

**BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS
STATE OF WASHINGTON**

IN RE: ABELARDO GARZA) **DOCKET NOS. 19 11484, 19 11785 & 19 11786**
)
CLAIM NO. SJ-25937) **DECISION AND ORDER**

Abelardo Garza filed a workers' compensation claim with the Department of Labor and Industries for an occupational disease that he developed as the result of exposures to substances during the course of his employment at the Hanford nuclear site operated by the United States Department of Energy (DOE). The Department allowed the claim but subsequently ordered DOE to accept responsibility for a toxic encephalopathy condition and to pay time-loss compensation benefits to Mr. Garza for two separate periods of time. DOE contends that Mr. Garza did not have toxic encephalopathy and that the conditions accepted under his claim did not result in temporary total disability. Our industrial appeals judge affirmed the orders that required payment of time-loss compensation but reversed the order requiring DOE to accept responsibility for toxic encephalopathy. We have granted review in order to discuss whether the provisions of RCW 51.32.187 create a rebuttable presumption that Mr. Garza has a neurological disorder as the result of exposures at the Hanford nuclear site. We conclude that the statute is inapplicable because Mr. Garza does not have toxic encephalopathy. We **REVERSE** the Department order that requires DOE to accept responsibility for the condition. We **AFFIRM** the orders that required the self-insured employer to pay time-loss compensation benefits to Mr. Garza.

DISCUSSION

Abelardo Garza is a 69-year-old man who graduated from high school and obtained an AA degree in electronics technology as well as a certificate in process control instrumentation. He worked as an electrician for a period of time. With that background, DOE hired him to work as an instrument technician at its Hanford nuclear site (Hanford) in 1983. Mr. Garza left the job in order to attend Washington State University where his wife was already a student. He ended his studies in the university's electrical engineering program when he was one year short of obtaining a degree even though he said that he achieved a 3.4 GPA. Mr. Garza returned to Hanford as an instrument technician in 1992.

Mr. Garza's job required him to test the temperature of the content of very large tanks by disconnecting lines that allow the tanks to breathe and connecting instruments that send readouts to the control room. He asserted that he was exposed to as many as 21 harmful substances, which included mercury, cadmium, waste materials, and other chemicals multiple times during the course

1 of his job. Mr. Garza did not produce any evidence that definitively identified the substances to which
2 he was exposed nor did he present evidence that Hanford failed to provide him with appropriate
3 personal protective equipment.
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5 Mr. Garza was diagnosed with diabetes and he developed vocal cord dysfunction and adult-
6 onset asthma in 2010. He has suffered from lung dysfunction that is triggered by exposure to
7 exhaust, natural gas, dust, chemicals, smoke, and fertilizers since that time. He had lost his sense
8 of smell and he had experienced shortness of breath multiple times before August 14, 2015.
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10 On that date, Mr. Garza and four co-workers were assigned to a task that the claimant
11 understood did not require the use of respirators, only white ISWP clothing. Mr. Garza developed a
12 nose bleed and a metallic taste shortly after his co-workers smelled something odd and he believed
13 they were being exposed to some toxic substance that he was never able to identify. The workers
14 left their work area and Mr. Garza was taken to Hanford's clinic.
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16 Mr. Garza said that his lungs were wheezing the next morning. His wife took him to the
17 emergency room at Kadlec Medical Center where he was kept overnight while he was tested for a
18 cardiac condition, which he did not have. On August 21, 2015, Mr. Garza underwent a pulmonary
19 function test that revealed that he had 82 percent of his expected lung volume but that his air flow
20 and velocity were normal. He took a Methacholine Challenge Test and he had a chest CT scan in
21 September 2015, the results of both of which were negative.
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23 The Department allowed the occupational disease claim that Mr. Garza filed but the record did
24 not identify the condition(s) for which it required DOE to accept responsibility.
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26 Mr. Garza returned to work at some point in time, but only for one day, he said, because he
27 was unable to think sufficiently well to follow the procedures required for him to perform his job. The
28 claimant testified that since the August 2015 event, he has had short-term memory deficiencies that
29 have resulted in his inability to recall what he has just read; he has gotten lost while driving in an area
30 with which he is familiar; he is indecisive and easily fatigued; and he has had to wear a mask every
31 time he goes outside.
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33 Neither Lawrence Klock, M.D., an internal and pulmonary specialist who examined Mr. Garza
34 three times, nor Sverre Vedal, M.D., Mr. Garza's attending pulmonologist, formed an opinion
35 regarding whether Mr. Garza has toxic encephalopathy. We agree with our judge's conclusion that
36 substances to which Mr. Garza was exposed during the course of his job at Hanford aggravated his
37 preexisting asthma and caused his vocal cord dysfunction. We also agree with our judge's
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1 determination that Mr. Garza was unable to work as a result of the conditions because he must avoid
2 airborne toxic irritants, fumes, and smoke. DOE did not file a petition for review regarding the
3 Department orders that required it to pay time-loss compensation benefits to Mr. Garza.
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5 RCW 51.32.187 establishes a rebuttable presumption that workers employed at Hanford who
6 develop specified diseases and conditions have occupational diseases. The covered conditions
7 include respiratory and neurological diseases. The presumption may be rebutted only by clear and
8 convincing evidence. We conclude that the presumption is inapplicable to our determination
9 regarding whether DOE should accept responsibility for toxic encephalopathy because Mr. Garza
10 does not have the condition.
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12 Toxic encephalopathy is brain damage caused by exposure to toxic substances. Exposure to
13 radiation damages the entire brain. Exposure to substances such as solvents, gasses, and chemicals
14 damages only white brain cells located under the cerebrum and, depending on the type of substance
15 to which the person was exposed, the damage impairs only processing speed, memory, and attention
16 abilities. For that reason, identification of the substance to which the person was exposed is vital.
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18 A diagnosis of brain dysfunction caused by toxic encephalopathy cannot be made unless
19 medical corroboration of a toxic exposure and evidence of a decline in cognitive functioning as
20 compared to pre-exposure functioning exists. Medical corroboration of harmful exposure consists of
21 documentation of a decline in cognitive functioning demonstrated by a peak exposure experience,
22 which is defined as having a neurological disorder, a loss of consciousness, hospitalization, brain
23 damage shown by an MRI scan, or confirmation established by a neuropsychological evaluation.
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25 The determination whether Mr. Garza suffered a decline in his brain functioning is complicated
26 by the fact that he did not undergo testing that established a pre-morbid baseline regarding his
27 cognitive functioning against which his post-exposure functioning could be compared. Three
28 neuropsychologists testified regarding the opinions they reached concerning Mr. Garza's pre-morbid
29 functioning and whether he demonstrated a decline in cognitive functioning that supports a diagnosis
30 of toxic encephalopathy.
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32 Raymond Singer, Ph.D., is a neuropsychologist/neurotoxicologist who evaluated Mr. Garza in
33 October 2015 and April 2018. The history of the August 14, 2015 event that Mr. Garza reported to
34 Dr. Singer was substantially different than is reflected in all other medical records. He said he was
35 exposed to vapors from a nuclear waste tank on which he was working. Mr. Garza claimed that on
36 exposure, he developed confusion, difficulty swallowing, and a tight chest, as well as the shortness
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1 of breath and the metallic taste in his mouth that were reflected in other records. He asserted that
2 co-workers from a nearby site also reported symptoms and had on-site medical examinations. The
3 claimant told Dr. Singer that his manganese level was tested at 98 percent following the exposure.
4 Because Mr. Garza never described the circumstances of the February 14, 2015 event similarly to
5 any other medical provider, we are unable to accept the history that he relayed to Dr. Singer as a
6 verity.
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10 Dr. Singer estimated Mr. Garza's pre-exposure cognitive functioning by use of demographic
11 information taken from the general population. He took into account his understanding that electrical
12 engineering majors have an average IQ of 126 (96th percentile) and that, for reasons that he did not
13 explain, the average IQ of practicing electrical engineers drops to 112 (79th percentile). Dr. Singer
14 assumed that Mr. Garza's IQ was the same or significantly similar to that of the engineering students
15 because the claimant successfully completed three years of courses in WSU's electrical engineering
16 program. He also used Mr. Garza's WAIS-IV score, which he said was in the 84th percentile.
17 Dr. Singer reached his conclusion by averaging the scores. He determined that Mr. Garza's
18 pre-morbid IQ was 117 and that he ranked in the 87th percentile, or upper level, of cognitive
19 functioning. Dr. Singer later acknowledged that the Mr. Garza was not employed as an electrical
20 engineer and that the average IQ of electricians, a job that Mr. Garza had previously performed, was
21 98 (50th percentile).
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25 Based on the general ability index test that he administered to Mr. Garza during his first
26 evaluation, Dr. Singer determined that the claimant's post-exposure working memory was at the
27 second percentile, his processing speed was at the 16th percentile, and his learning ability and
28 executive functioning, that is, his abilities to plan, manage, and control, had all declined so that his
29 full-scale I.Q. was in the 21st percentile. Dr. Singer attributed the decline in cognitive functioning to
30 what he assumed were the thousands of chemicals to which Mr. Garza was exposed and to his
31 August 14, 2015 exposure to an unidentified substance. Dr. Singer declared that the decline was
32 consistent with toxic encephalopathy.
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36 During his April 2018 evaluation, Dr. Singer re-administered some of the tests he gave to
37 Mr. Garza in 2015 and he had him take other tests for the first time. He testified that except for
38 improvement in the claimant's memory function, the results were essentially the same. Dr. Singer
39 definitively diagnosed Mr. Garza with toxic encephalopathy. He again concluded that the claimant's
40 multiple toxic exposures, in particular his August 14, 2015 exposure to an unknown substance,
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1 proximately caused the decline in Mr. Garza's neuropsychological functioning, which included his
2 overall intelligence, cognitive processing speed, memory and learning abilities, executive functioning,
3 manual dexterity, and his personality.
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6 Clinical Neuropsychologist Phyllis Sanchez, Ph.D., examined Mr. Garza in an independent
7 medical examination in April 2016. As part of her evaluation, she read Dr. Singer's October 2015
8 report and records from Karen Torres, Ph.D., who is also a neuropsychologist. Mr. Garza told
9 Dr. Sanchez that he experienced fits of coughing so severe that he sometimes passed out, he had
10 leg cramps and foot tingling that happened once a week, and stomach problems, diminished energy,
11 and no libido. He did not report those symptoms to any other medical provider or to Dr. Singer six
12 months earlier. Mr. Garza also complained of trouble breathing and of short-term memory problems
13 that he said had not changed since August 2015.
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18 Dr. Sanchez administered multiple tests that measured Mr. Garza's current intellectual and
19 cognitive abilities. The claimant scored in ranges that were low average for memory, high average
20 for verbal comprehension, low average to average for attention and concentration, and average for
21 learning and memory. She said that Mr. Garza's cognitive scores on the Wide Range Achievement
22 Test were average but that they may have been compromised because he forgot to bring his reading
23 glasses; he was fatigued; he demonstrated waxing and waning interest in the process; and as
24 determined by MMPI testing and observation, he was depressed.
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29 In assessing Mr. Garza's pre-exposure cognitive functioning, Dr. Sanchez administered the
30 Barona test that she said reflected that he had a premorbid IQ of 97. She also administered the Test
31 of Premorbid Functioning, which Dr. Sanchez called the gold standard for assessing IQ. She testified
32 that it showed that Mr. Garza's pre-exposure IQ was 104. Without objection, Dr. Sanchez testified
33 that Dr. Torres had earlier also administered the Test of Premorbid Functioning to Mr. Garza and that
34 the scores showed that his pre-exposure IQ was in the low average to average range. Average IQ,
35 Dr. Sanchez said, ranges from 90 to 109. Based on the results of a preponderance of the
36 neuropsychological assessments that Mr. Garza's underwent, Dr. Sanchez concluded that his
37 pre-exposure IQ was 98, or average.
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42 Dr. Sanchez was critical of the method and tools which Dr. Singer used in his assessment of
43 Mr. Garza's pre-morbid cognitive functioning because:
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- 45 • Dr. Singer had Mr. Garza take the WAIS-IV test because he believed that it was the one that
46 was used in the authoritative Vaderbloeg study. But the study actually used the WAIS-R
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1 version of the test. Dr. Sanchez said that because the tests were different, the results could
2 not be compared.

- 3 • Dr. Singer used Mr. Garza's executive functioning test scores even though they were invalid
4 because the claimant failed three of the four imbedded validity measures.
- 5 • Dr. Singer took into account the results of a neuro-behavioral inventory, which is a self-
6 reported tool and is not an objective measure of functioning.
- 7 • The Stroop Color and Word Test results that Dr. Singer considered were probably invalid
8 because Mr. Garza claimed to be color blind in 2019 but his records reflected that he was not
9 color blind in 2015. Without any medical basis, Dr. Singer declared that the claimant's
10 exposure to solvents caused his loss of ability to see in color.

11 Dr. Sanchez said that when his tests were properly scored, Mr. Garza's results did not show
12 any diminishment between his pre-exposure and post-exposure IQ and cognitive functioning. For
13 that reason, she concluded that no clear evidence existed that Mr. Garza had toxic encephalopathy.

14 Neuropsychologist Allen Bostwick, Ph.D., based his opinions on a review of Mr. Garza's
15 records after the claimant failed to appear for two independent medical examinations. Dr. Bostwick
16 said that the records, which included reports of four neuropsychological evaluations, did not contain
17 convincing evidence that Mr. Garza had brain damage due to exposure to a toxic substance. He
18 noted that evaluations for chemical sensitivity showed that the claimant was not sensitive to mercury
19 or beryllium, which were among the substances which Mr. Garza blamed for his asserted cognitive
20 dysfunction.

21 The records that Dr. Bostwick read included several authored by a Dr. Washington, who saw
22 Mr. Garza for neurological evaluations, beginning on November 15, 2015. Dr. Bostwick said that
23 Dr. Washington never found any objective clinical or diagnostic medical evidence that Mr. Garza was
24 exposed to toxic substances. Dr. Washington obtained two EEG tests. The first test was normal.
25 On February 14, 2017, Mr. Garza's wife told Dr. Washington that her husband's cognition worsened
26 after the doctor first examined him even though it had been 39 months since Mr. Garza had been
27 exposed to the kinds of toxic substances at Hanford that he said caused his cognitive decline.
28 Cognitive decline caused by an exposure to a toxic substance stops progressing after the patient is
29 no longer exposed to the substance. Dr. Washington then obtained a second EEG, the findings of
30 which he subsequently determined were consistent with mild dementia and Alzheimer's disease,
31 unrelated to any toxic exposure.

32 Dr. Bostwick read Dr. Sanchez's actual test results. He agreed with Dr. Sanchez that the
33 results did not document any evidence of higher cortical dysfunction or a brain injury and that
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1 Mr. Garza's intellectual functioning was within the average range. He said that almost all of
2 Dr. Torres's test results showed that Mr. Garza's brain functioning was in the average to high average
3 range.
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5 Like Dr. Sanchez, Dr. Bostwick disagreed with Dr. Singer's ultimate conclusions because he
6 did not take Dr. Sanchez's and Dr. Torres's test results into consideration; Dr. Singer's assumption
7 that Mr. Garza's pre-morbid intellectual and cognitive functioning were in the high-average range was
8 based on faulty data; he attributed any impairment to toxic exposure despite the fact that there was
9 no evidence that identified the toxic substance to which Mr. Garza asserted he was exposed and that
10 proved that harmful exposure happened; Dr. Singer considered only his specific findings and not
11 whether a pattern of similar findings existed; and Dr. Singer concluded that Mr. Garza's ability to
12 organize his workday thoughts and plans was below average even though the claimant's test results,
13 which resulted in a ranking of his abilities at the 42nd percentile, actually reflected that Mr. Garza's
14 abilities were within the average range.
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16 Based on his record review, Dr. Bostwick concluded that Mr. Garza's preexisting cognitive and
17 intellectual abilities were probably in the average to high average range and that his abilities did not
18 decline after August 14, 2015.
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20 As the appealing party in these matters, DOE held the burden of going forward with the
21 evidence to establish a prima facie case for its entitlement to relief from the orders under appeal. It
22 did so. The burden of proof then switched to Mr. Garza and the Department to present a
23 preponderance of the persuasive evidence in support of the Department's orders.¹
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25 We are convinced that the method that Dr. Singer used to assess Mr. Garza's pre-exposure
26 cognitive and intellectual functioning lacks a proven scientific foundation and produced a result that
27 was essentially a guess. Dr. Singer said that the neuropsychological community generally accepts
28 the tests that he had Mr. Garza take as part of his evaluation but he did not assert that that community
29 generally accepts the method that he used in reaching his opinions. Drs. Sanchez and Bostwick
30 certainly did not accept the methodology.
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32 In separate evaluations, Dr. Sanchez and Dr. Torres evaluated Mr. Garza's cognitive
33 functioning as it existed before his exposures at Hanford by use of the Test of Premorbid Functioning,
34 a test which we have no doubt is the gold standard for the purpose of evaluating a person's pre-morbid
35 functioning. We are convinced that Drs. Bostwick and Sanchez accurately assessed the level of
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47 ¹ *In re Christine Guttromson*, BIIA Dec., 55,804 (1981).

1 Mr. Garza's pre-exposure cognitive functioning, which was essentially the same as it was after he left
2 work at Hanford.
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4 A preponderance of the evidence established that substances that Mr. Garza was exposed
5 during the course of his employment at Hanford proximately caused his vocal cord dysfunction and
6 aggravated his preexisting asthma but Mr. Garza did not present a preponderance of the evidence
7 to prove that the substances were toxic. Of critical importance, the most reliable evidence regarding
8 Ms. Garza's cognitive functioning established that he did not experience any decline in his pre-morbid
9 cognitive functioning as the result of his exposures at Hanford.
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13 RCW 51.32.187 creates a presumption that a Hanford worker who develops a neurological or
14 other specified disorder or condition has an occupational disease but it does not create a presumption
15 that the Hanford worker actually suffers from such a condition or disorder. Because Mr. Garza could
16 not be diagnosed with toxic encephalopathy in the absence of evidence that his cognitive functioning
17 declined as the result of his exposure to substances during the course of his employment at Hanford,
18 we find that he did not prove that he has the condition. The presumption of causation established by
19 the statute does not apply to the facts of this appeal.
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24 We reverse the Department order that requires DOE to accept responsibility for toxic
25 encephalopathy and remand this claim to the Department to issue an order that declares that
26 Mr. Garza does not have toxic encephalopathy and to take further action in accordance with the law
27 and facts. We affirm the Department orders that require DOE to pay time-loss compensation benefits
28 to Mr. Garza for two separate periods of time.
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31 **DECISION**

- 32 1. In Docket No. 19 11484, the employer, the United States Department of Energy, filed an appeal
33 with the Board of Industrial Insurance Appeals on February 8, 2019, from an order of the
34 Department of Labor and Industries dated December 19, 2018. In this order, the Department
35 affirmed the provisions of an order dated August 8, 2018, that required the self-insured employer
36 to pay time-loss compensation benefits to Abelardo Garza from October 29, 2015, through
37 August 30, 2016. This order is correct and is affirmed.
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- 39 2. In Docket No. 19 11785, the employer, the United States Department of Energy, filed an appeal
40 with the Board of Industrial Insurance Appeals on February 15, 2019, from an order of the
41 Department of Labor and Industries dated December 18, 2018. In this order, the Department
42 affirmed the provisions of an order dated August 7, 2018, that required the self-insured employer
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1 to accept responsibility for a toxic encephalopathy condition. This order is incorrect and is
2 reversed and this matter is remanded to the Department to issue an order that denies that
3 Mr. Garza has a condition described as toxic encephalopathy and to take such other and further
4 action as the law and the facts require.
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7 3. In Docket No. 19 11786, the employer, the United States Department of Energy, filed an appeal
8 with the Board of Industrial Insurance Appeals on February 15, 2019, from an order of the
9 Department of Labor and Industries dated December 20, 2018. In this order, the Department
10 affirmed the provisions of an order dated August 9, 2018, that required the self-insured employer
11 to pay time-loss compensation benefits to Mr. Garza from October 26, 2016, through August 9,
12 2018. This order is correct and is affirmed.
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16 **FINDINGS OF FACT**

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18 1. On April 10, 2019, an industrial appeals judge certified that the parties
19 agreed to include the Jurisdictional History in the Board record solely for
20 jurisdictional purposes.
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22 2. Mr. Garza is 69 years old. He graduated from high school, obtained an
23 AA degree in electronics technology and a certificate in process control
24 instrumentation, and he completed three years of a college electrical
25 engineering program. Mr. Garza worked as an electrician for a time but
26 his primary job has been as an instrument technician for the Department
27 of Energy at its Hanford nuclear site (Hanford).
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29 3. Mr. Garza's job at Hanford required him to test the temperature of the
30 content of very large tanks by disconnecting lines that allowed the tanks
31 to breathe and connecting instruments that sent readouts to the control
32 room.
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34 4. Mr. Garza was diagnosed with diabetes and he developed adult-onset
35 asthma and vocal cord dysfunction in 2010. He had lost his sense of
36 smell and he had experienced episodes of shortness of breath multiple
37 times prior to August 14, 2015.
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39 5. Mr. Garza was exposed to many unidentified substances contained in the
40 tanks at Hanford when he tested the content of the tanks during the
41 course of his employment.
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43 6. The evidence presented did not prove that any of the substances to which
44 Mr. Garza was exposed were toxic.
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46 7. On February 14, 2015, Mr. Garza and four co-workers were assigned to
47 a task that did not require the use of respirators. Mr. Garza's co-workers
smelled something odd as they worked and after a short period of time,
the claimant developed a nose bleed and he had a metallic taste in his
mouth so the workers left and the claimant was taken to Hanford's clinic.

1 Mr. Garza's lungs were wheezing the next morning. His wife took him to
2 the emergency room at Kadlec Medical Center where he was kept
3 overnight while he was tested for a cardiac condition, which he did not
4 have.

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6 8. Substances to which he was exposed during the course of his
7 employment at Hanford proximately caused Mr. Garza to develop vocal
8 cord dysfunction.
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10 9. Substances to which he was exposed during the course of his
11 employment at Hanford aggravated Mr. Garza's unrelated asthma
12 condition.
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14 10. Mr. Garza's exposure to substances during the course of his employment
15 at Hanford was a distinctive condition of his employment that does not
16 exist in everyday life or in all employments in general.
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18 11. Mr. Garza's cognitive and intellectual functioning were within average
19 ranges before he was employed at Hanford.
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21 12. Mr. Garza's cognitive and intellectual functioning did not decline as the
22 result of his exposure to substances during the course of his employment
23 at Hanford and they were still in average ranges when he last worked at
24 the Hanford site.
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26 13. Mr. Garza does not have toxic encephalopathy.
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28 14. The vocal cord dysfunction and asthma condition which Mr. Garza's
29 exposure to harmful substances at Hanford proximately caused restrict
30 him from being exposed to airborne toxic irritants, fumes, and smoke.
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32 15. In view of his age, education, work experience, his preexisting diabetes
33 and the restrictions caused by the vocal cord dysfunction and asthma,
34 which exposures to substances during the course of his employment at
35 Hanford proximately caused, Mr. Garza was unable to obtain or perform
36 any form of gainful employment from October 29, 2015, through
37 August 30, 2016.
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39 16. In view of his age, education, work experience, preexisting diabetes,
40 vocal cord dysfunction, and asthma, which exposures to substances
41 during the course of his employment at Hanford proximately caused,
42 Mr. Garza was unable to obtain or perform any form of gainful
43 employment from October 26, 2016, through August 9, 2018.

44 **CONCLUSIONS OF LAW**

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46 1. The Board of Industrial Insurance Appeals has jurisdiction over the parties
47 and subject matter in these appeals.
2. The rebuttable presumption of causation set forth in RCW 51.32.187 does not apply to the facts of the self-insured employer's appeal of the Department's December 18, 2019 order because Mr. Garza does not have toxic encephalopathy or any other neurological disease.

- 1 3. Mr. Garza was temporarily totally disabled within the meaning of
2 RCW 51.32.090 because of conditions proximately caused by distinctive
3 conditions of his job at Hanford from October 29, 2015, through
4 August 30, 2016.
- 5 4. Mr. Garza was temporarily totally disabled within the meaning of
6 RCW 51.32.090 because of conditions proximately caused by distinctive
7 conditions of his job at Hanford from October 26, 2016, through August 9,
8 2018.
- 9 5. In Docket No. 19 11484, the December 19, 2018 Department order is
10 correct and it is affirmed.
- 11 6. In Docket No. 19 11785, the December 18, 2018 Department order is
12 incorrect and is reversed and this matter is remanded to the Department
13 to issue an order that states that Mr. Garza does not have a condition
14 described as toxic encephalopathy and to take such other and further
15 action as the law and the facts dictate.
- 16 7. In Docket No. 19 11785, the December 20, 2018 Department order is
17 correct and is affirmed.

18 Dated: December 15, 2020.

21 BOARD OF INDUSTRIAL INSURANCE APPEALS

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23 LINDA L. WILLIAMS, Chairperson

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25 ISABEL A. M. COLE, Member

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27 JACK S. ENG, Member

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Addendum to Decision and Order
In re Abelardo Garza
Docket Nos. 19 11484, 19 11785 & 19 11786
Claim No. SJ-25937

Appearances

Claimant, Abelardo Garza, by Washington Law Center, PLLC, per Alden L. Byrd

Self-Insured Employer, US Department of Energy, by Wallace, Klor, Mann, Capener & Bishop, P.C., per Brian Duckworth

Department of Labor and Industries, by Office of the Attorney General, per Patti J. Foster

Petition for Review

As provided by RCW 51.52.104 and RCW 51.52.106, this matter is before the Board for review and decision. The claimant filed a timely Petition for Review of a Proposed Decision and Order issued on August 17, 2020, in which the industrial appeals judge affirmed the orders of the Department dated December 19, 2018, and December 20, 2018, and reversed and remanded the Department order dated December 18, 2018. The self-insured employer filed a response to the Petition for Review on November 13, 2020.