BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

ANGEL SIEFKIN, Claimant, vs. U.S. SECURITIES ASSOCIATES, Employer, and ZURICH AMERICAN INSURANCE COMPANY, Insurance Carrier, Defendants.	FILED MAY 27 2016 WORKERS' COMPENSATION File No. 5046351 A P P E AL D E C I S I O N Head Note No.: 1803

Defendants U.S. Securities Associates, employer, and its insurer, Zurich American Insurance Company, appeal from an arbitration decision filed on March 12, 2015. Claimant Angel Siefken responds to the appeal. The case was heard on November 20, 2014, and it was considered fully submitted in front of the deputy workers' compensation commissioner on January 8, 2015.

The deputy commissioner found claimant carried her burden of proof that she sustained permanent disability as a result of an injury which arose out of and in the course of her employment on December 1, 2011. The deputy commissioner awarded claimant 30 percent industrial disability, which would entitle claimant to 150 weeks of permanent partial disability benefits. The parties stipulated that if permanency benefits are awarded, the commencement date is December 2, 2013, and the weekly benefit rate is $415.84.

Defendants assert on appeal that the deputy commissioner erred in finding claimant carried her burden of proof that she sustained permanent disability as a result of the December 1, 2011, injury. Defendants also assert the deputy commissioner erred in awarding claimant 30 percent industrial disability.

Claimant asserts on appeal that the arbitration decision should be affirmed in its entirety.

Having performed a de novo review of the evidentiary record and the detailed arguments of the parties, pursuant to Iowa Code sections 86.24 and 17A.15, I affirm and adopt as the final agency decision those portions of the proposed arbitration decision filed in this matter on March 15, 2015, which relate to the issue of whether claimant carried her burden of proof that she sustained permanent disability as a result of the December 1, 2011, work injury. I modify the award of 30 percent industrial disability and I find claimant has sustained industrial disability of 15 percent. I provide the following analysis with respect to the extent of claimant's industrial disability:

FINDINGS OF FACT

Claimant was born on December 30, 1985, and she is now 30 years old . (Exhibit B, page 2) She is a high school graduate and she received an associate's degree in liberal arts in July 2014, more than two years after the work injury. She also has a CNA certificate and she plans to enroll in a nursing program. (Transcript pp. 5-6) She is a U.S. Army veteran who served in Afghanistan, and she has continued as a member of the U.S. Army Reserves. (Tr. pp. 8-10)

On December 1, 2011, claimant suffered the stipulated injury arising out of and in the course of her employment with U.S. Securities Associates while working security at the Emerson Plant in Marshalltown, Iowa. Claimant was exposed to, and inhaled, unknown chemicals. (Ex. 1; Tr. pp. 17-18) Several hours after the exposure, she presented at the Marshalltown Medical & Surgical Center Emergency Department with symptoms of chest tightness, difficulty breathing, burning, and coughing. Claimant was given Valium and an Albuterol inhaler and she was given a work excuse for the next day. (Ex. 2)

On December 19, 2011, claimant was evaluated by Greg Selenke, M.D., her family physician. Dr. Selenke told claimant to continue with the inhaler. (Ex. 3, pp. 5-6) When claimant returned to Dr. Selenke on January 20, 2012, with continuing symptoms of difficulty breathing, shortness of breath and hoarseness, Dr. Selenke prescribed a steroid inhaler and he referred claimant to a pulmonologist. (Ex. 3, pp. 7-8)

Claimant was evaluated by pulmonologist Udaya Shreesha, M.D., on March 6, 2012. Claimant reported a ten-year history of smoking before quitting approximately one year previous. She also reported no history of asthma before the work injury. Dr. Shreesha diagnosed asthma and prescribed Dulera and Proventil. (Ex. 4, pp. 11-13)

Claimant resumed smoking in April or May of 2012 and she continued to smoke as of the date of the hearing. (Tr. pp. 30-31, 41, 73-75)

Claimant's respiratory issues improved under Dr. Shreesha's care, as noted during evaluations on April 18 and July 24, 2012. (Ex. 4, pp. 14-16) When Dr.

Shreesha re-evaluated claimant on January 5, 2013, the following was noted, in pertinent part:

> . . . She uses Dulera five times a week for a couple of weeks and then two times a week for a couple of weeks. She says she can lift 40 pounds or more. She carries 40 pounds for 100 feet. She can move while wearing 60 pounds of equipment. She can wear a helmet that weighs 3 pounds. She can sit or stand for a prolonged time. She can perform pushups to the point of muscle fatigue. However, she can have access to firearms, mainly sensitive explosives. However, the patient says she cannot do a 3 to 5 second rush at full speed while wearing 60 pounds in view of her asthma. She also says that if she performs sit-ups to the point of muscle fatigue she feels like her lungs spasm. She cannot run for two miles, but she can walk doing a timed walk or ride a bike. She feels that overall her asthma is well controlled. She denies any chest pain, heaviness in the chest. She denies any hemoptysis. She denies any nausea, emesis. She denies any abdominal pain, swelling of the feet. She denies any nighttime awakening, significant nasal congestion, postnasal drip. Review of other systems are negative.
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> . . .
>
> ASSESSMENT: A patient with asthma which is controlled.
>
> PLAN: She was told to use Dulera. I told her she should use Dulera two puffs twice a day. She did not use her Dulera today, hence her spirometry is lower. I encouraged her to use Dulera. The patient will be seen in the clinic in six months.

(Ex. 4, p.17)

At the request of her attorney, claimant was evaluated by Patrick Hartley, M.D., pulmonologist at the University of Iowa Hospitals and Clinics, for an independent medical evaluation (IME) on March 27, 2013. In his report, Dr. Hartley noted the following, in pertinent part:

> Plan:
>
> . . . Ms. Siefken was exposed to inhaled chemicals in the course of her duties in December 2011 which resulted in acute airway symptoms with subsequent documentation of reversible airflow obstruction. Ms. Siefken currently has mild airflow obstruction as evidenced by a slightly reduced FEV1/FVC (though the absolute values of FEV1 and FVC are each within the normal range). She continues to take an albuterol inhaler when necessary PRN, and is on a combined inhaled steroid/long-acting beta

agonist inhaler (DULERA) twice daily which was commenced following her occupational exposure. Her treating pulmonologist in March 2012 documented airflow obstruction with significant bronchodilator response and prescribed DULERA and albuterol. At subsequent followup her spirometry had improved but she remains on these medications. Her clinical picture is consistent with irritant-induced asthma. Because of her previous smoking history and uncertainty with regard to whether she had previous airflow obstruction/pulmonary issues is not clear that she meets the case definition for reactive airways dysfunction syndrome (RADS).

Unfortunately Ms. Siefken continues to smoke cigarettes which is an independent risk factor for airflow obstruction. Without PFTs performed prior to the occupational exposure event, or additional information regarding her pre-exposure pulmonary status, it is difficult to state with certainty whether she had pre-existing airflow obstruction that was temporarily exacerbated by the inhaled chemical exposure, or whether her current pulmonary status and continued need for bronchodilator therapy is attributable solely to her occupational chemical exposure. Absent any clear evidence of pre-existing lung disease, it is my opinion, to a reasonable medical certainty, that her reversible airflow obstruction was attributable to her occupational chemical exposure in December 2011.

With regard to addressing the issue of maximum medical improvement, I would recommend that determination of MMI be deferred until at least 2 years following her original exposure that resulted in the occupational illness. This would be approximately December 2013.

. . .

I would recommend deferring on addressing the issue of permanent restrictions (if indicated) until Ms. Siefken is at maximum medical improvement, and her pulmonary status including exercise capacity and functional status can be determined at that time.

Pending reaching maximum medical improvement, I would recommend that Ms. Siefken continue on the therapy prescribed by her treating pulmonologist, and would defer to her treating providers with regard to whether they could taper bronchodilator medication, or leave her on the current dose.

(Ex. 5, pp. 26-27)

When claimant returned to Dr. Shreesha on October 17, 2013, the following was noted, in pertinent part:

> The patient has a history of asthma. The patient did not get a call to schedule in our office for six months and she is out of her medication. She comes today. However, she is doing much better. She does not use any inhalers at this time. She ran out of Dulera a month ago.
>
> The patient has had significant improvement in her exercise capacity. She can lift 40 pounds normally. She carries 40 pounds for more than 100 feet. She can move with wearing 60 pounds of helmet. . . . Also she is not able to sprint at the highest speed yet but she is doing considerably better compared to before. She also states that she can perform sit-ups without much fatigue or lung spasm. She can run two miles and can walk or ride a bike. The only problem she is having is not having the ability to do that in a very high speed. Overall, she is doing very well from her asthma. She denies any nighttime awakening. She denies any chest pain. She denies any heaviness in he [sic] chest. She denies any asthma. She denies any nausea, emesis, abdominal pain. She denies any nasal congestion, postnasal drip. She denies any cough or phlegm. She denies any fever or night sweats or weight loss. Overall she has had significant improvement in her symptoms.
>
> Review of other systems are negative. However, she still feels that she needs to use her ProAir when she is exercising.
>
> . . .
>
> The patient has spirometry which is essentially normal. FEV1 is 3.95. FVC is 4.84. They are 100%.
>
> Patient with asthma, clinically doing very well.
>
> I had a lengthy discussion with the patient. Since she still needs some Albuterol I think it might be prudent to leave her on just inhaled steroids with Asmanex twice a day. This will reduce the need for rescue inhaler especially during the severe exercise. She has been told to stop her Dulera. Her spirometry is essentially normal and she has had considerable improvement in exercise capacity. However, I told the patient that if her symptoms get worse then we might have to go back on Dulera but for now Asmanex will suffice. The patient will be seen in the clinic in six months. The patient will be seen in the clinic earlier if needed.

(Ex. 4, p. 18)

After October 2013, Dr. Shreesha left the country, so claimant's care was transferred to David Visokey, D.O., another pulmonologist in the same office. When Dr.

Visokey evaluated claimant on January 7, 2014, he noted the following, in pertinent part:

> HPI Comments: She is doing very well over all. She has no cough, sputum wheezing or nocturnal issues. No issues related to work and breathing. She only has some trouble with significant exertion such as running upon which she uses her rescue inhaler and helps. No problem with medication.
>
> . . .
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> Assessment:
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> Exercise induced asthma.
>
> Plan:
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> No changes to her meds. How to use a MDI/DPI was reviewed. If the inhaler has a steroid component, to rinse the mouth out afterwards. When to use there [sic] rescue inhaler, how frequently and when to go to the ER was discussed.
>
> The pathophysiology of asthma was discussed with the patient. The importance of inflammation was discussed. The importance of rescue medication vs. maintaince [sic] medications was addressed. How often once can use recue [sic] medication and when to go the [sic] ER was discussed as well.
>
> The spiro/complete PFT was reviewed with the patient. Normal.

(Ex. 4, pp. 19-20)

On January 7, 2014, Dr. Visokey issued a report in which he stated the following, in pertinent part:

> . . . She has exercise-induced asthma. She has been doing very well on her current medical regimen, which consists of Asmanex daily and albuterol rescue inhaler as needed. She has no particular issue in regards to her asthma. No cough, wheezing, shortness of breath, or sputum. The only thing that she notices is that if she exercises, runs very aggressively that she will start to have a little bit of wheezing and she will need to use her inhaler. Overall, she has not had any significant complaints or exacerbations which have caused us to make any significant changes to her medication.

> On exam today, her lungs are clear, even with a forced expiratory maneuver. She had pulmonary function studies done today, which are completely normal and significantly improved when compared to her pulmonary function studies done several years ago. At this point, she appears to have fairly well-controlled exercise-induced asthma.
>
> The only limitations that I have for her is that when it comes to doing any kind of stress testing, that if it requires running, etc. that she be able to do it at her own pace because she knows how fast she can run and at what level she needs to run to keep this from happening. Otherwise, I have no work limitations for Angel.

(Ex. 4, p. 21)

Dr. Visokey issued another undated report in January 2014 for claimant to provide to the Army Reserve. (Tr. p. 65) In that report, Dr. Visokey stated the following, in pertinent part:

> . . . Her asthma is under very good control. Her latest pulmonary function studies are completely normal. Her last symptoms when I saw her in the office were basically none. She takes Asmanex as her maintenance medication. We are going to continue that. She has a Proventil inhaler to use as needed, but currently I do have limitations that include:
>
> 1. Her to run at her own pace
>
> 2. No sit ups
>
> These conditions make her asthma flare up. Otherwise, her condition is well controlled with her current medication at this time.

(Ex. 4, p. 22)

On October 1, 2014, Dr. Hartley re-evaluated claimant and he issued a supplemental IME report in which he stated the following, in pertinent part:

> . . . She returns today for a methacholine challenge with a view to determining maximum medical improvement and calculating an impairment rating, if indicated.
>
> She states she is not currently working. She continues to served [sic] in the Army Reserves, but has an accommodation for her asthma. She is still working on her Associate Degree in Nursing, but has not been taking classes this semester.

She reports pulmonary symptoms only with high humidity, or significant physical exertion such as "cardio" (running, jogging or a long walk). She reports no symptoms on walking up stairs or an incline, and reports no problems with activities of daily living. Her pulmonary symptoms, when present include cough and wheeze. She reports that she sleeps okay, and has not had to use her asthma medications at night. Unfortunately, she continues to smoke one pack of cigarettes per day, and has not attempted quitting since her last visit. She continues to be somewhat ambivalent regarding any desire to quit smoking.

She reports that she was informed by her attorney's office that she had to discontinue her inhaled steroids two months before her methacholine challenge, and states that she has not used her Asmanex in about 3 months. She reports that her DULERA was discontinued by her treating physician Dr. Shreesha towards the end of 2014. I did contact her pharmacy, who report that they have filled her Asmanex prescription once in January 2014 and have never dispensed DULERA. She states that Dr. Shreesha's office did dispense her samples of DULERA and Asmanex. On questioning, she states that she was only using her inhaled steroid for 5 days per week even before she discontinued the meds in anticipation of the methacholine challenge. She reports that she last used her albuterol rescue inhaler last week. She notes that her Ventolin was switched to Pro-air, but she does not feel that the Pro-air is as effective.

. . .

Plan:

Ms. Siefken has mild bronchial hyperreactivity, confirmed by methacholine challenge performed at clinic 10/1/14. The extent to which her continuing bronchial hyperreactivity is attributable to her occupational exposure in December 2011 versus her continued cigarette smoking is unclear. Nonetheless, it is my opinion to a reasonable medical certainty that her December 2011 occupational inhaled exposure is a substantial continuing factor to her bronchial hyperreactivity.

I have again strongly advised her to quit smoking, and discussed a number of strategies and resources to assist with smoking cessation. She is ambivalent regarding smoking cessation.

. . .

It is my opinion, to a reasonable medical certainty, that Ms. Siefken is at maximum medical improvement with regard to her December 2011 chemical inhalation exposure. Date of MMI is 2 years following her

occupational exposure; i.e. in December 2013 as discussed in my 3/27/13 report.

Impairment is determined according to The AMA Guides to the Evaluation of Permanent Impairment, 5th Edition . . . Referencing the pulmonary function testing performed at the last clinic visit on 10/1/14, a post-bronchodilator FEV1 was not performed, as her baseline was normal at 98% of predicted, which would assign a score of 0. She is prescribed an inhaled steroid, which he [sic] has not been taking for the past 2 months (due to some miscommunication), but reports suboptimal compliance with the inhaled steroid prior to that.

Consequently it [sic] would assign a score of 1 for medications. She has a mildly positive methacholine challenge, and therefore a score of 1 is assigned for this factor. The total score is 2. Referencing table 5-10, the asthma score of 2 is noted to be a class 2 impairment. Of note, Ms. Siefken reports no limitations on activities of daily living. Taking these factors in consideration, it is my opinion that she has a 14% impairment of the whole person.

Follow-up with Pulmonary or Primary Care locally, at least annually, with assessment of her lung function by spirometry . . .

(Ex. 5, pp. 28-31)

Dr. Visokey authored a report dated November 14, 2014, at the request of defendants. In that report, Dr. Visokey stated the following, in pertinent part:

. . . Dr. Shreesha saw Angel when all of these incidents first occurred and he has subsequently since left the clinic and is no longer available. I have seen Angel on two instances and will attempt to answer these questions to the best of my ability since seeing her.

Question #1: I believe that she has asthma.

Question #2: Do I believe that the condition was caused by chemical exposure? I have not seen her at that time so I am unable to assess that question, but the fact that at that time she was smoking cigarettes certainly does play a role in her overall health condition.

Question #3: The latest time I have seen her, her breathing was doing quite well. She was well controlled on her inhaled medication. Her pulmonary function studies that were done in January of 2014 were completely normal. At this time I would state that her impairment rating would be minimal.

(Ex. C, p. 1)

Claimant was almost removed from the Army Reserve due to her limitations from the asthma. However, after multiple levels of appeals, claimant was allowed to remain in the Army Reserve. (Tr. pp. 32, 63-64) Claimant testified at hearing that the work injury makes it somewhat more of a challenge for her to advance within the military:

Q. Your ability to move up in the ranks, is that going to be affected by your limitation on your sit-ups and your ability to exert, such as to run?

A. It does affect the promotion, because your physical fitness test is broken down into points on what you do and how well you do. And your promotion is based on points. And the more points you get, the better chance you have of getting the promotion.

With me not doing the sit-ups and only doing the 2½-mile walk, the points I get for my physical fitness is much lower than what most of the other soldiers get when they put in their packets.

Q. So you have to make up for it in other areas?

A. Correct.

Q. Like what?

A. Well, my deployment helps kind of offset that, but I have to - - I'll have to take what they call correspondence courses online to acquire points to help make up for what I lack there.

(Tr. pp. 36-37)

Claimant voluntarily resigned her employment with defendant-employer in May 2012 to take different employment where there would be no possibility of further chemical exposures. (Ex. B, p. 13; Tr. p.23) Claimant later resigned from her concurrent employment with Lennox to pursue additional schooling. (Tr. p. 38)

CONCLUSIONS OF LAW

The party who would suffer loss if an issue were not established has the burden of proving that issue by a preponderance of the evidence. Iowa R. App. P.

The claimant has the burden of proving by a preponderance of the evidence that the alleged injury actually occurred and that it both arose out of and in the course of the employment. Quaker Oats Co. v. Ciha, 552 N.W.2d 143 (Iowa 1996); Miedema v. Dial Corp., 551 N.W.2d 309 (Iowa 1996). The words "arising out of" referred to the cause or source of the injury. The words "in the course of" refer to the time, place, and

circumstances of the injury. 2800 Corp. v. Fernandez, 528 N.W.2d 124 (Iowa 1995). An injury arises out of the employment when a causal relationship exists between the injury and the employment. Miedema, 551 N.W.2d 309. The injury must be a rational consequence of a hazard connected with the employment and not merely incidental to the employment. Koehler Elec. v. Wills, 608 N.W.2d 1 (Iowa 2000); Miedema, 551 N.W.2d 309. An injury occurs "in the course of" employment when it happens within a period of employment at a place where the employee reasonably may be when performing employment duties and while the employee is fulfilling those duties or doing an activity incidental to them. Ciha, 552 N.W.2d 143.

Since claimant has an impairment to the body as a whole, an industrial disability has been sustained. Industrial disability was defined in Diederich v. Tri-City R. Co., 219 Iowa 587, 258 N.W. 899 (1935) as follows: "It is therefore plain that the legislature intended the term 'disability' to mean 'industrial disability' or loss of earning capacity and not a mere 'functional disability' to be computed in the terms of percentages of the total physical and mental ability of a normal man."

Functional impairment is an element to be considered in determining industrial disability which is the reduction of earning capacity, but consideration must also be given to the injured employee's age, education, qualifications, experience, motivation, loss of earnings, severity and situs of the injury, work restrictions, inability to engage in employment for which the employee is fitted and the employer's offer of work or failure to so offer. McSpadden v. Big Ben Coal Co., 288 N.W.2d 181 (Iowa 1980); Olson v. Goodyear Service Stores, 255 Iowa 1112, 125 N.W.2d 251 (1963); Barton v. Nevada Poultry Co., 253 Iowa 285, 110 N.W.2d 660 (1961).

Compensation for permanent partial disability shall begin at the termination of the healing period. Compensation shall be paid in relation to 500 weeks as the disability bears to the body as a whole. Section 85.34.

While a claimant is not entitled to compensation for the results of a preexisting injury or disease, its mere existence at the time of a subsequent injury is not a defense. Rose v. John Deere Ottumwa Works, 247 Iowa 900, 76 N.W.2d 756 (1956). If the claimant had a preexisting condition or disability that is materially aggravated, accelerated, worsened or lighted up so that it results in disability, claimant is entitled to recover. Nicks v. Davenport Produce Co., 254 Iowa 130, 115 N.W.2d 812 (1962); Yeager v. Firestone Tire & Rubber Co., 253 Iowa 369, 112 N.W.2d 299 (1961). Total disability does not mean a state of absolute helplessness. Permanent total disability occurs where the injury wholly disables the employee from performing work that the employee's experience, training, education, intelligence and physical capacities would otherwise permit the employee to perform. See McSpadden v. Big Ben Coal Co., 288 N.W.2d 181 (Iowa 1980); Diederich v. Tri-City R. Co., 219 Iowa 587, 258 N.W. 899 (1935).

The diagnosis from Dr. Visokey, claimant's treating physician, attributable to the work injury is exercise-induced asthma which is under good control with medication. (Ex. 4, pp. 21-22) Dr. Hartley essentially agrees with Dr. Visokey's diagnosis. (Ex. 5) Dr. Visokey noted claimant has been doing very well on her current medication regimen, which consists of Asmanex daily and albuterol rescue inhaler as needed. (Ex. 4, p. 21) Dr. Visokey noted "no particular issue" in regards to claimant's asthma. (Id.) Dr. Visokey noted the only thing claimant experiences is if she exercises or runs very aggressively she will start to have a little bit of wheezing and she will need to use her inhaler. (Id.) Dr. Visokey noted claimant has not had any complaints or exacerbations which have necessitated any changes to her medication. (Id.) The only restrictions Dr. Visokey has given claimant for her asthma are to run at her own pace and to avoid sit-ups (Ex. 4, pp. 21-22), restrictions which have no effect whatsoever on claimant's employability within the civilian economy, and which only have a minor effect on claimant's military career. Dr. Hartley apparently did not find it necessary to issue any additional restrictions for claimant because he did not address that issue in his final report. (Ex. 5, pp. 28-31)

It must be noted claimant does well enough with her asthma that she continues to smoke up to a full pack of cigarettes per day. (Tr. p. 73; Ex. 5, p. 28) It would seem if claimant had any significant problems with her asthma, she would not be able to smoke. This is despite Dr. Hartley's whole-body permanent impairment rating of 14 percent. (Ex. 5, p. 31) Dr. Visokey's permanent impairment rating of "minimal" is not particularly helpful, but it is consistent with his other opinions regarding claimant's condition and it does lend some support to the conclusion that claimant's industrial disability resulting from the work injury is very small.

Claimant is very motivated and she continues to improve herself through education. She obtained a CNA certification before the work injury occurred. (Tr. p. 6) She obtained an associate degree in liberal arts after the work injury occurred. (Tr. pp. 5-6) She plans to obtain a nursing degree (Tr. p. 6) and there are no restrictions caused by the work injury which would prevent her from doing so. There appears to be no limitation upon claimant's ability to attain whatever career goals she might have in the civilian economy. The only permanent restrictions claimant has resulting from the work injury are the restrictions given by Dr. Visokey which will in no way impact her civilian career and which will have minimal effect on her military career.

Based on the medical evidence in the record, based on claimant's training and skills and her ability to continue with her education, based on the minimal restrictions given by Dr. Visokey, based on the fact that claimant does continue to take medication which keeps her asthma under excellent control, and based on all of the other factors which must be considered when analyzing industrial disability, I find claimant has 15 percent industrial disability, which entitles claimant to 75 weeks of permanent partial disability benefits pursuant to Iowa Code section 85.34(2)(u), to start on the stipulated commencement date of December 2, 2013.

ORDER

IT IS THEREFORE ORDERED that the arbitration decision of March 12, 2015, is MODIFIED as follows:

Defendants shall pay the claimant seventy-five (75) weeks of permanent partial disability benefits commencing December 2, 2013, at the weekly rate of four hundred fifteen and 84/100 dollars ($415.84).

Defendants shall receive credit for all benefits previously paid.

Accrued benefits shall be paid in a lump sum together with interest pursuant to Iowa Code section 85.30 with subsequent reports of injury to be filed pursuant to rule 876 IAC 3.1.

Pursuant to rule 876 IAC 4.33, defendants shall pay the costs of the arbitration proceeding and the parties shall split the costs of the appeal, including the cost of the hearing transcript.

Signed and filed this 27th day of May, 2016.

Joseph S. Cortese II

JOSEPH S. CORTESE II
WORKERS' COMPENSATION
COMMISSIONER

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