



DEPARTMENT OF VETERANS AFFAIRS  
UNDER SECRETARY FOR HEALTH  
WASHINGTON DC 20420

**MAY 22 2015**

The Honorable Carolyn N. Lerner  
Special Counsel  
U.S. Office of Special Counsel  
1730 M Street, NW, Suite 300  
Washington, DC 20036

RE: OSC File No. DI-12-3232

Dear Ms. Lerner:

I am responding to your request for supplemental information on the Audie L. Murphy Memorial VA Medical Center in San Antonio, Texas (hereafter, the Medical Center), about which you requested a progress report on the 15 report recommendations. In the original report of June 11, 2013, the Office of the Medical Inspector (OMI) made 15 recommendations to the Medical Center; subsequent supplemental reports detailed the completion of Medical Center actions in response to those recommendations. The supplemental report of May 30, 2014, showed that 12 of the 15 actions had been completed; that of March 16, 2015, showed that the remaining 3 had been fulfilled. The Secretary has delegated to me the authority to sign the enclosed report and take any actions deemed necessary as referenced in 5 United States Code § 1213(d)(5).

VA conducted a follow-up site visit to the Medical Center March 30-April 1, 2015, to investigate the 10 additional allegations made by the whistleblower to the Office of Special Counsel, and makes six new recommendations regarding asbestos at the Medical Center in this supplemental report. This report also demonstrates that the three remaining actions from the original report have been satisfactorily completed.

The new recommendations to the Medical Center include: formalize the whistleblower's informal agreement; reinforce Recommendation 1 from the original report to remove the whistleblower from any duties that could potentially lead to additional asbestos exposure; determine whether areas now clear contained asbestos at the time the whistleblower worked in them; make staff aware of the process for requesting respirator masks as well as the additional evaluation that must be completed prior to issuance; and develop a standard written notice to ensure that employees in affected areas are notified prior to the start of any job that will involve disturbing asbestos containing materials.

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The Honorable Carolyn N. Lerner

If you have any other questions, I would be pleased to address them.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn M. Clancy". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Carolyn M. Clancy, MD  
Interim Under Secretary for Health

Enclosure

**Department of Veterans Affairs  
Supplemental Report  
to the  
Office of Special Counsel  
Audie L. Murphy Memorial VA Medical Center,  
San Antonio, Texas  
OSC File No. DI-12-3232**

TRIM 2015-D-2637

**Background**

The Under Secretary for Health (USH) requested that the Office of the Medical Inspector (OMI) assemble and lead a team to investigate complaints lodged with the Office of Special Counsel (OSC) by [REDACTED] (hereafter, the whistleblower) at the Audie L. Murphy Memorial Veteran Affairs (VA) Hospital, San Antonio, Texas (hereafter, the Medical Center). The whistleblower, a maintenance mechanic in the Engineering Service's Maintenance and Operations Section (O&M), alleged that the Medical Center may have violated laws, rules or regulations, engaged in gross mismanagement and in abuse of authority, and created a substantial and specific danger to public health and safety in regard to management of asbestos exposure issues. The team conducted a site visit to the Medical Center on April 23–25, 2013 and submitted a report to OSC dated June 11, 2013.

VA's investigation substantiated that the Medical Center had failed to take appropriate precautions to protect employees performing maintenance from exposure to unsafe concentrations of asbestos; that VA managers had failed to inform employees in adjacent areas of the location and quantity of asbestos-containing material (ACM) present in the area; and that VA managers had failed to provide a medical surveillance program for all employees exposed to asbestos at or above the permissible exposure limit. Based on its findings, VA made 15 recommendations for the Medical Center, all endorsed by the USH. VA then reviewed and concurred with the Medical Center's action plan in response to report recommendations. On February 11–13, 2014, an investigative team conducted a follow-up visit to assess the Medical Center's progress with completion of the recommended action items. At the time of that visit, 12 of these actions were completed, and 3 were ongoing.

On March 18, 2015, OSC notified VA that [REDACTED] had expressed concerns that staff members continued to be exposed to asbestos at the Medical Center. In a written statement to OSC dated June 25, 2014, he alleged that the Medical Center had not adequately addressed 11 of the 15 recommendations made in the report of investigation. Due to the potentially serious nature of [REDACTED] ongoing concerns, an investigative team conducted a third site visit from March 30–April 1, 2015 to re-assess the Medical Center's progress on the recommended action items.

During this third site visit, VA investigators conducted face-to-face interviews with the whistleblower and 23 other Medical Center employees (listed in Appendix A.) The investigative team also reviewed Engineering Service work orders; participated in the O&M Section's morning meeting at which work assignments are distributed; toured a temporary asbestos containment structure that had been erected in one area of the hospital in preparation for asbestos removal work that was about to begin there; and received a demonstration of a unique system of computerized blueprints that the Medical Center has developed to identify asbestos-containing areas throughout the facility.

In the following paragraphs we report on the current status of each of the 15 recommendations contained in our original June 11, 2013 report, as well as the additional allegations that ██████████ outlined in his June 25, 2014 statement.

**Recommendation 1:** The Medical Center should remove the whistleblower from any duties that could potentially lead to additional asbestos exposure.

**Status:** The whistleblower has been assigned to complete jobs that do not involve possible asbestos exposure. The Medical Center has also implemented a process to ensure all work orders are assessed for the potential for exposure to ACM prior to assignment of the job. Any job that could potentially involve exposure to ACM is assigned to the Asbestos Abatement Team (AAT).

**Action completed.**

**Additional Whistleblower Allegations:** ██████████ expressed concern that he still performs work that involves removing ceiling tiles, and that this could expose him to asbestos in the interstitial space above the ceiling. He cited the executive summary of a 2009 report by a Medical Center consultant that indicated that all ceiling tiles should be considered to be ACM.

A March 2005 report by Tri-County Environmental, Inc. Environmental Consultants noted that debris suspected to contain asbestos had been found in an interstitial space, and notified the facility that porous tiles located in some areas should be removed and disposed of as asbestos waste. It does not recommend or require that this work be performed only by certified asbestos workers. Another report prepared by Aleo-Clean Environments, Inc. is based on findings from a 2009 asbestos survey. It noted that ceiling tiles are contaminated with friable asbestos debris, and recommended that "only certified asbestos workers may disturb or remove ceiling tiles at any time..." Subsequently Aleo-Clean clarified their 2009 report findings and recommendations in additional documents dated September 22, 2011, and May 28, 2012. These more recent documents stated, "ceiling tiles in the building are not considered as asbestos containing material." Unless known to have ACM, the ceiling tiles can be removed by staff other than the AAT. None of the OSHA reports reviewed by the team stated that ceiling tiles must be replaced by certified asbestos workers.

Some interstitial spaces in older areas of the Medical Center still contain asbestos insulation around pipes and ducts, while others in recently renovated areas no longer contain any ACM. Supervisors and workers can use computerized blueprints (described in more detail under Recommendation 3 below) to determine whether ACM is present in a particular interstitial space.

Asbestos contained within insulation, floor tiles, or other building materials in solid form does not pose a health hazard; only asbestos fibers that become airborne and may be inhaled present a health risk. The Medical Center has trained O&M employees to remove ceiling tiles by gently pushing upward and sliding them over, then inspecting the upper surface of the tile and the surrounding area above the ceiling for loose dust or debris. If loose material is visible, the employee is instructed to carefully replace the ceiling tile, leave the area, and notify the AAT to perform the work. This procedure ensures that only AAT workers who have received special training and equipment perform asbestos abatement work, and minimizes risk to other workers.

**Additional Recommended Action:** Although the risk to [REDACTED] is minimal when he removes ceiling tiles using this procedure, it would be safest for an employee who has a previously documented asbestos-related condition to avoid even the hypothetical potential for exposure to a few asbestos fibers. (See additional discussion in the following section.) In fact, since June 2014 [REDACTED] and his supervisor have developed an informal agreement by which he is assigned to perform only small tasks (such as hanging framed items) and clerical duties within his department. He has not requested reasonable accommodation for a disability or initiated any other formal personnel action. However, we recommend that the Medical Center should formalize this agreement by documenting in writing the duties [REDACTED] is expected to complete and those from which he should be excluded.

**Recommendation 2:** The Medical Center should provide the whistleblower with, or assist him with, obtaining an appropriate occupational health evaluation per his desire.

**Status:** On May 24, 2013, shortly after the initial site visit, [REDACTED] was seen by a provider in Occupational Health. During this visit, the provider reviewed findings from his most recent diagnostic studies, to include PFT, CT scan and chest radiographs, and he was provided an opportunity to ask questions. He was encouraged to undergo additional testing to which [REDACTED] agreed to consider at the time..

**Action completed.**

**Additional Whistleblower Allegations:** [REDACTED] indicated that the Medical Center is denying that he has asbestos-related pleural thickening, and that VA physicians including the Chief of Staff and Assistant Chief of Staff had told him he was "cured."

At the investigative team's request, [REDACTED] provided copies of pertinent health record documents in his possession, including the results of specialist physician evaluations and diagnostic testing performed outside the VA. We also obtained and

reviewed [REDACTED] VA employee health records. This comprehensive review of both VA and private sector health records allowed us to construct the following chronology of events:

- Pleural thickening adjacent to the middle lobe of the right lung was first detected on a chest x-ray (CXR) performed as part of an employee health physical in November 2005. The interpreting radiologist indicated that this finding “rais(es) the question of asbestos exposure.”
- In February 2006, [REDACTED] (non-VA) primary care physician obtained a computed tomography (CT) scan of the chest and consulted a pulmonologist (lung disease specialist). The CT scan confirmed the presence of a “focal area of minimal pleural thickening.” The pulmonologist recorded a diagnosis of “Asbestosis (mild).” The primary care physician summarized these findings by noting, “Changes in lung CXR and CT suggest damage to pleura secondary to possible asbestos exposure,” and indicated he planned to obtain serial CXRs.
- [REDACTED] submitted a claim to the U.S. Department of Labor (DOL) that was initially denied in March 2006. In a May 2006 appeal letter to DOL accompanying additional medical documentation, his case intervention manager recommended that he “needs to be removed from further exposure to an asbestos containing work environments (sic).”
- A second pulmonologist evaluated [REDACTED] in August 2006 and noted the previous CXR and chest CT abnormalities. In a letter “To Whom It May Concern,” he states, “The etiology of the plaque is asbestos exposure.”
- In December 2009, DOL arranged for a consultation with a third pulmonologist who concluded, “The evidence at hand is consistent with asbestos plaque related to exposure during federal employment at the Audie Murphy VA Hospital.” DOL therefore set aside its March 2006 decision and accepted [REDACTED] case for “asbestos plaque.”
- Serial CXRs that were ordered by [REDACTED] (non-VA) primary care physician and performed in the community in October 2007, December 2008, and August 2009 showed that the right pleural thickening had not changed. The same community radiologist who had interpreted those three CXRs (as well as the February 2006 chest CT scan) then read the next two CXRs (in November 2009 and February 2010) as normal. He also interpreted a July 2011 chest CT as demonstrating “stable right pleural thickening and calcification” of uncertain cause.
- During this same time period, CXRs performed at the VA Medical Center as part of the employee health program in September 2007, February 2008, April 2010, and September 2011 were interpreted as showing no evidence of cardiopulmonary disease, including asbestos related disease.

- [REDACTED] has undergone several additional chest CTs within the last two years to look for evidence of progressive asbestos-related lung disease. CT scans performed in May 2013, June 2013, September 2013, and August 2014, both within and outside the VA hospital system, all noted the presence of mild scarring or subpleural fat deposition adjacent to the right middle lobe, but no evidence of pleural plaque, interstitial lung changes typically seen in asbestosis, or mesothelioma (cancerous growth of the outer lining of the lung, the most serious complication of asbestos exposure). The radiologist who interpreted the chest CT done in May 2013 specifically addressed the question of asbestos-related disease in this way:

*“Impression: 1. No diffuse interstitial lung disease or asbestos related disease is evident. Minimal subpleural lower lobe reticulation is abnormal but not specific for asbestosis or asbestos related disease... “*

*“2. In review of the prior chest x-rays listed above, the previously noted right lateral chest wall opacity corresponds with subpleural fat deposition (a normal variant) which is more pronounced along the pleural reflections of the right major and minor fissures. It does not represent pleural thickening or pleural plaque formation.”*

- In June 2013, DOL denied [REDACTED] request for additional medical care for work related conditions on the basis that he had not provided medical documentation showing worsening of his condition.

In summary, there are conflicting opinions among several radiologists, including radiologists that work both for and outside the VA, as to whether the pleural abnormality adjacent to [REDACTED] right lung represents asbestos-related pleural thickening or subpleural fat deposition, a normal variant. Among many CXRs and chest CTs performed over nearly a decade, some were interpreted as showing pleural thickening, while others – including different CXRs read by the same non-VA radiologist – were interpreted as normal. We conclude that this represents a difference of professional opinion and not a purposeful attempt to discredit [REDACTED] or any of his doctors or to minimize his health concerns. Fortunately the abnormality is small, stable, and asymptomatic.

Nonetheless, the DOL determined in 2009 that [REDACTED] had “asbestos plaque related to exposure during federal employment at the Audie Murphy VA Hospital” based on the clinical evidence available at that time, including the opinions of three pulmonary medicine specialists. Therefore VA must consider [REDACTED] to have an asbestos-related condition and adjust his work accordingly by removing him from any duties that could involve even hypothetical exposure to ACM.

**Additional Recommendation Action:** Reinforce recommendation 1 that the Medical Center should remove the whistleblower from any duties that could potentially lead to additional asbestos exposure.

**Recommendation 3:** The Medical Center should develop a process for updating all three facility blueprints simultaneously as abatements are completed and documented by the AAT supervisor. Consider converting the blueprints to an electronic document, if possible, to obviate this problem.

**Status:** All M&O employees were provided color-coded blueprints of the Medical Center indicating which areas still contain ACM, which areas have been abated of ACM, and which areas may still contain ACM. All M&O staff received training about the color-coded blueprints. A comprehensive environmental survey assessing the presence of ACM in all areas of the Medical Center, including the main hospital, its interstitial levels, and adjacent buildings, has been completed.

The Medical Center then incorporated the survey results into an interactive electronic tool that allows employees to easily identify areas where ACM is located. Since January 2015, the electronic version of the survey results has been available to all M&O, Environmental Management Service (EMS), and Engineering Design staff members. All M&O, EMS, and Engineering Design staff members have completed training on accessing and reviewing the computerized survey results. All supervisory staff affirmed that they check the computerized survey results prior to assigning work orders, and all nonsupervisory staff stated that their supervisors verify whether the identified area contains ACM prior to assigning work orders. Most M&O staff members stated that they know how to access the electronic survey results, but some use a printed version of the survey rather than the on-line tool.

**Action completed.**

**Additional Whistleblower Allegation:** The whistleblower alleged that the interstitial space was not included in the building survey.

The Medical Center showed the investigative team the electronic survey results which includes air sampling results for all interstitial spaces. The sample results indicate whether ACM is present in the interstitial spaces, and, if present, the percentage of asbestos in the sample. With the exception of two persons, all staff members were aware that sampling had been done in the interstitial spaces.

**No further action indicated.**

**Recommendation 4:** The Medical Center should implement a formalized process for M&O staff to verify whether an area is known to contain ACM before the start of any work that involves its disruption. This process should include verification by supervisory and non-supervisory staff prior to the initiation of assigned work, providing training about this process, monitoring compliance and addressing non-compliance as indicated.

**Status:** The Medical Center has implemented a formal process for M&O staff to verify whether an area is known to contain ACM before the start of any work that involves its disruption. Before jobs are assigned, the work orders are evaluated by the maintenance foreman, and jobs assigned based on the presence or absence of ACM. If the presence of ACM is known or questionable, the job is assigned to the AAT; otherwise, the work is assigned to non-AAT staff in the M&O department.

**Action completed.**

**Additional Whistleblower Allegation:** The whistleblower alleged that M&O supervisors are assigning work in areas with ACM to non-AAT members. The whistleblower provided 8 work orders that were assigned to himself and other non AAT staff between February 20 and May 27, 2014. The current survey indicates that these areas do not contain ACM.

**Additional Recommended Action:** Determine whether the areas identified in the work orders contained ACM at the time the whistleblower alleges he completed work in the area.

**Recommendation 5:** The Medical Center should perform personal air monitoring, when appropriate, to assess the risk and occurrence of exposure to ACM.

**Status:** The Medical Center performed personal air monitoring and negative exposure assessments for tradespersons who potentially could be exposed to ACM while performing their duties. The Medical Center completed negative exposure assessments for EMS staff members who perform tasks that could expose them to ACM.

**Action completed.**

**Additional Whistleblower Allegation:** Environmental Management (EMS) Service staff members are not using the correct buffing machine on vinyl tiles. He alleges that EMS uses high-speed buffers that create dust and disturb friable fibers in the flooring.

All EMS staff members we interviewed stated they use low-speed buffers on vinyl tile floor areas; if the flooring is laminate, they instead use a scrubber machine. Prior to using a buffer or scrubber, EMS staff wet the floors with water or a liquid chemical stripping agent, which minimizes dust production. None of the witnesses verified that EMS is using high-speed buffers that generate dust.

**No further action indicated.**

**Recommendation 6:** The Medical Center should perform job hazard assessments on all M&O work done in areas with known or presumed ACM.

**Status:** The Medical Center performed job hazard assessments on each trade on the AAT. The AAT are the only employees with potential exposure to ACM since the new formalized process for assigning work orders was implemented.

**Action completed.**

**Additional Whistleblower Allegation:** Some work performed in areas with ACM is being done by M&O employees who are not part of the AAT. The whistleblower also alleged that staff members are afraid to speak up because of fear of retaliation.

Based on the work orders provided for the additional allegations made related to recommendation 4, the current survey indicates that these areas do not contain ACM. None of the M&O employees we interviewed stated they have experienced any retaliation from their supervisors after verbalizing any concern or were afraid to voice concerns.

**Additional Recommended Action:** Determine whether the areas identified in the work orders contained ACM at the time the whistleblower alleges he completed work in the area.

**Recommendation 7:** The Medical Center should ensure all M&O personnel are provided the proper Personal Protective Equipment (PPE) for respiratory protection in accordance with OSHA standards.

**Status:** The Medical Center conducted PPE risk assessments, and based on the findings, provided the appropriate PPE, fit testing and training to the AAT. AAT employees are the only workers expected to be exposed to ACM.

**Action completed.**

**Additional Whistleblower Allegation:** Many M&O personnel complain about the lack of PPE.

Most M&O employees that we interviewed expressed no concern about the availability of PPE. Some employees stated that they would like to have access to a respirator mask like the AAT uses, but perceive that the process to obtain this mask is difficult. M&O supervisors and Occupational Health personnel verified that respirators are available to any employee who requests one, but additional steps are required prior to issuance. Before receiving a respirator, employees must undergo an occupational health evaluation and fit testing to make sure the respirator fits properly.

**Additional Recommendation:** Ensure employees are aware of the process for requesting a respirator mask, as well as the additional evaluations that must be completed prior to issuance.

**Recommendation 8:** The Medical Center should provide annual asbestos-awareness training as required by 29 CFR §1910.1001, "Asbestos;" VHA Directive 2010-036, Asbestos Management Plan; and the Medical Center's Policy Memorandum 007-13-09, Asbestos Management Plan.

**Status:** The Medical Center offered asbestos-awareness training to all staff. M&O staff members were provided extensive additional asbestos awareness training, which

included a 16-hour asbestos worker course. The EMS staff receives asbestos awareness training annually.

**Action completed.**

**No additional whistleblower allegations.**

**Recommendation 9:** Perform a retrospective review with all M&O staff for evidence of asbestos exposure; this review should include evaluating the medical records of current and former employees.

**Status:** The Medical Center performed retrospective reviews of former and current M&O staff. Twenty six staff members were offered diagnostic screening, and 23 of the 26 completed the screening. No findings of adverse health effects associated with asbestos exposure were evident in the screenings completed.

**Action completed.**

**Additional Whistleblower Allegations:** The whistleblower stated that he was told by the former Occupational Health physician and the Deputy Chief of Staff (a radiologist) that “nothing is wrong with you.”

Both physicians testified that they informed the whistleblower about the findings of a chest CT scan and encouraged him to undergo additional testing. Please refer to the discussion of CXR and CT scan results under Recommendation 2 above. There are conflicting opinions among several radiologists, including radiologists that work both for and outside the VA, as to whether the pleural abnormality adjacent to [REDACTED] right lung represents asbestos-related pleural thickening or subpleural fat deposition, a normal variant. We conclude that this represents a difference of professional opinion and not a purposeful attempt to discredit [REDACTED] or any of his doctors or to minimize his health concerns.

Nonetheless, the DOL determined in 2009 that [REDACTED] had “asbestos plaque related to exposure during federal employment at the Audie Murphy VA Hospital” based on the clinical evidence available at that time, including the opinions of three pulmonary medicine specialists. Therefore VA must consider [REDACTED] to have an asbestos-related condition.

**No further action indicated.**

**Recommendation 10:** The Medical Center should provide training about the process for reporting suspected asbestos exposures to the immediate supervisor, the AAT supervisor, and the Safety Service, as described in Medical Center Policy Memorandum 007-13-9, Asbestos Management Program.

**Status:** The Medical Center provided training about the process for reporting suspected asbestos exposure to the immediate supervisor, the AAT supervisor and the

Safety Service. Staff received training about the process, and in the future, this training will be provided on an annual basis.

**Action completed.**

**Additional Whistleblower Allegations:** The whistleblower alleged that other M&O staff members volunteer to complete jobs which involve ACM in return for “favors” from their supervisor.

The Medical Center has implemented a formal process for M&O staff to verify whether an area is known to contain ACM before the start of any work that involves its disruption. Before jobs are assigned, the work orders are evaluated by the maintenance foreman, and jobs assigned based on the presence or absence of ACM. If the presence of ACM is known or questionable, the job is assigned to the AAT; otherwise, the work is assigned to non-AAT staff in the M&O department. We found no evidence that non-AAT staff members are completing work orders that involve ACM.

**No additional action indicated.**

**Recommendation 11:** The Medical Center should notify other employees in the area where potential ACM will be disturbed for sample collection prior to the sampling process, and offer them an opportunity to leave the area during that process.

**Status:** The current Medical Center sampling protocol requires that the Contracting Officer Representative (COR), a member of Engineering Service, or Safety Service employees accompany contactors during the sampling process. At this time, workers in the area are given the opportunity to leave the area while the samples are collected. Prior to the start of the Medical Center’s comprehensive asbestos survey, information about the survey process was offered to all employees via email communication, all-employee meetings, and departmental staff meetings.

**Action completed.**

**Additional Whistleblower Allegations:** The whistleblower alleged that neither contractors nor the AAT supervisor are notifying employees when they are performing asbestos abatement.

Before any asbestos abatement work is started, the AAT supervisor posts signs around this area stating “Caution: Asbestos - do not enter. May cause cancer and lung disease.” According to the AAT supervisor, before abatement is started, the chief of the department of the space that will be affected is notified in writing. The department chief is expected to notify the staff members in the area to be affected. Some employees stated they were notified verbally and some via email. Staff members were unclear if a standard email notice is used to alert staff to an upcoming job that will involve disturbing ACM.

**Additional Recommended Action:** Develop a standard written notice to ensure employees in affected areas are notified prior to the start of any job that will involve disturbing ACM.

**Recommendation 12:** The Medical Center should provide staff training about negative exposure procedures, including what qualifies as such a procedure and how that determination is made.

**Status:** The Medical Center provided staff training about negative exposure procedures. This training was provided to M&O staff twice during 2013, and will be provided on an annual basis in the future.

**Action completed.**

**No additional whistleblower allegations.**

**Recommendation 13:** The Medical Center should provide training to the COR about the importance of accompanying contractors while material sampling is occurring.

**Status:** The Medical Center provided training to the COR about the importance of accompanying contractors while material sampling is occurring. No incidents have been reported in which contractors were unaccompanied while obtaining material samples.

**Action completed.**

**No additional whistleblower allegations.**

**Recommendation 14:** The Medical Center should perform personal exposure monitoring on all current M&O staff who could be exposed to asbestos, as required by 29 CFR §1910.1001, and notify monitored persons of the results on an individual basis.

**Status:** The Medical Center performed personal exposure monitoring on all trades. Asbestos monitoring data is relayed to employees verbally and posted at the worksite. The Medical Center developed a process for documenting the receipt by employees of their asbestos monitoring data, and ensuring this data is included in the employee's Occupational Health file. The Safety Service, the AAT supervisor and Occupational Health review monitoring data and take appropriate action as indicated. These processes are compliant with current OSHA guidelines.

**Action completed.**

**No additional whistleblower allegations.**

**Recommendation 15:** The Medical Center should provide medical surveillance for all employees with exposure levels greater than the PEL.

**Status:** The Medical Center reviewed exposure levels for M&O staff, and found that medical surveillance was indicated for the AAT only.

**Action completed.**

**Additional Whistleblower Allegation:** [REDACTED] alleged that he was no longer included in the asbestos medical surveillance program since the VA physicians determined that he was “cured.”

The Medical Center removed [REDACTED] from the asbestos medical surveillance program in October 2013 because he no longer met OSHA criteria for surveillance. This decision was based on normal physical examinations of the respiratory, circulatory, and gastrointestinal systems; normal results of pulmonary function testing; and a normal CXR. Neither he nor other O&M employees, except members of the AAT, perform work duties that involve significant risk of exposure to asbestos any longer. [REDACTED] remains under the care of a VA primary care physician, as well as his private primary care physician and a pulmonologist in the community for other health conditions.

**No additional action indicated.**

## Attachment A

[REDACTED] M&O Employee, Whistleblower

[REDACTED], Acting Chief & Acting Assistant Chief, Engineering

[REDACTED] Asbestos Abatement Supervisor

[REDACTED], Acting M&O Foreman

[REDACTED] Newest M&O Supervisor

[REDACTED] New M&O Employee

[REDACTED] New M&O Employee

[REDACTED] Chief, EMS

[REDACTED] M&O Employee

[REDACTED] MD, former Occupational Health Physician

[REDACTED], MD, Acting Medical Center Director (COS)

[REDACTED] M&O Employee

[REDACTED] M&O Employee

[REDACTED] M&O Employee

[REDACTED] Industrial Hygienist

[REDACTED] GEMS

[REDACTED] Carpenter

[REDACTED] Carpenter

[REDACTED], MD, Deputy Chief of Staff, Radiologist

[REDACTED] EMS Employee

[REDACTED] EMS Employee

[REDACTED] Assistant Director

[REDACTED] M.D., former Chief, Occupational Health

[REDACTED], MD, Occupational Health Physician