



## Kim Knowlton, PACE WHPP Medical Screening Coordinator, Pursues Public Health PhD

Kim Knowlton, the PACE/WHPP Medical Screening Coordinator since November 1998, left the program that she had helped guide to fruition, to focus on her personal research and studies. Knowlton, who is in a Ph.D. program in environmental studies at Columbia University's prestigious Joseph H. Mailman School of Public Health, will be working on a research project on the public health impact of global warming and urban sprawl.

Knowlton, who has also worked as a consultant and researcher on radioactive waste management, solid waste disposal and health care safety, received a BA from Cornell University and a Master's degree in Environmental and Occupational Health Science from Hunter College. Along with Sylvia Kieding the PACE Program Director for the WHPP and the PACE local union coordinators, Knowlton was instrumental in assisting project director Steven Markowitz, M.D. in the creation of one of the largest medical screening programs of its kind in America. According to Knowlton, "something on this scale has never been done before."

Although Knowlton left to pursue other interests, she states emphatically and unequivocally that working on the PACE/WHPP program has been "the most meaningful job I ever had. I felt that what we did achieved good. The whole program is a testament to the power of organized labor to get a program in place to help its workers."

While no one has been officially named to replace Knowlton, Lori Bode the former appointment scheduler for K-25 workers — has largely been responsible for filling the void left by Knowlton.

*Written by Justin Yoo*

## Your WHPP Local Coordinator

Each of the WHPP plants has a PACE member assigned to provide educational workshops, answer questions about the medical screening and guide workers through the workers' compensation process. If you ever need any help, do not hesitate to call:

Plant	Coordinator Telephone Number
Paducah Gaseous Diffusion Plant	Phillip Foley 270-851-3187 (home)
Portsmouth Gaseous Diffusion Plant	Mark Lewis 740-289-0493 (pager)
Oak Ridge Gaseous Diffusion Plant	Tom Moser 865-873-3245 (pager)
INEEL	David Fry 208-522-4422 (home)



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[www.pace-workerhealth.org](http://www.pace-workerhealth.org)

## PACE/Queens College WHPP Health Watch

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# Health Watch

A newsletter of the PACE/Queens College Worker Health Protection Program

Volume I, Issue 3 Winter 2001

## DOL and DOE Propose Regulations to Implement New Federal Compensation Law for Energy Employees

The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) of 2000 was not a stand-alone piece of legislation. Regulations are required to spell out how the various agencies charged with responsibilities under the Act will implement it. There are two sections of the Act: the federal portion administered by the Department of Labor (DOL) which governs *federal* claims for *certain cancers, silicosis and beryllium disease*; the other, administered by the Department of Energy (DOE), which governs *state* claims filed as a result of *other occupational diseases caused by toxic exposures*.

Both agencies have issued proposed rules that suffer from some severe shortcomings. The DOL has published Interim Final Regulations setting out how DOL will handle *federal* compensation claims under the EEOICPA. The most glaring weaknesses of the regulations are: their narrow definition of survivor (children under 18 and those who were dependents and widows/widowers at time of death); the appeals process, and the failure to specify whether medical expenses for diagnosing an illness are covered. DOL is now receiving comments on its regulations. Until the rules are final, claims are being processed under the Interim Final Regulations that went into effect on July 31, 2001.

DOE issued draft regulations in September 2001 to outline procedures for workers to get DOE assistance on *state* compensation claims. The DOE proposals are far more burdensome than the DOL regulations. It does not seem that they will truly aid any worker with a state claim. Once again, as DOE workers are all too familiar with, the fox is in charge of the chicken coop with these proposed rules. DOE proposes that DOE first review claims to determine which ones will go to the independent physician's panel. (The physicians' panels are supposed to decide whether the employee's illness or death was due to exposure to a toxic substance at a DOE facility.) Further, the physician panels can't validate a claim unless they determine it meets the relevant state compensation criteria. This proposal just adds another layer of bureaucracy. The help given the sick worker



From left to right: US Senator Mitch McConnell, Martha Ails (Clara Harding's daughter), Clara Harding, and US Secretary of Labor Elaine Chao at the ceremony where Clara received her \$150,000 lump sum payment for her federal compensation claim.

would be little different than if he or she applied through the state compensation system in the first place.

These DOE regulations are also not final and two public hearings have taken place in the Fall of 2001 — one in Washington, D.C. on October 10<sup>th</sup> and the second in Cincinnati, Ohio on October 25<sup>th</sup>. Several people from WHPP testified including Mark Lewis, Sam Ray and Jeanne Cisco from the Portsmouth Gaseous Diffusion plant, Phillip Foley from the Paducah plant, and Ben Gaylor from K-25 at Oak Ridge. Dr. Steven Markowitz, Project Director, testified on behalf of the Worker Advocacy Advisory Committee, a federal advisory committee set up to make recommendations to DOE on implementation of the Energy Employees Occupational Illness Program Act of 2000.

*Written by Sylvia Kieding*

## Update On Federal DOL Compensation Claims

Claims filed .....	14,000
Payments made (majority are uranium miners) .....	437
Claims with final approval .....	749
Claims tentatively approved .....	1,500
Claims on the way to NIOSH for dose reconstruction .....	6,700



## WHPP Early Lung Cancer Detection (ELCD) Program Update

The PACE Worker Health Protection Program will celebrate the one-year anniversary of the Early Lung Cancer Program on October 18, 2001. It's hard to believe that a year has gone by since the lung cancer screening program started — and what a whirlwind year it has been. The truck rotated 25 times between Oak Ridge, Paducah and Picketon. Thanks to Mike Church and Gerold (Buzzard) Wilkins, all 50 legs of those journeys were completed “without a hitch”. And thanks to Lori Brannon, our highly skilled CT technician, over 2,000 people have been scanned and approximately 3,000 scans have been completed. Approximately 2,200 of the completed scans were initial low-dose CT scans and the remaining 800 were repeat scans.

As noted in the last issue, in some cases, the initial low-dose scan shows a white spot in the lung called a nodule. Although many of these nodules turn out to be small areas of infection or scar tissue, a closer look must be taken to determine this. Therefore if a spot is seen, the participant is invited back for a repeat scan. In some cases, this closer look answers whether the spot is of concern or not. In other cases, the participant is told that the nodule must be watched over time and is invited to return at 3 months, 6 months and 12 months.

As of October 15, 2001, 35 of the WHPP Early Lung Cancer Detection Program participants have been referred to their personal physicians for follow-up of highly suspicious nodules. So far seven of these people have been diagnosed with lung cancer. *(See letter in this issue from Michael Parker, a participant who was diagnosed with lung cancer.)*

If you are interested in getting a low-dose spiral CT scan, call the Early Lung Cancer Detection Program toll-free number, 1-866-228-7226.

*Written by Amy Manowitz*

## A Testimonial by Michael Parker, WHPP Lung Cancer Screening Participant

*Two months ago, I was a healthy 53-year old man. Now, by the grace of God, and the early detection CT scan, I am a cancer survivor. Cancer really didn't have much meaning to me. It was something that happened to someone else, something I really didn't care about. Now cancer is a reality. On August 13<sup>th</sup>, I had the lower third of my right lung removed. The doctors think they got it all. I may not even have to take chemotherapy.*

*Early detection is the #1 cure for cancer. I consider myself very lucky to have participated in the Worker Health Protection Program (WHPP), especially the early detection CT scan. I believe this program saved my life. If I had waited until I actually felt this cancer, it would have probably spread throughout my body. The early detection scan found a place on my lung almost a year ago. They monitored this every three months. In June of this year, I received a letter advising me to go to my physician immediately. The spot had grown since my last scan. This led to the removal of a third of my lung.*

*All in all, I had about 8 hours of my time at no cost for the WHPP physical and the four CT scans. Not a bad trade-off for my life. I urge everyone to participate in this program. It could save your life.*

*Sincerely,  
Michael Parker*

## WHPP Success At-A-Glance (as of 10-31-01)

No. of callers	6,306
No. of people screened	5,102
No. of workshops completed	185
No. of participants who attended workshops	2,301

If you haven't taken advantage of the WHPP free medical screening exam, you should call 1-888-241-1199, to schedule an appointment. Once you have had your exam and received your results, you may qualify for the WHPP Early Lung Cancer Detection Program. A mobile CT scan unit rotates between the three Gaseous Diffusion Plant union halls approximately every two weeks. The number to call to schedule a CT scan is 1-866-228-7226.

## PACE Worker Health Protection Program Physician Profile

Dr. Charles R. Boge, M.D. is one of several local physicians providing screening examinations for former workers from the Idaho National Engineering and Environmental Laboratory (INEEL) in Idaho Falls, Idaho.



Janeice Boge: “Welcome. Come on in. I will be your guide today.” When Janeice isn't assisting Dr. Boge, she works at the medical library at the Eastern Idaho Regional Medical Center in Idaho Falls, where she helps with retrieval of medical information.

The Boges have a very systematic approach to scheduling. They rotate the former workers through the physical, i.e. while someone is getting a chest x-ray, another is getting blood drawn, someone else is getting a hearing test and the doctor is seeing another. These steps help maintain patient flow and minimize waiting time.

Dr. Boge says, “This has been one of the most enjoyable jobs I've ever had. I've learned so much about INEEL from former workers”. He takes time to answer all health-related questions and has said, “I don't want you to leave today until I've answered all your questions.”

We here at Idaho Falls are pleased to have Dr. Charles Boge and his wife Janeice working with the PACE Worker Health Protection Program.

*Written by David Fry, PACE Local Coordinator*

## WHPP Staff Attends DOL Training Class in Knoxville for DOE-funded Medical Screening Programs

In August 2001, eight WHPP local coordinators and Lori Bode of Queens College attended a special Department of Labor (DOL) class for DOE-funded medical screening programs. The class focused on training medical screening project staff to help current and former workers and survivors fill out federal claims under the new Energy Employees Occupational Illness Compensation Program Act (EEOICPA). This Act became effective on July 31, 2001.

The class prepared participants to do the following:

- Provide information to potential claimants. Claimants need to understand what the legislation covers, how to file a claim, what documentation is needed, and what happens after a claim is filed;
- Assist claimants with filling out claim forms;
- Refer claimants to the DOL/DOE Resource Centers where they will officially file their claims or to the DOE Office of Worker Advocacy for

help with a state workers' compensation claim.

Reaction to the class among WHPP participants was mixed. All agreed that useful information was provided. However, they were less certain that this would improve the help workers get once they got to the DOL/DOE Resource Centers. Jeanne Cisco, benefits representative for the Portsmouth plant, voiced the general sentiment of the WHPP representatives. “The training was fine. What I worry about is the follow-up with the Resource Centers. Those centers are not helping people get what they need for a satisfactory claim.”

If you need help with a claim, contact one of the WHPP local coordinators whose names and phone numbers are listed in this newsletter.

*Written by Jeanne Cisco and Sylvia Kieding*

# Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is the broad medical term for a group of lung diseases that cause a slow, progressive shortness of breath. The two main diseases that are included within COPD are **chronic bronchitis** and **emphysema**. Some people have a predominant type of COPD, but many individuals develop, to varying degrees, a combination of these two diseases.

COPD is a relatively common condition. According to the American Lung Association, an estimated 16 million Americans have COPD and it is the fourth leading cause of death in the United States.

## What causes COPD?

In the United States, cigarette smoking is by far the most significant cause of COPD. In fact, it is estimated that 90 percent of the diagnosed cases of COPD are related to cigarette smoke. Smoking depresses the lungs' protective mechanisms and produces numerous other effects involved in the development of COPD.

COPD has also been linked to exposure to industrial agents. There are two main groups of agents that have been associated with the development of COPD. The first is certain chemicals — such as ammonia, chlorine and acids like hydrofluoric acid — that can produce changes in the airways if inhaled as a gas or vapor. The second group of agents is dusts produced within certain industries, such as coal mining.

In a small percentage of cases, a person may be predisposed to COPD due to a diagnosable hereditary condition.

## How is COPD diagnosed?

The diagnosis of COPD is based on patient history, symptoms, and physical signs, or it may become obvious through chest x-ray. However, to confirm a diagnosis of COPD, a breathing test must show that the individual cannot breathe out a sufficient amount of air in a certain period of time. This particular measurement is called the airflow and is calculated by a machine called a spirometer.

**Emphysema** is a condition where the walls of the air sacs in the lung become weakened. When this happens, the lungs cannot expand and contract normally. This causes a reduction in the airflow out of the lungs. Individuals with emphysema show symptoms at a relatively old age (often after age 60).

The symptoms of this type of COPD are:

- Little or no cough or phlegm production
- Progressive shortness of breath on exertion

**Chronic bronchitis** is an inflammatory disease of the lung characterized by an increase in mucus in the airways. This excess mucus along with inflammation in the walls of the breathing tubes (bronchi) reduces the flow of air. Individuals with chronic bronchitis can develop symptoms at a relatively

young age. The symptoms of this type of COPD are:

- Cough with phlegm production for at least 3 months for 2 or more consecutive years
- Episodes of shortness of breath on exertion

## How does COPD progress?

The progression of COPD depends mainly on the duration and intensity of exposure to the offending agents. In general, COPD tends to get worse over time particularly if exposure to the irritant continues. In most cases, however, if some form of intervention (such as stopping cigarette smoking, removal of other irritants) takes place, the progression of the disease may be slowed. In other cases, damage to the airways is so advanced that the progression of the disease may not be reversed.

## How is COPD treated?

There is no cure for COPD. However, treatment is available to reduce the

symptoms, slow the progression of the disease and minimize disability. COPD patients may benefit from certain classes of drugs, known as bronchodilators (which help open the airways) and corticosteroids (which decrease inflammation present in the airways).

In advanced cases, an individual may need supplemental oxygen throughout the day. Some emphysema patients may have to undergo a surgical procedure that involves removal of large localized bullae (a group of damaged air sacs) in the lungs.

Prompt treatment of chest colds with the appropriate use of antibiotics can prevent worsening of episodes of COPD. In addition, COPD patients should receive annual vaccinations against influenza and a one-time pneumococcal vaccine.

Pulmonary rehabilitation is done to improve the quality of life of individuals with COPD. These programs usually involve several components, including exercise to strengthen muscles. The goal of rehabilitation is to help people cope physically, psychologically and socially with COPD.

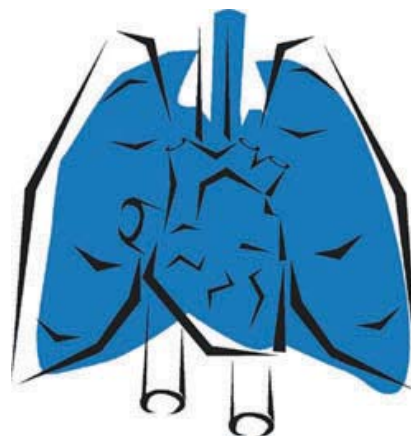
## How can COPD be prevented?

Since the majority of cases are related to cigarette use, avoiding smoking is by far the best means of COPD prevention. In cases where an industrial agent is suspected, avoiding exposure to the suspected agent is recommended.

It is unclear at what point during the course of the disease the changes become irreversible. What is clear is that stopping cigarette smoking or avoiding other offending agents, regardless of age, is an important step in promoting lung and overall health.

For more information about COPD, the American Lung Association can be contacted at 1-800-LUNG-USA (1-800-586-4872) or on the Internet at <http://www.lungusa.org>.

Written by Lyndon Rose, M.D., M.P.H.



# US Secretary of Labor Chao Visits PACE Local 5-550, Paducah, Kentucky

On May 3, 2001, Secretary of Labor Elaine Chao visited energy workers in Paducah, Kentucky. Secretary Chao started her day with a visit to the Gaseous Diffusion Plant. She met with company officials and union officials but most of her visit was spent in the cafeteria talking to employees. After her visit to the plant, Secretary Chao visited the Pace Local 5-550 union hall where she met with a group of about 25 former employees. After a brief discussion of the federal compensation bill, she talked with the former workers about their health problems and answered any questions they wanted to ask.

A few months later, on July 2, 2001, Secretary Chao came back to Paducah. The purpose of this visit was to dedicate the Department of Labor (DOL)/ Department of Energy (DOE) Resource Center at 125 Memorial Drive, Paducah, KY. After the dedication ceremony, she visited the Pace Local 5-550 union hall again. This time Secretary Chao toured the mobile CT scan unit. Lori Brannon, our full-time CT technician, demonstrated the CT scan procedure and explained what the doctors look for in the lungs. Following the tour, Secretary Chao visited with an additional group of about 25 retirees, many of who are suffering from illnesses related to their employment at the Paducah Gaseous Diffusion Plant. Secretary Chao explained the work of the DOL/DOE Resource Centers assisting workers with their federal and state claims and



From left to right: Phillip Foley, PACE Local Coordinator; Elaine Chao, US Secy. of Labor; and David Fuller, former President PACE Local 5-550.

talked with the retirees about their concerns. Both visits offered useful information to the PACE members.

U.S. Senators Mitch McConnell and Jim Bunning, and U.S. Representative Ed Whitfield, our Kentucky delegation, were critical in passing federal legislation to compensate sick atomic workers at Paducah and across the country. Senator McConnell and Rep. Whitfield fought for us when nobody else could or would and we are finally seeing the result of their fight. Now that the legislation has been made into law, we have Secretary Chao's support for putting an effective program into place.

Written by Phillip Foley, PACE Local Coordinator

# NIOSH Will Determine Radiation Doses for Worker Comp Claims

The National Institute for Occupational Safety and Health (NIOSH) will estimate the radiation dose for workers applying for compensation benefits under the federal portion of the Energy Employees Occupational Illness Compensation Program Act (EEOICP). This is a formidable task given the poor quality of past radiation records and monitoring practices at DOE sites.

The Act specifies that an individual with a radiation-related cancer is eligible for benefits if:

- The employee developed a cancer after beginning employment at a DOE or other atomic weapons facility
- The employee's cancer was "at least as likely as not" related to their radiation exposure
- The employee is or was disabled by or died from the cancer

NIOSH has recently proposed guidelines that detail how they will estimate radiation doses — the first step in determining how likely it is that a cancer is related to radiation exposure. In many cases, information will be incomplete and NIOSH will have to "reconstruct" dose based on an individual's work history and what is known about a particular facility. NIOSH has also proposed guidelines, to be used by the DOL, to calculate the probability that an individual's cancer was caused by radiation exposure at an atomics weapons facility.

After NIOSH completes the radiation dose reconstruction for an individual — using the NIOSH "probability of causation" guidelines and other personal information provided — DOL will determine if a cancer is "at least as likely as not" related to work at an atomics weapons facility (defined as a 50% or greater probability). Based on this evaluation, DOL will decide whether a claim will be awarded.

The need to perform dose reconstruction and show a cancer was "at least as likely as not" related to work at a DOE facility **does not apply to individuals in the Special Exposure Cohort**. The Special Exposure Cohort includes anyone who worked at least 250 days at one or more of the Gaseous Diffusion Plant facilities and any employee who was exposed to underground nuclear weapons testing at Amchitka, Alaska before 1974. For this group, it is **presumed** that radiation-related cancers are related to radiation exposure at work and a reconstruction of dose is not needed.

The WHPP staff is closely following the development of the NIOSH regulation and their impact on worker compensation. We will keep you informed, as more information is available.

Written by Sylvia Kieding

## Message from Gaylon Hanson, Local Representative INEEL: Pay it Forward

For many this is your third issue of Health Watch. You have had your physical and some of you may owe your life to the Worker Health Protection Program through early detection. If you didn't call the Worker Health Protection Program yourself, then a friend, co-worker or local representative contacted you. If this program has helped you, you should be grateful for the efforts of the person that contacted you.

All of us have been touched through the efforts of others. Some people touch us for a brief moment through a kind word, helping hand or listening ear and their acts are not easily forgotten. The good feeling of helping others is very rewarding. I recently watched a movie entitled "Pay it Forward" where a young boy starts a chain of service that soon affects many lives. Each character in the movie is helped with the understanding that they will "pay it forward" or help someone who can't help themselves.

There are thousands of former workers and co-workers who either don't know about this program or don't understand it; they may be neighbors, church goers, relatives, friends or general acquaintances. You may be wondering where I'm headed with this article. Well, in a nutshell, I'm asking and enlisting all of you to put forth a real effort to let fellow workers know about this service. You can contact the PACE local coordinators or representatives with names of fellow colleagues or share the number at Queen's College (1-888-241-1199) with those whom you contact. You are a valuable resource! And they may be forever grateful for your concern. The PACE-run WHPP has been the most successful program in all the DOE sites. It is because of worker involvement, the workshops, retiree organizations and people helping people.

Before I end, I feel the leaders of the WHPP need to be recognized from conception through implementation and for the future of the service. They know who they are. The examples they set are touching the lives of many.

In closing, remember the words "Pay it Forward". We're all involved in a great cause.

## Queens College Staff Visits K-25 Screening Clinics



From left to right: Lori Bode, Tammy Mattina and Dr. Helton of Park Med Ambulatory Care Oak Ridge, and Dr. Hailoo during the visit to one of the WHPP screening clinics in Tennessee.

Dr. Wajdy Hailoo and Lori Bode from the Center for the Biology of Natural Systems (CBNS), Queens College, recently visited the WHPP clinic sites in Oak Ridge, Knoxville, and Harriman, Tennessee. The purpose of the visit was to exchange feedback about the medical screening program and to discuss how to improve the screening process. Tom Moser, WHPP Local Coordinator from the PACE International Union, went with the Queens College team and helped to communicate program issues as expressed by participants.

"The visit was mutually beneficial," explained Dr. Hailoo. "It allowed us to get to know the clinicians and the staff of these clinics better and, therefore, to have better day-to-day communication and participant follow-up." The clinic staff members appreciated the opportunity to discuss the preliminary results of the medical screening program. In addition, they were pleased to be part of the overall worker health program.

The clinics expressed interest in receiving similar information and feedback on an ongoing basis. CBNS is currently programming its medical screening database so that a quarterly or semi-annual summary report is generated and mailed to the clinics. The clinics also supported CBNS' plan to provide basic occupational medicine training to local physicians, especially primary care providers. This is important since they are the clinicians who would ultimately follow up on any findings discovered through the screening program. Attempts are being made currently to organize such educational events through the local medical organizations in the Knoxville/Oak Ridge area. CBNS occupational medicine specialists will travel to the site to provide the training.

The Queens College clinic visit was well received by the local union as expressed by Ricky Gallaher, President of PACE Local 5-288, during a visit the team had to the union hall. Back at CBNS, Dr. Markowitz, the Project Director and CBNS Director, expressed his view. "Overall the visit was successful in achieving its goals." He indicated that similar visits to the other clinic sites are in the planning process.

*Written by Wajdy Hailoo, M.D. and Lori Bode*

## Update On WHPP Beryllium Screening

The PACE/Queens College Worker Health Protection Program continues to screen DOE workers for beryllium sensitivity in two of the four participating plants — K-25 in Oak Ridge, Tennessee and INEEL in Idaho Falls. As of early September 2001, 2,488 workers from these two facilities have had at least one Beryllium Lymphocyte Proliferation Test (LPT). This blood test determines whether a person has a sensitivity to the metal beryllium. If the first LPT is positive, a second test is done. If a second test is positive, the person has a "confirmed sensitivity" to beryllium (**abbreviated as "Be"**).

Queens College is currently looking at the results of the beryllium blood tests for this group, to see if workers with at least one positive Be blood test have something in common with regard to their work histories. The hope is to learn whether working in specific job positions or buildings, or the number of years of Be exposure, affect the likelihood of developing a sensitivity to beryllium. In addition, high-risk areas within these DOE facilities will be identified.

Of the 2,488 workers already screened:

- **37** have a confirmed sensitivity to beryllium (that is, they have had **two** abnormal, or positive, LPT results)
- **55** have an unconfirmed sensitivity to beryllium (that is, they have had **one** abnormal and one normal, or negative, result)
- **72** workers have had one positive Be blood test. Results of a second test are not available yet for this group.

After workers are screened by local clinics, the blood

is sent to the National Jewish Medical Center in Denver, CO. Workers with abnormal Be blood tests are referred to the Oak Ridge Institute of Science and Education (ORISE) in Oak Ridge, TN. Workers with a **confirmed** sensitivity to beryllium can receive a free medical evaluation to determine whether they have chronic beryllium disease (CBD). CBD is a serious lung disease that can cause shortness of breath and other symptoms. Not every worker who is sensitive to beryllium will develop CBD. In fact, only 10% of sensitized individuals would be expected to develop CBD. Of the 36 workers in the WHPP Program who have a confirmed sensitivity, so far 1 has been diagnosed with CBD. There is no known cure for CBD, but treatment is available.

All funding for this beryllium testing program comes from the DOE. Furthermore, DOE workers diagnosed with CBD are eligible for monetary compensation under the Energy Employees Occupational Illness Compensation Program Act of 2000. Covered employees who are suffering from CBD are eligible for a lump sum payment of \$150,000 plus future medical benefits. Sensitized workers are entitled to receive regular medical examinations to check for the development of CBD.

**WHPP has now received approval to do beryllium screening of DOE workers from the gaseous diffusion plants in Paducah, Kentucky and Piketon, Ohio. We will begin in November 2001.**

*Written by Josh Cohen*

## Portsmouth Worker Wins State Comp Claim

Tim Gannon, a former Portsmouth worker with colon cancer, recently won his Ohio state compensation claim. Gannon was awarded temporary total disability. This means he will be compensated for lost wages retroactive to May 1999, the date that his illness forced him to stop working. He was also awarded payment for his past medical expenses, which could amount to hundreds of thousands of dollars.

Dr. Steven Markowitz, WHPP Project Director, wrote a letter stating his belief that Gannon's cancer was caused by his occupational exposures. Dr. Markowitz's letter was instrumental in winning the award, as was the hard work of his union, PACE Local 5-689. Local benefits representative Jeanne Cisco was unyielding in her determination that Gannon win his case.

Gannon had asked the Department of Energy to help him with the filing of his Ohio state compensation claim. Subtitle D of the Energy Employees Occupational Illness and Compensation Program Act of

2000 (EEOICP) requires DOE to assist workers with state compensation claims. DOE, however, told Gannon that they had not yet established rules and that he would have to wait for assistance.

Gannon could not wait because of the Ohio statute of limitations and had to seek legal assistance that will be paid out of his worker compensation award. Had the DOE helped out, he would not have those legal fees. Fortunately, the local union helped out with expenses by holding luncheon sales at the Portsmouth gaseous diffusion plant.

The Department of Labor provided Gannon with the \$150,000 lump sum payment for his illness since colon cancer is one of the cancers covered under the federal portion of the compensation act. The lump sum of \$150,000 does not go far in covering lost wages and treatment for cancer, however. Gannon, therefore, is grateful for the union and Dr. Markowitz's assistance in recovering those expenses through his state claim.

*Written by Sylvia Kieding*