedure Manual should take a more neutral stance on this issue and encourage an unbiased industrial hygiene assessment to determine the importance of exposures in the relevant claims. Thus, there should be no exposure presumption about the levels of asbestos exposure and their significance for jobs other than those in List 3a(1) between 1987 and 1996. When such claims are referred for an industrial hygiene assessment, the industrial hygienist will determine the significance of exposure to asbestos.

4. The asbestos diseases causation presumption adds a requirement of "day by day" exposure for all but two asbestos disease categories. This measure of exposure frequency should be presumed for claimants who meet the asbestos exposure presumption of significant exposure noted above [List 3a(1)]. The Board recommends that "day by day" be retained only for evaluating the claims that are undergoing review by an industrial hygienist.

5. List 3a(1) (Table 3) has many important maintenance and construction job categories but lacks selected job titles that were reasonably presumed to have been exposed to asbestos prior to 1997. An examination of the SEM-listed labor categories from five DOE sites or labor groups (Hanford and PNNL, K-25, Y-12, Idaho National Lab; and Construction) yielded a supplemental list (Table 4) as determined by a subset of Board members. Examples of important exclusions include janitor, HVAC mechanic, instrument mechanic, elevator mechanic, and others.

   The Board recommends that a Board Committee work with the EEOICP and their industrial hygiene contractor to examine all SEM job titles and aliases and identify job

titles that should be added to List 3a(1) for the purposes of a presumption of asbestos exposure.

Table 1. EEOICP Procedure Manual V2.3, Exhibit 15-4, Asbestos Exposure Presumption

Time period	Job Category	Overall Exposure	Specific Exposure
pre-1987	3a(1) list	presumed to be "significant"	high
pre-1987	other jobs	presumed to have had "some level of exposure"	significance determined by industrial hygienist (high moderate, low)
1987-1995	3a(1) list	presumed to be "significant"	low
1987-1995	other jobs	presumed to be "not significant"	—

Source. EEOCIP Procedure Manual V2.3

Table 2. EEOICP Procedure Manual V2.3: Exposure Criteria Required for Causation Presumption

	Level of Exposure	Duration	Latency
Asbestosis	significant "day by day"	≥250 work days	10 years
Pleural plaques	significant "day by day"	≥250 work days	10 years
COPD	significant	20 years	20 years
Laryngeal cancer	significant "day by day"	≥250 work days	15 years
Lung cancer	significant "day by day"	≥250 work days	15 years
Mesothelioma	significant "day by day"	≥30 work days	15 years
Ovarian cancer	significant	≥250 days through 1986	15 years

Source. EEOCIP Procedure Manual V2.3

Table 3. EEOICP Procedure Manual V2.3 List 3a(1), Exhibit 15-4

Automotive mechanic; Vehicle mechanic; Vehicle maintenance mechanic
Boilermaker
Carpenter; Drywaller; Plasterer
Demolition technician;
Laborer
Electrical mechanic; Electrician;
Floor covering worker
Furnace & saw operator; Furnace builder; Furnace operator; Furnace puller; Furnace technician; Furnace tender; Furnace unloader
Glazier; Glass installer; Glazer
Grinder operator;
Tool grinder;
Maintenance mechanic (general grinding);
Welder (general grinding);
Machinist (machine grinding)
Insulation worker; Insulation trade worker; Insulator
Ironworker;
Ironworker rigger
Maintenance mechanic;
Electrician;
Insulator;
Mason (concrete grinding); Mason; Brick & tile mason; Concrete and terrazzo worker; Bricklayer, Tilesetter
Millwright
Heavy equipment operator; Operating Engineer
Painter
Pipefitter, Plumber steamfitter; Plumber/pipefitter; Plumbing & pipefitting mechanic; Plumbing technician, Steamfitter
Roofer
Sheet metal mechanic; Sheet metal fabricator/installer
Welder; Welder burner; Welder mechanic

Table 4. Job Categories in 3a(1) List and Additional SEM Job Titles from Selected DOE Sites with Presumed Asbestos Exposure Prior to 1997^

3a1 List	Job Titles that should be added to the 3a1 list^ (presumed asbestos exposure prior to 1997)
Automotive mechanic; Vehicle mechanic; Vehicle maintenance mechanic	Asbestos Worker*
Boilermaker	Auto Body Mechanic*; Auto Body Repair/Painter; Auto Body Repairman; Mechanic, Auto Paint and Body Repair; Technician, Auto Body
Carpenter; Drywaller; Plasterer	Blacksmith
Demolition technician;	Boiler Operator
Laborer	Construction Worker
Electrical mechanic; Electrician;	Elevator Worker, Construction
Floor covering worker	Escort, Construction
Furnace & saw operator; Furnace builder; Furnace operator; Furnace puller; Furnace technician; Furnace tender; Furnace unloader	ESH Officer
Glazier; Glass installer; Glazer	Foreman, Crafts
Grinder operator;	Heat/AC, Construction*
Tool grinder;	Janitor; Janitor, Construction
Maintenance mechanic (general grinding);	Laborer; Laborer, Construction*
Welder (general grinding);	Maintenance Worker
Machinist (machine grinding)	Manager, Construction
Insulation worker; Insulation trade worker; Insulator	Mechanic, HVAC; Mechanic, HVAC/refrigeration; Mechanic, Air Conditioning/Refrigeration; Mechanic, Refrigeration; Refrigeration worker
Ironworker;	Mechanic, Instrument
Ironworker rigger	Mechanic, Power Equipment
Maintenance mechanic;	Mechanic, Service
Electrician;	Mechanic, System*
Insulator;	Mechanic, Vacuum Equipment
Mason (concrete grinding); Mason; Brick & tile mason; Concrete and terrazzo worker; Bricklayer, Tilesetter	Technician, Welding*
Millwright	Truck Driver, Construction
Heavy equipment operator; Operating Engineer	Vehicle and Construction Equipment Mechanic, Construction*
Painter	Construction Field Representative
Pipefitter, Plumber steamfitter; Plumber/pipefitter; Plumbing & pipefitting mechanic; Plumbing technician, Steamfitter	Firefighter
Roofer	Crafts foreman
Sheet metal mechanic; Sheet metal fabricator/installer	Lineman
Welder; Welder burner; Welder mechanic	Maintenance Shop Laborer
	Operator, Steam Plant
	Technician, Mechanical
	Technician, Instrument
	Technician, Maintenance
	Technician, Radiation
	D&D workers (Deactivation and Decommissioning)

*Job Titles that may or may not already be included on the 3a1 list

^ Selected from SEM job categories from Hanford, PNNL, INL, K-25, Y-12, and Construction

Revised Occupational Health Questionnaire Recommendation

(Adopted by the Advisory Board on Toxic Substances and Worker Health, February 28, 2019)

History

The Board adopted a specific recommendation to improve the Occupational History Questionnaire (OHQ) at the April 2018 meeting. This recommendation included:

1. Inclusion of tasks associated with listed toxic materials as well as frequency of exposure using a scale consistent with the current OHQ and the scale used by BTMED.

2. Expansion of the hazardous materials list to specifically include a list of hazards causing chronic obstructive pulmonary disease (COPD) and other health conditions.

3. Addition of tasks currently used in the exposure assessment by BTMED.

4. Adding a specific question to the OHQ regarding exposure to vapors, gases, dusts and fumes (VGDF), the most common cause of COPD in the current peer-reviewed published literature.

In November 2017 the Department of Labor (DOL) provided written responses to the Board's recommendation. The DOL did not accept the Board's recommendation concerning the OHQ revisions nor addition of questions concerning exposures to VGDF. OWCP welcomed specific recommendations on a draft revised OHQ and – 'a list of toxic substances that represents vapors, gases, dusts, and fumes.'

In February 2018 the Board considered the OWCP response and reviewed the draft revised OHQ provided by OWCP. The Board concluded that the draft OHQ provided too little detail and structure to serve as 'memory triggers' to help claimants recall specific tasks and exposures at DOE sites. The Board also noted that the recommended OHQ revisions were closely tied to other Board recommendations intended to improve the quality of claimant-provided exposure information and use of this information during claim adjudication.

In August 2018 the DEEOIC stated that it was 'continuing to review revisions of the OHQ and will consider the suggestions of the Board'.

Recommendations Concerning the Draft Revised OHQ

At the November 2018 Board meeting of the newly appointed Board, a working group was established to further review the draft proposed OHQ. The working group has performed a detailed review of the current OHQ and the DOL-revised draft OHQ. The working group also

considered the prior Board recommendations concerning the current OHQ and the DOL responses.

The Board notes the following:

1. While free text descriptions of work and exposures are often extremely valuable, it remains the Board's opinion that the draft revised OHQ lacks sufficient structure and detail to help claimants recall and record toxic substance exposures experienced at DOE sites.

2. The Board believes that some sections of the current OHQ that are omitted or significantly modified in the DOL-revised draft OHQ provide information potentially useful in claim evaluation and adjudication.

3. There are some sections of the draft revised OHQ that may require claimants significant time to complete but provide information of marginal use in evaluating claimed exposures. Therefore, Board recommends that some sections be dropped or substantially reduced in scope.

The following are the Board's recommendations on the draft revised OHQ by section. The Board has no recommendations for OHQ sections not discussed below.

Board Recommendations:

Section 4(D): LABOR CATEGORY (While employed at a DOE Facility)

The SEM plays an important role in the assessment of claimant exposures. Site and labor category are used by the SEM as primary variables in determining claimant exposures. While the labor categories and sub-categories in the Excel file dropdown list (or Attachment 3.A) seem appropriate for broad classification, it is not clear how these tie with the SEM jobs and job aliases? These ties should be made as explicit as possible, realizing the large number of jobs across DOE sites.

Section 4(E): WORK AREAS AND ACTIVITIES

This section requests that a claimant provide a free text description of the work performed in each job title from Section 4D to include ---- 'Area, Facility, Building Number/Name or Description; Work Activity; Labor Category / Job Title; Toxins / Agents; Years of Employment; Frequency (days / week, hours / month, etc.)'. The example provided represents a good work summary; however, such detail is not realistic to expect for most claimants by way of an unstructured response. The Board recommends more structure in this section.

Section 6 of the current OHQ provides more structure for collecting information about work areas and activities. The Board considers such structure to be an important aide to claimants as they attempt to recall and organize information. The Board recommends that this

approximate structure be retained in the proposed OHQ. The column headings could be modified to reflect the types of information requested (e.g. 'Area, Facility or Building Number/Name or Description', 'Years of Employment', Description of the Work Performed', 'Toxic Substance Exposures', 'Frequency of Exposure'). These suggested headings replicate the items proposed in Section 4(E) of the DOL-revised draft OHQ.

While the frequency scale used in the current OHQ has been found useful for exposure assessment, a less complex scale based on key words more easily understood by claimants would be sufficient. A BTMED COPD case-control[1] study found the following frequency scale adequate for assessment of exposures among DOE construction workers:

Rarely:	Less than once per month
Monthly:	1-2 times per month
Weekly:	Weekly or most weeks
Daily:	Daily or almost every day

Section 5: EXPOSURE INFORMATION

This section of the draft revised OHQ differs from the current OHQ in that only broad categories of toxic substances are listed, with exposure details relegated to free text descriptions to be provided by claimants. The Board recommends more structure in this section to aide in claimant recall and assessment of toxic substance exposures based on duration, frequency, and intensity of exposure. The Board specifically recommends the following.

1. Within each broad category of toxic substance, a list of specific substances should be provided similar to the current OHQ. The specific toxic substances within each category should be carefully chosen to be representative of exposures most common across DOE sites, with specific attention to toxic substances associated with the direct disease link work process (DDLWP), to link medical conditions to specific tasks (Chapter 15 and Appendix 1 of the EEOICP Procedure Manual (Version 2.3)).

   Board recommends that substances from the published literature and/or the SEM causing or contributing to COPD be included in the specific toxic agents by major category.

   Claimants should be allowed to add other toxic substances not specifically listed, with comparable data collected for these added substances.

2. The Board notes that the current OHQ has an extensive list of 'High Explosives' and recommends that some attention be given to reducing the number of listed materials to those most common across DOE sites.

3. Frequency of exposure to each toxic substances should be recorded on a qualitative scale such as previously described (e.g. Rarely, Monthly, Weekly, Daily).

4. Duration of exposure (e.g. years or months) should be recorded for each reported exposure.

5. Exposure intensity should be addressed by allowing the claimant to describe how they were exposed to each toxic substance, with an emphasis on specific tasks preformed with or around toxic substances.

6. A check box should be added for each toxic substance to indicate if work with or around the toxic material resulted in exposures to vapors, gases, dust, or fumes (VGDF).

The Board notes that radiological hazards are omitted in the broad categories of exposure in the proposed OHQ. The rational for this exclusion is not clear. The Board recommends that radiological hazards be retained in the revised OHQ.

Section 6: PERSONEL PROTECTIVE EQUIPMENT (PPE)

The current OHQ and the draft revised OHQ both contain a rather extensive listing of PPE and requests details of use. The Board understands the role of PPE in exposure mitigation; however, the actual field protection factors provided PPE are often poor. This is especially true historically when PPE may have been provided in the absence of an adequate program for proper PPE selection, fitting, deployment, and maintenance. Given these limitations, the Board recommends that this section of the OHQ be limited in scope or eliminated. The Board does not believe that positive answers to having worn PPE should be used as a factor in denying claims.

The Board recommends expedite review of this recommendation so the process of revising, pilot-testing, and implementing a revised OHQ can proceed in a timely manner.

Rationale

The current recommendations are similar in scope and intent as the Board's original recommendations; therefore, the prior stated rational and references apply and are not repeated. An additional reference is provided for the proposed exposure frequency scale as well as a more general reference concerning the design of occupational exposure questionnaires.[2]

References

1. Dement J, Welch L, Ringen K, Quinn P, Chen A, Haas S. A case-control study of airways obstruction among construction workers. *American journal of industrial medicine.* 2015;58(10):1083-1097.

2. Nieuwenhuijsen MJ. Design of exposure questionnaires for epidemiological studies. *Occup Environ Med.* 2005;62(4):272-280, 212-274.

Advisory Board on Toxic Substances and Worker Health

March 19, 2019

Mr. R. Alexander Acosta
Secretary of Labor
Department of Labor
200 Constitution Ave.
Washington, DC NW 20210

Honorable Secretary Acosta:

On behalf of the Department of Labor Advisory Board on Toxic Substances and Worker Health, I submit the attached Revised Advisory Board Recommendation (including comments) concerning Work-related Asthma, which has been a subject of prior Board and Department interchange. It were adopted unanimously at the Board's meeting on February 28, 2019.

We sincerely hope that our advice is useful to the Department. We thank you for the opportunity to serve as Board members and wish the Program continued success in meeting the needs of the United States energy employees. Please let us know if there are questions.

Sincerely,

Steven Markowitz MD, DrPH
Chair
Advisory Board on Toxic Substances
and Worker Health

Revised Recommendation for Work-Related Asthma

(Adopted by the Advisory Board on Toxic Substances and Worker Health, February 28, 2019)

The Board recognizes the modifications made by EEOICP in the provisions relevant to work-related asthma as reflected in the EEOICP Procedure Manual V2.3, Appendix 1. It is also cognizant of the statutory requirement that a compensable condition under EEOICPA must be aggravated, contributed to, or caused by a toxic substance.

However, there remains one section where the current language of the EEOICP Procedure Manual is so divergent from current medical guidelines and practice that the Procedure Manual requires correction (bolded language below).

Procedure Manual Appendix 1 (Exposure and Causation Presumptions with Development Guidance for Certain Conditions), Section 5c(ii) includes the following (bolding language of note):

> ii. After a period of covered employment, a qualified physician conducts an examination of either the patient or available medical records and he or she concludes that the evidence supports that the employee had asthma and that an occupational exposure to a toxic substance was at least as likely as not a significant factor in causing, contributing to or aggravating the condition. The qualified physician must provide a well-rationalized explanation with specific information on the **mechanism** for causing, contributing to, or aggravating the conditions. **The strongest justification for acceptance in this type of claims is when the physician can identify the asthmatic incident(s) that occurred while the employee worked at the covered work site and the most likely toxic substance trigger.** A physician's opinion that does not provide a clear basis for diagnosing asthma at the time of covered employment or the physician provides a vague or generalized opinion regarding the relationship between asthma and occupational toxic substance exposure will require additional development including the CE's request for the physician to offer further support of the claim. If the CE is unable to obtain the necessary medical evidence from the treating physician to substantiate the claim for work-related asthma, the CE will need to seek an opinion from a CMC. If a CMC referral is required, the CE will need to provide the CMC with the relevant medical evidence from the claim file and provide a detailed description of the employee's covered employment which must include each covered worksite, dates of covered employment, labor categories, and details about the jobs performed.

Physicians generally understand "mechanism of disease" to mean the cellular or physiologic processes and mediators that cause a disease. As with most disease processes, clinicians would not be able to identify a "mechanism" for work-related asthma, as clinical tools generally do not identify mechanisms of disease, and in

addition, because the mechanisms of work-related asthma remain poorly defined. Thus, the request that the physician identify the mechanism of disease is not feasible and should be deleted.

We also recommend revising the description of "the strongest justification." Most work-related asthma is caused by a toxic substance, so such cases satisfy the relevant statutory requirement noted above. However, in the great major of cases of work-related asthma, there are usually multiple exposure events and toxic substances rather than a single specific incident, so that singling out the one incident and agent that is a "most likely trigger" would be arbitrary and not possible in the great majority of cases. Therefore, the scenario for the "strongest justification for acceptance" outlined above is unrealistic and suggests a standard that could only be met by a small minority of cases of work-related asthma. The effect will be to deny the claims of legitimate cases of work-related asthma. It is also not a standard recommended in any of the professional guideline documents related to work-related asthma.

The Board recommends the following revised wording for the Procedure Manual:

> ii. After a period of covered employment, a qualified physician conducts an examination of either the patient or available medical records and he or she concludes that the evidence supports that the employee had asthma and that an occupational exposure to a toxic substance was at least as likely as not a significant factor in causing, contributing to or aggravating the condition. The qualified physician must provide a well-rationalized explanation with specific supporting information, including the basis for diagnosing asthma or worsening asthma at the time of covered employment and the basis for the relationship between asthma and the covered workplace.* If the CE is unable to obtain the necessary medical evidence from the treating physician to substantiate the claim for work-related asthma, the CE will need to seek an opinion from a CMC. If a CMC referral is required, the CE will need to provide the CMC with the relevant medical evidence from the claim file and provide a detailed description of the employee's covered employment which should include each covered worksite, dates of covered employment, labor categories, and details about the jobs performed.

* Note: examples of supporting information could be provided here or in training materials.

The Board also notes that the Table entitled *Asthma, Occupational* (Procedure Manual 2.3, page 543; Appendix 18-1) has not been updated and requires revision to be consistent with the relevant text in the revised Procedure Manual.

References:

1. Jajosky RA, Harrison R, Reinisch F, Flattery J, Chan J, Tumpowsky C, Davis L, Reilly MJ, Rosenman KD, Kalinowski D, Stanbury M, Schill DP, Wood J. Surveillance of

work-related asthma in selected U.S. states using surveillance guidelines for state health departments--California, Massachusetts, Michigan, and New Jersey, 1993-1995. MMWR CDC Surveill Summ 1999; 48: 1-20.

2. Mazurek JM, Filios M, Willis R, Rosenman KD, Reilly MJ, McGreevy K, Schill DP, Valiante D, Pechter E, Davis L, Flattery J, Harrison R. Work-related asthma in the educational services industry: California, Massachusetts, Michigan, and New Jersey, 1993-2000. Am J Ind Med 2008; 51: 47-59.

3. White GE, Seaman C, Filios MS, Mazurek JM, Flattery J, Harrison RJ, Reilly MJ, Rosenman KD, Lumia ME, Stephens AC, Pechter E, Fitzsimmons K, Davis LK. Gender differences in work-related asthma: surveillance data from California, Massachusetts, Michigan, and New Jersey, 1993-2008. J Asthma 2014; 51: 691-702.

4. Talini D, Ciberti A, Bartoli D, Del Guerra P, Iaia TE, Lemmi M, Innocenti A, Di Pede F, Latorre M, Carrozzi L, Paggiaro P. Work-related asthma in a sample of subjects with established asthma. Respir Med 2017; 130: 85-91.

5. Anderson NJ, Fan ZJ, Reeb-Whitaker C, Bonauto DK, Rauser E. Distribution of asthma by occupation: Washington State behavioral risk factor surveillance system data, 2006-2009. J Asthma 2014; 51: 1035-1042.

6. Harber P, Redlich CA, Hines S, Filios M, Storey E. Recommendations for a clinical decision support system for work-related asthma in primary care settings. JOEM 2017: 59;11: e231–235.

7. Tarlo SM, Balmes J, Balkissoon R, et al. Diagnosis and management of work-related asthma: American College of Chest Physicians Consensus Statement. Chest. 2008;134:1S–41S.

8. Henneberger PK, Redlich CA, Callahan DB, et al. An official American Thoracic Society statement: work-exacerbated asthma. Am J Respir Crit Care Med. 2011;184:368–378.

9. Jolly AT, Klees JE, Pacheco KA, et al. Work-related asthma. J Occup Environ Med. 2015;57:e121–e129.

Advisory Board on Toxic Substances and Worker Health

April 26, 2019

Mr. R. Alexander Acosta
Secretary of Labor
Department of Labor
200 Constitution Ave.
Washington, DC NW 20210

Honorable Secretary Acosta:

On behalf of the Department of Labor Advisory Board on Toxic Substances and Worker Health, I submit the attached Advisory Board Recommendations that were adopted unanimously at the Board's meeting on April 24-25, 2019.

We sincerely hope that our advice is useful to the Department. We thank you for the opportunity to serve as Board members and wish the Program continued success in meeting the needs of the United States energy employees. Please let us know if there are questions.

Sincerely,

Steven Markowitz MD, DrPH
Chair
Advisory Board on Toxic Substances
and Worker Health

Advisory Board on Toxic Substances and Worker Health, Department of Labor

Recommendation #18

(Adopted by the Advisory Board on Toxic Substances and Worker Health, April 25, 2019)

The Advisory Board requests resources (such as an external contractor to provide personnel, IT support, and additional resources as required) to assist the Board in order to conduct a timely systematic evaluation of an appropriate number and variety of Energy Employees Occupational Illness Compensation Program claims to assess and to ensure the objectivity, quality, and consistency of the industrial hygiene and medical evaluations that are part of the claims process (Board Task 4).

Recommendation #19

(Adopted by the Advisory Board on Toxic Substances and Worker Health, April 25, 2019)

The Board has observed, based on review of a limited number of recent claims, that recent Energy Employees Occupational Illness Compensation Program industrial hygienist assessments frequently use stereotypic language that cite the absence of monitoring data above the established regulatory levels in the mid-1990's. The Board recommends that this language be omitted from the industrial hygienist report. The basis for a negative exposure determination should be provided by the industrial hygienist in the report. Neither the absence of monitoring data post-1995, nor the presence of data showing exposure levels below regulatory limits should be interpreted as representing an absence of significant exposure or risk.