

memorandum

DATE: December 19, 2002

REPLY TO
ATTN OF: Office of Health Studies: Mary Fields: 301-903-3148

SUBJECT: BERYLLIUM SENSITIVITY/CHRONIC BERYLLIUM DISEASE TESTING FOR
CURRENT DEPARTMENT OF ENERGY (DOE)/DOE CONTRACTOR EMPLOYEES

TO: Program Secretarial Officers

Under 10 Code of Federal Regulations 850, Chronic Beryllium Disease Prevention Program, DOE sites that use beryllium offer voluntary medical testing once a year to individuals who work with beryllium and once every 3 years to current workers who may have in the past worked with or have been exposed to beryllium. This testing includes a Beryllium Lymphocyte Proliferation Test (BeLPT) to check for beryllium sensitivity, as well as any needed medical followup for those with a confirmed abnormal result in the BeLPT. Ninety-five percent of the workers will not have an abnormal BeLPT.

I am writing to explain the impact the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA) will have on DOE's beryllium medical surveillance programs. EEOICPA provides for the Department of Labor (DOL) to pay for medical followup of all DOE and DOE contractor employees with one or more abnormal BeLPT. As this is a lifetime benefit, it is important for sites to inform these workers of the DOL program as soon as possible so that their future medical expenses for the management and care of beryllium-related health effects can be covered by DOL.

The Office of Environment, Safety and Health (EH) and representatives from DOE field offices and site occupational medical clinics have developed the attached information (attachments 1 and 2) to assist DOE sites with notifying current employees of DOL's medical monitoring program and facilitating their enrollment. These materials are similar to the ones being used by EH for its former worker medical screening programs, which were developed by EH with input from the Central Beryllium Institutional Review Board. For billing questions and assistance, or for any other questions about these materials, you may contact Mary Fields of my staff on 301-903-3148 (e-mail at mary.fields@eh.doe.gov) or



Libby White on 301-903-7582 (e-mail at elizabeth.white@eh.doe.gov). Attachment 3 is the list of DOE/DOL Resource Centers, which can assist the employees with filing claims.

Thank you for your continued support as we implement this component of EEOICPA.



Beverly A. Cook
Assistant Secretary
Environment, Safety and Health

3 Attachments

cc w/attachments:

Operations and Field Office Managers
Directors, DOE/DOL Resource Centers
Environment, Safety and Health Contacts
Site Occupational Medical Directors/Contacts

Program Secretarial Officers

Craig R. Reed, Executive Director, Office of the Secretary of Energy Advisory Board (AB-1)
Danny R. Brouillette, Assistant Secretary for Congressional and Intergovernmental Affairs (CI-1)
Stephen W. Dillard, Director, Office of Counterintelligence (CN-1)
James F. McDonnell III, Director, Office of Energy Assurance (EA-1)
Theresa Alvillar Speake, Director, Office of Economic Impact and Diversity (ED-1)
David K. Garman, Assistant Secretary for Energy Efficiency and Renewable Energy (EE-1)
Beverly A. Cook, Assistant Secretary for Environment, Safety and Health (EH-1)
Guy F. Caruso, Administrator, Office of the Administrator for Energy Information Administration (EI-1)
Jesse H. Roberson, Assistant Secretary for Environmental Management (EM-1)
Carl Michael Smith, Assistant Secretary for Fossil Energy (FE-1)
Lee Sarah Liberman Otis, General Counsel, Office of the General Counsel (GC-1)
George B. Breznay, Director, Office of Hearings and Appeals (HG-1)
Gregory H. Friedman, Inspector General, Office of Inspector General (IG-1)
Karen S. Evans, Chief Information Officer (IM-1)
Thomas S. Ryder (Acting), Director, Office of Intelligence (IN-1)
Bruce M. Carnes, Director, Office of Management, Budget and Evaluation (ME-1)
Linton F. Brooks (Acting), Under Secretary and Administrator, National Nuclear Security Administration (NA-1)
William D. Magwood IV, Director, Office of Nuclear Energy, Science and Technology (NE-1)
Glenn S. Podonsky, Director, Office of Independent Oversight and Performance Assurance (OA-1)
Jeannie T. Lopatto, Director, Office of Public Affairs (PA-1)
Vicky A. Bailey, Assistant Secretary for Policy and International Affairs (PI-1)
Margaret S. Y. Chu, Director, Office of Civilian Radioactive Waste Management (RW-1)
Raymond L. Orbach, Director, Office of Science (SC-1)
Joseph S. Mahaley, Director, Office of Security (SO-1)
Michael W. Owen, Director, Office of Worker and Community Transition (WT-1)

Managers, Operations Offices

M. Patrice Wagner (Acting), Albuquerque Operations Office (AL)
Marvin E. Gunn, Jr., Chicago Operations Office (CH)
Warren E. Bergholz (Acting), Idaho Operations Office (ID)
Kathleen A. Carlson, Nevada Operations Office (NV)
Camille Yuan-Soo Hoo, Oakland Operations Office (OAK)
James A. Turi (Acting), Oak Ridge Operations Office (OR)
Keith A. Klein, Richland Operations Office (RL)
Jeffrey M. Allison (Acting), Savannah River Operations Office (SR)

Managers, Field Offices

Ines R. Triay, Carlshad Field Office (CBFO)
John H. Kersten, Golden Field Office (GFO)
Jack R. Craig, Jr. (Acting), Ohio Field Office (OH)
Gene C. Schmitt, Rocky Flats Field Office (RFFO)
Stephen J. Wright, Bonneville Power Administration (BPA)
Charles A. Borchardt, Southeastern Power Administration (SEPA)
Michael A. Deihl, Southwestern Power Administration (SWPA)
Michael S. Hacskeylo, Western Area Power Administration (WAPA)

DOE/DOL Resource Centers

Colleen Ouzts, Director, Anchorage
Floyd Archuleta, Director, Espanola
Larry Jones, Director, Idaho Falls
Robert Agonia, Director, Las Vegas
James Kirr, Director, North Augusta
Shirley White, Director, Oak Ridge
Stewart Tolar, Director, Paducah
Dan Charles, Director, Portsmouth
Eunice Godfrey, Director, Richland
Ray Malito, Director, Rocky Flats

Environment, Safety and Health Contacts

Brian Edgerton, ID
Robert Poe, OR
Harvey Grasso, OAK
Bob Bistline, RF
Geoffrey Gorsuch, OH
Mike Garcia, AL
Ken Hoar, NV
Mike Saar, CH
Francis Roddy, Hanford
Jeffrey Allison, SRS
Lakshmi Singh, SRS
Michael Tucker, GJO

Site Occupational Medical Directors

Steven Sheldahl, Ames Laboratory
Francis Strehl, Argonne National Laboratory
Keith Goldstein, Bechtel Bettis Atomic Power Laboratory
Laura Sbarra, Brookhaven National Laboratory
Robert Bernstorff, East Tennessee Technology Park
John Foxen, Fermi National Accelerator Laboratory
Doran Christensen, Fernald Environmental Restoration Management Corporation
Bill Brady, Hanford Environmental Health Foundation
Desiree Bennett, Honeywell International
Paul Creighton, Idaho National Engineering and Environmental Laboratory
Susan Trepeta, Knolls Atomic Power Laboratory
Peter Lichty, Lawrence Berkeley National Laboratory
James Seward, Lawrence Livermore National Laboratory
Hugh Smith, Los Alamos National Laboratory
M. Y. Sankar, Mound
D. Michael Kinney, National Energy Technology Laboratory (Morgantown)

Robert Johnston, National Energy Technology Laboratory (Pittsburgh)
James Collet, Nevada Test Site
James E. Phillips, Oak Ridge National Laboratory
Donald Billmaier, Paducah Gaseous Diffusion Plant
Arthur Morton, Pantex
Stephen Appleton, Portsmouth Gaseous Diffusion Plant (Site Guard Testing)
Wayne Wheeler, Portsmouth Gaseous Diffusion Plant (Site Contract Workers)
Glenn Greene, Princeton Plasma Physics Laboratory
John McInerney, Rocky Flats Plant
Larry Clevenger, Sandia National Laboratories
Stephanie Ball, Sandia National Laboratories, California
Wayne Entrekin, Savannah River Site
Maria Gherman, Stanford Linear Accelerator Center
W. Smith Chandler, Thomas Jefferson National Accelerator Facility
Gary Ehlert, West Valley Nuclear Services Co.
David Wehrly, Y-12 Plant

Other Site Medical Contacts

Karen Souders, Argonne National Laboratory-East
Tamara Hobbs, Argonne National Laboratory-West
Sherry Wood, Grand Junction Office
Jeannie Cambridge, National Renewable Energy Laboratory
Donald Ross, Naval Petroleum and Oil Shale Reserves in Colorado, Utah and Wyoming
Sally Gadola, Oak Ridge Associated Universities
Robert Ricks, Radiation Emergency Assistance Center/Training Site
Dwayne Pierce, Strategic Petroleum Reserve
Bertha Cassingham, Waste Isolation Pilot Plant
Anita Self, Waste Isolation Pilot Plant
Pamela Thompson, Weldon Spring Site Remedial Action Project

GUIDANCE FOR EEOICPA ENROLLMENT OF BERYLLIUM SENSITIZED WORKERS

Employee Notification:

- The site occupational medical director (SOMD) notifies employees with one or more abnormal beryllium lymphocyte proliferation test (BeLPT) of the importance of filing a claim with Department of Labor (DOL) in order to receive lifetime medical followup benefits (sample notification letter with the DOL EE-1 and EE-3 forms is attached).

Employee Enrollment:

- Employees can obtain assistance and/or submit the original claims package through the local Department of Energy (DOE)/DOL Resource Center (a copy of one abnormal BeLPT test result should be attached to the claims form) and submit a copy of the claims package to the SOMD.
- Or employees can file directly with DOL if they choose to do so (a listing of DOL District Offices is attached).

Reimbursement of Costs for Medical Followup by DOE Sites During Interim Period Between the Date the Claim is Filed and Approved by DOL:

- SOMD's schedule needed followup medical testing during interim period between the date claims are filed and approved.
- After claims have been approved by DOL, SOMD's may apply for reimbursement of costs incurred during this interim period by contacting Mary Fields of the Office of Health Studies on 301-903-3148, who will provide specific billing instructions.

Medical Followup by DOL Following Acceptance of Employee Claims:

- DOL will schedule medical followup. If approved by the employee, test results will be provided to the SOMD.
- Employees who elect not to share test results with site medical clinics may be asked to sign an acknowledgment that they understand that the SOMD will not be able to work with management to offer the employee alternate positions if the employee has two abnormal BeLPTs (DOE's definition of sensitization) or develops chronic beryllium disease.

Frequently Asked Questions by Current Beryllium Workers

What medical benefits does the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) offer?

EEOICPA provides for the Department of Labor (DOL) to pay for “medical monitoring” for Department of Energy (DOE) and DOE contractor employees (as well as employees of DOE vendors) with one or more abnormal beryllium lymphocyte proliferation test. This benefit will continue even after entitled claimants stop working for DOE, a DOE contractor, or a DOE vendor.

Additionally, individuals who develop chronic beryllium disease (CBD) will be eligible to receive \$150,000, plus continuing coverage of costs for related medical care and treatment.

What does “medical monitoring” entail?

Included in medical monitoring are:

- An initial examination to confirm the nature and extent of the individual’s beryllium sensitivity; and
- Regular medical examinations thereafter to determine whether that individual has developed CBD.

How will the EEOICPA affect the requirements of DOE’s rule, Chronic Beryllium Disease Prevention Program (10 Code of Federal Regulations (CFR) 850)?

There will be no change in the requirements of 10 CFR 850, Chronic Beryllium Disease Prevention Program. DOE sites that use beryllium will still be required to offer voluntary medical testing once a year to individuals who work with beryllium and once every 3 years to current workers who may have in the past worked with or been exposed to beryllium. However, allowable costs for medical monitoring will now be paid by DOL for any employee with one or more abnormal BeLPT who applies and is accepted into DOL’s program.

Do current workers with one or more abnormal BeLPT need to file a claim with DOL in order to receive future medical monitoring through DOE?

As this is a lifetime benefit, it is important for workers to enroll in the DOL program as soon as possible so that future medical expenses for the management and care of beryllium-related health effects will be covered. Once the claim has been filed and accepted, DOL will be billed for relevant costs incurred in the future.

Additionally, filing a claim with DOL now and being accepted into the DOL program will ensure that there is no break in medical coverage when individuals terminate their employment with DOE or a DOE contractor. Under EEOICPA, former employees are eligible for the same benefits as current workers.

How do current workers with one or more abnormal BeLPT file a claim with DOL?

Employees can obtain assistance and/or submit the original claims package through the local DOE/DOL Resource Center. If there is no local resource center, a mobile unit may be sent to the sites in order to assist workers with filing claims. Employees can also file directly with the appropriate DOL District Office if they choose to do so. Workers will need to complete the DOL EE-1 and EE-3 forms and attach a copy of one abnormal BeLPT test result.

Workers may also file for Subtitle D, which provides for State workers compensation for other occupational illnesses caused by exposure to toxic substances at DOE facilities, particularly if they have lost wages as a result of these exposures.

SAMPLE NOTIFICATION LETTER

Date

Name

Address

City, State

Dear xxxxx:

I am writing to follow up with you about the result of your recent beryllium lymphocyte proliferation test (BeLPT). Your blood test result is abnormal.

Under a new Department of Labor (DOL) program established by the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA), one abnormal BeLPT meets the definition of beryllium sensitization, suggesting that you may be sensitized to beryllium, and this makes you eligible for benefits under the program. This new program pays for periodic medical examinations for all current and former Department of Energy (DOE) and DOE contractor employees and employees of beryllium vendors with one or more abnormal BeLPT. If you need to travel an extended distance to see a medical specialist, the program will also reimburse you for the cost of the travel. Additionally, the law calls for compensation, in the amount of \$150,000, for those who develop chronic beryllium disease (CBD).

As this is a lifetime benefit, it is important for you to enroll in the DOL program as soon as possible so that your future medical expenses for the management and care of your beryllium-related health effects will be covered. To enroll, you must submit claim forms, which are enclosed, along with your BeLPT results. You may obtain assistance and/or submit the original claims package through the local DOE/DOL resource center and submit a copy of the claims package to the site medical clinic. If there is no local resource center, you may file directly with DOL (a listing of DOL District Offices is enclosed).

During the interim period between the time you have filed your claim to enroll in the DOL program and the time you are accepted into this program, you have the option of having one more BeLPT through the site's beryllium medical surveillance program. There is a possibility your first BeLPT result is a false abnormal/positive test, and the second blood test can determine whether this is indeed the case. While DOL does not require the second BeLPT, the results from this test will help determine your needs for further medical evaluation. Enclosed you will also find some information regarding CBD.

After you have been accepted into the DOL program, DOL will provide you with the name and phone number of a DOL contact to call with your further inquiries about the DOL program.

Sincerely,
xxxxx

BENEFITS UNDER THE ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT

The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) provides for a lump sum payment of \$150,000 and medical benefits to covered employees suffering from designated illnesses incurred as a result of their exposure to radiation, beryllium, or silica while in the performance of duty for the Department of Energy and certain of its vendors, contractors and subcontractors. This legislation also provides for payment of compensation to certain survivors of these covered employees, as well as for a \$50,000 lump sum payment and medical benefits to individuals, or their survivor(s), who have been found eligible for compensation under the Radiation Exposure Compensation Act (RECA).

INSTRUCTIONS FOR COMPLETING FORM EE-1

Complete all items on the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. If the requested information is not submitted, the responsible party should explain the reason for the delay and indicate when the information will be forthcoming. Submit the completed claim form and all other pertinent documentation to the appropriate District Office administering the EEOICPA in the region where your most recent Energy employer is/was located.

Illness Being Claimed

Item #8 — Identify the diagnosed condition(s) being claimed. If you have a claim for a cancer, unspecified lung condition or renal disease, you must list the particular diagnosis.

Item #9 — List the date a qualified physician first diagnosed your claimed condition(s).

Employment Classification

Item #10 — Check the box for the location and/or the type of work activities that best describes your employment situation. Mark all that apply. The Department of Energy has compiled a list of facilities categorized by location and employment designation. The list is available at the Department of Energy's web page <http://tis.eh.doe.gov>, or by contacting the OWCP District Office.

Special Exposure Cohort

Items #11–12 — The Act allows for employees who have met particular criteria and have been employed at certain facilities to be designated as members of the Special Exposure Cohort. If you worked at any of the listed locations prior to the dates indicated, mark YES and identify the site name.

Item #13 — The Act permits the Department of Health and Human Services (HHS) to include new groups of employees in the Special Exposure Cohort. If you can identify yourself as a member of a designated group that has been added to the Special Exposure Cohort, mark YES and describe the group in which you belong.

Radiation Exposure Compensation Act Award & Civil Lawsuit

Item #14 — If you have been found entitled to an award under the Radiation Exposure Compensation Act, you may be eligible for additional payment under the EEOICPA. Please indicate whether or not you have received a notice of award under the RECA. If you mark YES, you will need to submit a copy of the award letter.

Item #15 — Indicate whether you have filed a civil lawsuit in regard to your claimed condition. If you mark YES, provide copies of all court documentation.

PRIVACY ACT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Energy Employees Occupational Illness Compensation Program Act (P.L. 106-398) (EEOICPA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has received will be used to determine eligibility for, and the amount of, benefits payable under the EEOICPA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agencies or private entities which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider other relevant matters. (4) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical rehabilitation, making evaluations for the Office of Workers' Compensation and for other purposes related to the medical management of the claim. (5) Information may be given to Federal, state, and local agencies for law enforcement purposes, to obtain information relevant to a decision under the EEOICPA, to determine whether benefits are being paid properly, including whether prohibited payments have been made, and, where appropriate, to pursue salary/administrative offset and debt collections actions required or permitted by the Debt Collection Act. (6) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision. This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the EEOICPA.

PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Do not submit the completed claim form to this address. Completed claims are to be submitted to the appropriate regional District Office of Workers' Compensation Programs. Persons are not required to respond to the information collected on this form unless it displays a currently valid OMB number.

**Employment History for Claim Under
Energy Employees Occupational Illness
Compensation Program Act**

U.S. Department of Labor
Employment Standards Administration
Office of Workers Compensation Programs



Disclosure of social security number is voluntary. Failure to disclose this number will not result in the denial of any right, benefit or privilege to which you may be entitled. **DO NOT FILL IN SHADED AREAS**

OMB No. 1215-0197
Expiration Date: 07/31/2004

EMPLOYEE INFORMATION

Print Name

Social Security Number

Last First M.I.

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Former Name (e.g. maiden name/legal name change/other)

Employee Number(if known)

Last First M.I.

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In the following section, list the complete employment history of the employee named above in chronological order. Begin with the most recent period of employment. If you require additional space to explain or clarify any point, attach a supplemental statement to this form.

EMPLOYER 1

Dates of Employment Start Date / / End Date / /

Employer (Name/Address/Location where work was performed)

Position Title & Description of Work Performed

Describe all factor(s) believed to have contributed to the development of the claimed illness. (N/A for none)

Was a dosimetry badge worn while employed?

YES Dosimetry Badge Number, if known NO

EMPLOYER 2

Dates of Employment Start Date / / End Date / /

Employer (Name/Address/Location where work was performed)

Position Title & Description of Work Performed

Describe all factor(s) believed to have contributed to the development of the claimed illness. (N/A for none)

Was a dosimetry badge worn while employed?

YES Dosimetry Badge Number, if known NO

EMPLOYER 3

Dates of Employment Start Date / / End Date / /

Employer (Name/Address/Location where work was performed)

Position Title & Description of Work Performed

Describe all factor(s) believed to have contributed to the development of the claimed illness. (N/A for none)

Was a dosimetry badge worn while employed?
 YES Dosimetry Badge Number, if known _____ NO

EMPLOYER 4

Dates of Employment Start Date / / End Date / /

Employer (Name/Address/Location where work was performed)

Position Title & Description of Work Performed

Describe all factor(s) believed to have contributed to the development of the claimed illness. (N/A for none)

Was a dosimetry badge worn while employed?
 YES Dosimetry Badge Number, if known _____ NO

DECLARATION OF PERSON COMPLETING FORM

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided under the EEOICPA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Print Name _____

Street Address _____

City/State/ Zip _____ Phone _____

I affirm that the employment history provided on this form is accurate and true.

Signature _____ Date _____

INSTRUCTIONS FOR COMPLETING FORM EE-3

This form is used to gather information regarding an Energy employees work history. List all periods of employment. If additional space is required, attach a supplemental statement to this form. For employment that was clearly not for the Department of Energy (e.g., employment as a clerk in a grocery store), you only need to list the dates of employment and name of employer. If you are uncertain about whether a particular period of employment was for the Department of Energy, complete all items as fully as possible. **YOU MAY USE AS MANY COPIES OF FORM EE-3 AS NECESSARY TO PROVIDE A COMPLETE EMPLOYMENT HISTORY FOR THE EMPLOYEE.**

Dates of Employment

Beginning with the most recent period of employment and working backward, list the the period of employment for each job held.

Employer (Name/Address/Location where work was performed)

Identify the name, address or any other type of descriptive information regarding the employer for each period claimed. Contractor and subcontractors should list the name of the company that held contract with the United States government. In addition, identify the location where employment activities were conducted. This can include the name of the facility, site, laboratory, building, mine etc.

Position Title & Description of Work Performed

Identify the job title and the type of work activities performed during the listed period of employment.

Describe All Factors(s) Believed to have Contributed to the Development of the Claimed Illness.

Provide a brief statement explaining the date and circumstance of all factors believed to have contributed to the claimed illness.

Was a Dosimetry Badge Worn While Employed?

Indicate whether or not the employer required a dosimetry badge to be worn. If yes, provide the dosimetry badge identification number.

PRIVACY ACT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Energy Employees Occupational Illness Compensation Program Act (P.L. 106-398) (EEOICPA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for, and the amount of, benefits payable under the EEOICPA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agencies or private entities which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider other relevant matters. (4) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical rehabilitation, making evaluations for the Office and for other purposes related to the medical management of the claim. (5) Information may be given to Federal, state, and local agencies for law enforcement purposes, to obtain information relevant to a decision under the EEOICPA, to determine whether benefits are being paid properly, including whether prohibited payments have been made, and, where appropriate, to pursue salary/administrative offset and debt collections actions required or permitted by the Debt Collection Act. (6) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision. This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the EEOICPA.

PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, sent them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Do not submit the completed claim to this address. Completed claims are to be submitted to the appropriate regional District Office of Workers' Compensation Programs. Persons are not required to respond to this information collection unless it displays a currently valid OMB number.

Energy Employees Compensation Resource Centers

Anchorage 2505 Commercial Drive
Anchorage, AK 99501
Manager: Colleen Ouzts
Phone: Local: 907-258-4240 Toll Free: 888-908-4070
Fax: 907-258-4240
Email: doecomp@alaska.net

Espanola 412 Paseo De Onate
Suite D
Espanola, NM 87532
Manager: Floyd Archuleta
Phone: Local: 505-747-6766 Toll Free: 866-272-3622
Fax: 505-747-6765
Email: espanola.center@eh.doe.gov

Idaho Falls Exchange Plaza, Suite 375
1820 East 17th Street
Idaho Falls, ID 83404
Manager: Larry Jones
Phone: Local: 208-523-0158 Toll Free: 800-861-8608
Fax: 208-557-0551
Email: idaho.center@eh.doe.gov

Las Vegas Flamingo Executive Park, Suite W-156
1050 East Flamingo Road
Las Vegas, NV 89119
Manager: Robert Agonia
Phone: Local: 702-697-0841 Toll Free: 866-697-0841
Fax: 702-697-0843
Email: vegas.center@eh.doe.gov

North Augusta 1708 Bunting Drive
North Augusta, SC 29841
Manager: James Kirr
Phone: Local: 803-279-2728 Toll Free: 866-666-4606
Fax: 803-279-0146
Email: srs.center@eh.doe.gov

Oak Ridge Jackson Plaza Office Complex, Suite C-103
800 Oak Ridge Turnpike
Oak Ridge, TN 37830
Manager: Shirley White
Phone: Local: 865-481-0411 Toll Free: 866-481-0411
Fax: 865-481-8832
Email: or.center@eh.doe.gov

Paducah Barkley Center
125 Memorial Drive
Paducah, KY 42001
Manager: Stewart Tolar
Phone: Local: 270-534-0599 Toll Free: 866-534-0599
Fax: 270-534-8723
Email: paducah.center@eh.doe.gov

Portsmouth 4320 Old Scioto Trail
Portsmouth, OH 45662
Manager: Dan Charles
Phone: Local: 740-353-6993 Toll Free: 866-363-6993
Fax: 740-353-4707
Email: portsmouth.center@eh.doe.gov

Richland 1029 N. Kellogg Street
Kennewick, WA 99336
Manager: Eunice Godfrey
Phone: Local: 509-783-1500 Toll Free: 888-654-0014
Fax: 509-783-0651
Email: hanford.center@eh.doe.gov

Rocky Flats 8758 Wolff Court
Suite 201
Westminster, CO 80030
Manager: Ray Malito
Phone: Local: 720-540-4977 Toll Free: 866-540-4977
Fax: 720-540-4976
Email: denver.center@eh.doe.gov

DOL District Offices

District Office 1 – Jacksonville, Florida

(State of Employment: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee)

U. S. Department of Labor, DEEOIC
214 North Hogan Street, Suite 910
Jacksonville, Florida 32202
(904) 357-4705 (Main) (904) 357-4704 (Fax) (877)-336-4272 (Toll Free)
Regional Director: Nancy Ricker
District Director: William Franson

District Office 2--Cleveland, Ohio

(State of Employment: Connecticut, Delaware, District of Columbia, Illinois, Indiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virgin Islands, Virginia, West Virginia, and Wisconsin)

U. S. Department of Labor, DEEOIC
1001 Lakeside Drive
Suite 350
Cleveland, Ohio 44114
(216)-802-1300 (Main) (216) 802-1308 (Fax) (888)-859-7211 (Toll Free)
Regional Director: Nancy Jenson
District Director: Charles Ketcham, Jr.

District Office 3--Denver, Colorado

(State of Employment: Arkansas, Colorado, Iowa, Kansas, Louisiana, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wyoming, and all claims from RECA Section 5 awardees)

U. S. Department of Labor, DEEOIC
1999 Broadway, Suite 1120
P.O. Box 46550
Denver, Colorado 80201-6550
(720)-264-3060 (Main) (720) 264-3089 (Fax) (888)-805-3389 (Toll Free)
Regional/District Director: Robert Mansanares
Assistant District Director: Kevin Peterson

District Office 4--Seattle, Washington

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Beryllium and Chronic Beryllium Disease

WHAT IS BERYLLIUM?

- Beryllium is a hard, lightweight metal that is very strong and easy to shape. Beryllium and beryllium compounds have many industrial uses. Beryllium copper alloys and beryllium oxide ceramics are used in the electronic, nuclear and aerospace industries.
- Beryllium parts for nuclear weapons have been manufactured and used at a number of Department of Energy facilities since the 1950s. Workers may have come into contact with beryllium in a number of jobs there over the years.

HOW DOES SOMEONE GET EXPOSED TO BERYLLIUM?

- Exposure usually happens when a person breathes in beryllium mists, dusts and fumes. Beryllium can then travel to the lungs where it can cause damage. Beryllium related granulomas (non-cancerous tumors or growths) can also develop in other body tissues, but these do not usually result in a loss of function.
- Machinists, welders and operators may have been exposed through direct handling of

beryllium and beryllium compounds. Other workers may have been exposed by performing laboratory analyses on beryllium compounds, coming into contact with contaminated equipment, or by working near a beryllium operation.

It is important for you to try to remember any jobs or processes that might have brought you into contact with beryllium and beryllium compounds. Explain these carefully to any health provider who asks you about your work history.

WHAT ARE THE MAJOR HEALTH PROBLEMS BERYLLIUM CAN CAUSE?

- Beryllium disease is caused primarily by breathing air with beryllium mists, dusts, and fumes. Both acute (abrupt, short-term) and chronic (long-term) health problems can occur.
- The acute disease starts soon after exposure and resembles pneumonia or bronchitis. It requires relatively high levels of exposure to occur, and is now quite rare because protective measures to reduce exposure are usually in place.
- The chronic form - Chronic Beryllium Disease (CBD) - takes a long time to develop, usually several years or even decades. It can occur at much lower levels of exposure than the acute form. In Chronic Beryllium Disease, inflammation and scarring of the lungs make it more difficult for the lungs to get oxygen to the bloodstream and body.

- A special type of scarring called granuloma is very typical of this disease. These non-cancerous growths look like scars or tumors present in another disease called sarcoidosis. A work history and additional tests will help to make the correct diagnosis.

- Most people exposed to beryllium will NOT get the disease. With the amount of dusts we know were present in the workplace, fewer than three percent will probably develop disease.

- Chronic Beryllium Disease can be mild or severe. For some, it can be a relatively minor condition, while for others it can become a very serious, disabling disease.

- As with many workplace hazards, higher exposures (doses) to beryllium cause more people to get sick. However, in a few people even very small amounts of beryllium can pose a problem. This is because beryllium can cause some people to become sensitive to the metal. Their body reacts and begins the disease process even when exposed to only small amounts. The reason for this happening is not well understood.

- Beryllium is identified by the International Agency for Research on Cancer as a cancer causing substance. In humans, one study found beryllium caused a small but significant increase in the amount of lung cancers. However, other researchers have pointed out flaws in that study.

WHAT ARE THE SYMPTOMS OF CHRONIC BERYLLIUM DISEASE?

- Symptoms of Chronic Beryllium Disease include:
 - Shortness of Breath, especially with activity
 - Cough
 - Chest Pain
 - Fatigue
 - Weight Loss
 - Loss of Appetite

It is important to note that NOT all individuals with these symptoms will have CBD. These can be symptoms of other conditions which may require medical attention as well. Not all people with CBD have all these symptoms.

WHAT WILL HAPPEN IF YOU HAVE CHRONIC BERYLLIUM DISEASE?

- Today, Chronic Beryllium Disease is not considered a fatal condition. For a few people, however, it can become serious enough to cause disability. Most people with the disease are able to control the symptoms with prescription drugs and regular medical treatment, so that they can live full and productive lives.
- Some people can be diagnosed with the disease but have no symptoms. If you do not have any symptoms, you probably will not require treatment and Chronic Beryllium Disease will probably have little effect on your life. Even so, you should see a doctor regularly to monitor the disease.

This fact sheet was prepared for your use in part from information supplied by the Workplace Health Fund. It is NOT meant as a substitute for consulting with your own doctor! However, because Chronic Beryllium Disease is rare, most family doctors and internists have not had the opportunity to treat individuals with Chronic Beryllium Disease. For this reason, you may also wish to consult a lung specialist that your doctor recommends. If you do not have a personal physician, you can request a list of board certified pulmonary doctors from the local medical society, or look for a pulmonary doctor in the yellow pages. Be sure to check if your medical insurance covers the doctor visits that you schedule, because the Department of Energy will not be responsible for doctor visits scheduled outside of their official program.

- Treatment with a group of drugs called *corticosteroids* ("steroids"), such as *prednisone*, may be advised for those with symptoms of, or breathing tests that show Chronic Beryllium Disease. (These "steroids" are not the same as the ones you hear about athletes using.) These steroids reduce inflammation and are believed to help keep the condition from progressing. Complete cure is rare, but steroids may be effective in controlling the disease. Any decision to use drugs should be made after discussing possible side effects with your doctor.
- Any person with a lung condition, including Chronic Beryllium Disease, may benefit from pneumonia and flu vaccinations and early treatment of respiratory infections.
- If you smoke cigarettes, try to STOP. This is especially important for those with lung disease. Exposure to beryllium may increase a person's chances of getting lung cancer. It is important to eliminate major additional cancer risks such as smoking.
- If your current job exposes you to beryllium and you do have a beryllium related health condition, the facility doctor will recommend that you move to a job with no beryllium exposure. It is not known if removal will help slow or stop the progression of the disease, but it is probably wise to change to a non-exposed job as a precaution. Your employer will attempt to place you in a non-beryllium exposed job without loss of rate or seniority. You have the right to challenge any medical restriction placed on you.

Diagnostic Work-Up for Chronic Beryllium Disease

WHAT CAN I EXPECT IF I GET THE ADDITIONAL MEDICAL PROCEDURES NEEDED TO CONFIRM A DIAGNOSIS?

Based on results of your screening examination, you may be offered additional medical tests. These tests will help to determine whether you have a health problem, and if it is Chronic Beryllium Disease.

A specialist in lung disease (pulmonologist) will ask you questions about your health and perform a comprehensive examination, with special emphasis on your lungs, where Chronic Beryllium Disease is found. The function of your lungs will be tested by a specialized version of spirometry, the test where you blow into a tube. If the degree of change to your lungs is still uncertain, you may be offered a high-resolution CT scan or other imaging study to provide a picture of your lungs.

One procedure you may be offered is called a *bronchoscopy*, which allows the doctor to look directly into your lungs with a fiberoptic device. The doctor passes a flexible tube

through your nose into your throat and windpipes, which, using the fiberoptic "eye," inspects the lungs. Some cells (lymphocytes) will be washed out and later tested to see if they are sensitized to beryllium. The doctor can also take small samples of tissue; these are examined at a laboratory later.

Before the bronchoscopy, you will be given a local anesthetic to numb both your nose and throat. During the procedure you may be given a relaxant intravenously to keep you more comfortable. The bronchoscopy tube will be passed through your nose into your throat, and then gradually lowered to explore your windpipes and lungs. The test takes about 30-60 minutes. Most people tolerate it well.

When you go for the procedure, you will be given a fact sheet that discusses it further and lists the unlikely but possible risks associated with the procedure. You will be asked to sign a consent form. You can refuse, of course, to have any procedure at any time.

You will have a chance to talk with the doctor immediately after the procedure and again when the laboratory results are back. Please feel free to ask the doctor any questions you have about the procedure and the results.

WHAT IF THE DIAGNOSTIC TESTS SHOW THAT I HAVE CHRONIC BERYLLIUM DISEASE?

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