



## **COPD, ALZHEIMER'S DISEASE AND OTHER CONDITIONS MAY HAVE CONNECTIVITY TO YOUR WORK**

**By Scott A. O'Mara**

Many diseases or other medical problems involve various risk factors in their manifestation or development. As scientific knowledge and the corresponding literature expand for particular conditions, a greater awareness occurs. However, treating doctors often focus upon a patient's current symptomatology without an awareness of new studies which attribute other factors as being contributory to the development of the disease.

Diseases like COPD — chronic obstructive pulmonary disease — may take a lengthy period of time to develop and manifest. In fact, the latency period can often be many years. Therefore, in the early stages of the disease, the patient's symptoms may not be of sufficient magnitude to be recognized and documented by the treating physician.

Another medical condition which has a similar delay in its manifestation and development is Alzheimer's disease. Again, this disease is impacted by many factors. The typical focus regarding Alzheimer's is a genetic predisposition. Until the development process of Alzheimer's disease is more pronounced, doctors (and patients) often feel that what is occurring is simply a function of aging.

Both COPD and Alzheimer's disease, in certain situations, can be connected to the employment environment. This goes back to the various exposures which are prevalent in certain occupations. The many exposures safety workers have are unique and varied, and are much greater than the exposures faced by the general populace.

Regarding COPD, exposure factors include the inhalation of toxic fumes. It takes little awareness to recognize the significant and overwhelming exposures that safety workers have to these fumes when in the presence of various types of fires — including wildlands, structure, garage and vehicle fires — as well as when directing traffic and breathing in vehicle exhaust; when firing at the range and breathing in weapons exhaust; when performing duties in the presence of second-hand smoke; and in various other situations involving exposure to carcinogenic fumes. The significance of all these exposures is often overlooked before a diagnosis of COPD has been made. Therefore, the tendency is for workers not to articulate these exposures to their doctor before they become aware that they may be developing a serious health problem which will only manifest after an extensive latency period. Then, when COPD is finally diagnosed, the worker may no longer be working for the employer responsible for the toxic exposures, and consideration might not be given to the importance of these exposures which occurred years earlier and were never documented at the time.

Regarding Alzheimer's disease, some studies have indicated that individuals who have suffered head trauma are at greater risk of developing this disease. High blood pressure, high cholesterol, lack of exercise, sleeping difficulties and traffic air pollution also have been identified as risk factors. Giving consideration to the call-outs and various shifts worked by safety members, these elements of risk are magnified.

The diagnosis of Alzheimer's many times is a delayed medical determination because the doctor and the safety worker are more focused on contemporaneous subjective complaints as opposed to giving consideration to the various exposures which have occurred throughout the member's employment.

If any of the above-mentioned medical problems develop or manifest, the worker needs to be aware that the COPD or Alzheimer's disease — even though the causative factors for these conditions are separate and distinct — may have been caused by the unique cumulative exposures faced by long-term safety workers. Once it has been established that either of these conditions has medical connectivity to safety worker employment, the worker may be in a position to obtain the medical care needed. Both conditions have a significant impact on the worker's medical need to be either cured or at least relieved of their symptomatology.

The manifestation and subsequent development of either COPD or Alzheimer's disease may ultimately reach the stage where in-home health care or care at a facility is required. The Workers' Compensation system can reluctantly provide such care.

Therefore, you — as the worker — must recognize that these medical problems (COPD and Alzheimer's disease) and other medical problems may have connectivity to the work environment. By establishing this connectivity, medical care is a prominent benefit. In addition, compensation can be received for time off work and/or impairment.

As you speak to your doctors, it is very important to reflect the various exposures you have had throughout your safety work career. It is also important to be aware that your employer — even if your condition is job-related — may try to deny your case based on the statute of limitations, which is subject to many interpretations. Therefore, if the doctor indicates to you that your condition might be job-related — or if you think it is job-related — you should immediately seek counsel so the statute of limitations will not bar you from receiving the medical care which may be available.

Keep in mind that COPD and Alzheimer's disease are just two examples of medical conditions to which the above discussion applies. There are other medical conditions which should raise an awareness as to work-related events which may be contributory to those conditions. If the work environment is shown to be a contributory factor, you and your family may have entitlement to numerous Workers' Compensation benefits.



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