



DEPARTMENT OF VETERANS AFFAIRS  
WASHINGTON DC 20420

July 12, 2017

Mr. Adam Miles  
Acting Special Counsel  
U.S. Office of Special Counsel  
1730 M Street, NW, Suite 300  
Washington, DC 20036

RE: OSC File Number DI-17-1231 and DI-17-1256

Dear Mr. Miles:

I am responding to your February 2, 2017, letter to the Department of Veterans Affairs (VA) regarding allegations made by a whistleblower at the Edith Nourse Rogers Memorial Veterans Hospital (the Medical Center) in Bedford, Massachusetts. The whistleblower alleged that the Medical Center may have created a danger to public health and safety with regard to the management of asbestos exposure issues. 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).

The Under Secretary for Health directed the Office of Occupational Safety, Health, and Green Environmental Management System Programs to assemble and lead a VA team to conduct an investigation. The VA team substantiated two allegations and partially substantiated a third. The report makes twelve recommendations to the Medical Center. We will send your office follow-up information describing actions that have been taken by the Medical Center and other entities to implement these recommendations.

Thank you for the opportunity to respond.

Sincerely,

A handwritten signature in black ink, appearing to read "Vivieca Wright Simpson".

Handwritten initials in black ink, possibly "VWS".

Vivieca Wright Simpson  
Chief of Staff

Enclosure

**Report to the  
Office of Special Counsel  
OSC File Number DI-17-1231 and DI-17-1256**

**Department of Veterans Affairs  
Edith Nourse Rogers Memorial Veterans Hospital  
Bedford, Massachusetts**



**Veterans Health Administration  
Washington, DC**

**Report Date: June 1, 2017  
DI-17-1231 and DI-17-1256**

Any information in this report that is the subject of the Privacy Act of 1974 and/or the Health Insurance Portability and Accountability Act of 1996 may only be disclosed as authorized by those statutes. Any unauthorized disclosure of confidential information is subject to the criminal penalty provisions of those statutes.

## Executive Summary

### Summary of Allegations

The Under Secretary for Health requested that the Office of Occupational Safety, Health, and Green Environmental Management Systems (GEMS) Programs (10NA8) assemble and lead a Department of Veterans Affairs (VA) team to investigate complaints lodged with the Office of Special Counsel (OSC) by whistleblower and an un-named complainant, at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts (hereafter, the Medical Center). whistleblower, an Electrician in the Engineering Service's Electric Shop, alleged that the Medical Center may have violated law, rule, or regulation, engaged in gross mismanagement and an abuse of authority, and created a substantial and specific danger to public health and safety with regard to the management of asbestos exposure issues. The VA team conducted a site visit to the Medical Center on April 28–30, 2017.

### Specific Allegations

1. Numerous Bedford VAMC buildings are contaminated with Asbestos-Containing Materials (ACM);
2. Bedford VAMC management has been on notice of this contamination since a 2014 Occupational Safety and Health Administration (OSHA) Inspection. See Inspection 990143; and
3. Since the OSHA inspection, Bedford VAMC management has directed employees and Compensated Work Therapy (CWT) participants to work in known contaminated areas without proper protection.
  - a. Three employees were exposed to asbestos in the basement of Building 13 while installing data cables.
  - b. Employees were directed to strip insulation off of hot water tanks in Buildings 2, 3, 6, 9, 17, and 78 exposing them to risks from exposure to ACM without informing them of the risks from exposure to ACM or providing them with protective equipment.
  - c. Employees were directed to jackhammer supports that held water tanks and informed them that neither the structure or water tank insulation contained ACM. The 2015 OSHA report confirmed that Building 19 had significant amounts of ACM.
  - d. whistleblower and Employee 1 (Maintenance Worker) were directed to perform work in the Penthouse of Building 2 despite a 2015 OSHA report of

unabated ACM in Building 2. whistleblower found insulation on ductwork that presumptively contained ACM and reported this to Employee 2. Employee 2 said that they were aware of asbestos being in Building 2 since 2014.

- e. whistleblower observed that, since Buildings 12 through 16 were built in the same timeframe as Building 2, 6, and 19, they are also presumed to contain asbestos and should undergo further testing.
- f. whistleblower asserted that CWT employees were frequently exposed to ACM without training or protective equipment.

**VA substantiated allegations** when the facts and findings supported the alleged events or actions took place. **VA did not substantiate allegations** when the facts showed the allegations were unfounded. **VA was not able to substantiate allegations** when the available evidence was not sufficient to support conclusions with reasonable certainty about whether the alleged event or action took place.

### **Conclusions for Allegation 1**

- **VA substantiates** the allegation that numerous Medical Center buildings contain ACM. The first building was constructed in 1927 and many more before 1980. Comprehensive surveys of the Medical Center buildings describe the type, location, and condition of ACM. However, there is no violation of rule or law to have ACM in buildings.

### **Recommendations to the Medical Center**

1. Develop an action plan to ensure compliance with the new Veterans Health Administration (VHA) Directive 7714 – Asbestos Management Program published April 6, 2017.
2. Follow the provisions of the Medical Center “Asbestos Operations and Maintenance Plan 2010” as revised.

### **Conclusions for Allegation 2**

- **VA substantiates** that Medical Center management has been on notice of ACM in buildings since the 2014 OSHA Inspection. In fact, the Medical Center has been aware of the presence of ACM since the facilities were built. Being aware of the presence of ACM is insufficient to show violation of the law.

- The 2014 OSHA inspection citations were addressed by Medical Center management.
- Medical Center Management was well aware of asbestos in buildings on campus and had developed an Asbestos Operations and Maintenance (O&M) Plan and conducted Asbestos Hazard Emergency Response Act (AHERA) building assessments to identify accessible ACM before 2014.

### **Recommendations to the Medical Center**

3. Develop an action plan to ensure compliance with the new VHA Directive 7714 – Asbestos Management Program, published April 6, 2017.
4. Follow the provisions of the Medical Center “Asbestos Operations and Maintenance Plan 2010”, as revised.

### **Conclusions for Allegation 3a**

- VA **did not substantiate** that in February 2010 that Employee 2 directed three employees to enter the basement of Building 13 to prepare the building for the installation of data cables. Employee 2 is not the supervisor who can authorize work be performed; however, he did say that that work could commence because bulk samples he took of dirt in the area where work was to be performed came back negative for asbestos fibers.
- The work area was evaluated prior to non-asbestos-related work being performed, and asbestos was not identified in the soil samples.
- There was a piece of thermal system insulation (TSI) identified on the floor in the crawl space not related to the work being performed.
- Workers felt betrayed because of being told it was safe to enter the space only to have a sign posted at the entrance after working in the space for 4 days.
- Air sampling conducted in the space afterwards did not identify asbestos fibers; however, there was no work being performed when the samples were taken.
- Personal air monitoring was not performed during this work; therefore, personal airborne asbestos exposures cannot be established.
- Employee 2, who collected bulk soil samples under the direction of the Safety Manager, was not a certified asbestos inspector at the time.

## **Recommendations to the Medical Center**

5. In accordance with OSHA regulation 29 Code of Federal Regulations (CFR) § 1926.1101, use accredited Asbestos Inspectors or Certified Industrial Hygienists to perform ACM sampling, and use trained competent persons to identify existing asbestos hazards in the workplace and select the appropriate control strategy for asbestos exposures.
6. Follow the Medical Center's Operations and Maintenance (O&M) Plan guidance for determining the presence of asbestos and procedures to evaluate work spaces.

## **Conclusions for Allegation 3.b**

- **VA did not substantiate** the allegations that employees were instructed to strip insulation off of tanks exposing them to ACM.
- Employees were directed to remove the thermal system insulation from the hot water tanks, but the insulation did not contain asbestos.

## **Recommendations to the Medical Center**

None.

## **Conclusions for Allegation 3.c**

- **VA did not substantiate** that there was TSI on the tank or on the concrete support or that the OSHA report indicated that Building 19 had significant amounts of ACM.
- As a result of jackhammering the concrete tank saddle, a piece of concrete fell into a closed trench that, when opened, revealed old, damaged pipe insulation. Work was stopped and has not continued to date.
- The tank insulation did not contain asbestos when it was removed.
- The tank base structure that was jackhammered did not contain asbestos and did not require any additional notification.
- VA did not substantiate the allegation that the 2014 OSHA report confirmed that Building 19 had significant amounts of ACM.
- The 2014 OSHA citation did not identify a substantial amount of ACM, but instead that the Medical Center did not evaluate the area for ACM prior to work.

- Several workers indicated that, over time, they had identified segments of TSI that looked like ACM. The Medical Center industrial hygienist tested elbows to determine if they were ACM; some were not. A Maintenance Supervisor said he would test and remove any ACM using a contractor before any work was started.
- The Medical Center did not complete a survey of all ACM or Presumed Asbestos Containing Materials (PACM) in the Building 19 basement before renovation work was started.

### **Recommendations to the Medical Center**

7. Develop an action plan to ensure compliance with the new VHA Directive 7714 – Asbestos Management Program, published April 6, 2017.
8. In accordance with OSHA regulation 29 CFR § 1926.1101, use accredited Asbestos Inspectors or Certified Industrial Hygienists to perform ACM sampling and use trained, competent persons to identify existing asbestos hazards in the workplace and select the appropriate control strategy for asbestos exposures.
9. Follow the Medical Center Asbestos O&M Plan guidance for determining the presence of asbestos and procedures to evaluate work spaces.

### **Conclusions for Allegation 3.d**

- **We did substantiate** that whistleblower identified unwrapped pipe insulation and damaged mastic in a section of ductwork.
- The presence of ACM and PACM is not a violation of law. whistleblower was not assigned to work on or to disturb ACM or PACM.
- **We were not able to substantiate** that there was a conversation between Employee 2 and whistleblower about ACM in the Building 2 Mechanical Room. However, the Medical Center did know about the location and status of ACM due to the asbestos survey and periodic evaluations.
- The referenced 2014 OSHA citations were for not posting signs at the entrance to the area because of ACM and PACM in the space that should not be disturbed. There was no indication in the 2014 OSHA citations that there was unabated ACM in Building 2.

## **Recommendations to the Medical Center**

10. The Medical Center should make it a priority to repair or abate damaged ACM identified on the AHERA Survey and/or periodic ACM surveillance surveys.

## **Conclusions for Allegation 3.e**

- VA **did not substantiate** the allegation that Buildings 12 through 16 should be further tested for ACM. These and other buildings on campus were included in the 2010 AHERA assessment to identify accessible ACM.

## **Recommendations to the Medical Center**

None.

## **Conclusions for Allegation 3.f**

- We **did not substantiate** that CWT workers were frequently exposed to ACM. However, there were several occasions where they performed work that may have disturbed ACM and been exposed to asbestos fibers.
- CWT workers are not assigned to perform work that will disturb ACM.
- CWT workers do not work overtime or on weekends.
- CWT workers while working with a shop employee may have entered crawl spaces which recently were labeled as containing ACM. There was no personal air monitoring to show that there was asbestos fiber exposure in crawl spaces.
- Two CWT workers worked on a project, in the Building 19 basement, that was shut down because ACM was identified in the space after work started. These workers were put on a medical surveillance program.
- CWT workers have recently been provided asbestos awareness training as part of their safety training series to inform them of the hazards of asbestos and to not work on or near asbestos.

## **Recommendations to the Medical Center**

11. CWT workers should continue to receive annual asbestos awareness training.
12. Agreements for projects where VCT workers perform construction work must stipulate that the work area must be inspected for ACM by an accredited inspector

and the work must be risk assessed and approved or the impacted ACM must be removed prior to the start of the construction work.

### **Summary Statement**

VA's investigation and review of its findings did substantiate several allegations of whistleblower but these were not deliberate violations of asbestos-related statutory law, rule, or regulation. We did not substantiate a number of allegations that were based on supposition by whistleblower and/or others that we interviewed. VA did find that employees were put at risk to possible airborne asbestos fiber exposures due to several work-related instances of poor Asbestos Containing Material (ACM) program management that are inconsistent with VHA policy. Trust between management and employees are strained due to these possible exposure events. Better ACM risk assessment during projects before the commencement of work (as mandated by 29 CFR § 1926.1101) would have identified asbestos before potentially being disturbed by workers.

VA believes that the findings above do not show evidence that the Medical Center or its employees engaged in gross mismanagement and an abuse of authority but did find there was a potential for airborne exposures to asbestos fibers to employees due to poor asbestos project management practices. There was no indication of willful intent to harm workers or violate standards, rule, or law.

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## I. Introduction

The Under Secretary for Health requested that the Office of Occupational Safety, Health and Green Environmental Management Systems (GEMS) Programs (10NA8) assemble and lead a Department of Veterans Affairs (VA) team to investigate allegations made to the Office of Special Counsel (OSC) by whistleblower and an un-named complainant at the Edith Nourse Rogers Memorial Veterans Hospital, in Bedford, Massachusetts (hereafter, the Medical Center). whistleblower, an Electrician in the Engineering Service's Electric Shop, alleged that the Medical Center may have violated laws, rules, or regulations, engaged in gross mismanagement and an abuse of authority, and created a substantial and specific danger to public health and safety in regard to management of asbestos exposure issues. The VA team conducted a site visit to the Medical Center on April 28–30, 2017.

## II. Background

Asbestos is the name given to a group of six minerals that occur naturally as a bundle of fibrous crystals. Asbestos is resistant to heat and corrosion, does not conduct electricity, and when added to many products increase its tensile strength. Asbestos has been used in building products, such as floor and ceiling tiles, cement adhesives for flooring, spackling materials, and insulation of pipes and empty spaces. As a result of health concerns associated with asbestos exposure, the use of Asbestos Containing Material (ACM) for construction was banned in 1979. New production of asbestos was stopped but the remaining stock was permitted to be used. Many buildings constructed up until 1986 were built using ACM.<sup>1</sup>

The mere presence of asbestos containing building materials is not dangerous until the integrity of the material is disturbed, or the ACM becomes friable.<sup>2</sup> Once ACM is disturbed, the fibers can become airborne and inhaled by those exposed to it. When inhaled, fibers of asbestos tend to accumulate in the lower lobes of the lungs and visceral pleura. There are four main asbestos related diseases associated with inhalation of asbestos fibers: mesothelioma, asbestos related lung cancer, asbestosis, and non-malignant pleural plaque.<sup>3,4</sup> Pleural plaques are the most common manifestation of asbestos-related disease. These plaques are discrete fibrous or partially calcified thickened areas which can be seen on chest radiographs of individuals

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<sup>1</sup> "Asbestos," United States Department of Labor, Occupational Safety and Health Administration (OSHA) <http://www.osha.gov/SLTC/asbestos/>.

<sup>2</sup> Friable asbestos-containing material: defined by the Environmental Protection Agency (EPA) as ACM with an asbestos content of greater than 1%, that, when dry, can be crumbled, pulverized, or reduced to powder by hand pressure. ( <http://www.epa.gov/region4/air/asbestos/asbmatl.htm>).

<sup>3</sup> Mesothelioma: a rare cancer that affects the covering of the lung or lining of the pleural and abdominal cavities, often associated with exposure to asbestos ("Mesothelioma" National Institute for Health Medline Plus. <http://www.nlm.nih.gov/medlineplus/mesothelioma.html>).

<sup>4</sup> Asbestosis: a diffuse progressive pulmonary fibrosis of the lungs of varying severity, progressing to bilateral fibrosis, honeycombing of the lungs on radiological view with symptoms including rales and wheezing. (<http://www.nlm.nih.gov/medlineplus/ency/article/000118.htm>).

exposed to asbestos.<sup>5</sup> Asbestos related diseases are not curable, and require monitoring to facilitate early diagnosis of any respiratory complications and treatment of associated symptoms.

According to the Occupational Safety and Health Administration (OSHA), “there is no safe level of asbestos exposure for any type of asbestos fiber.”<sup>6</sup> However, in an effort to minimize the hazards of exposure, OSHA established workplace-permissible exposure limits (PEL) for asbestos in workplace air that is averaged over an 8-hour shift of a 40-hour workweek.<sup>7</sup> See generally 29 CFR § 1910.1001(d).

OSHA regulations state that it is the duty “of employers and building and facility owners” to “determine the presence, location, and quantity of ACM and/or [presumed ACM] at the work site” 29 CFR § 1910.1001(j)(3)(i).

The current PEL for the workplace is 0.1 fibers per cubic centimeter (f/cc) of air. OSHA requires that employers provide personal exposure monitoring to assess the risk and occurrence of exposure, hazard awareness training for employees whose duties could lead to asbestos exposure. The "Exposure Monitoring" section of OSHA regulations states that “Determinations of employee exposure shall be made from breathing zone air samples that are representative of the 8-hour [time weighted average] and 30-minute short-term exposures of each employee” 29 CFR § 1910.1001 (d)(1)(i).

If work is planned in an area believed or determined to be positive for ACM, measures must be taken to abate the area prior to the start of this work. Abatement involves the use of specific standardized procedures to control fiber release from ACM by encapsulation and encasement of the area, and removal of the material in a manner that minimizes exposure. Abatement for major construction projects is performed by the contractor responsible for the project. Abatement for internal projects is performed by a licensed contractor contracted through Engineering or the Safety Department.

OSHA asbestos regulations can also be found in the OSHA Construction Standard which applies to construction and maintenance projects at the Medical Center. The standard requires that the employer determine the presence, location, and quantity of ACM and/or PACM that will be impacted at the work sites before construction work is begun 29 CFR § 1926.1101(f)(2)(i). This would include the work performed by Medical Center Engineering staff and on Veterans Construction Team projects. Once identified, workers must be notified of the presence, location and quantity of ACM or PACM, at the construction work sites. Ref: 29 CFR § 1926.1101(k)(2)(i). The Medical Center practice has contracts in place and readily available to remove any identified ACM before work would commence.

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<sup>5</sup> “Pleural Plaque,” www. <http://radiopaedia.org/articles/pleural-plaque>.

<sup>6</sup> Asbestos. <http://www.osha.gov/SLTC/asbestos/>.

<sup>7</sup> OSHA website [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=standards&p\\_id=9995](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=9995).

### **III. Medical Center Profile**

The Medical Center is comprised of 485 beds and is a state-of-the-art medical center with an emphasis on Mental Health Care, Long Term Care, and Primary Care. Among the specialized services are pain management, hospice care, gero-psychiatry, homeless Veteran services, employment assistance, educational support, women's health services, dental care, optometry, and compensation and pension exams.

The Medical Center offers comprehensive mental health programming, including a number of nationally known exemplars in the areas of Vocational Services, Peer Services, Homeless Services and outpatient Mental Health services. Programming is organized around a "recovery oriented" treatment philosophy that emphasizes early integration of Veterans into the community, and the Mental Health Service Line is recognized as a national leader in psychosocial rehabilitation.

The Medical Center is also unique in the breadth of its research and educational programs. It is home to a Geriatric Research Education and Clinical Center, Mental Illness Research Education and Clinical Centers, a Health Service Research and Development Center of Innovation, and a Rehabilitation Research and Development Center.

The Medical Center employs more than 1,300 staff, and provides health care services for 20,101 unique Veterans who made over 226,000 outpatient visits in fiscal year 2016.

The main hospital building was originally constructed in 1928, using construction materials that contained asbestos. There were projects in the early 1990s to abate asbestos in some buildings and as there were renovation projects. Such efforts continue regarding the abatement of ACM that remain in some areas of the Medical Center.

The Medical Center's Engineering Service is organizationally aligned under the Assistant Director. It is comprised of the following sections: Office of the Chief of Engineering, Maintenance and Operations Section (M&O), Maintenance Mechanics, Plumbing and Pipe Shop, Electric and Air Conditioning Shop, and Boiler Plant and Utility System Repair. whistleblower works as an electrician in the Electric and Air Conditioning Shop

The Compensated Work Therapy (CWT) Program has participants that may work with engineering department staff and also has a construction team that will work with a lead contractor on projects both at the Medical Center and off site.

#### IV. Specific Allegations

1. Numerous Bedford VAMC buildings are contaminated with ACM;
2. Bedford VAMC management has been on notice of this contamination since a 2014 Occupational Safety and Health Administration (OSHA) Inspection. See Inspection 990143; and
3. Since the OSHA inspection, Bedford VAMC management has directed employees and CWT participants to work in known contaminated areas without proper protection.
  - a. Three employees were exposed to asbestos in the basement of Building 13 while installing data cables.
  - b. Employees were directed to strip insulation from hot water tanks in Buildings 2, 3, 6, 9, 17, and 78, risking exposure to ACM without alerting the employees or providing them with protective equipment.
  - c. Employees were directed to jackhammer supports that held water tanks and informed them that neither the structure or water tank insulation contained ACM. The 2015 OSHA report confirmed that Building 19 had significant amounts of ACM.
  - d. whistleblower [REDACTED] and Employee 1 [REDACTED] (Maintenance Worker) were directed to perform work in Building 2's Penthouse, despite the 2015 OSHA report concerning unabated ACM at that location. whistleblower [REDACTED] found insulation on ductwork that presumptively contained ACM and reported this to Employee 2 [REDACTED]. Employee 2 [REDACTED] said that they were aware of the presence of asbestos Building 2 since 2014.
  - e. whistleblower [REDACTED] observed that, since they were built at the same time as Building 2, 6, and 19, Buildings 12 through 16 also were presumed to contain asbestos, thereby necessitating further testing.
  - f. whistleblower [REDACTED] asserted that CWT participants were frequently exposed to ACM without training or protective equipment.

#### V. Conduct of Investigation

The following individuals comprised the VA investigative team that conducted the site visit: Team Leader [REDACTED], CIH, CSP, CPEA, the GEMS Program Manager for Policy and Oversight (10NA8); [REDACTED], CIH, Industrial Hygiene Products and Services Manager Center for Engineering Occupational Safety and Health (10NA11); [REDACTED], Rehabilitation Planning Specialist, Therapeutic and Supported

Employment Service, Office of Mental Health (10NC5) conducted the site visit. The VA Team reviewed relevant policies, procedures, reports, memorandums, and other documents, listed in Attachment A. VA held entrance and exit briefings with the Medical Center leadership and toured Buildings 2, 6, and 19 where [redacted] identified as a basis for the allegations.

The VA investigative team interviewed the following Medical Center Employees:

- [redacted] - Electrician
- [redacted] – Certified Industrial Hygienist, Safety Manager
- [redacted] - Information Technology Support - Former Industrial Hygienist
- [redacted] – Supervisor of Vocational Rehabilitation Specialists in the CWT Program
- [redacted] – Vocational Rehabilitation Specialist with CWT Program
- [redacted] – Vocational Rehabilitation Specialist with CWT Program,
- [redacted] – Operations Manager for the Construction Crew Contractor for CWT Program
- [redacted] – Associate Director
- [redacted] – Acting Chief of Engineering
- [redacted] – Capitol Asset Manager for VISN 1 – former Chief Engineer
- [redacted] – Maintenance Mechanic Supervisor – Engineering Service
- [redacted] – Supervisor of Electrical and Air Conditioning (AC) Shop
- [redacted] – Maintenance Supervisor –Plumbing and Pipe Shop
- [redacted] –Maintenance and Operations (M&O) Foreman
- [redacted] – Boiler Plant and Utility System Repair Operator Supervisor
- [redacted] – Work Leader for HVAC and Electric Shops
- [redacted] - Tools and Parts Attendant
- [redacted] - Welder
- [redacted] – AC Mechanic
- [redacted] – AC Mechanic
- [redacted] – AC Mechanic
- [redacted] – Maintenance Worker
- [redacted] – Maintenance Worker
- [redacted] – Maintenance Worker in Plumbing Shop
- [redacted] – WG8 Maintenance Worker
- CWT-A – Engineering Maintenance – Former CWT
- [redacted] – Maintenance Mechanic and Locksmith
- [redacted] – WG9 in Carpentry Shop and Backup Locksmith
- [redacted] – Electronics Technician
- [redacted] - Mason
- [redacted] – Duty Engineer

██████████ – Duty Engineer  
CWT-B – Former CWT

VA **substantiated allegations** when the facts and findings supported the alleged events or actions took place. VA **did not substantiate allegations** when the facts showed the allegations were unfounded. VA was **not able to substantiate allegations** when the available evidence was not sufficient to support conclusions with reasonable certainty about whether the alleged event or action took place.

## **VI. Findings, Conclusions, and Recommendations**

### **Allegation 1**

**Numerous Bedford VAMC buildings are contaminated with ACM.**

#### **Findings**

whistleblower ██████████ has worked at the Medical Center in the ██████████ from Date ██████████ to Date ██████████. He was hired as a full time electrician into the Medical Center's Engineering Service Electrical and Air Conditioning Shop in Date ██████████. As an electrician he would troubleshoot, repair/replace wire switches, plugs, refrigerators, and perform general electrical work, maintenance and repair, and sometimes construction. whistleblower ██████████ verified that he was never asked by his leadership or Safety Office to remove ACM.

The Medical Center campus first hospital building was constructed in 1928 followed by a number of other buildings constructed before 1980. The latest asbestos survey was conducted in 2010, and included all buildings on campus. The asbestos surveys were based on the Asbestos Hazard Emergency Response Act criterion which involves identification, quantification, and condition assessments of accessible asbestos containing building materials. These surveys do not include inaccessible locations, for example, insulated pipes inside wall cavities or that might be found in a pipe chase. Medical Center management was well aware of asbestos in buildings on campus and had developed an Asbestos O&M Plan. The purpose of the Asbestos O&M Plan (Plan) is to effectively manage ACM to protect Medical Center employees, patients, volunteers, and visitors from unsafe asbestos exposure. It provides guidance on in-place management of ACM and PACM. PACM is ACM that has been reported by VAMC representatives as ACM or PACM based on historical knowledge or has been presumed to be ACM based on the experience of the inspector. The Plan includes an O&M responsibilities directory, scope of work authorized for facility workers, a list of the identified ACM and PACM, associated condition categories, and necessary O&M work practices. The Plan includes: a general description of common ACM/PACM; an introduction to the O&M Program; procedures for implementing the plan; a review of routine work practices; incident and emergency work practices; guidance outlining

training; inspection and recordkeeping activities; and staff, contractor and agency notification procedures.

## Conclusions

- VA substantiates the allegation that numerous Medical Center buildings contain ACM. The first building was constructed in 1928 and many more before 1980. Comprehensive surveys of the Medical Center buildings describe the type, location and condition of ACM. However, there is no violation of rule or law to have ACM in buildings.

## Recommendations

The Medical Center should:

1. Develop an action plan to ensure compliance with the new VHA Directive 7714 – Asbestos Management Program, published April 6, 2017.
2. Follow the provisions of the Medical Center “Asbestos Operations and Maintenance Plan 2010” as revised.

## Allegation 2

**Bedford VAMC management has been on notice of this contamination since a 2014 Occupational Safety and Health Administration (OSHA) inspection. See Inspection 990143.**

## Findings

The report of the 2014 OSHA inspection discussed 3 citations related to asbestos at the Medical Center:

(1) Notice 2 Item 3--

This citation is due to a failure to determine the presence, location, and/or quantity of ACM in Building 19 in and around August 13, 2014. After the citation, <sup>Employee 2</sup> collected samples on suspect ACM prior to work being performed, as requested by Engineering Department supervisors and employees.

(2) Notice 2 Item 4--

This citation required the posting of signage at the entrance of the door to the mechanical room in Building 2. Signs were posted on the doors. <sup>whistleblower</sup> stated that he is currently working in the Safety Department and replaced the previous signs with new signs. The new signs are to meet the requirements of the OSHA Hazard

Communication Standard 29 CFR § 1910.1200 which changed the language for asbestos signage.

(3) Notice 3 Item 1--

This citation is for the Medical Center not treating installed thermal system insulation (TSI) as ACM or PACM. As mentioned above, samples of suspect ACM had been taken prior to work being performed.

Medical Center management has been aware of asbestos in buildings since construction began in the 1920s; however, at the time, the health risks would not have been realized. As mentioned earlier there have been a number of surveys to identify ACM in the Medical Center, the latest in 2010. An O&M Plan was also developed.

### **Conclusions**

- VA substantiates that Medical Center management has been on notice of ACM in buildings since the 2014 OSHA Inspection. In fact, the Medical Center has been aware of the presence of ACM since the facilities were built. Being aware of the presence of ACM is insufficient to show violation of the law. The 2014 OSHA inspection citations were addressed by Medical Center management.
- Medical Center management was well aware of asbestos in buildings on campus and had developed an O&M Plan and conducted Asbestos Hazard Emergency Response Act (AHERA) building assessments to identify accessible ACM before 2014.

### **Recommendations**

The Medical Center should:

3. Develop an action plan to ensure compliance with the new VHA Directive 7714 – Asbestos Management Program, published April 6, 2017.
4. Follow the provisions of the Medical Center “Asbestos Operations and Maintenance Plan 2010”, as revised.

### **Allegation 3**

**Since the OSHA inspection, Bedford VAMC management has directed employees and CWT participants to work in known contaminated areas without proper protection.**

The following examples were provided:

- a. Three employees were exposed to asbestos in the basement of Building 13 while installing data cables.
- b. Employees were directed to strip insulation from hot water tanks in Buildings 2, 3, 6, 9, 17, and 78, risking exposure to ACM without alerting the employees or providing them with protective equipment.
- c. Employees were directed to jackhammer supports that held water tanks and informed them that neither the structure or water tank insulation contained ACM. The 2015 OSHA report confirmed that Building 19 had significant amounts of ACM.
- d. whistleblower and Employee 1 (Maintenance Worker) were directed to perform work in Building 2's Penthouse, despite the 2015 OSHA report concerning unabated ACM at that location. whistleblower found insulation on ductwork that presumptively contained ACM and reported this to Employee 2 Employee 2. Employee 2 said that they were aware of the presence of asbestos in Building 2 since 2014.
- e. whistleblower observed that since Buildings 12 through 16 were built in the same timeframe as Building 2, 6, and 19 they are also presumed to contain asbestos and should be further tested.
- f. whistleblower asserted that CWT participants were frequently exposed to ACM without training or protective equipment.

## Findings

### **a. Three employees were exposed to asbestos in the basement of Building 13 while installing data cables.**

whistleblower alleged that, in February 2010, Medical Center Employee 2, Employee 2, directed three maintenance employees: Employee 6, Employee 5 and Employee 4, to enter the basement of Building 13 to prepare the building for the installation of data cables. According to whistleblower the employees reported that they entered the basement crawlspace and immediately noticed broken pipe insulation on the floor and when Employee 4 asked Employee 2 about the insulation, Employee 2 informed him that the insulation was fiberglass and posed no risk. The three employees performed work in the basement all day, drilling holes into walls in order to run data cables, without respirators or other protective equipment. According to whistleblower later that week, Employee 4 and Employee 5 returned to the basement of the building and discovered that Employee 2 had cordoned off access to the crawlspace with a sign reading "Asbestos Do Not Enter."

Employee 6 said the area under Building 13, where the work was performed, is a crawl space with a dirt floor and it was a very dusty job. He saw some insulation on the ground and said, "This is all asbestos," but Employee 4 told him that Employee 2 said it was fiberglass. Employee 6 worked in the crawl space one day (Saturday) and Employee 4 and Employee 5 worked three additional days Monday through Wednesday. On Thursday signs "Asbestos – Do Not Enter" were posted on the door to the crawl space.

Employee 2 said that he went into the crawl space prior to the work being conducted and took samples of the dirt under suspicious looking elbows along a pipeline at the direction of Employee 3; and Certified Industrial Hygienist. At the time, Employee 2 was not a certified asbestos inspector. He took samples under the elbows in case something had fallen down. These samples were negative for asbestos. He said that he did not see any TSI insulation on the ground in the area where the work was to take place. The workers were not doing anything with plumbing but pulling cables. He stated that later he was informed that there was a piece of TSI on the floor in the crawl space that looked suspicious. He did not see this piece of insulation during the initial inspection because it was in a different area of the crawl space away from where he was told the work was going to take place. He conducted an area air sample, which yielded negative results for asbestos. The sign was placed on the door later that week because there was a concern of possible asbestos in the dirt due to the piece of insulation on the floor. Employee 4 had come to him, upset, because they were told they could go into the space and later the sign was put up.

## Conclusion

- VA did not substantiate that in February 2010 that Employee 2 directed three employees to enter the basement of Building 13 to prepare the building for the installation of data cables. Only the supervisor can direct work. Employee 2; however, did say that that work could commence because bulk samples he took of dirt in the area where work was to be performed came back negative for asbestos fibers.
- The work area was evaluated prior to non-asbestos related work being performed and asbestos was not identified in the soil samples.
- There was a piece of TSI identified on the floor in the crawl space not related to the work being performed.
- Workers felt betrayed because of being told it was safe to enter the space only to have a sign posted at the entrance after working in the space for 4 days.
- Air sampling conducted in the space afterwards did not identify asbestos fibers; however, there was no work being performed when the samples were taken.

- Personal air monitoring was not performed during this work; therefore, personal airborne asbestos exposures cannot be established.
- Employee 2, who collected bulk soil samples under the direction of the Safety Manager, was not a certified asbestos inspector at the time.

## Recommendations

5. In accordance with OSHA regulation 29 CFR § 1926.1101, use accredited Asbestos Inspectors or Certified Industrial Hygienists to perform ACM sampling and use trained competent persons to identify existing asbestos hazards in the workplace and select the appropriate control strategy for asbestos exposures.
6. Follow the Medical Center's O&M Plan guidance for determining the presence of asbestos and procedures to evaluate work spaces.

**b. Employees were directed to strip insulation from hot water tanks in Buildings 2, 3, 6, 9, 17, and 78, exposing them to risks from exposure to ACM without informing them of the risks from exposure to ACM or providing them with protective equipment.**

whistleblower alleges that, between 2010 and 2015, Facilities Maintenance Engineering Employee 8, directed employees to strip insulation from hot water tanks in the basement of Buildings 2, 3, 6, 9, 17, and 78, as well as to work in potentially contaminated spaces without informing them of the risks from exposure to ACM or providing them with protective equipment. There were several Maintenance Workers who performed this work including Employee 7 and Employee 6. Further, all of these employees were told by Employee 2 and Employee 8 that all of the tanks got tested and came back negative for asbestos. There was no ACM on the water tank insulation and no potential exposure to asbestos.

Employee 7 stated that he believes he was exposed to asbestos when he was tasked to remove insulation from hot water tanks. He asked Employee 8; Employee 8, if the tank insulation was asbestos and he said no. Employee 7 recalled that he and Employee 6 removed the tank insulation and cut up the metal tanks. Within months of completing this work, there was a potential exposure to asbestos in another building and rumors that the tank insulation consisted of ACM. Employee 7 did not receive any actual information that the insulation contained ACM.

Employee 6 said he worked with Employee 7 to remove the insulation off of the hot water tanks. He asked his Employee 8, whether the tank insulation they had to remove was asbestos, and Employee 8 said the tank insulation was not ACM. There were rumors that Employee 7 shared with Employee 6 that the tank insulation contained asbestos so Employee 6 went back to Employee 8 who said the

tank insulation was not ACM, and walked away. Employee 6 sent a letter to the Union President with his concerns of ACM exposure while removing tank insulation and listed the tanks and building numbers.

Employee 8 said that he had all of the tank insulation tested and they came back negative for asbestos. If there were ACM flanges or elbows, he would have had it tested and removed before work was performed on the tank removal.

The 2010 AHERA Asbestos Survey report identified the hot water tanks in Building 2, 3, 6, 9, 17, and 78 were sampled by the contractor and results indicate that the thermal system insulation wrap in question did not contain asbestos.

## Conclusion

- VA **did not substantiate** the allegations that employees were instructed to strip insulation off of tanks exposing them to ACM.
- Employees were directed to remove the TSI from the hot water tanks, but the insulation did not contain asbestos.

**c. Employees were directed to jackhammer supports that held water tanks and management informed them that neither the structure or water tank insulation contained ACM. The 2015 OSHA report confirmed that Building 19 had significant amounts of ACM.**

whistleblower alleges that in the 2010 to 2015 timeframe, Employee 8 directed employees to perform work in the basement of Building 19, which involved jackhammering supports that held insulated water tanks. whistleblower alleges that Employee 8 told them that neither the supports nor the water tank insulation contained ACM. whistleblower stated that the OSHA 2015 report confirmed Building 19 had significant amounts of ACM.

The Building 19 basement was under renovation for future relocation by the Engineering Shops. The basement formerly held the laundry, storage for the pipe shop and the former asbestos abatement team equipment. To make room, water pipes, several walls, and a water tank were removed. A worker was jackhammering one of the two concrete saddles that previously held the water tank and was collapsing it into a pit located between the saddles. While jackhammering, a piece of the concrete fell through an opening near the edge of a heavy steel plate that covered a floor trench. When staff lifted the cover of the trench, TSI was identified in damaged condition and work stopped. There was no inspection of the trench to identify the presence or absence of asbestos, since the employees were not doing work in the covered trench.

Employee 9, said he was called to Building 19 basement because the work crew had dropped a piece of concrete into a floor trench that contained steam

pipes with PACM TSI. When he arrived, staff had already pulled the steel trench cover from the trench and retrieved the piece of concrete. Employee 9 directed the crew to put the cover back on the trench and to move to another area until they get the PACM evaluated. Employee 2 was asked to look at the trench the next day and he identified very old pipe insulation that was damaged and he immediately shut down the work area. He posted signs on the door restricting access.

A contractor was hired to assess the basement for ACM and PACM. Some ACM was identified in wipe samples indicating a potential release of asbestos in the basement. Because the timing of the release of asbestos could not be determined, employees working in the basement on the project over the previous months were offered an option to be placed in a medical surveillance program for possible exposure to asbestos. The basement is currently being evaluated to determine if and when asbestos abatement will take place.

A number of employees working in the basement described the tasks they performed and there was speculation that some TSI on pipe, on pipe elbows, and the wrap on the water tank may have contained ACM. Employee 9, Employee 8, and Employee 2 all stated that before pipes were removed, the TSI was evaluated. If positive for ACM, the TSI was abated before work would begin. The tank wrap was not ACM based on the 2010 AHERA Survey Report. Employee 2 said he once sampled TSI on six elbows that looked like ACM but were found to not contain ACM. The pipes were removed with the elbows intact.

Employee 10, Maintenance Worker, performed many tasks including demolition work, cleanup, and removal of stock for disposal. A few workers interviewed, worked in Building 19 during the renovation. Employee 11 Maintenance Worker, said he removed pipes and there were some suspicious looking elbows. Employee 12, Maintenance Worker, said he did demolition work and saw some suspicious looking elbows, and assumed they were asbestos, he also did jackhammering, though not on the tank saddle. Employee 14, Maintenance Worker, did some demolition work including some jackhammering on the tank saddle, but not the day of work stoppage.

Two CWT workers who worked in Building 19 basement during the renovation were interviewed. The CWT workers did support jobs such as removing equipment, cleaning up and sweeping. They did not do jackhammering because CWT workers were not allowed to use heavy tools. CWT workers were also not allowed to work overtime or on weekends as originally alleged by whistleblower

## Conclusion

- VA did not substantiate that there was TSI on the tank or on the concrete support or that the OSHA report said that Building 19 had significant amounts of ACM.

- As a result of jackhammering the concrete tank saddle, a piece of concrete fell into a closed trench that, when opened, revealed old, damaged pipe insulation. Work was stopped and has not continued to date.
- The tank insulation did not contain asbestos when it was removed.
- The tank base structure that was jackhammered did not contain asbestos and did not require any additional notification.
- VA **did not substantiate** the allegation that the 2014 OSHA report confirmed that Building 19 had significant amounts of ACM.
- The 2014 OSHA citation did not identify a substantial amount of ACM, but instead the Medical Center did not evaluate the area for ACM prior to work.
- Several workers indicated that over time they had identified segments of what looked like TSI. The facility industrial hygienist tested elbows to determine if they were ACM, some were not. A Maintenance Supervisor said he would test and remove any ACM using a contractor before any work was started.
- The Medical Center did not complete a survey of all ACM in the Building 19 basement before renovation work was started.

## Recommendations

7. Develop an action plan to ensure compliance with the new VHA Directive 7714 – Asbestos Management Program, published April 6, 2017.
8. In accordance with OSHA regulation 29 CFR §1926.1101, use accredited Asbestos Inspectors or Certified Industrial Hygienists to perform ACM sampling and use trained competent persons to identify existing asbestos hazards in the workplace and selecting the appropriate control strategy for asbestos exposures.
9. Follow the Medical Center Asbestos O&M Plan guidance for determining the presence of asbestos and procedures to evaluate work spaces.

**d. whistleblower and Employee 1 were directed to perform work in Penthouse of Building 2 despite 2015 OSHA report of unabated ACM in Building 2. Whistleblower found insulation on ductwork that presumptively contained ACM and reported this to Employee 2. Employee 2 said that they were aware of asbestos being in Building 2 since 2014.**

During an interview, whistleblower reported that the OSC referral was wrong when it identified a Employee 1 as the coworker and the room as the Penthouse. The worker

who was in Building 2 at the time [redacted] was present is Employee 13 a Maintenance Worker. The room was the 4<sup>th</sup> floor Mechanical Room.

After the 2015 OSHA inspection, [redacted] and Employee 13, were directed to perform work in the 4<sup>th</sup> floor Mechanical Room of Building 2 despite the OSHA report of unabated ACM in Building 2. [redacted] was performing electrical work on an exit sign in the mechanical room, when he noticed unwrapped insulation on pipes.

Employee 13 stated that he would walk through the mechanical room to get to access points to go outside the building. One day when walking through the mechanical room, [redacted] stopped him and pointed out a piece of unwrapped TSI. Employee 13 showed [redacted] a section of ductwork that contained damaged black insulation (mastic). Employee 13 said that he once had a project to put handrails on a stair that workers used to cross over ductwork.

[redacted] reported the unwrapped insulation and damaged ductwork insulation to Employee 2, and according to [redacted] Employee 2 said that they were aware of asbestos being in Building 2 since 2014.

The 2015 OSHA citation for Building 2 was for not posting signs at the entrance to the area because of ACM and PACM in the space that should not be disturbed. There was no indication in the OSHA citation that there was unabated ACM in Building 2.

The Medical Center knew of ACM in Building 2 prior to 2014 as mentioned earlier in this report due to asbestos surveys. The damaged TSI and ductwork insulation is identified in the Asbestos O&M Plan and being evaluated every 6 months. Signs had been posted at the entrance to the mechanical room and according to [redacted] he recently changed the signs with modified wording as one of his duties since being reassigned to the Safety Office.

## Conclusion:

- We did substantiate that [redacted] identified unwrapped pipe insulation and damaged mastic in a section of ductwork.
- The presence of ACM and PACM is not a violation of law. [redacted] and other worker were not assigned to work on or to disturb ACM or PACM.
- We were not able to substantiate that there was a conversation between Employee 2 and [redacted] about ACM in the Building 2 mechanical room. However, the facility did know about the location and status of ACM due to the asbestos survey and periodic evaluations.
- The referenced 2014 OSHA citations were for not posting signs at the entrance to the area because of ACM and PACM in the space that should not be disturbed.

There was no indication in the 2014 OSHA citations that there was unabated ACM in Building 2.

## Recommendations

10. The Medical Center should make it a priority to repair or abate damaged ACM identified on the AHERA Survey and/or periodic ACM surveillance surveys.

e. **whistleblower** observed that since Buildings 12 through 16 were built in the same time as Building 2, 6, and 19 they are also presumed to contain asbestos and should undergo further testing.

**whistleblower** observed that since Buildings 12 through 16 were built in the same timeframe as Building 2, 6, and 19 they are also presumed to contain asbestos and should undergo further testing. The assumption is based on the OSHA statement that any building older than 1980 is presumed to contain asbestos.

The Medical Center has had a number of audits done to identify ACM and PACM. The latest asbestos survey was conducted in 2010, and included all buildings on campus including Buildings 12 through 16. The asbestos surveys were based on the Asbestos Hazard Emergency Response Act criteria which looks at all accessible building materials to identify if they contain asbestos. These surveys do not go inside wall cavities to identify, for example, insulated pipes that might be found in a pipe chase.

The Main Hospital was first constructed in 1928 followed by a number of other buildings constructed before 1980. Asbestos is a building material commonly found in older building construction before 1980. The latest asbestos survey was conducted in 2010, and included all buildings on campus including 12 through 16. The asbestos surveys were based on the Asbestos Hazard Emergency Response Act criterion which involves identification, quantification, and condition assessments of accessible asbestos containing building materials. Medical Center management was well aware of asbestos in buildings on campus and had developed an Asbestos O&M.

## Conclusion

- **VA did not substantiate** the allegation that Buildings 12 through 16 should be further tested for ACM. These and other buildings on campus were included in the 2010 AHERA assessment to identify accessible ACM.

## Recommendations

None.

f. **whistleblower** asserted that **Compensated Work Therapy (CWT) workers were frequently exposed to ACM without training or protective equipment.**

CWT is a medical rehabilitative program authorized by 38 U.S.C. § 1718. Under CWT, VA provides therapeutic work for patients as part of the Department's furnishing of rehabilitative services. Thus, medical rehabilitation, not vocational training or employment, is the core of the CWT program. Also, Veterans participating in CWT are considered patients receiving rehabilitative care, and are not employees of VA. See 38 U.S.C. § 1718(a). whistleblower alleged that CWT workers were frequently asked to perform work that disturbed ACM without training or protective equipment. He said that it was his understanding that CWT workers were asked to remove ACM. whistleblower whistleblower was not directly involved in these events, but said that it was all “hush-hush” and this type of ACM work would be done on the weekends.

The CWT Program is designed to help Veterans address employment barriers resulting from mental health or physical disabilities, and find a trade or work skill that they can use to seek employment. The CWT transitional work program assigns Veterans to various departments at the Medical Center, as well as to companies in the community under established Memoranda of Understanding (MOU). At the Medical Center, for example, if a Veteran has a specific skill that might be useful in the engineering department and shops, a resume is presented to the supervisor of the shop and an interview conducted. If selected, the Veteran will work as a helper to an engineering department worker. This could include electrical shop, carpentry shop, work with the mechanics, and so forth. It is an individualized program that may be up to 9 months with an objective to find competitive employment within that timeframe.

This Medical Center also has a Veterans Construction Team (VCT) – which is part of the CWT program. The VCT does work with the Department of Defense, as well as VA hospitals. The host company contacts the VCT to propose work that they would like completed. A representative from the CWT VCT reviews the job and develops a scope of work. A price is agreed on. A licensed contractor supervises the work and directs the team to complete the work. CWT and VCT Veterans do not do asbestos work.

The CWT and VCT workers receive basic safety training to ensure they work safely in the job they are asked to perform. Training includes such topics as, Hazard Communication Electric Safety and Lock-Out Tag-Out of Hazardous Energy. The program started doing asbestos awareness training within the past year as part of the safety training program. The asbestos awareness training is not designed to allow workers to work on asbestos projects.

Supervisors, CWT staff, and CWT workers stated that CWT workers are not to perform work on asbestos and would not be assigned to work where there was a known potential for asbestos exposure. We did find that CWT workers could have worked in crawl spaces that are now labeled with Asbestos Hazard signs. Although there is no documentation of exposure Employee 3 stated that the signs were put in place as a precautionary measure because the risk of exposure to asbestos will vary based on the crawl space and work being performed. There was also one incident where two CWT

workers were helping clean up the Building 19 basement area where the job was shut down due to potential exposure to asbestos. These two CWT workers were provided a letter stating that they may have been exposed to asbestos and can receive medical follow-up at the Medical Center.

## **Conclusions**

- We **did not substantiate** that CWT workers were frequently exposed to ACM. However, there were several occasions where they performed work that may have disturbed ACM and been exposed to asbestos fibers.
- CWT workers are not assigned to perform work that will disturb ACM.
- CWT workers do not work overtime or on weekends.
- CWT workers while working with a shop employee may have entered crawl spaces which recently were labeled as containing ACM. There was no personal air monitoring to show that there was asbestos fiber exposure in crawl spaces.
- Two CWT workers worked on a project, in Building 19 basement, that was shut down because ACM was identified in the space after work started. These workers were put on a medical surveillance program.
- CWT workers have recently been provided asbestos awareness training as part of their Safety training series to inform them of the hazards of asbestos, and to not work on or near asbestos.

## **Recommendations**

11. CWT workers should continue to receive annual asbestos awareness training.
12. Agreements for projects where VCT workers perform construction work must stipulate that the work area be inspected for ACM by an accredited inspector and the work must be risk assessed and approved or the impacted ACM must be removed prior to the start of the construction work.

## **Attachment A**

### **Documents Reviewed by VA**

1. 29 CFR § 1910.1001 Asbestos
2. 29 CFR § 1926.1101 Asbestos
3. OSHA Citation Number 990143 Medical Center inspection dates 8/13/2014 to 8/13/2014
4. General Asbestos/Lead Containing Paint Summary Report for Medical Center November 2, 2010
5. Asbestos Containing Materials (ACM) Operations and Maintenance (O&M) Plan Veterans Affairs Medical Center for VISN 1 Medical Center Medical Center August 16, 2011 updated 10/24/16
6. Veterans Health Administration (VHA) Directive 2010-036, Asbestos Management Plan
7. Limited Asbestos Survey (Building 19), January 11, 2016
8. Engineering staff asbestos awareness training records
9. Various correspondence provided by whistleblower
10. Various Correspondence provided by Employee 10 – Maintenance Worker in Plumbing Shop
11. VHA Directive 7714, Asbestos Management Program
12. Employee notification letters of potential airborne exposure to asbestos fibers as a result of working in Building 19
13. Office of Special Council referral SCO305KON17020212370 re: OSC File Nos. DI-17-1231 and DI-17-1256
14. Various asbestos project files