

UNITED STATES DEPARTMENT OF LABOR

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ADVISORY BOARD ON TOXIC SUBSTANCES  
AND WORKER HEALTH

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SUBCOMMITTEE ON IH and CMC AND THEIR REPORTS (AREA #4)

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MEETING MINUTES

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MONDAY  
JULY 18, 2016

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The Subcommittee met telephonically at 2:00 p.m.  
Eastern Time, Rosemary Sokas, Chair, presiding.

MEMBERS

SCIENTIFIC COMMUNITY:  
MARK GRIFFON

MEDICAL COMMUNITY:  
STEVEN MARKOWITZ  
ROSEMARY K. SOKAS, Chair

CLAIMANT COMMUNITY:  
KIRK D. DOMINA  
GARRY M. WHITLEY  
FAYE VLIENER

DESIGNATED FEDERAL OFFICIAL:  
CARRIE RHOADS

## **Introductions/logistics**

Ms. Rhoads called the meeting to order at 2:02 p.m. The subcommittee's task was to help ensure the quality, objectivity, and consistency of the work and written reports of industrial hygienists (IHs) and contract medical consultants (CMCs), and to make certain that their reports were as helpful as possible.

## **Framing stakeholder issues/Post-1995 memo issues**

Member Vlieger said that CMCs and IHs are only allowed to answer the specific questions that claims examiners (CEs) pose to them. In many cases there are a number of toxins appropriate for claimed conditions but the CEs winnow them down to two or three obscure ones and the DOL only analyzes those toxins in their pure form. Sometimes the CE does not question an IH report and there is no peer review. The IH does not look beyond what the CE provides.

CMCs are given limited information on exposures and limited questions to answer. Claimants do not get a copy of the CMC letter or the CE's framing of the questions. The Procedural Manual should dictate that at each step of the process the claimant should receive a copy of what information is being requested by the CE.

The subcommittee needs to examine whether IHs are looking at the validity of SEM searches. The SEM subcommittee will look at the differences between the publicly available SEM and the SEM the CEs use.

Member Whitley said he didn't think the IH and the medical examiners were getting enough information from the CEs. The subcommittee will examine the post-1995 toxic exposure and post-1995 hearing loss memos.

Chair Sokas asked if the subcommittee could get a copy of the report from the DOE-OSHA collaboration.

## **IH review cases**

Member Griffon said that DOL is asking the board to assist with the definition of exposure levels by employees,

recommendations on improving IH narratives, and proper assessment of employee toxic substance exposures in the absence of occupational safety and health monitoring data.

The subcommittee needs to know whether there are other directives given to the IHs or the CEs regarding exposures. It also needs to know who is making the judgements along the process, how they are making those judgements, and how they are ensuring consistency.

The subcommittee needs to determine whether there are QA/QC procedures and if the CEs and IHs have site-specific experience.

Before the subcommittee can make recommendations for improvement, it needs to have a full understanding of procedures. It wants to know how many claims were handled entirely by a CE, how many went to an IH, and if there was any effect on whether they were approved.

The subcommittee will review a sample of claims. It intends to examine the entire claims file, see what the CE looked at, what they forwarded on, and what the IH looked at. Member Griffon said the board might need a contractor to assist. Chair Sokas proposed that each member of the subcommittee review five cases and report back. DOL should provide the subcommittee with a list of the top diagnoses and the main reasons that claims were denied or accepted.

The request to the DOL is to provide a total of 30 cases to the subcommittee for review. Personal identifying information will need to be redacted.

The subcommittee wanted to have examples of three major consequential illness diagnoses that have been both accepted and denied.

### **DOL list of questions**

#### *•Medical opinions*

The main challenge is to have "things fit into boxes" and be able to be assessed by someone who is not technically trained. The board could figure out better ways of

fostering communication. Clearer connections between exposures and diagnoses are necessary.

Member Vlieger proposed that the subcommittee review an Econometrica report about the most common diseases from the Former Worker Screening Program.

*•Sources of information describing the synergistic effects of chemical-radiological interventions and resulting health effects*

IARC has done a large study of synergistic effects of radiation, radioactive materials, and chemicals. Each subcommittee member will devote time trying to find information on this topic prior to the full board meeting.

*•Improving the quality of medical reviews of medical evidence in weighing conflicting evidence.*

This question ought to go to the medical evidence committee as well. Member Vlieger noted that the CE and his supervisor decide whether or not medical evidence is sufficient. Many CEs are attorneys and base their decisions on legal training. They often adhere strictly to specific definitions. In some instances, the weighing of conflicting medical evidence goes to a referee physician. Referee reports seldom stray from the initial report. Chair Sokas wanted to know how many cases went to the second review or to the referee and how often those cases were overturned.

*•Generalization of prior IH and CMC findings pending adjudication actions*

The subcommittee had difficulty interpreting this question meant. It felt it would need to do the quality assessment discussed earlier in the meeting.

## **Responses to circulars**

Circular 1505, the occupational exposure guidance relating to asbestos - Chair Sokas will work on a response.

Circular 1506, post-1995 occupational toxic exposure guidance and hearing loss - Members Vlieger, Whitley, Domina, and Griffon will work on a response.

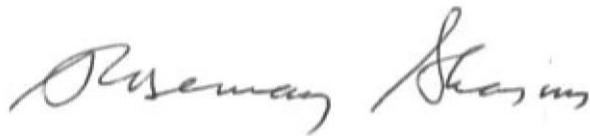
The subcommittee should have draft responses completed by the end of August so they can be presented as discussion pieces at the next full board meeting.

The subcommittee does not know if a teleconference will be necessary prior to the full board meeting.

The subcommittee adjourned at 4:02 p.m.

*I hereby certify that, to the best of my knowledge, the foregoing minutes are an accurate summary of the meeting.*

*Submitted by:*

A handwritten signature in cursive script, appearing to read "Rosemary Sokas".

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Rosemary K. Sokas, MD, MOH, M.Sc  
Chair, Subcommittee on IH & CMC and Their Reports  
Advisory Board on Toxic Substances and Worker Health  
Date: 10/\_\_/2016