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Brown
Lung

The News and Observer, Raleigh, N. C.
Sunday, March 9, 1980

Official defends handling of cases

(Editor's Note: This article is excerpted from testimony delivered by William H. Stephenson, chairman of the N.C. Industrial Commission, in an appearance before the panel appointed by Governor Hunt to examine the state's response on brown lung claims.)

When the initial research in North Carolina was being done in the field of byssinosis at Duke University in 1970 in cooperation with Burlington Industries, Mr. John J. Janssen, who was then the head of the Occupational Health Branch of the Department of Human Resources, brought the Industrial Commission into the research program. The members of the commission held numerous conferences with the participants in the research program and it became apparent that the majority of the physicians in North Carolina were not sufficiently conversant with this disease to make a diagnosis. The Commission therefore appointed an ad hoc Textile Occupational Disease Panel to examine each applicant for benefits.

The Commission has constantly attempted since 1971 to interest the medical profession in this program. Only two of the original panelists remain on the panel, the others having resigned or moved out of the state. At one of the annual meetings of the North Carolina Thoracic Society a notice was posted that the Commission planned a seminar for the members of the Thoracic Society on this disease. This seminar was held, but only three physicians showed up

Two of these were already members of our panel.

As the original panelists left the scene, we have appointed others who now have expertise in this field. All of our panel members are board certified and have access to complete pulmonary function laboratories.

Two meetings were held in 1977 with representatives of the Brown Lung Association, the industry, and the members of the panel to attempt to arrive at minimum standards for byssinosis examinations, diagnostic procedure, and impairment measurement. No agreement could be reached on this. In early 1978 we asked the president of the Medical Society to appoint a committee to try to arrive at a consensus on these issues which would be accepted by the medical profession. Such a committee was appointed by the Society, but this committee has issued no report or recommendations.

The commission has looked at what has been done in other states to see if other states have some procedure to expedite processing. No other state has a standard procedure guide such as ours or a textile medical panel.

Over the past 18 months, one of the problems experienced by the commission has been deputy commissioner turnover. Two of our deputies left to enter private practice and another retired. Any time a new deputy comes with us, he must undergo a

certain amount of training before he is of any value to us. Only since September of 1979 have we had a full complement of nine deputies. If the workload is to be carried on a current basis, we must have a continuity of trained hearing officers. In spite of the deputy turnover, for the last six months of 1979 each deputy with the Commission averaged hearing 169 cases. This compares with 126 cases per deputy five years ago.

Experience has taught us that it takes at least twice as long to try a byssinosis case as it does the ordinary accident claim. Wage and coverage information on workers having retired ten years before are non-existent. So are medical records in some instances. This is all the more reason that settlement negotiations should be exhausted before time is spent in trial of such cases.

It has been suggested that these claims be given preference over all others. I cannot agree. The Workers' Compensation Act was passed as a wage replacement statute. The vast majority of the compensation being paid to these byssinosis claimants is not wage replacement, but is retirement supplement. They stopped work many years ago. In our accident cases, the compensation received generally replaces the current wages of the worker. It is unfair to give any class preferential treatment merely because that class has on their side clamor from the press and some of the public.

TI09622367