

OWCP
Annual Report to Congress FY 2007



Submitted to Congress 2010
U.S. Department of Labor

Office of Workers' Compensation Programs



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Office of Workers' Compensation Programs
Washington, D.C. 20210

MAY 6 2010

THE HONORABLE PRESIDENT OF THE SENATE
THE HONORABLE SPEAKER OF THE HOUSE OF REPRESENTATIVES

I have enclosed the Department of Labor's annual report to Congress on the FY 2007 operations of the Office of Workers' Compensation Programs. The report covers administration of the Federal Employees' Compensation Act as required by Section 8152 of that Act, the Black Lung Benefits Act as required by Section 426(b) of that Act, the Longshore and Harbor Workers' Compensation Act (LHWCA) as required by Section 42 of that Act, and the Energy Employees Occupational Illness Compensation Program Act, for the period October 1, 2006, through September 30, 2007.

Separate enclosures contain reports on annual audits of the Longshore and Harbor Workers' Compensation Act Special Fund and the District of Columbia Workmen's Compensation Act Special Fund accounts as required by Section 44(j) of LHWCA.

I trust that this report both fulfills the requirements of the respective laws and is useful to Congress and other interested parties as a comprehensive source of information on the administration and operation of Federal workers' compensation programs.

Sincerely,

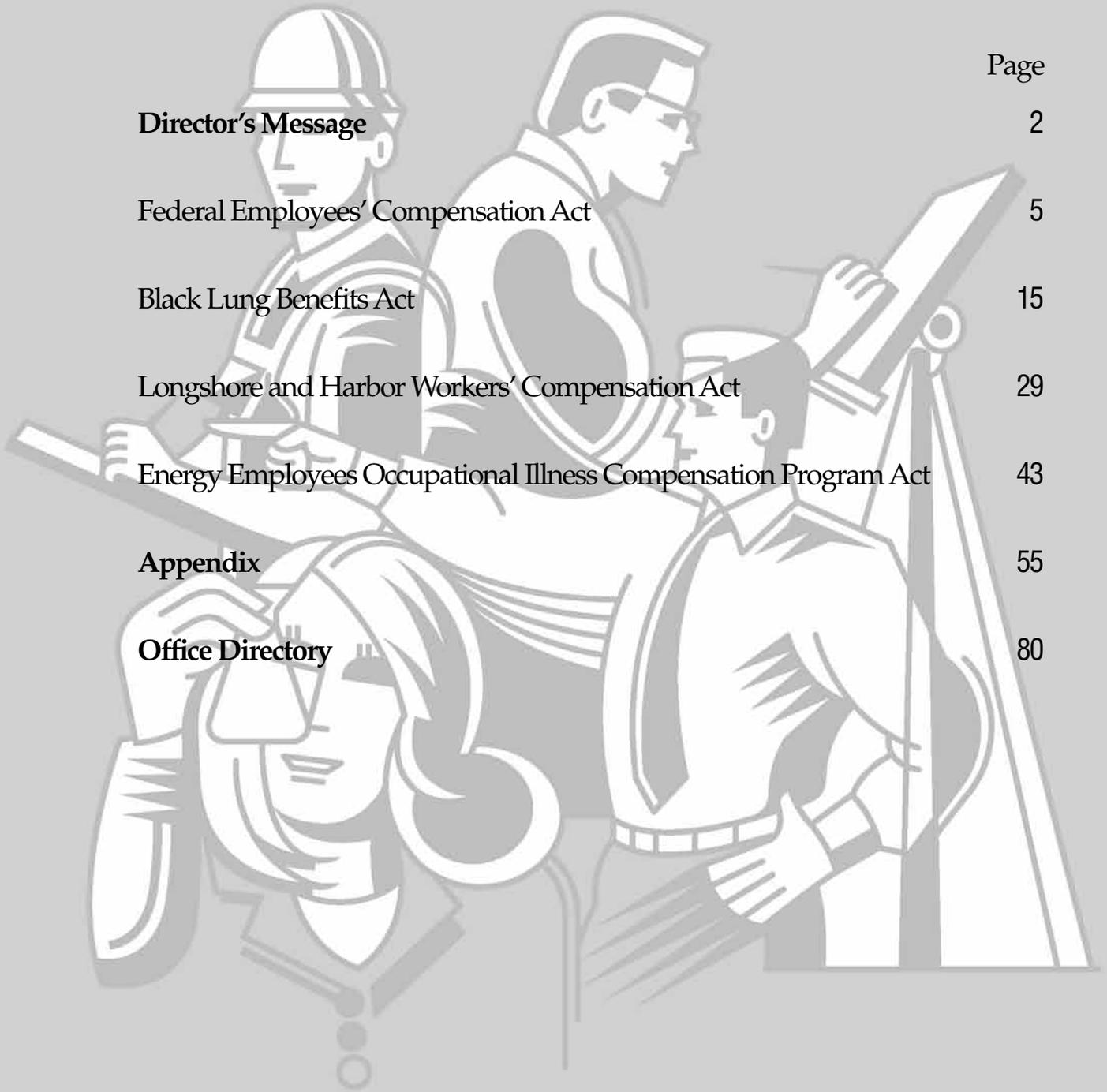


Shelby Hallmark
Director

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Director's Message

The Office of Workers' Compensation Programs (OWCP) had another successful year in Fiscal Year (FY) 2007. In the process of meeting or exceeding eight of the nine indicators under the Department of Labor's Government Performance Results Act (GPRA) goal to "minimize the human, social, and financial impact of work-related injuries for workers and their families" and the large majority of operational plan goals, each of the four OWCP programs performed effectively within the high standards that have been set.

The Energy Employees' Occupational Illness Compensation program successfully completed and issued initial determinations on 100 percent of the backlog of over 25,000 cases inherited from the Department of Energy in 2005. In addition, Energy program standards on the timely processing of Part B and Part E final decisions were exceeded again, and a new goal was added to track average days for completing the initial processing of claims. A significant milestone was also achieved in FY 2007 with the passing of the \$3 billion mark in the payout of benefits in the Energy program's sixth full year of operation. In the Part E program alone, payments totaled \$833 million in a little over two years compared to approximately \$1 million in payouts during its four years of existence prior to becoming a part of the Department of Labor, OWCP program.

The Federal Employees Compensation (FEC) program met four of its five challenging GPRA goals. Customer services improved in all areas of the FECA claims' hearings and review process, with time periods to issue decisions after a case hearing or a review of the written record falling substantially compared to the previous year. In addition, all levels of communication

between the FEC program and its customers continued to show improvements, with positive results in call wait times and the measurement of overall customer satisfaction. Another important metric is the continuing and significant downward trend in the number of Federal workers filing injury claims. This decline to the current level of less than 135,000 claims seems clearly related to the Safety, Health, and Return-to-Employment (SHARE) initiative, which was extended by the President for an additional three years through FY 2009. This joint OWCP/Occupational Safety and Health Administration effort has contributed to the 20 percent reduction in the number of claims received during the past four years. All four of the SHARE goals were met government-wide. Nearly 74 percent of injury notices were filed by non-Postal agencies in a timely fashion, exceeding the goal by over 22 percent, while these same agencies averaged just over 46 lost production days against the 49 day target for this difficult goal.

The Black Lung program exceeded its claims processing timeliness goal by 23 days, averaging only 224 days to process a claim from the date of receipt to the issuance of a proposed decision. In addition, nearly 82 percent of all Black Lung claims with an eligibility decision were resolved with no pending requests for further action, again exceeding that program goal for the year.

The Longshore program performed well again in FY 2007, successfully handling a three-fold increase in Defense Base Act (DBA) cases with over 15,000 DBA claims filed this year compared to the approximately 5,000 that were filed in 2006. Longshore's GPRA dispute resolution target was exceeded again, even as the scope of this important outcome

metric was expanded to include additional dispute activities. The average time to resolve disputed issues dropped to 230 days, nearly three weeks below the target.

The solid performance improvements achieved in each of our four programs are directly related to the determined efforts of the OWCP staff. In achieving a large majority of its high performance GPRA goals while handling increasing workloads and meeting new challenges head on, OWCP staff once again demonstrated their dedication and expertise to provide the best possible services to our customers and stakeholders.

Shelby Hallmark

Director, Office of Workers' Compensation Programs



Federal Employees' Compensation Act

Introduction

In 1916, President Wilson signed the first comprehensive law protecting Federal workers from the effects of work injuries. Amended several times, the Federal Employees' Compensation Act (FECA) now provides workers' compensation coverage to approximately 2.7 million Federal workers. The FECA also provides coverage to Peace Corps and VISTA volunteers, Federal petit and grand jurors, volunteer members of the Civil Air Patrol, Reserve



Officer Training Corps Cadets, Job Corps, Youth Conservation Corps enrollees, and non-Federal law enforcement officers when injured under certain circumstances involving crimes against the United States.

For over 90 years, the Federal Employees' Compensation (FEC) program has continuously evolved to meet its commitment to high quality service to employees and Federal agencies, while minimizing the human, social and financial costs of work-related injuries.

Benefits and Services

The primary goal of the FEC program is to assist Federal employees who have sustained work-related injuries or disease by providing financial and medical benefits as well as help in returning to work. FECA benefits include payment for all reasonable and necessary medical treatment for work-related injury or disease. In timely-filed traumatic injury claims, the FECA requires the employer to continue the injured worker's regular pay during the first 45 calendar days of disability. If the disability continues after 45 calendar days, or in cases of occupational disease, the FEC program will make payments to replace lost income. Compensation for wage loss is paid at two-thirds of the employee's salary if there are no dependents, or three-fourths if there is at least one dependent. The FECA provides a monetary award to injured workers for permanent impairment of limbs and other parts of the body, and provides benefits to survivors in the event of work-related death. Training and job placement assistance is available to help injured workers return to gainful employment.

In Fiscal Year (FY) 2007, the FEC program provided 253,000 workers and survivors approximately \$2.6 billion in benefits for work-related injuries, illnesses or deaths. Of these benefit payments, nearly \$1.7 billion were for wage-loss

compensation, \$743 million for medical and rehabilitation services, and \$136 million for death benefit payments to surviving dependents.

The FECA is the exclusive remedy by which Federal employees may obtain disability, medical, and/or survivor benefits from the Federal government for workplace injuries. Decisions for or against the payment of benefits may be appealed to the Employees' Compensation Appeals Board (ECAB), an independent body in the Department of Labor (DOL). Program activities are carried out in the 12 program district offices around the country.

Funding

Benefits are paid from the Employees' Compensation Fund. Agencies are billed each August for benefits paid for their employees from the Fund, and most agencies, other than the U.S. Postal Service (USPS) and non-appropriated fund agencies, include those chargeback costs in their next annual appropriation request to Congress. Remittances to the Fund are not made until the first month of the subsequent fiscal year (or later, if an agency's full-year appropriation is enacted after the subsequent fiscal year begins). The annual DOL appropriation makes up any difference between prior year remittances and current year need, which is affected by Federal wage increases and inflation in medical costs.



Benefit Outlays Under FECA FY 2007

TOTAL BENEFITS: \$2,563 MILLION*

Long Term Disability (Wage-Loss)	52.6%	\$1,348 Million
Medical Benefits	29.0%	\$ 743 Million
Temporary Disability (Wage-Loss)	13.1%	\$ 336 Million
Death Benefits	5.3%	\$ 136 Million

*Actual Obligations

Expenses for a small number of cases are not charged back to employing agencies, but also are covered by the DOL appropriation. For FY 2007, these non-chargeback expenses were approximately \$31.6 million. Non-chargeable costs are attributable to injuries that occurred before December 1, 1960, when the chargeback system was enacted, to employees of agencies that are no longer in existence, or to injuries which have FECA coverage under various "Fringe Acts" such as the Contract Marine Observers Act, Law Enforcement Officers Act, and the War Hazards Compensation Act, that did not contain mechanisms for billing employers.

For FY 2007, administrative expenditures for the FEC program totaled \$154.9 million. Of this amount, \$144.1 million, approximately 5.3 percent of total program costs, were direct appropriations to the DOL's Office of Workers' Compensation Programs (OWCP), including \$90.1 million in salaries and expenses and \$54.0 million in "fair share" expenditures out of the FECA Special Benefits account. These latter funds are specifically earmarked for OWCP

capital investments for the development and operation of automated data management and operations support systems, periodic roll case management, and benefit oversight. Another \$10.8 million are separately appropriated to the Department for legal, investigative, and other support from the ECAB, Office of the Solicitor, the Office of the Inspector General, and the U.S. Treasury.

Government Performance Results Act

In FY 2007, the Division of Federal Employees' Compensation (DFEC) achieved four of the five indicators under DOL's Government Performance Results Act (GPRA) goal to "minimize the human, social, and financial impact of work-related injuries for workers and their families." As a result:

DFEC exceeded its Lost Production Days rate (LPD per 100 employees) target of 49 days for all government, less U.S. Postal Service cases, by reducing lost days to 46.3. LPD for U.S. Postal Service cases was 135.2 days, which failed to meet its FY 2007 target of 129.8 days.

Through use of Periodic Roll Management, DFEC produced \$17.1 million in first-year savings, exceeding its target of \$8 million.

The program achieved a rate of increase of 8.1 percent in per-case medical costs in FECA compared to an increase of 8.3 percent for nationwide health care costs.

Targets were met by DFEC in four key communication performance areas: average caller wait times; callback response times; calls responded to on same day; and call handling quality.

Safety, Health, and Return-to-Employment Initiative

In 2004, President George W. Bush launched the Safety, Health and Return-to-Employment (SHARE) Initiative for Federal Executive Branch agencies. SHARE was established to run for fiscal years 2004 through 2006, with the Department of Labor leading the Initiative. Secretary of Labor Elaine L. Chao assigned the Occupational Safety and Health Administration and the OWCP with responsibility for administering and monitoring program efforts.

To reaffirm the Administration's commitment to improving safety and health in the Federal sector, President Bush extended the SHARE initiative for three years on September 29, 2006. This was a very important step, since OWCP cannot meet its GPRA goals for the FEC program without the continuing improved performance of its partners in the employing agencies. The goals and goal-setting methodology for SHARE II remain essentially the same; FY 2003 agency performance data will remain the baseline for the first three goals of the initiative. However, all agencies were required to achieve at least a 50 percent timely filing rate under Goal 3 in FY 2007. Those agencies for which a five percent per year improvement from their FY 2003 baseline resulted in a FY 2007 goal higher than 50 percent, continued to have their performance tracked

against that formula-driven target, except that no agency's goal was required to exceed 95 percent. In FY 2008 and FY 2009, the minimum thresholds will rise to 55 percent and 60 percent, respectively. The Goal 4 target also has been slightly modified. Lost production days (LPD) figures were revised due to a data system change which yields a more accurate compilation of lost days. FY 2006 outcomes were recalculated using the new computation methodology and will be used as the new baseline for LPDs. Agencies with FY 2006 baseline LPDs at or below 15 days will be charged with maintaining an LPD rate of 15 or less. All other agencies will have their progress measured against the formula-driven targets of reducing LPDs by one percent per year.

OWCP has completed the fourth year of data collection and performance tracking under the SHARE Initiative. As in FY 2006, the Federal government as a whole (less the U.S. Postal Service) was successful in achieving all four goals by the end of FY 2007. Six departments, up from two departments in FY 2006, met each of the performance measures in FY 2007. OWCP continued to collaborate with agencies in achieving two of the Initiative's goals: to increase the timely filing of injury notices; and to reduce lost production days due to workplace injuries and illnesses by at least one percent per year.

A major accomplishment in the fourth year of SHARE was the continued improvement in the timely filing of injury notices. OWCP's ability to act promptly on medical bills and prevent any interruption of income is directly and critically related to the early submission of claim forms. By filing 73.9 percent of their cases with OWCP within 14 days, non-Postal agencies exceeded the FY 2007 goal by more than 22 percent.

With non-Postal agencies averaging 46.3 lost days per 100 employees versus a goal of 49 lost days, the SHARE goal for LPDs was met for the

second time in FY 2007. The achievement of this difficult goal in FY 2007 demonstrates that agencies are focusing on the long-term changes needed to improve their disability case management programs.

iFECS-Based Case Adjudication and Management

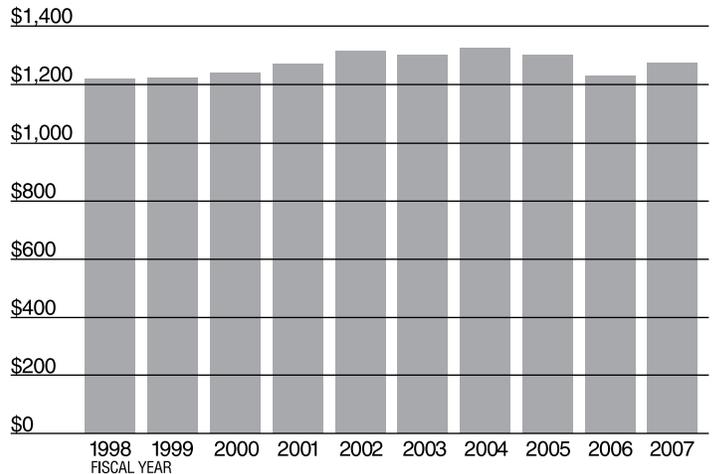
FY 2007 was a productive year for the FEC program as it continued operational stability with the expanded capabilities afforded by the successful deployment of its new claims adjudication and management system, the integrated Federal Employees' Compensation System (iFECS). Enhancements and application adjustments to the new system continued, helping claims examiners become more effective and efficient in case adjudication and management of claims.

Less than 135,000 new injury and illness claims were filed under FECA in FY 2007. Eighty-five percent were for traumatic injuries, such as those caused by slips and falls. The rest were for medical conditions arising out of long-term exposure, repeated stress or strain, or other continuing conditions of the work environment. For traumatic injury claims, 97.5 percent were adjudicated within 45 days of the day OWCP received notice of the injury. In FY 2007, the FEC program also achieved a high rate of timeliness in deciding non-traumatic injury claims despite the complexities involved. For "basic" occupational disease cases with an uncomplicated fact pattern, 94.0 percent were adjudicated within 90 days. Of the more complex non-traumatic cases, 83.3 percent were adjudicated within 180 days.

Quality Case Management was implemented in the FEC program in FY 1993 as another means of reducing the number of days

FECA Benefit Expenditures

IN MILLIONS OF CONSTANT DOLLARS*



*Actual Obligations in current dollars deflated by CPI-W (urban wage earners and clerical workers, U.S. city average, all items), 1982-1984=100.

an injured worker was out of work. Every injury case with a wage-loss claim filed and no return-to-work date is reviewed for assignment to an early intervention nurse contracted by the FEC program. From the earliest stages after the injury, the nurse meets with the injured worker and serves as the human face of OWCP. Coordinating medical care and return-to-work issues, the nurse not only works with the injured employee but also the attending physician and the employing agency. If it seems that the injured worker will not return to work soon, the nurse coordinates the transfer of the case for vocational rehabilitation services and/or more aggressive medical intervention.

In FY 2007, 8,686 injured Federal employees were returned to work as a result of this early nurse and vocational rehabilitation intervention. Due, in part, to these successful early intervention actions, the average length of disability (lost production days) was 148 days. Additionally, vocational rehabilitation counselors arranged training and successfully placed an additional 240 injured workers into non-Federal employment.

While early intervention is crucial, the FEC program continued to dedicate resources to the thorough review of long-term disability cases. The Periodic Roll Management (PRM) staff arranges second opinion medical examinations, vocational rehabilitation, and placement assistance, with a goal of reemploying injured workers. PRM has proven to be extremely successful, with outcomes exceeding OWCP's target estimate of \$8 million. In FY 2007, staff achieved compensation savings of \$17.1 million. Of the cases that were screened, benefits were adjusted or terminated in nearly 1,070 cases where beneficiaries' disabilities had either resolved or lessened to the point that return to work was possible. Savings from these actions will continue in subsequent years.

Central Medical Bill Processing

OWCP's medical bill processing service continued to achieve improvements in operating efficiencies. During FY 2007, DFEC avoided \$51.3 million in additional costs due to further improvements in the editing of bills, which in turn reduced costs charged back to agencies.

Timely and accurate medical bill processing is a critical element in administration of the FECA. In FY 2007, the bill processing system was enhanced to have the Correct Coding Initiative run in real-time, which expedited the adjudication of professional bills.

In FY 2007, the vendor processed 4,538,626 bills and handled 863,478 telephone calls. Authorizations for treatment were processed in an average of 1.2 work days and 99.8 percent of bills were processed in 28 days. Enrollment of 20,726 new providers brought the total of enrolled providers to 227,786.

Hearings and Review

If an individual disagrees with the claims examiner's formal decision on a claim, he or she may request from the Branch of Hearings and Review that an oral hearing or a written review of the record take place. In FY 2007, the Branch received a total of 6,556 incoming requests for reviews of the written record and oral hearings, and issued a total of 7,581 decisions.

In FY 2007, customer service and turnaround times improved in all measured areas. The period of time between receipt of a case file and the issuance of a remand or reversal before a hearing decreased by an average of 10 percent, from 94 days in FY 2006 to 85 days in FY 2007. For those case files where a hearing was held, the time period for issuance of a decision decreased by 13 percent, from an average of 239 days in FY 2006 to 209 days in FY 2007. For decisions emanating from a review of the written record, the Branch improved by an average of seven percent, from 99 days in FY 2006 to 92 days in FY 2007.



FECA Benefits Charged To Employing Agencies

CHARGEBACK YEAR 2007

Chargeback Total: \$2,494 Million

Postal Service	\$ 924 Million
Defense	\$ 616 Million*
Veterans Affairs	\$ 166 Million
Homeland Security	\$ 159 Million
Justice	\$ 94 Million
Transportation	\$ 93 Million
Agriculture	\$ 71 Million
All Other	\$ 371 Million

*Defense Includes Navy (\$244M), Army (\$179M), Air Force (\$130M), and Dept. of Defense (\$63M)

Note: The sum of individual agencies may not equal total due to rounding

Performance Assessment

Under the Program Assessment Rating Tool (PART) process in 2002, DFEC was rated "Moderately Effective." Key recommendations of the PART review included pursuing actions to improve the performance of the program. In FY 2007, these actions included:

Working with Congress to update the benefit structure, adopt best state practices, and convert benefits for retirement-age individuals to a typical retirement level.

Acting upon recommendations from an independent evaluation to improve FECA early intervention and return-to-work processes, including identification and adoption of state and industry best practices.

Assessing the recently implemented electronic case management system to determine long-term program benefits.

Legislative Reform

Work continued with the Congressional committees to find sponsors and to work out timing for the proposed reform of the FECA which was included in the President's FY 2008 Budget. The goals of the reform were to enhance incentives for injured employees to return to work; address retirement equity issues; and update and make other benefit changes. Specifically, the reform proposed to:

Convert compensation for new injuries or new claims for disability to a lower benefit at the Social Security retirement age.

Move the 3-day waiting period during which an injured worker is not entitled to compensation to the point immediately after an injury.

Change the way that schedule awards are paid to allow uniform lump sum payments to Federal employees eligible for such awards.

Eliminate augmented compensation for dependents but raise the basic benefit level for all claimants.

Allow OWCP to recover the costs, estimated at over \$2 million annually, paid by responsible third parties to FECA beneficiaries during the continuation of pay period.

Increase benefit levels for funeral expenses from \$1,000 to \$5,000.

Increase benefit levels for disfigurement resulting from work injury, and

Identify unreported work earnings and receipt of Federal Employees Retirement System retirement benefits through regular database matching with the Social Security Administration.

FECA Performance Study

An independent study of DFEC program performance and effectiveness in 2004 produced key recommendations to improve the DFEC early case intervention program. In particular, DFEC was advised to strengthen disability case management during the COP period immediately following an injury while the cases remain in the primary jurisdiction of their Federal employing agencies. To pursue that recommendation, in FY 2006 DFEC enlisted the services of a contractor with established subject matter expertise in the field of workers' compensation to assess its current COP Nurse Program.

In FY 2007, the contractor reviewed DFEC's organizational structure and goals and initiated an extensive literature search to identify best practices used by state and private sector

organizations in early disability management. The team developed targeted questions and conducted interviews with DFEC claims examiners, staff nurses, and key members of other Federal agencies. The contractor finalized its evaluation of the program's current disability management program at the end of FY 2007. DFEC will pursue analysis of the recommendations and implementation options in FY 2008 to: improve the current program, adopt effective practices and assist employing agencies to create re-employment opportunities, facilitate job retention, better process new injury claims and manage injury caseloads. Best practices, new approaches, and efficiency recommendations resulting from the performance study also will directly support the objectives of the SHARE initiative to reduce Federal injury rates, speed submission of claims, and reduce lost production days.

Services to Claimants and Beneficiaries

Quality customer service and customer satisfaction are key components of DFEC's mission and "Pledge to Our Customers." Of the more than 1.5 million calls to the DFEC district offices, 32 percent were handled by Customer Service Representatives (CSRs) in the 12 district office call centers. Calls were answered in an average of 2.13 minutes, which is well below the goal of three minutes. This represents a decrease in the average wait time of 13 seconds compared to FY 2006.

To help ensure quality and to identify areas where additional CSR training is needed, silent monitoring of calls to the district office phone banks continued during the fiscal year. Communications Specialists on DFEC's staff listen to both sides of a conversation and, using



Federal Employees' Compensation Act

	FY 2006	FY 2007
Number of Employees (FTE Staffing Used)	870	894
Administrative Expenditures ¹	\$135.1 M	\$144.1 M
Cases Created	139,874	134,436
Wage-Loss Claims Initiated	19,819	19,104
Total Compensation and Benefits (Actual Obligations) ²	\$2,418.8 M	\$2,563.1 M
Number of Medical Bills Processed	4,844,286	4,538,626

¹ OWCP expenditures; excludes DOL support costs, but includes "fair share" capital expenditures of \$46.7 million in FY 2006 and \$54.0 million in FY 2007, respectively.

² Compensation, medical, and survivor benefits.

a standardized Quality Monitoring scorecard, document the CSRs' performance. The results of quality silent monitoring coupled with local telephone survey results show that 97.8 percent of callers received courteous service. Remaining nearly constant, use of clear and understandable language was reported in 98.9 percent of calls and 97.7 percent of calls met knowledge and accuracy standards. The goal of 95 percent was exceeded in each of these quality categories.

Sixty-six percent of calls to the district offices were responded to on the same day they were received, exceeding the goal by one percent. The average response time for all calls in FY 2007 was less than one day (0.92), which represents the most significant customer service improvement. Ninety-three percent of all calls were responded to in two days or less.



Black Lung Benefits Act

Introduction

The Division of Coal Mine Workers' Compensation (DCMWC) completed its thirty-fourth year administering Part C of the Black Lung program in 2007. The initial Black Lung benefits program was enacted as part of the Coal Mine Health and Safety Act of 1969 (the Act). This law created a system to compensate victims of dust exposure in coal mines with public funds initially administered by the Social Security Administration (SSA).

The number of claims filed in the early 1970's greatly exceeded expectations. The Act was amended by the Black Lung Benefits Act of 1972 (BLBA) to require the use of simplified interim eligibility criteria for all claims



filed with SSA, and to transfer the receipt of new claims to the Department of Labor (DOL) in 1973. The Office of Workers' Compensation Programs (OWCP) assumed responsibility for processing and paying new claims on July 1, 1973. Until recently, most of the claims filed prior to that date remained within the jurisdiction of SSA. Further amendments in the Black Lung Benefits Reform Act of 1977 (Public Law 95-239) mandated the use of interim criteria to resolve old unapproved claims. The Black Lung Benefits Revenue Act of 1977 (Public Law 95-227) created the Black Lung Disability Trust Fund (Trust Fund), financed by an excise tax on coal mined and sold in the United States. The law authorized the Trust Fund to pay benefits in cases where no responsible mine operator could be identified and transferred liability for claims filed with DOL based on pre-1970 employment to the Trust Fund. It also permitted miners approved under Part B to apply for medical benefits available under Part C. These amendments made the Federal program permanent but state benefits continued to offset Federal benefits where they were available.

Current administration of the Black Lung Part C program is governed by legislation enacted in 1981. These amendments tightened eligibility standards, eliminated certain burden of proof presumptions, and temporarily increased the excise tax on coal to address the problem of a mounting insolvency of the Trust Fund, which was indebted to the U.S. Treasury by over \$1.5 billion at that time.

In 1997, the responsibility for managing active SSA (Part B) Black Lung claims was transferred to DOL by a Memorandum of Understanding between SSA and DOL. This change improved customer service to all Black Lung beneficiaries, and in 2002, an Administration proposal to place the administering responsibility for both programs with DOL was made permanent under the Black Lung Consolidation of Administrative Responsibilities Act.

Benefits and Services

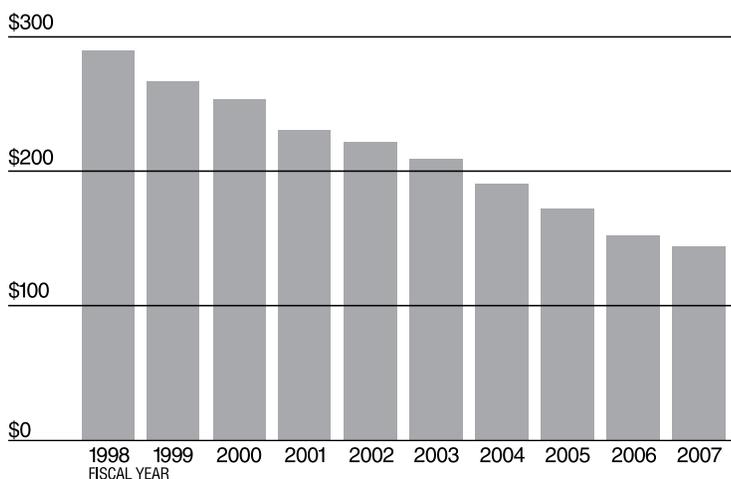
The Black Lung Part C program provides two types of benefits: monthly wage replacement and medical services. The program pays a standard monthly benefit (income replacement) to miners who are determined to be totally disabled from black lung disease, and to certain eligible survivors of deceased miners. The monthly rate of

benefits is adjusted upward to provide additional compensation for up to three eligible dependents. In Fiscal Year (FY) 2007, monthly and retroactive benefit payments totaled \$252.0 million.

The Part C program also provides both diagnostic and medical treatment services for totally disabling pneumoconiosis. Diagnostic testing is provided for all miner-claimants to

Black Lung Benefit Expenditures

IN MILLIONS OF CONSTANT DOLLARS*



*Current dollars deflated by CPI-W (urban wage earners and clerical workers, U.S. city average, all items), 1982-1984=100.

determine the presence or absence of black lung disease, and the degree of associated disability. These tests include a chest x-ray, pulmonary function study, arterial blood gas study, and a physical examination. Medical coverage for treatment of black lung disease and directly related conditions is provided for miner-beneficiaries. This coverage includes prescription drugs, office visits and hospitalizations. Also provided, with prior approval, are durable medical equipment (primarily home oxygen), outpatient pulmonary rehabilitation therapy and home nursing visits.

Medical expenditures under the Black Lung Part C program during FY 2007 were \$39.3 million. This includes payments of \$3.7 million for diagnostic services, \$33.9 million for medical treatment, and \$1.7 million in reimbursements to the United Mine Workers of America Health and Retirement Funds for the cost of treating Black Lung beneficiaries. Approximately 280,000 bills were processed during the year.

Total Black Lung Part C program expenditures for all benefits in FY 2007 were

\$291.3 million, a decrease of \$15.8 million from FY 2006. In FY 2007, benefits were provided from the Trust Fund to approximately 33,000 beneficiaries each month.

State workers' compensation laws require coal mine operators to obtain insurance or qualify as a self-insured employer to cover employee benefit liabilities incurred due to occupational diseases that are covered by state law. If state workers' compensation is paid for pneumoconiosis, any Federal black lung benefit received for that disease is offset or reduced by the amount of the state benefit on a dollar-for-dollar basis. As of September 30, 2007, there were 1,316 Federal black lung claims being offset due to concurrent state benefits.

As an additional benefit to claimants, the law provides for payment of attorneys' fees and legal costs incurred in connection with approved benefit claims. The fees must be approved by adjudication officers. During the past year DCMWC processed 230 fee petitions and paid approximately \$0.7 million in attorneys' fees from the Trust Fund.

In FY 2007, 1,133 claims were forwarded for formal hearings before the Office of Administrative Law Judges (OALJ) and 483 claims were forwarded on appeal to the Benefits Review Board (BRB). At the end of FY 2007, the OALJ had 1,930 claims pending while 617 were pending before the BRB.

In the Black Lung Part B program, nearly 37,000 active beneficiaries (with over 3,600 dependents) were receiving approximately \$23 million in monthly cash benefits as of September 30, 2007. Part B benefits in FY 2007 totaled nearly \$290 million. DCMWC completed more than 6,200 maintenance actions on Part B claims during the year, on average less than one week from notification.

Black Lung Disability Trust Fund

The Trust Fund, established in 1977 to shift the responsibility for the payment of black lung claims from the Federal government to the coal industry, is administered jointly by the Secretaries of Labor, the Treasury, and Health and Human Services. Claims that were approved by SSA under Part B of the BLBA are not paid by the Trust Fund, but rather from the general revenues of the Federal government.

Trust Fund revenues consist of monies collected from the industry in the form of an excise tax on mined coal that is sold or used by producers; funds collected from responsible mine operators (RMOs) for monies they owe the Trust Fund; payments of various fines, penalties, and interest; refunds collected from claimants and

beneficiaries for overpayments; and repayable advances obtained from Treasury's general fund when Trust Fund expenses exceed revenues. Excise taxes, the main source of revenue, are collected by the Internal Revenue Service and transferred to the Trust Fund. In FY 2007, the Trust Fund received a total of \$639.2 million in tax revenues. An additional \$4.2 million was collected from RMOs in interim benefits, fines, penalties, and interest. Total receipts of the Trust Fund in FY 2007 were nearly \$1.1 billion, including \$426 million in repayable advances from the Department of the Treasury.

Total Trust Fund disbursements during FY 2007 were almost \$1.1 billion. These expenditures included \$291.3 million for income and medical benefits, \$717.2 million for interest payments on repayable advances from the Treasury, and \$59.8 million to administer the program (\$33.6 million in OWCP direct costs and \$26.2 million for legal adjudication and various financial management and investigative support provided by the Office of the Solicitor, the OALJ, the BRB, Office of the Inspector General, and the Department of the Treasury).

In 1981, the Black Lung Benefits Revenue provisions temporarily increased the previous excise tax to \$1.00 per ton for underground coal and \$0.50 per ton on surface mined coal, with a cap of four percent of sales price. In 1986, under the Comprehensive Budget Reconciliation Act of 1985, excise tax rates were increased again by 10 percent. The rates for underground and surface mined coal were raised to \$1.10 and \$0.55 per ton respectively, and the cap was increased to 4.4 percent of the sales price. These tax rates will remain until December 31, 2013, after which the rates will revert to their original levels of \$0.50 underground, \$0.25 surface, and a limit of two percent of sales price.

Central Medical Bill Processing

OWCP's medical bill processing service continued to achieve improvements in operating efficiency and effectiveness. Timely and accurate medical bill processing is a critical element in administration of the Black Lung Program. During FY 2007, DCMWC avoided \$258,000 in medical costs due to further improvements in the editing of bills.

In FY 2007, the vendor processed 280,373 Black Lung bills. A total of 99.8 percent of bills were processed within 28 days. The number of telephone calls handled was 39,920. Enrollment of 1,449 new providers brought the total of enrolled providers to 22,479.

Performance Assessment

DCMWC was reviewed in 2003 using the Program Assessment Rating Tool. The Black Lung program achieved a rating of "Moderately Effective," and the assessment noted that the program purpose is clear, that the program effectively targets its resources, has ambitious long-term performance measures, and maintains a relatively low (less than two percent) erroneous payment rate. To build on this, the assessment provided a number of recommendations for improvement that DCMWC began to implement in FY 2004. These initiatives included a renewed focus on reducing the Trust Fund's debt (see below for details), evaluating personnel utilization and allocation, and setting a schedule of annual targets for improving performance in both Government Performance Results Act (GPRA) goals and claims processing times, targets that were met or exceeded in FY 2007. Also, a comparison and selection of medical cost indices to help establish a cost containment plan and the recommended study of the program were completed.

An independent consulting firm completed its evaluation of the Black Lung Program's outcomes, cost-effectiveness, and efficiencies in order to compare them to those of similar compensation programs. This evaluation had been renewed for a second year after the consultant delivered its preliminary assessment in FY 2005. In FY 2007, the consultant completed and delivered a statistical projection of claim trends to 2020 and a study of best practices of other compensation systems. DCMWC is evaluating these studies and has incorporated some recommendations into recent and ongoing revisions of the program's District Office Accountability Review procedures.

Legislative Proposal to Address Trust Fund Insolvency

Although tax receipts to the Trust Fund were sufficient to cover benefits, current operating costs and some interest charges, the Trust Fund needed to borrow \$426 million from the Treasury to pay the balance of the FY 2007 interest due. By the end of FY 2007, the Trust Fund's cumulative debt to the Treasury was \$10.1 billion. Since benefit payments for Black Lung claims in the late 1970's and early 1980's far exceeded revenues, the Trust Fund was forced to draw on repayable advances from the Treasury to meet benefit obligations. While operating costs are now covered by revenue, the Trust Fund's debt continues to climb. The Trust Fund now must borrow to cover its debt service, which amounted to more than \$717 million at the end of FY 2007.

To remedy this financial problem, DOL and Treasury proposed a legislative package which would:

Provide for the restructuring of the outstanding Trust Fund debt, much of which was incurred at the higher Treasury interest rates prevalent during the 1980's, thereby taking advantage of current and lower Treasury interest rates.

Extend until the debt is repaid the current Trust Fund excise tax levels (\$1.10 per ton for coal mined underground; \$0.55 per ton for surface), which are set to decline after December 31, 2013. The tax rate will revert to the lower (original 1978) rates of \$0.50 per ton for underground-mined coal sold and \$0.25 per ton for surface in the year following the elimination of the Trust Fund's debt.

Provide a one-time appropriation to the Trust Fund to cover the Treasury's loss of income caused by the restructuring.

After consultation with interested parties and the staffs of the appropriate Congressional committees, DOL and Treasury staffs prepared a revised version of the proposed legislation that was previously transmitted to Congress in 2000, 2002, and 2004, and 2005. Secretary Chao and Treasury Secretary Snow transmitted the revised legislative proposal to the Congress on April 4, 2007. As of the end of FY 2007, no bill had been introduced in the House of Representatives regarding the proposal.

Government Performance Results Act

In FY 2007, DCMWC continued its efforts to reach DOL's GPRA goal to "minimize the human, social, and financial impact of work-related injuries for workers and their families." DCMWC achieved its goal to:

Increase by 13 percent over the baseline established in FY 2001 the percentage of Black Lung benefit claims filed under the revised regulations, for which, following an eligibility decision by the district director, there are no requests for further action from any party pending one year after receipt of the claim.

In FY 2007, 81.5 percent of claims were resolved with no pending requests for further action (against a target of 80 percent). The Black Lung program will continue to work closely with both its stakeholder and authorized provider communities to ensure that delivery of services continues to improve and performance standards are met.

DCMWC also achieved its second goal, which had previously been tracked but was first added as a GPRA goal in FY 2007, to:

Reduce the average time required to process a claim from the date of receipt to the issuance of a Proposed Decision and Order (PDO) to no more than 247 days.



Management Of SSA Part B Black Lung Claims FY 2007

Professional and Timely Claims Maintenance Services Provided to Part B Claimants by DCMWC Included:

Completing Over 6,200 Maintenance Actions, With Average Completion Time of Less Than One Week from Notification

Managing the Expenditure of Nearly \$290 Million in Benefits

DCMWC was Responsible for Almost 37,000 Active Part B Cases

programs, and desktop executables to conform to the new computing environment.

Conversion of the subsystem began in FY 2006 as DCMWC worked closely with ESA to ensure a smooth transition to the new architecture.

By the end of FY 2007, the average processing time required to process a claim from the date of receipt to the date of the PDO had been reduced to 224 days.

The total number of new claims increased 3.2 percent from 4,760 in FY 2006 to 4,913 in FY 2007. These claim numbers include survivor's conversions that are automatically awarded. Conversion claims numbered 640 in FY 2006 and 580 in FY 2007. The number of claims awaiting issuance of a Schedule for the Submission of Additional Evidence by a district director grew slightly from 1,461 at the end of FY 2006 to 1,601 at the close of FY 2007. The number of claims pending a PDO declined from 1,053 to 966.

Operation and Maintenance of Automated Support Package

DCMWC's Automated Support Package (ASP) is provided through a contract. The ASP includes a client-server computer system for all black lung claims, statistical and data processing, medical bills processing, telecommunications support, and administrative functions.

During FY 2007, DCMWC completed migration of the ASP system to the ESA/DITMS IT infrastructure. This migration required conversion of the legacy database, batch

Compliance Assistance

Section 423 of the BLBA requires that each coal mine operator subject to the BLBA secure payment of any benefits liability by either qualifying as a self-insurer or insuring the risk with a stock or mutual company, an association, or a qualified fund or individual. Any coal mine operator failing to secure payment is subject to a civil penalty of up to \$1,100 for each day of noncompliance.

According to FY 2007 estimates by DOL's Mine Safety and Health Administration, there were 2,030 active coal mine operators subject to the requirements of the BLBA. Under the BLBA, the Secretary of Labor can authorize a coal mine operator to self-insure after an analysis of the company's application and supporting documents. At the close of FY 2007, 72 active companies were authorized by the Secretary of Labor to self-insure. These self-insurance authorizations cover approximately 790 subsidiaries and affiliated companies.

The Responsible Operator (RO) Section staff in DCMWC's national office is specifically assigned to record the existence of coal mine operators and their insurance status. The staff answers frequent written, telephone, and e-mail inquiries from operators and insurance carriers and evaluates requests for self-insurance.

During FY 2007, the RO section sent form letters to 881 coal mine operators reminding them of their statutory requirement to insure and stay insured against their potential liability for black lung benefits. Of these, 659 were found to be insured, 100 were insured through a parent entity or not engaged in coal mining, and 103 were uninsured companies that required assistance. The remaining 19 were returned unclaimed, delivered with no response, or failed delivery for another reason. Letters also were mailed to commercial insurers reminding them of the statutory requirements for writing black lung insurance and for annual reporting to DCMWC of the companies insured and policy numbers. These letters generated many questions from underwriters and resulted in improved compliance. During FY 2007, DCMWC received 3,004 reports of new or renewed policies.

Section 413(b) of the BLBA requires DCMWC to provide each individual miner who files a claim for benefits with the opportunity to

undergo a complete pulmonary evaluation at no cost to the miner. The project to improve the quality of these medical evaluations and reports continued during FY 2007, with District Directors and national office staff making visits to physicians and clinics. During their visits, DCMWC staff reviewed the physicians' written evaluations of the medical information obtained during the complete pulmonary evaluations and made suggestions for improving and standardizing the evaluations and reports. DCMWC officials also met several times with physicians at state and national conferences of the National Coalition of Black Lung and Respiratory Disease Clinics to help improve reporting, and several times during FY 2007 the list of approved diagnostic physicians was updated to ensure that highly-qualified doctors were available to perform medical evaluations.

In FY 2007 the program added to its compliance assistance role its long-standing commitment to ensuring that payments to beneficiaries requiring assistance are properly utilized for their use and benefit. DCMWC began to track district office actions in the appointment of representative payees and the monitoring of their expenditure of benefits. By the end of FY 2007, over 98 percent of representative payee appointments and expenditure reports were evaluated and acted on within thirty days.

Litigation

COURTS OF APPEALS

During FY 2007, the courts of appeals issued 37 decisions in cases arising under the BLBA. Thirty-two new appeals were filed. The following summarizes the most significant appellate decisions:

Validity of the Department's Evidence-Limiting Rules: 20 C.F.R. § 725.414. The Department adopted new regulations in 2000 limiting the amount of medical evidence that each party may submit: (1) in support of its affirmative case; (2) in rebuttal of evidence submitted by the opposing party; and (3) to rehabilitate evidence made the subject of rebuttal. In *Elm Grove Coal Co. v. Director, OWCP, and Blake*, 480 F.3d 278 (4th Cir. 2007), the Fourth Circuit rejected an employer's challenge to the regulations' validity. Deferring to the Department's views, the Court held that the rules are "a reasonable and valid exercise of the Secretary's authority to regulate evidentiary development in Black Lung Act proceedings, they are based on a permissible construction of the Act, and they are neither arbitrary, capricious [nor] manifestly contrary to the statute." *Id.* at 297 (internal quotations omitted). The *Elm Grove Coal* decision is consistent with the D.C. Circuit's decision in *National Mining Ass'n v. Department of Labor*, 292 F.3d 849, 873-74 (D.C. Cir. 2002), which upheld the evidence-limiting regulations against a facial challenge.

Considerations on Modification: 33 U.S.C. § 922, incorporated by 30 U.S.C. § 932(a) and 20 C.F.R. § 725.310. Under the modification provision, any party may seek to modify an award of benefits within one year of the last payment of benefits based on a mistake in fact or a change in conditions. In *Sharpe v. Director, OWCP*, 495 F.3d 125 (4th Cir. 2007), the Fourth Circuit addressed whether an ALJ properly modified an award of

benefits to a miner. The employer had paid the award for six years prior to the miner's death, and only sought modification after the miner's widow filed a claim for survivor's benefits. The ALJ granted the employer's modification request on the grounds that the award was mistaken. Noting that the granting of a modification request is discretionary, the court held that the ALJ erred in focusing solely on whether the prior award on the miner's claim was correct. Instead, the court held that the ALJ should also consider "any factors that are pertinent in the circumstances," including the diligence of the party seeking modification, the motive of the party, and whether the modification request was futile. Since the ALJ had not considered these factors here, the court vacated the denial of benefits and remanded the case.

When Fact Findings Rendered in a Miner's Claim are Binding in a Survivor's Claim. To prevail on either a living miner's claim or a survivor's claim, the claimant must establish, by a preponderance of the evidence, that the miner suffers or suffered from pneumoconiosis as defined by the statute and regulations. In *Collins v. Pond Creek Mining Company*, 468 F.3d 213 (4th Cir. 2006), the Fourth Circuit considered whether under the doctrine of collateral estoppel a finding of pneumoconiosis in a miner's-claim award binds the parties in a later survivor's claim. The ALJ had determined that the employer was not bound by the pneumoconiosis finding made in the miner's claim in 1988 because the applicable law had changed between the time that finding was made and the survivor's claim was adjudicated. In support of his change-in-law theory, the ALJ cited the Fourth Circuit's decision *Island Creek Coal Co. v. Compton*, 211 F.3d 203 (4th Cir. 2000), which addressed how to weigh evidence of pneumoconiosis under the applicable regulation. The court rejected the ALJ's view, holding that *Compton* did not change the legal

definition of pneumoconiosis, the methods for proving the disease's existence, or the burden of proof (i.e. by a preponderance of the evidence) the claimant must meet to establish the disease. Finding the elements of collateral estoppel satisfied, and that application of the doctrine was not unfair to the employer in the circumstances of this case, the court held that the employer could not relitigate the existence of pneumoconiosis in the survivor's claim.

Weighing Conflicting Medical Opinion

Evidence. In *Stalcup v. Peabody Coal Co.*, 477 F.3d 482 (7th Cir. 2007), the Seventh Circuit emphasized a fact finder's duty to carefully evaluate conflicting medical opinions. Here, the ALJ found that the miner did not have pneumoconiosis by crediting the employer's more numerous medical opinions. The court rejected the ALJ's nose-counting approach, noting that "when an ALJ is faced with conflicting evidence from medical experts, he cannot avoid the scientific controversy by basing his decision on which side has more medical opinions in its favor." *Id.* at 484. Because the ALJ had not explained why the negative medical opinions of the employer's doctors were more persuasive than the positive opinions submitted by the claimant's doctors, the court vacated the denial of benefits and remanded the case for further consideration.

BENEFITS REVIEW BOARD

During FY 2007, the BRB issued 635 black lung decisions, several of which significantly affect the Secretary's administration of the benefits program. The following summarizes some of the more significant decisions of the Board, categorized by issue:

Evidentiary Limitations. The Secretary's regulations impose limitations on the amount of medical evidence that each party may submit: (1) in support of its affirmative case; (2) in rebuttal of evidence submitted by the opposing party; and (3) to rehabilitate evidence made the subject of rebuttal. The BRB issued several significant decisions addressing the evidentiary limitations during FY 2007:

In *Rose v. Buffalo Mining Co.*, 23 Black Lung Rep. 1-221 (2007), the BRB considered how the evidence limiting rules apply when the Act's provision for re-opening claims, a procedure referred to as "modification," has been invoked. The regulation implementing that provision describes additional limitations on affirmative, rebuttal and rehabilitative evidence that apply. Agreeing with the Director, the BRB held that evidence admissible under either limitations provision may be submitted on modification; the two sets of limitations provisions work together to allow each party to submit all of the evidence allowed by either regulation, even when that evidence is first

submitted in connection with the modification proceeding. The BRB reasoned that this approach is consistent with the language of the regulations, the overall scheme of the limitations provisions, and the broad nature of modification.

Under the evidence limiting rules, each party is allowed to submit, among other pieces of evidence, one autopsy report and two medical reports in support of its affirmative case, and one physician's review of the opposing party's autopsy report as rebuttal evidence. Agreeing with the Director, the BRB held that a physician's review of autopsy tissue slides constitutes an autopsy report, rather than a medical report, for purposes of the evidentiary limitations. The BRB also held that an autopsy rebuttal report is limited to a review of the opposing party's affirmative report and autopsy tissue samples. If the physician addresses other medical evidence in the record, the resulting report counts against the submitting party as both a medical report and an autopsy rebuttal report. Finally, the BRB held that when a miner's claim and a survivor's claim are consolidated for hearing, a party may submit separate affirmative case and rebuttal case evidence in each claim. *Keener v. Peerless Eagle Coal Company*, 23 Black Lung Rep. 1-229 (2007)(*en banc*).

During FY 2007, the BRB also denied motions for reconsideration of two earlier decisions that addressed the evidence-limiting rules. In *Webber v. Peabody Coal Company*, 24 Black Lung Rep. 1-1 (2007), the BRB reaffirmed its holding in *Webber v. Peabody Coal Company*, 23 Black Lung Rep. 1-123 (2006), that the evidentiary limitations apply to medical evidence submitted under a catch-all provision that allows admission of "other medical evidence" not specifically addressed in the program regulations, such as CT-scans; thus, a party may submit only one interpretation or set of results from each such test as part of its affirmative case. The BRB also reaffirmed its holding that readings of digital chest x-rays must be considered under the "other medical evidence" provision rather than under the provision governing consideration of standard x-rays. In *Harris v. Old Ben Coal Company*, 24 Black Lung Rep. 1-13 (2007), the BRB reaffirmed its holding in *Harris v. Old Ben Coal Company*, 23 Black Lung Rep. 1-98 (2006), that, when a party has submitted a medical report by a physician who relies on evidence exceeding the limitations, an ALJ has discretion to take appropriate action, such as considering only portions of the report or excluding the report from the record entirely.

Establishing the Existence of Pneumoconiosis. A black lung program regulation provides specific criteria under which a claimant may establish the existence of “clinical” pneumoconiosis by chest x-ray evidence. A separate regulation sets forth criteria for establishing that the disease arose out of coal mine employment. Adopting the Director’s position, the BRB held that an x-ray diagnosis of pneumoconiosis unrelated to coal dust exposure supports a finding of pneumoconiosis under the former provision and that the physician’s assessment regarding the source of the pneumoconiosis must be considered under the regulation addressing causation. The BRB held that this outcome is fully consistent with the Fourth Circuit’s decision in *Island Creek Coal Co. v. Compton*, 211 F.3d 203 (4th Cir. 2000), which requires that the ALJ weigh all of the relevant evidence to determine whether clinical pneumoconiosis exists. *Kiser v. L & J Equipment Company*, 23 Black Lung Rep. 1-246 (2006).



Black Lung Benefits Act

	Part C ¹		Part B ²	
	FY 2006	FY 2007	FY 2006	FY 2007
Number of Employees (FTE Staffing Used)	191	185	16	17
OWCP Administrative Expenditures ³	\$ 32.7 M	\$ 33.2 M	\$ 5.2 M	\$ 5.4 M
Total Compensation and Benefit Payments ⁴	\$307.1 M	\$291.3 M	\$319.9 M ^R	\$289.5 M
Beneficiaries in Pay Status at End of Fiscal Year				
Monthly	33,954	31,305	41,625	36,888
Medical Benefits Only	2,891	2,324	N/A	N/A
Responsible Coal Mine Operator Beneficiaries in Pay Status at End of Fiscal Year				
Monthly	5,076	4,830	N/A	N/A
Medical Benefits Only	951	777	N/A	N/A

¹ Part C benefits are paid out of the Black Lung Disability Trust Fund or by the liable coal mine operator or insurer.

² Part B benefits are paid out of general revenue funds from the U.S. Treasury.

³ Part C figures exclude DOL and Department of Treasury support costs of \$25.3 million in FY 2006 and \$26.3 million in FY 2007, respectively. Also excludes interest on the Trust Fund debt.

⁴ Part C figures exclude collections from responsible coal mine operators for benefits paid by the Trust Fund on an interim basis, refunds for OWCP administrative costs paid, and other miscellaneous reimbursements.

^R Revised.



Longshore And Harbor Workers' Compensation Act

Introduction

Enacted in 1927, the Longshore and Harbor Workers' Compensation Act (LHWCA) provides compensation for lost wages, medical benefits, and rehabilitation services to longshore, harbor and other maritime workers who are injured during their employment or who contract an occupational disease related to employment. Survivor benefits also are provided if the work-related injury or disease causes the employee's death. These benefits are paid directly



by an authorized self-insured employer, through an authorized insurance carrier, or in particular circumstances, by an industry-financed Special Fund.

In addition, LHWCA covers certain other employees through the following extensions to the Act:

The Defense Base Act (DBA) of August 16, 1941, extends the benefits of the LHWCA to employees working outside the continental United States under certain circumstances set out in jurisdictional provisions. Primarily it covers all private employment on: U.S. military bases overseas, land used for military purposes on U.S. territories and possessions, and U.S. Government contracts overseas.

The Nonappropriated Fund Instrumentalities Act of June 19, 1952, covers civilian employees in post exchanges, service clubs, etc. of the Armed Forces.

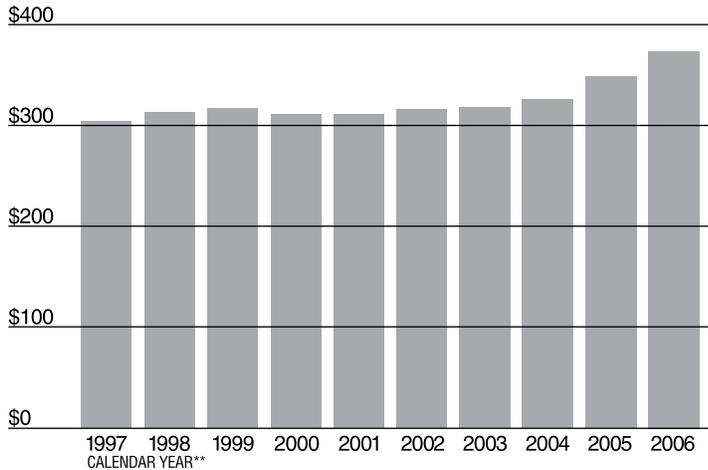
The Outer Continental Shelf Lands Act of August 7, 1953, extended Longshore benefits to employees of firms working on the outer continental shelf of the United States, such as off-shore drilling enterprises engaged in exploration for and development of natural resources.

The District of Columbia Workmen's Compensation Act (DCCA), passed by Congress on May 17, 1928, extended the coverage provided by the Longshore Act to private employment in the District of Columbia. Since the District of Columbia passed its own workers' compensation act effective July 26, 1982, OWCP handles claims only for injuries prior to that date.

The original law, entitled the Longshoremen's and Harbor Workers' Compensation Act, provided coverage to certain maritime employees injured while working over navigable waters. These workers had been held excluded from state workers' compensation coverage by the Supreme Court (*Southern Pacific Co. v. Jensen*, 244 U.S. 205 (1917)).

Longshore Benefit Expenditures

IN MILLIONS OF CONSTANT DOLLARS*



*Current dollars deflated by CPI-W (urban wage earners and clerical workers, U.S. city average, all items), 1982-1984=100.

**Includes total industry compensation and benefit payments under LHWCA and its extensions as reported on a calendar year basis.

Operations

Disability compensation and medical benefits paid by insurers and self-insurers under LHWCA and its extensions totaled \$736.4 million in Calendar Year (CY) 2006, a 13.2 percent increase compared to CY 2005.

In Fiscal Year (FY) 2007, total DOL expenditures for program operations and the administration of LHWCA and its extensions were \$26.7 million, of which \$10.7 million were the direct costs of OWCP. The remaining \$16.0 million represents the cost of legal, audit, and investigative support provided by the Office of Administrative Law Judges (OALJ), the Benefits Review Board (BRB), the Office of the Solicitor, and the Office of the Inspector General.

At year's end, the Division of Longshore and Harbor Workers' Compensation (DLHWC) employed 95 people in the national office and 11 district offices.

During FY 2007, approximately 540 self-insured employers and insurance carriers reported 33,395 lost-time injuries under the LHWCA. At year's end, 14,774 maritime and other workers were in compensation payment status.

The conflict in Iraq, Afghanistan, and related military activities in the Middle East continued to generate interest in Longshore program operations as they relate to the administration of the DBA in FY 2007. Injuries occurring under DBA are reported to DLHWC District Offices determined by the geographic location of the injury occurrence. For covered employees in the Middle East, injuries are reported to the New York DLHWC District Office, where claim files are maintained, provisions of the DBA are enforced, and dispute resolution services offered. During the year, a total of 15,141 claims were filed under DBA.

Longshore Special Fund

The Special Fund under the LHWCA was established in the Treasury of the United States pursuant to section 44 of the Act and is administered by the national office of DLHWC. Proceeds of the fund are used for payments under section 10(h) of the LHWCA for annual adjustments in compensation for permanent total disability or death that occurred prior to the effective date of the 1972 amendments, under section 8(f) for second injury claims, under section 18(b) for cases involving employer insolvency, under sections 39(c) and 8(g) for providing rehabilitation assistance to persons covered under the LHWCA, and under section 7(e) to pay the cost of medical examinations.

The Special Fund is financed through fines and penalties levied under the LHWCA; \$5,000 payments by employers for each instance in which a covered worker dies and when it is determined that there are no survivors eligible for benefits; interest payments on Fund investments; and payment of annual assessments by authorized insurance carriers and self-insurers. Fines, penalties, and death benefit levies constitute a small portion of the total amount paid into the Special Fund each year. The largest single source of money for the fund is the annual assessment.

A separate fund under the DCCA is also administered by OWCP. Payments to and from this fund apply only to the DCCA.

The LHWCA Special Fund paid \$131.9 million in benefits in FY 2007, of which \$117.5 million was for second injury (section 8(f)) claims. FY 2007 expenditures from the DCCA Special Fund totaled \$10.1 million, of which \$9.3 million was for second injury cases.

Government Performance Results Act

In FY 2007, DLHWC set the following target for the indicator under the DOL strategic goal to “minimize the human, social, and financial impact of work-related injuries for workers and their families”:

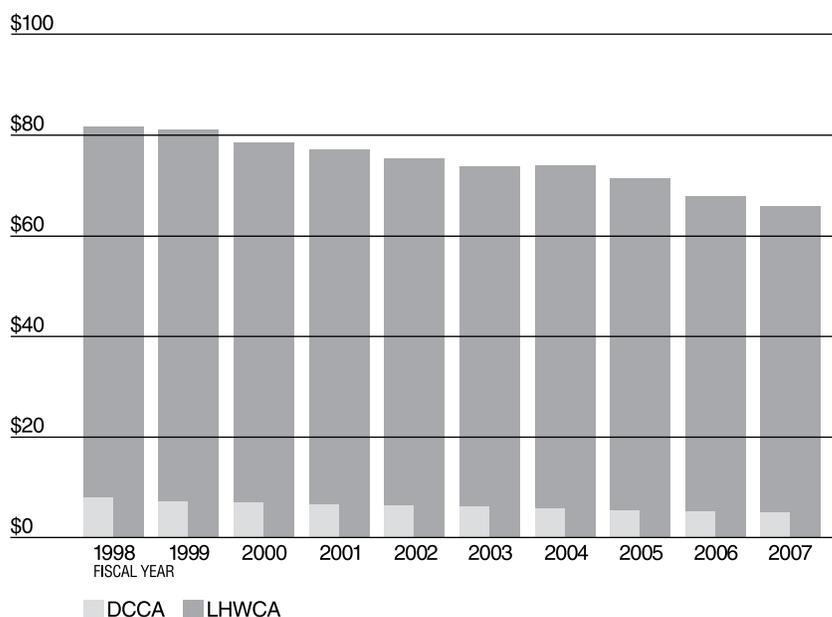
To reduce by two percent versus the FY 2005 baseline the average time required to resolve disputed issues in LHWCA program contested cases, from an average of 253 days in FY 2005 to 248 days in FY 2007.

This indicator is intended to measure OWCP’s success in resolving claim disputes between injured workers and their employers and insurers. Dispute resolution is one of the core missions of the Longshore program. While not a judge or a hearing officer, a Longshore claims examiner contributes to the resolution of disputed issues by acting as a mediator in informal proceedings designed to help parties to a claim reach amicable agreement and thereby avoid the time and expense required by formal litigation. In FY 2007, the district offices conducted 2,462 informal conferences that were designed to establish the facts in each case, define the disputed issues and the positions of the parties in respect to those issues, and encourage their voluntary resolution by means of agreement and/or compromise.

To ensure that the goals of this indicator remain ambitious, OWCP expanded the scope of the Longshore program’s dispute resolution measurement in FY 2006 to include two additional dispute types, those of Last Responsible Employer and Attorney Fees. New targets were developed and adopted in FY 2005 for implementation from FY 2006 through FY 2008. The goal is to reduce by one percent each year for three years the average time required to resolve disputes. In FY 2007,

LHWCA and DCCA Special Funds' Expenditures, FY 1997-FY 2006

IN MILLIONS OF CONSTANT DOLLARS*



* Current dollars deflated by CPI-W (urban wage earners and clerical workers, U.S. city average, all items), 1982-1984=100.

disputed issues covered by this measure were resolved in an average of 230 days, 18 days below the target of 248 days. The program's success was in large part due to the efforts of the district office staff to increase the proportion of disputes resolved at the OWCP level without the need for formal hearing.

OWCP continues to provide its claims staff with additional training to improve mediation skills and case management strategies to shorten the time required to resolve disputes.

Performance Assessment

In response to the recommendations from the 2005 Program Assessment Rating Tool (PART), the Longshore program continues to implement and monitor a number of actions. An independent study was completed in FY 2006 by a private consulting firm. The study results included recommendations for extensive upgrades to the automated claims management system to improve benefit tracking and allow benchmarking against workers' compensation programs in various states. The program continues to evaluate means to update its automated systems. A second study was completed at the end of FY 2007 with the same contractor to evaluate the overall effectiveness and efficiency of the program. Longshore has acted upon SRA's recommendation to further expand the number of offices that handle Middle East DBA cases by redistributing DBA cases to all district offices based on the claimant's current address. The remaining recommendations are under review and evaluation by the program for implementation.

Based on the PART evaluation and in reaction to the submission of legislative reform proposals by industry, the program began an evaluation of the statute with the intention of submitting any requested responses or technical assistance. Although industry-submitted legislation was not acted upon in FY 2007, future industry proposals are anticipated.

DLHWC program performance, as measured by GPRA outcome metrics, quarterly reviews of district office performance, and periodic accountability reviews, continue to be excellent.

Claims Management and Compliance Assistance Activities

The number of DBA injury and death claims from civilian contractors in Iraq and Afghanistan continued to grow in FY 2007, with claims totaling 12,540, of which 463 involved the death of a worker. This is an increase of over 200 percent compared to FY 2006. Between FY 2003 and FY 2007, a total of 27,267 DBA claims were filed, including 1,267 death claims, of which 21,275 claims (1,159 deaths) originated in Iraq and Afghanistan.

The Longshore program continued its efforts to address issues and questions about the ongoing increases in DBA claims arising from Iraq and Afghanistan. The staff has worked diligently to foresee and address such issues as the effective handling of Post-traumatic Stress Disorder claims and the challenges of managing the claims of Iraqi nationals in a nation with complex cultural differences, communications challenges, banking and infrastructure difficulties, and lack of available medical care. The major participants, including insurance companies and contracting agencies, were invited to meetings throughout the year to discuss and resolve these issues in advance of their becoming major problems.

In response to the burgeoning number of DBA claims, DLHWC began planning the unusual step of distributing the claims from Iraq and Afghanistan from the New York City District Office, which normally handles all claims from that region, to the district office closest to the claimant's residence. Without this management step, the New York office would quickly have become overwhelmed by the workload, and customer service would have deteriorated.

Additionally, the quickly escalating number of Freedom of Information Act requests, Congressional inquiries, requests for data and analysis, media questions, and submissions from contracting agencies, contractors, insurers, attorneys, and claimants reached historic levels, and required prioritizing.

The Longshore program's efforts to enhance its Compliance Assistance to the public continued in FY 2007, with more information added to its website, continued local surveys of industry to identify pockets of coverage compliance deficiencies, and public speaking at many conferences and seminars around the country.

DLHWC initiated a major efficiency and effectiveness study by SRA Corporation, following up on recommendations from the 2005 PART evaluation. This comprehensive program review

looked at the procedures in place in the district offices and provided both flow charts detailing these processes and recommendations for improvements. The Longshore program began its review of the study results and is evaluating the potential for incorporating as many of the recommendations as realistically possible, given the current caseload increases in DBA claims.

Rehabilitation Reforms

The process of refining and improving the new performance measure for the rehabilitation specialists in the district offices continued during FY 2007. The new measure is the percentage increase in the number of rehabilitation participants who successfully complete approved rehabilitation plans and return to suitable work within 12 months of the completion of the plan. The measure, which incorporates recognition for recruiting claimants to participate in the rehabilitation process thereby helping to guide their successful completion of implemented rehabilitation plans, while focusing on the desired return-to-work outcome, again met its target goal

during the year. DLHWC continues to monitor this measure closely.

DLHWC implemented a pilot project in the Jacksonville, Florida District Office to test a new approach to vocational rehabilitation. The goal in this test is to change the mix of services provided to claimants to focus on job placement, along with a fundamental fee change from hourly billing to a fee-for-service schedule with performance incentives. This test project will continue for at least two years, as the duration of most rehabilitation plans (primarily retraining or on-the-job training), along with the needed time to seek, obtain, and maintain a new job placement to successful outcomes, is lengthy.

Litigation

During FY 2007, the courts of appeals published eleven decisions, and the Benefits Review Board (BRB) two significant decisions, that discussed issues arising under the LHWCA or its extensions. Important points from these cases are summarized below.

COURTS OF APPEALS

Credit Against Awards - 33 U.S.C. § 903(e). The Second Circuit held that, where a prior settlement under a state workers' compensation law included payment for both the worker's death and disability, only the portion paid for his death could be credited against the widow's award of LHWCA death benefits. *Barszcz v. Director, OWCP*, 486 F.3d 744 (2d Cir. 2007). The Court found that the relevant language of the LHWCA provided a credit for amounts paid under another workers' compensation law only if those amounts were paid for the same "injury, disability or death" currently being claimed under the LHWCA. Because the widow was claiming death benefits under the LHWCA, only the portion of the state settlement paid for death was creditable, and amounts paid for disability were not. The Court further held that the burden of proving what portion of the state settlement was paid as compensation for the worker's death rested with the employer, because the Administrative Procedure Act provides that "the proponent of a rule or order has the burden of proof." 5 U.S.C. § 556(d). As the employer was the party seeking to claim a credit, and thus the proponent of the order, it bore the burden of proving that it was entitled to a credit.

Credit Against Awards - 33 U.S.C. § 933(b). The First Circuit held that an employer who paid benefits to an employee under the Defense Base Act (DBA) had no statutory right under

the LHWCA to seek damages based on the employee's potential malpractice claim against attorneys who represented him in a Federal Tort Claims Act (FTCA) action that arose from the same injury. *ITT Federal Services Corp. v. Anduze Montano*, 474 F.3d 32 (1st Cir. 2007). The employee was injured at a United States naval installation in Puerto Rico when a Navy pilot dropped two bombs near the control tower where he was working. He filed a claim for benefits under the DBA, and settled that claim with the employer and its insurance carrier for approximately \$305,000. Prior to that settlement, the worker's attorneys also filed an FTCA suit on his behalf, naming the United States Navy and his employer as defendants. The district court dismissed the suit because the FTCA precludes suits against military departments, and provides that the United States is the only proper defendant. The worker did not try to revive the suit and the statute of limitations expired. Having paid the worker \$305,000, the employer and its carrier filed suit against the worker's attorneys, alleging a statutory right under the LHWCA to seek damages against those attorneys for legal malpractice in pursuing the FTCA claim. The district court dismissed the suit, and the circuit court affirmed. The Court held that section 33(b) of the Act provides the employer a limited assignment of rights only where a third party is liable for an injury sustained in the course of employment, for which compensation is payable under the LHWCA. As the harm allegedly caused by the worker's attorneys – malpractice – was not sustained in the course of employment, and was not compensable under the Act, section 33 did not confer a right of subrogation in the employer's favor.

Attorney Fees - 33 U.S.C. § 928(b). The Fourth Circuit affirmed an award of attorney's fees under section 28(b) of the Act, finding that all of the section's requirements had been met although the

district director did not hold an in person informal conference. *Newport News Shipbuilding and Dry Dock Co. v. Director, OWCP (Hassel)*, 477 F.3d 123 (4th Cir. 2007). Immediately after the claimant's injury, the employer began voluntarily paying compensation for temporary total disability. Thereafter, a controversy developed over the additional compensation to which the claimant was entitled for permanent partial disability. The employer did not dispute the disability rating dictating the amount of compensation due, but included in its proposed stipulations a statement that the parties were aware of no other outstanding compensation issues. When the claimant declined to accept that stipulation, the employer filed a notice of controversy challenging the claimant's permanent disability rating. The parties exchanged letters with each other and the district director, who responded by taking the position that the employer should begin payments at the claimant's assigned disability rating, and that the claimant was not required to sign the stipulations as a condition of receiving compensation. The Court held that the initial letters were the functional equivalent of an informal conference, and treated the district director's letter as a written recommendation. It further held that the employer did not accept that recommendation because it never changed its initial offer, insisting upon the challenged stipulation. Thus, although the employer had made a conditional offer of payment, after a controversy arose, the offer did not constitute a valid tender of additional compensation. Finally, the Court held that the claimant's use of an attorney resulted in a greater award because, although he obtained the same compensation he sought at the outset of the controversy, that compensation came without the inclusion of the challenged stipulation.

Attorney Fees - 33 U.S.C. § 928(b). The Fourth Circuit also affirmed an employer's attorney fee liability where, after the employer initially made voluntary payments, a controversy arose over medical causation. *Newport News Shipbuilding and Dry Dock Co. v. Director, OWCP (Moody)*, 474 F.3d 109 (4th Cir. 2006). In 1999, the claimant injured his left knee at work, was treated at the shipyard clinic and placed on light duty, but did not file a claim for compensation. In 2001, he injured his right knee, underwent surgery and collected compensation for temporary total disability. In 2002, he reported pain in his left knee during a visit with his doctor. His doctor found that the left knee injury was due to the extra pressure placed on his left knee after the right knee injury, and required surgery. The employer contested the claimant's right to compensation for the left knee injury, arguing that it was the result of the 1999 injury, and thus barred by the one-year statute of limitations. 33 U.S.C. § 913(a). The employer rejected a claims examiner's recommendation finding that the left knee problem resulted from the 2001 right knee injury, and the case was referred to an administrative law judge (ALJ) for hearing. The ALJ rejected the employer's argument that the causation issue was not ripe for adjudication because the claimant had not yet suffered a disability resulting in lost time from work. He further found that the left knee injury resulted from the 2001 right knee injury, and awarded fees to the claimant's attorney under 33 U.S.C. § 928(a). On appeal, the Court affirmed the ALJ's rejection of the employer's ripeness argument, finding that all of the evidence necessary to determine causation of the left knee injury was in the record, and that delaying an agency decision would result in hardship to the claimant. Finally, the Court held that, although the ALJ's award of attorney's fees was not proper under section 28(a), fees were properly shifted to the employer under section 28(b).

Attorney Fees - 33 U.S.C. § 928(b). A panel of the Sixth Circuit denied rehearing and rehearing en banc of its 2006 decision, finding that in order to shift attorney fee liability to the employer under section 28(b), the district director must: (1) hold an informal conference; and (2) issue a written recommendation calling for the payment of compensation. *Pittsburgh & Conneaut Dock Co. v. Director, OWCP (Bordeaux)*, 473 F.3d 253 (6th Cir. 2007). Where the district director held an informal conference but did not make a substantive recommendation, section 28(b) could not apply to shift attorney fee liability to the employer.

Coverage: Exclusion for Retail Outlet Employees. The Ninth Circuit affirmed the BRB's determination that the assistant manager of a photography concession service on a historic naval ship fell within the "retail outlet" exclusion from coverage, 33 U.S.C § 902(3)(B), but remanded for determination of whether she was covered by state workers' compensation law. *Peru v. Sharpshooter Spectrum Ventures, LLC*, 493 F.3d 1058 (9th Cir. 2007). The claimant was injured when she hit her head while ascending a ladder inside the *USS Missouri*. The BRB found that she was excluded from coverage under section 2(3)(B) because she was "employed by a . . . retail outlet." The Court affirmed that determination, but noted that individuals are excluded from coverage by sections 2(3)(A) through (F) only if they "are subject to coverage under a State workers' compensation law." As the claimant's coverage under Hawaii's state workers' compensation law had not been definitively determined, the Court remanded, noting that if she were found not covered by state law, she would be eligible for compensation under the LHWCA regardless of the statutory exclusion.

33 U.S.C. § 908(f). The Second Circuit confirmed the established principle that an employer is eligible for section 8(f) relief from liability where an employee's pre-existing disability and second injury arise from the same course of employment with the same employer. *Electric Boat Corporation v. DeMartino*, 495 F.3d 14 (2d Cir. 2007). The Court nonetheless affirmed the administrative law judge's conclusion that the employer was not entitled to section 8(f) relief because it had failed to persuade the ALJ that the employee was exposed to additional asbestos after a 1970 diagnosis of an asbestos-related medical condition. The employer therefore had not established the existence of a second injury.

33 U.S.C. § 905(b) and the Jones Act. The employee, a crane operator on a barge, brought a personal injury action against his employer under both the Jones Act and section 5(b) of the LHWCA. The district court granted summary judgment to the employer/owner on both claims. The Ninth Circuit reversed and remanded, finding that the claimant had established the existence of material issues of fact. *Scheuring v. Traylor Brothers, Inc.*, 476 F.3d 781 (9th Cir. 2007). To board the barge, the crew had to walk down a twenty-foot ramp from the water's edge to an offshore float, and then take a skiff to the barge. The ramp could not be attached to the float, so it regularly fell into the water. The claimant injured his back while trying to lift the end of the ramp out of the water. The circuit court reversed the district court's grant of summary judgment on the Jones Act claim because it found there were material issues of fact concerning whether he was a land- or sea-based worker, and whether he had a substantial connection to the vessel. It reversed summary judgment on the section 5(b) count,

finding that there were genuine issues of material fact concerning whether: (1) any negligence on the part of the barge owner was as vessel owner or employer; (2) the ramp was more like a gangway, and thus part of the vessel, or more like a dock or pier; and (3) the barge owner fulfilled its duty to present the vessel in a safe condition.

33 U.S.C. §§ 919(e) and 921(a). Mere Receipt of an ALJ's Order by the District Director Without Formal Action Does Not Amount to Filing of the Order. The Fifth Circuit reversed a decision of the BRB dismissing a claimant's appeal as untimely. *Grant v. Director, OWCP*, 502 F.3d 361 (5th Cir. 2007). An ALJ dismissed a claim for compensation on December 13, 2005, and sent the order to the parties by regular mail and to the district director by express mail. The district director received the order the next day, but did not formally date and file the order, and did not serve it on the parties. On January 18, 2006, the claimant mailed a notice of appeal to the Board, and sent a letter to the district director inquiring whether his office had served the ALJ's order. The district director responded that the order had been served by the Office of Administrative Law Judges, and had thus not been filed in his office. The BRB dismissed the appeal as untimely, finding that the ALJ's order had been filed in the office of the district director on December 14, 2005, when the district director had received it. The Court reversed, holding that mere receipt of an order by the director is not equivalent to the filing of that order. The Court noted that 20 C.F.R. § 702.349 requires the district director to formally date and file the order after it is received, and concluded that filing requires a "formal act" by the district director. Having found that no such formal act occurred, the Court found it unnecessary to decide whether filing also requires proper service of the order on the parties.

33 U.S.C. § 921(c). When An Employer May Stop Paying Compensation Under an Award that is Vacated by the Court. The Fifth Circuit held that an employer was required to continue paying compensation under an award vacated by the Court until the date the Court issued its mandate, but not until the Supreme Court denied the claimant's petition for certiorari. *Charpentier v. Ortco Contractors*, 480 F.3d 710 (5th Cir. 2007). The Court relied on the language of section 21(c) – which refers to the point at which there is a "final decision" by the court of appeals – and concluded that its decision became final when it issued its mandate.

33 U.S.C. § 922. Modification. The Fourth Circuit held that a letter sent by employee's counsel to the district director was a valid request for modification because it established a clear intention to seek further compensation even though the letter also stated that no informal conference was requested. *Kea v. Newport News Shipbuilding and Dry Dock Co.*, 488 F.3d 606 (4th Cir. 2007). The Court held that the standard for requesting modification is "most lenient," requiring that there need only be some basis for a reasonable person to conclude that a modification request has been made, and expressing an actual intention to seek compensation for a particular loss. It held that the claimant's letter met those requirements because it alleged a permanent loss of wages, as opposed to the temporary loss for which claimant was being compensated, and asked that the letter be treated as "a request for additional compensation in modification of the previous award."

BENEFITS REVIEW BOARD

Attorney Fees - 33 U.S.C. § 928(a). The BRB held that, when an employer does not pay benefits to a claimant within thirty days of receiving a claim from the district director, its liability for all attorney's fees arising from that claim is to be determined under section 28(a). *W.G. v. Marine Terminals Corp.*, 41 BRBS 13 (2007). After initially failing to pay compensation within thirty days of receiving the claim, the employer subsequently paid the claimant temporary total disability benefits, medical benefits, and attorney's fees. When the claimant reached maximum medical improvement, the parties sought to resolve whether the claimant was entitled to permanent benefits. The district director issued a recommendation that the employer pay compensation for permanent partial disability and the employer did so. Claimant's counsel filed a petition for fees incurred in securing the compensation for permanent disability, which the district director denied. The district director found that, pursuant to section 28(b), the employer was not liable for the subsequent fees because it had timely paid the compensation for permanent disability after the district director's recommendation. The BRB reversed, finding fees were due under section 28(a) because the permanent compensation was paid on the same claim as the temporary compensation, and the employer had failed to pay that claim within thirty days.

Attorney Fees - 33 U.S.C. § 928(a), (b). The BRB found that, where an employer voluntarily pays compensation within thirty days of receiving a claim, it cannot be held liable for fees under section 28(a), even if it pays less compensation than the claimant seeks. A two-member majority also found that an employer cannot be held liable for fees under section 28(b), even where the claimant subsequently obtains a greater award, if the employer has not refused to accept the district director's recommendation regarding compensation after an informal conference. *Andrepoint v. Murphy Exploration and Production Co.*, 41 BRBS 1 (J. Hall dissenting), *recon. denied* 41 BRBS 73 (2007).



Longshore and Harbor Workers' Compensation Act

	FY 2006	FY 2007
Number of Employees (FTE Staffing Used)	92	95
Administrative Expenditures ¹	\$ 12.7 M	\$ 12.8 M
Lost-Time Injuries Reported	23,537	33,395
Total Compensation Paid ²	\$798.4 M	\$882.3 M
Wage-Loss and Survivor Benefits	\$568.9 M	\$619.5 M
Medical Benefits	\$229.5 M	\$262.8 M
Sources of Compensation Paid		
Insurance Companies ²	\$325.0 M	\$367.6 M
Self-Insured Employers ²	\$325.7 M	\$368.7 M
LHWCA Special Fund	\$133.3 M	\$131.9 M
DCCA Special Fund	\$ 10.2 M	\$ 10.1 M
DOL Appropriation	\$ 2.4 M	\$ 2.4 M

¹ Direct administrative costs to OWCP only; excludes DOL support costs of \$15.0 million in FY 2006 and \$16.0 million in FY 2007, respectively.

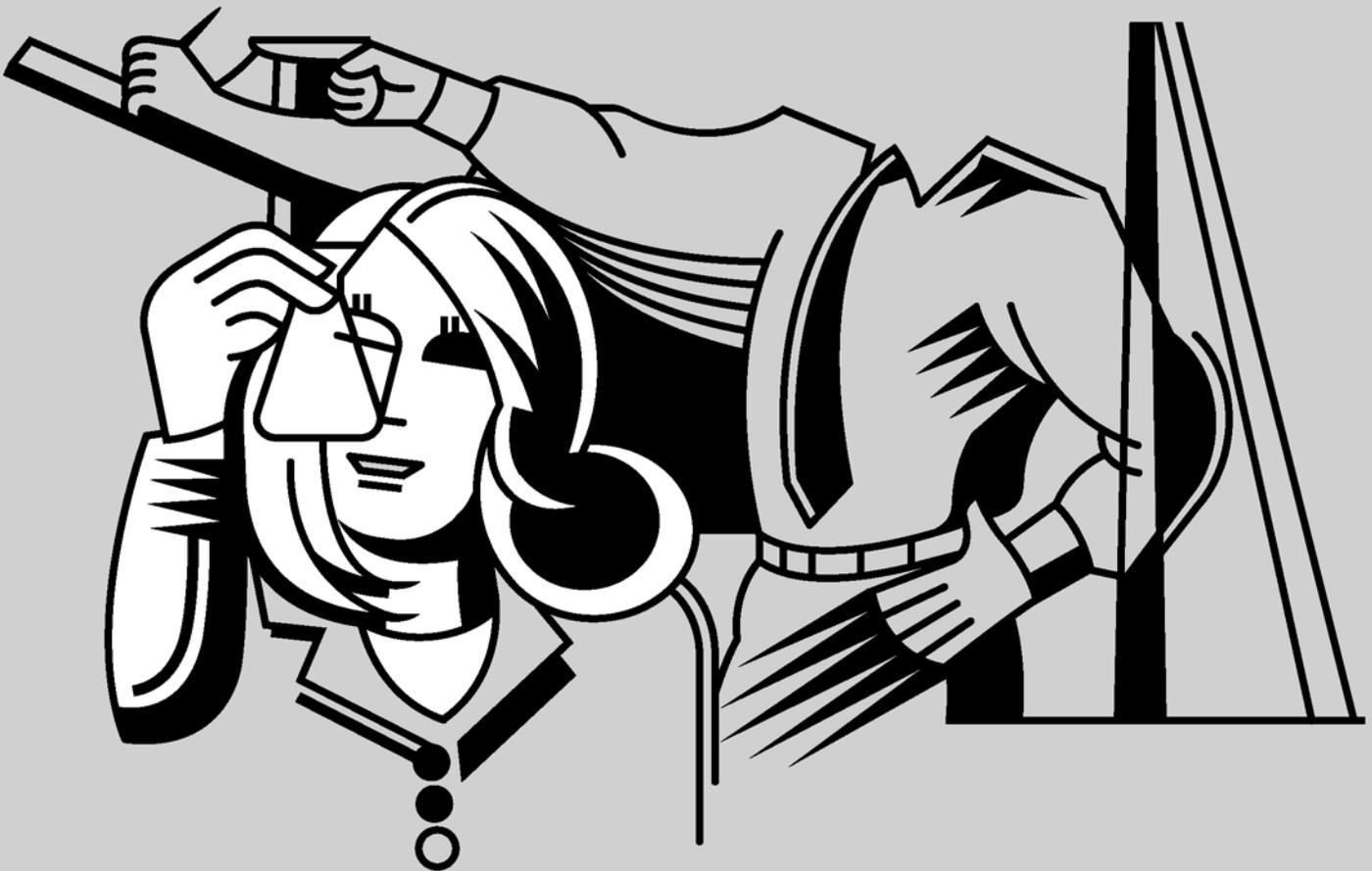
² Figures are for CY 2005 and CY 2006, respectively. Note: Total compensation paid does not equal the sum of the sources of compensation due to the different time periods (CY v. FY) by which the various data are reported. For Special Fund assessment billing purposes as required by section 44 of LHWCA, compensation and medical benefit payments made by insurance carriers and self-insured employers under the Acts are reported to DOL for the previous calendar year.



Energy Employees Occupational Illness Compensation Program Act

Introduction

Congress passed the Energy Employees Occupational Illness Compensation Program Act (EEOICPA or Act) in October 2000; Part B became effective on July 31, 2001. Part B compensates current or former employees (or their survivors) of the Department of Energy (DOE), its predecessor agencies, and certain of its vendors, contractors and subcontractors, who were diagnosed with a radiogenic



cancer, chronic beryllium disease, beryllium sensitivity, or chronic silicosis as a result of exposure to radiation, beryllium, or silica while employed at covered facilities. The EEOICPA also provides compensation to individuals (or their eligible survivors) awarded benefits by the Department of Justice (DOJ) under Section 5 of the Radiation Exposure Compensation Act (RECA).

Part E (effective October 28, 2004) replaced the former Part D of the EEOICPA. Part E of the Act compensates DOE contractor/subcontractor employees, eligible survivors of such employees, and uranium miners, millers, and ore transporters as defined by RECA Section 5 for illnesses that are linked to toxic exposures in the DOE or mining work environment.

From the program's inception to the end of Fiscal Year (FY) 2007, the Division of Energy Employees Occupational Illness Compensation (DEEOIC) provided more than 24,800 employees or their families with compensation totaling more than \$2.9 billion under both Parts B and E of the Act and paid more than \$170 million for medical expenses associated with the treatment of accepted medical conditions. Part B compensation has totaled more than \$2.1 billion (since 2001) while Part E compensation has exceeded \$833 million (since 2005).

In FY 2007 alone, more than 5,700 employees or their families received Part B compensation of \$464.4 million. In addition, more than 3,200 employees or their families received Part E compensation of \$361.7 million. A total of \$55.7 million was paid in covered medical benefits in FY 2007 under both Parts B and E of the Act.

Administration

Executive Order 13179 designated four federal agencies to administer the Act: DOL, the Department of Health and Human Services (HHS), DOE, and DOJ. DOL is the lead agency with primary responsibility for administering the Act, including adjudication of claims for compensation and payment of benefits for conditions covered by Parts B and E. The EEOICPA has been and continues to be an intergovernmental activity, involving the coordinated efforts of the HHS, DOE, DOJ, as well as DOL. DEEOIC is proud of its contribution to the overall progress that has been made in implementing and administering both parts of the Act.

HHS, through its National Institute for Occupational Safety and Health (NIOSH), establishes procedures for estimating radiation doses, develops guidelines to determine the probability that a cancer was caused by workplace exposure to radiation, establishes regulations and procedures for designation of new Special Exposure Cohort (SEC) classes, and carries out the actual dose reconstruction for cases referred by DOL. HHS also provides the Advisory Board on Radiation and Worker Health with administrative services and other necessary support. The Board advises HHS on the scientific validity and quality of dose reconstruction efforts, and receives and provides recommendations on petitions submitted by classes of employees for inclusion as members of the SEC.

Under the Act, Congress established the SEC to allow eligible claims to be compensated without the completion of a radiation dose reconstruction or determination of the probability of causation. To qualify for compensation under the SEC, a covered employee must have at least one of twenty-two “specified cancers” and have worked for a certain period of time at an SEC

facility. The Act designated four sites (the three gaseous diffusion plants in Oak Ridge, Tennessee; Paducah, Kentucky; and Portsmouth, Ohio; and an underground nuclear test site on Amchitka Island, Alaska) as belonging to the SEC. As of September 30, 2007, HHS had designated 11 additional facilities, for certain workers and specified timeframes, as part of the SEC. These include: the S-50 Oak Ridge Thermal Diffusion Plant, Oak Ridge, Tennessee; the Oak Ridge Institute of Nuclear Studies (ORINS) Cancer Research Hospital, Oak Ridge, Tennessee; covered employees exposed to radioactive lanthanum (RaLa) at Los Alamos National Laboratory (LANL), Los Alamos, New Mexico; Allied Chemical Corporation Plant, Metropolis, Illinois; Harshaw Chemical Company’s Harvard-Denison Plant, Cleveland, Ohio; General Atomics, La Jolla, California; Monsanto Chemical Company, Dayton, Ohio; Los Alamos National Laboratory (LANL), Los Alamos, New Mexico; W.R. Grace, Erwin, Tennessee; Dow Chemical Company, Madison, Illinois; and the Rocky Flats Plant, Golden, Colorado. DOL has no role in determining which classes of employees are added to the SEC. When a new SEC class is identified, DOL reviews all affected cases to determine if the employee in question meets the new criteria. Any previously denied claim with employment meeting the new definition is reopened for additional development and a new recommended decision.

In addition to the added SEC classes, NIOSH also at times issues modifications to the underlying scientific rationale for performing a dose reconstruction based on further research into the etiology of specific cancers, and issues changes in instructions for completing dose reconstructions for particular groups of employees and facilities. These modifications are issued in the form of a Program Evaluation Report (PER)

and Program Evaluation Plan (PEP). Whenever a PER or PEP is issued, DOL works with NIOSH to identify all cases affected by the changes, and where necessary reopens claims for new dose reconstructions to be performed. This process has led to the review of several thousand of these cases, with DOL returning over 2,000 cases to NIOSH for rework.

DOE makes Atomic Weapons Employer designations and provides DOL and HHS with relevant information on worker exposures, including access to restricted data and verification of covered employment.

DOJ notifies beneficiaries who have received an award of benefits under RECA Section 5 of their possible EEOICPA eligibility and provides RECA claimants with information required by DOL to complete the claim development process.

DEEOIC continued to receive a substantial number of new claims in FY 2007, creating a total of 6,113 new case files (8,709 claims) for living or deceased employees under Part B and 8,138 new cases (11,090 claims) under Part E. Each case represents an employee whose illness is the basis for a claim. One case may have multiple survivor claims.

DEEOIC's Policy Branch, with the assistance of DOL's Health Physicists, Industrial Hygienists, and Toxicologists, received and reviewed approximately 100 technical objections, 150 exposure referrals, and 1,000 rework requests on case files. In addition, the Policy Branch processed a total of 2,235 referrals to District Medical Consultants, and worked with the Health Physicists to develop and present technical training on NIOSH dose reconstructions to 18 claims examiners representing all four district offices.

The DEEOIC program's Final Adjudication Branch (FAB) maintains its central

office in Washington, D.C., with offices collocated with each district office. The FAB provided reviews of each recommended decision made by the district offices to ensure that the Act's requirements, program policy, and procedures were followed. FAB also considered challenges brought forth by claimants through reviews of the written record or oral hearings. During FY 2007, FAB conducted 1,076 oral hearings, issuing final decisions regarding the claims and specific claimant challenges. In addition, claimants challenge FAB's final decisions through reconsideration and reopening processes. Once claimants exhaust their administrative remedies under the Act, they may pursue judicial review at the district court level.

Benefits under the Act

While Parts B and E of the EEOICPA are separate programs with unique criteria for establishing positive claims, DEEOIC adjudicates all claims for benefits under Parts B and E as a unified claim, for greater efficiency. Where possible, decisions are issued that address both Parts B and E simultaneously. However, partial decisions may also be issued in cases where benefits under some provisions can be awarded, but claims under other provisions require further development. Workers or their survivors may qualify for both Part B and Part E benefits.

Part B. To qualify for benefits under Part B of the Act, an employee must have worked for DOE or a DOE contractor or subcontractor during a covered time period at a DOE facility, or have worked for a private company designated as a covered Atomic Weapons Employer (AWE) or beryllium vendor. The worker must have developed cancer, chronic beryllium disease, beryllium sensitivity, or chronic silicosis (for individuals who worked in Nevada and Alaskan nuclear test tunnels) due

to exposures at the covered work site. A covered employee who qualifies for benefits under Part B may receive a one-time lump-sum payment of \$150,000 plus medical expenses related to his or her accepted, covered condition. Survivors of these workers may also be eligible for a lump-sum compensation payment. Part B also provides for payment of \$50,000 to individuals (or their eligible survivors) who received an award from DOJ under Section 5 of the RECA, as well as related medical expenses.

There are several different types of claims under Part B of the Act. For all claims, employment and illness documentation is developed by claims staff and evaluated in accordance with the criteria in the EEOICPA and relevant regulations and procedures. DOL district offices then issue recommended decisions to claimants.

For cases involving claimed cancers that are not covered by SEC provisions (that is, either cancers incurred at a non-SEC facility, a non-specified cancer incurred at an SEC facility, or an employee who did not have sufficient employment duration to qualify for the SEC designation), there is an intervening step in the process to determine causation called "dose reconstruction." In these instances, once DOL determines that a worker was a covered employee and that he or she had a diagnosis of cancer, the case is referred to NIOSH so that the individual's radiation dose can be estimated. After NIOSH completes the dose reconstruction and calculates a dose estimate for the worker, DOL takes this estimate and applies the methodology promulgated by HHS in its probability of causation regulation to determine if the statutory causality test is met. The standard is met if the cancer was "at least as likely as not" related to covered employment, as indicated by a determination of at least 50 percent probability.

DOL's district office then issues a recommended decision on eligibility for EEOICPA benefits. In FY 2007, the district offices referred 5,412 Part B cases to NIOSH for dose reconstruction.

Part E. EEOICPA's Part E establishes a system of federal payments for employees of DOE contractors and subcontractors (or their eligible survivors) for illnesses determined to have resulted from exposure to toxic substances at a covered DOE facility. Uranium miners, millers, and ore transporters as defined by Section 5 of the RECA may also receive Part E benefits. Benefits are provided for any illness once it is determined that the illness was "at least as likely as not" that exposure to a toxic substance was a significant factor in causing, contributing to, or aggravating the illness or death of an employee. Additionally, the Act provides that any determination made under Part B to award benefits (including RECA Section 5 claims), as well as any positive finding by a physician panel under Part D that was accepted by DOE, is an automatic acceptance under Part E for causation of the illness. The maximum benefit under Part E is \$250,000 for all claims relating to any individual employee.

Unlike Part B, which compensates employees with a uniform lump-sum payment of \$150,000 for certain occupational illnesses, regardless of how severe or debilitating that illness is, Part E compensates covered employees for the varying percentage of impairment of the whole person that is related to a covered illness. Impairments included in ratings are those that have reached maximum medical improvement (MMI), i.e., they are well-stabilized and unlikely to improve substantially with or without medical treatment. MMI is not required if an illness is in a terminal or progressive stage. The Act specifically requires that impairment be determined in accordance with the American Medical

Association's *Guides to the Evaluation of Permanent Impairment (AMA's Guides)*. Eligible employees receive \$2,500 for each percentage point of impairment found to be attributable to a covered illness under Part E.

Under Part E, covered employees may also be eligible to receive compensation for wage loss. Wage loss is based on each qualifying year (prior to normal Social Security Administration retirement age) in which, as a result of the covered illness, an employee's earnings fell a specific percentage below his or her average annual earnings for the 36-month period prior to suffering wage loss (not including periods of unemployment). The Act provides that covered, eligible employees may receive \$15,000 for any year in which they made less than 50 percent of their pre-disability average annual wage, as a result of a covered illness, and \$10,000 for any year in which they made more than 50 percent but less than 75 percent of that average annual wage. Medical benefits for the covered condition are also payable, in addition to compensation, and are not limited by the \$250,000 cap.

Part E survivor benefits include a basic lump sum of \$125,000 where it is established that the employee was exposed to a toxic substance at a DOE facility and that the exposure caused, contributed to, or aggravated the death of the employee. Part E also provides \$25,000 in additional benefits to eligible survivors, if the deceased employee had, as of his or her normal retirement age under the Social Security Act, at

least ten aggregate calendar years of wage loss of at least 50 percent of his or her average annual wage. If an employee had twenty or more such years, the additional amount paid to an eligible survivor may increase to \$50,000.

Recommended Decisions and Final Decisions.

The DEEOIC district offices issue recommended decisions (recommending either acceptance or denial of claims) to claimants. Claimants may agree with the recommended decision, or may object and request either a review of the written record or an oral hearing. FAB reviews the recommended decision and any evidence/testimony submitted by the claimant and issues a final decision, either awarding or denying benefits. FAB may also remand a decision to the district office, if further development of the case is necessary. Claimants can appeal a final decision to the U.S. District Courts.

In FY 2007, DEEOIC district offices issued 13,326 claim-level recommended decisions of covered applications under Part B, and 15,928 claim-level recommended decisions of covered applications under Part E. The FAB issued 12,079 claim-level final decisions of covered applications under Part B, and 17,427 claim-level final decisions of covered applications under Part E. Under Part B, 6,374 covered claims (52.8 percent) received approval, while 5,705 (47.2 percent) were denied. Under Part E, 7,057 covered claims (40.5 percent) received approval, while 10,370 (59.5 percent) were denied.

Funding

In FY 2007, DOL spent \$53.1 million under Part B and \$62.5 million under Part E to administer EEOICPA. These funds supported 296 full-time equivalent (FTE) staff for Part B and 211 FTE for Part E.

DOL funding covered direct and indirect expenses to administer the Washington, D.C. National Office; five Final Adjudication Branch Offices; four DEEOIC District Offices in Seattle, Washington; Cleveland, Ohio; Denver, Colorado; and Jacksonville, Florida; and eleven Resource Center contract facilities. A private contractor processed medical bills to reduce overhead and to increase program efficiency. Under Part B in FY 2007, additional funding in the amount of \$54.8 million was passed through DOL to support activities at NIOSH. The NIOSH portion included \$4.5 million in funds for the radiation dose reconstruction process and support of the Advisory Board on Radiation and Worker Health. Under Part E, \$0.7 million in additional funds were used to support the appointment of an Ombudsman position.

Government Performance Results Act

DOL is committed to measuring its outcomes and maintaining accountability for achieving the fundamental goals of the Energy Employees Occupational Illness Compensation Program (EEOICP). High performance standards, focusing on moving EEOICP claims rapidly through the initial and secondary adjudication stages, were established.

DEEOIC's three indicators achieved under DOL's GPRA goal to "minimize the human, social, and financial impact of work-related injuries for workers and their families" were as follows:

In the processing of Part B and Part E final decisions through the efforts of FAB, 88 percent of Part B and Part E decisions in FY 2007 were within the program standards, in excess of the goal of 85 percent.

DOL set an important goal to complete initial processing on the remaining Part E backlog of cases (the remainder of the 25,000 cases inherited from DOE) by the end of FY 2007. DOL accomplished that goal, and with over 4,500 cases receiving initial processing in FY 2007, initial processing of 100 percent of the backlog is now completed.

In FY 2007, DOL set a new goal to create a baseline average for completion of initial processing of claims. The baseline set in FY 2007 for Part B claims was 238 days and 293 days for Part E claims.

Services to Claimants

Both, DEEOIC's District Offices and the network of Resource Centers (RCs) at major DOE sites has provided in-person and telephone-based assistance to current and former DOE employees, contractors and subcontractors, uranium workers, and surviving family members who sought to file claims under the Act. All district offices have toll-free telephone numbers to assist claimants from around the country. In FY 2007 the district offices received over 133,000 phone calls and returned nearly all calls that required a return call within two business days. The RC contractor has 54 employees at 11 sites who help claimants complete the necessary claim forms, assist in gathering the documentation necessary to support their

claims, and forward claim forms and associated documentation to the appropriate district office. The RCs also continue to carry out responsibilities related to initial employment verification and Part E occupational history development. During FY 2007, the RCs processed 8,565 initial employment verification requests and conducted 6,828 occupational history interviews.

In addition, RC personnel supported the collaborative outreach efforts led by the DOL Branch of Outreach and Technical Assistance (BOTA) in the national office, and the four district offices. In June of FY 2007, a three-day Traveling Resource Center (TRC) was assembled to conduct outreach in Simi Valley, California. By the end of FY 2007, a total of 40 claims were filed as a result of the TRC. Other examples of the outreach activities the district offices and RCs performed included community initiatives, meetings with local governments and chambers of commerce, and presentations to personnel at covered facilities and unions, among others. Collectively, these outreach activities were successful in reaching a large number of eligible claimants. During FY 2007, there were 864 separate outreach events that generated 9,908 claims.

In response to Assistant Secretary for Employment Standards Victoria Lipnic's April 20, 2007 open letter, DEEOIC developed a new outreach program geared toward informing living workers about impairment, wage loss, and medical benefits, and soliciting feedback on program performance and areas of improvement. Part of that program included training for the RCs on outreach for impairment and wage loss claims. Town Hall Meetings and focus group meetings were held July 25-26, 2007, in Oak Ridge, Tennessee, and September 19-21, 2007, in Kennewick, Washington.

DEEOIC's Web site continued to be maintained daily, and allowed claimants to access brochures, complete forms, and file claims electronically. The site also offered information about the statute and regulations governing Part B and Part E; the locations and times of town hall meetings; district office and resource center locations and contact numbers; press releases; medical provider enrollment information; current claims processing and payments statistics, at the national, state, and facility levels; links to DOE, DOJ, and NIOSH Web sites; and toll-free numbers where additional information and assistance could be obtained. EEOICPA regulations, a searchable database of DEEOIC final decisions, a link to provide Part E information that includes the EEOICPA Part E procedure manual, and DEEOIC and NIOSH weekly Web statistics continue to be found on the web site. In addition, all final policy bulletins and circulars are available to the public on the web site. In FY 2007, 30 policy bulletins and eight circulars clarifying the administration of both Parts of the program were posted to the site.

To assist in the collection of relevant evidence, the DEEOIC has contracted with the Center to Protect Workers' Rights (CPWR) for assistance in obtaining records pertinent to construction and trade employees at DOE, AWE, or Beryllium Vendor facilities. CPWR has been tasked to research and provide employment information for construction/trade worker claims where DOL has been unable to obtain reliable information through available resources. In FY 2007, DOL renewed its contract with CPWR, and provided responses to more than 2,000 requests for information.

Under the Defense Authorization Act for Fiscal Year 2005, Public Law 108-375, 42 U.S.C. § 7385s-15, signed into law on October 28, 2004, an Office of the Ombudsman was created for a period of three years, to provide information

to claimants, potential claimants, and other interested parties on the benefits available under EEOICPA and how to obtain those benefits. The Office of the Ombudsman, independent from OWCP, reports annually to Congress concerning complaints, grievances, and requests for assistance received during the calendar year covered by the report. In FY 2007, the Ombudsman's 2006 Annual Report was made available through a link from DEEOIC's Web site, and a policy analyst continues to work directly with the Ombudsman's office to promptly resolve any issues and concerns.

Central Medical Bill Processing

The OWCP central bill processing service continued to provide a high level of service to eligible claimants and providers in FY 2007. In addition, DEEOIC avoided \$2.2 million in costs during the year due to further improvements in the editing of bills.

Timely and meticulous medical bill processing is critical in the administration of the EEOICPA. In FY 2007, the authorization process for home health services was enhanced to give providers the capability to request authorizations via the web portal in a more efficient and accurate manner.

By the end of FY 2007, the vendor had processed 152,665 EEOICPA bills and handled 29,079 telephone calls. Authorizations for medical treatment were processed in an average of one workday and 97 percent of bills were processed within 28 days. Enrollment of 28,291 new providers brought the total of enrolled providers to 115,058.

Database Systems

DEEOIC's Branch of Automated Data Processing Systems (BAS) is responsible for providing DEEOIC's internal and external customers an entire array of secure and reliable computer services and support. A significant accomplishment for BAS was the acquisition of new computer services vendors to support ongoing computer operations, and to advance new program information technology initiatives. With program management, software development and independent verification and validation vendors collaborating under the direction of BAS project managers, BAS completed comprehensive requirements gathering and documentation, and accomplished during FY 2007 important technical design work for a project to develop a new case management system. The new system will consolidate and modernize the existing case management systems, accommodate new business processes and rules, improve claims processing efficiency, and help bring the OWCP technology base into conformance with Federal, DOL and Employment Standards Administration target enterprise architecture objectives and goals. Among other notable achievements in FY 2007 were extensive revisions to statistical presentations on the DEEOIC web site, and exhaustive refinement and expansion of recurring case management and statistical reporting that enabled claims personnel and managers to meet strategic and operational goals.

Also in FY 2007, DEEOIC enhanced its database of "site exposure matrices" to help claims examiners determine the types of chemicals and toxic substances that existed at the major DOE facilities, easing claimants' evidentiary burdens and speeding the claims process. The

Site Exposure Matrices (SEM) project conducted record reviews at 29 major DOE sites during FY 2007. In conjunction with the record review project, 41 roundtable meetings were held with current and former DOE workers. Onsite record reviews and roundtable meetings yielded information on over 360 toxic substances. By the end of FY 2007, the SEM housed information on 2,581 toxic substances/chemicals present at 33 DOE sites, 4,170 uranium mines, 48 uranium mills, and 17 uranium ore buying stations covered under EEOICPA.

In conjunction with exposure development, the SEM project continued working to improve exposure and medical data available in the Haz-Map website database. Haz-Map is a database housed by the National Library of Medicine (NLM) that contains a wide array of information regarding occupational exposure to hazardous agents. DOL contracted with the author of Haz-Map to evaluate exposure information obtained during covered facility document reviews and to upload the author's analysis into Haz-Map. Our effort with NLM and the Haz-Map database have allowed DEEOIC to assist in profiling hundreds of substances since the inception of the agreement, with over 150 agents profiled in FY 2007. This work for the SEM project assists DOL in developing and adjudicating claims filed under Part E of EEOICPA, and relieves claimants of some of the burden of proof in their claims.

Performance Assessment

In FY 2007, EEOICPA was assessed using the Program Assessment Rating Tool (PART). With a rating of "Adequate," the PART found:

DEEOIC collects extensive performance data and uses it to manage and improve performance. The program has achieved efficiencies and effectiveness in program execution, increasing the average number of claims decisions per FTE from 116.8 to 190.7 between 2005 and 2006. The program ensures that funds are spent for the intended purpose, and payments reach the intended beneficiaries.

The program's statutory design reduces its effectiveness. The program's design requires the involvement of multiple agencies in certain claims decisions, resulting in delays. The program also does not prevent the duplicate payment of benefits by state and Federal workers' compensation programs.

The program has not undergone a comprehensive independent evaluation. DOL has, however, completed a contracted evaluation of its cancer claims adjudication process comparing its systems with state workers' compensation programs, DOJ's RECA program, and the Veterans Administration's program.

Key recommendations of the PART review included pursuing actions to improve the performance of the program. These actions include:

Working with NIOSH to establish compatible timeliness measures that are consistent with program goals, and reporting performance against those goals.

Obtaining an independent, comprehensive evaluation of the program.

Improving coordination with state workers' compensation systems to prevent duplicate payments.

Evaluation of DEEOIC's Part B Cancer Claims Adjudication Process

DOL contracted with ICF International to assess the efficiency and effectiveness of DEEOIC's adjudication process for cancer claims under its Part B program. ICF's evaluation included studying the operations of three other state and Federal workers' compensation programs (Veterans Affairs Atomic Soldiers Program and Other Radiation Claims Processing, the State of Ohio's Workers' Compensation Program, and the Commonwealth of Pennsylvania's Workers' Compensation Program) to identify possible performance comparisons to DEEOIC and effective practices for potential integration into DEEOIC's adjudication process.

In its report, ICF notes that DEEOIC collects and regularly analyzes a broad range of performance data relative to the administration of the EEOICPA, and that the program's information management system is versatile and robust in providing routine reports, and allows staff to research issues beyond everyday analyses. As for the comparison to the other programs, ICF found that due to the substantial diversity of program structures and processes between the three programs, a direct comparison to DEEOIC's adjudication process would not result in any meaningful conclusions. In reviewing the DEEOIC program itself, however, ICF found that DEEOIC's program for the adjudication of Part B cancer claims functions efficiently and effectively.

Regulatory Activities

Following the publication and receipt of public comments on the Interim Final Rule, DOL submitted the Proposed Final Rule (PFR) to the Office of Management and Budget on June 23, 2006. The PFR addressed all the issues raised by the comments and included minor changes that did not result from the comments, but in part, simply recognized existing practice. The EEOICPA final rule was published on December 29, 2006, and the final regulations became effective on February 27, 2007.

Litigation

In *Willingham v. Department of Labor*, 475 F.Supp.2d 607 (N.D. Tex. 2007), which was the first case challenging the September 14, 2005 denial of a claim for benefits under Part B of EEOICPA based on a dose reconstruction report from NIOSH, the plaintiff sought review of the administrative decision on her claim under the Administrative Procedure Act (APA), and alleged that her claimed cancers were due to exposure to radiation in the performance of duty. On February 9, 2007, the court found that DEEOIC's final decision denying the plaintiff's Part B claim was reviewable under the "arbitrary and capricious" standard of review set out in the APA, that such review was limited to the EEOICPA case file, and that a presumption of validity attached to DEEOIC's decision. The court also found that NIOSH had considered the relevant information and estimated the plaintiff's exposure to radiation based upon that information. Given the statutory requirement of a 50 percent or more probability that a covered employee's cancer was caused by covered employment, the Court found that the denial of the plaintiff's Part B claim was neither arbitrary nor capricious and granted summary judgment for the Department of Labor.



Energy Employees Occupational Illness Compensation Program Act

	Part B		Part E ¹	
	FY 2006	FY 2007	FY 2006	FY 2007
Number of Employees (FTE Staffing Used)	251	296	188	211
Administrative Expenditures ²	\$44.0 M	\$53.1 M	\$51.8 M	\$62.5 M
Claims Created	7,908	8,709	16,556	11,090
Recommended Decisions (Covered Applications)	13,207	13,326	16,458	15,928
Final Decisions (Covered Applications)	12,169	12,079	9,777	17,427
Number of Claims Approved (Final)	6,103	6,374	6,357	7,057
Total Lump Sum Compensation Payments ³	\$462.2 M	\$464.4 M	\$280.3 M	\$361.7 M
Number of Medical Bill Payments	97,103	116,662	585	2,458
Total Medical Payments ⁴	\$ 40.8 M	\$ 54.9 M	\$ 0.8 M	\$ 0.7 M

¹ Part E became effective during FY 2005 (October 28, 2004).

² Includes Department of Labor expenditures only; Part B excludes funds apportioned to the Department of Health and Human Services for that agency's responsibilities under EEOICPA (\$59.8 million in FY 2006 and \$54.8 million in FY 2007, respectively), while Part E excludes funding for the Office of the Ombudsman (\$0.5 million in FY 2006 and \$0.7 million in FY 2007, respectively).

³ Excludes payments made by DOL for Department of Justice (DOJ) Radiation Exposure Compensation Act (RECA) Section 5 claims. DOL serves as a pass through and utilizes the compensation fund established under EEOICPA for DOJ's payments of \$100,000 to qualifying Section 5 RECA claimants as provided for in 42 U.S.C. § 7384u(d). These payments totaled \$78.8 million in FY 2006 and \$80.1 million in FY 2007, respectively.

⁴ Part B medical payments represent payments made for cases accepted under both Part B and Part E. Part E medical payments represent payments made for Part E only.

Appendix

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Note: Unless otherwise stated, the financial information in the appendix tables below may differ from what is reported in the Department of Labor's Consolidated Financial Statement. These differences are due to accrual versus cash basis financial reporting requirements and adjustments made during statement compilation.

Table A-1

Federal Employees' Compensation Rolls

FY 1998 - FY 2007
(Cases at End-of-Year)

Roll Type	Fiscal Year									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total Periodic Roll	56,159	54,897	54,709	56,133	56,751	58,621	57,827	60,709	55,433	51,125
Long-Term Disability	50,105	48,957	48,870	50,409	51,092	53,099	52,377	55,257	49,910	46,258
Death	6,054	5,940	5,839	5,724	5,659	5,522	5,450	5,452	5,523	4,867

Table A-2

Federal Employees' Compensation Program Summary of Claims Activity

FY 1998 - FY 2007

Claim Activity	Fiscal Year									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Incoming Cases										
Cases Created	165,135	166,544	174,471	165,915	158,118	168,174	162,965	151,690	139,874	134,360
Traumatic	138,975	140,383	145,915	137,877	132,250	142,325	138,521	129,427	119,082	114,592
No Lost Time	75,321	83,472	91,620	86,402	80,439	84,368	80,018	74,071	67,127	64,896
Lost Time	63,654	56,911	54,295	51,475	51,811	57,957	58,503	55,356	51,955	49,696
Occupational Disease	25,954	25,999	28,406	27,869	25,739	25,747	24,320	22,114	20,592	19,633
Fatal Cases	206	162	150	169	129	102	124	149	200	135
Wage-Loss Claims Initiated	19,315	19,759	21,899	23,386	23,193	24,245	24,189	21,455	19,819	19,104
Hearings and Review										
Total Requests for Hearing	7,496	7,164	6,992	6,875	6,820	6,751	8,132	6,757	6,241	6,556
Total Hearing Dispositions	8,087	7,926	7,418	6,599	6,272	6,743	7,682	6,961	7,424	7,581

Table A-3

Federal Employees' Compensation Program Obligations

FY 1998 - FY 2007

(\$ thousands)

Type of Obligation	Fiscal Year									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total Obligations	\$2,024,494	\$2,076,475	\$2,170,247	\$2,308,595	\$2,418,364	\$2,475,108	\$2,568,390	\$2,602,815	\$2,553,930	\$2,707,196
Total Benefits	1,944,259	1,989,050	2,078,715	2,199,276	2,307,942	2,345,472	2,434,609	2,476,479	2,418,796	2,563,055
Compensation Benefits	1,343,879	1,370,206	1,403,154	1,453,740	1,509,275	1,556,845	1,600,501	1,664,405	1,621,357	1,684,248
Medical Benefits	476,167	492,835	548,596	617,414	667,797	658,121	703,571	672,006	668,205	743,124
Survivor Benefits	124,213	126,009	126,965	128,122	130,870	130,506	130,537	140,068	129,234	135,683
Total Administrative Expenditures	80,235	87,425	91,532	109,319	110,422	129,636	133,781	126,336	135,134	144,141
Salaries and Expenses	69,207	67,567	70,634	78,971	81,210	86,358	86,253	86,811	88,435	90,113
Fair Share	11,028	19,858	20,898	30,348	29,212	43,278	47,528	39,525	46,699	54,028

Table A-4

Federal Employees' Compensation Program Chargeback Costs, by Major Federal Agency

CBY 1998 - CBY 2007
(\$ thousands)

Federal Agency	Chargeback Year ¹									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total Costs	\$1,887,980	\$1,908,256	\$2,024,634	\$2,129,097	\$2,219,448	\$2,323,288	\$2,339,782	\$2,334,194	\$2,440,711	\$2,494,096
U.S. Postal Service	577,159	594,503	666,310	720,518	785,199	846,876	852,945	840,141	884,078	924,138
Department of the Navy	243,938	240,492	241,585	246,881	248,250	245,461	245,145	237,791	244,318	244,037
Department of the Army	162,152	163,127	166,989	169,219	174,832	181,298	177,250	174,660	180,248	178,993
Department of Veterans Affairs	140,118	137,865	143,221	145,909	151,612	157,315	155,391	156,170	164,091	166,087
Department of Homeland Security	N/A	N/A	N/A	N/A	N/A	83,975	121,089	138,342	156,734	158,529
Department of the Air Force	124,302	123,349	128,134	134,106	132,538	135,509	129,229	124,516	126,663	130,298
Department of Justice	67,875	76,319	83,873	91,197	95,620	66,131	74,011	80,090	89,156	94,395
Department of Transportation	95,823	97,155	96,936	99,556	101,716	94,682	92,659	92,687	92,830	93,609
Department of Agriculture	60,348	59,851	64,882	66,750	69,563	72,312	69,245	68,681	70,185	70,802
Department of Defense	62,729	63,563	64,797	64,761	63,888	65,429	63,816	62,996	65,460	62,630
All Other Agencies	353,536	352,033	367,907	390,201	396,230	374,299	359,003	358,120	366,948	370,578

¹A year for chargeback purposes is from July 1 through June 30.

Table B-1

Part C Black Lung Claims Adjudication at the Initial Level

FY 2007

Type of Claim	PDO's Issued ¹	Approval Rate
Trust Fund	729	
Approved	139	19.07%
Denied	590	
Responsible Operators	3,611	
Approved	462	12.79%
Denied	3,149	
Total Findings	4,340	
Total Approved	601	13.85%
Total Denied	3,739	

¹PDO is "Proposed Decision and Order".

Table B-2

Distribution of Part C Black Lung Claims and Disbursements, by State

FY 2007

State	Total Claims Received ¹	MBO Claims ²	In Payment ³	Total Benefits (\$ 000) ⁴
Alabama	34,081	49	888	\$7,079
Alaska	152	0	10	80
Arizona	2,048	5	126	1,004
Arkansas	3,823	11	167	1,331
California	6,471	9	226	1,802
Colorado	7,048	14	409	3,261
Connecticut	1,002	1	63	502
Delaware	778	2	62	494
District of Columbia	285	0	14	128
Florida	11,903	55	755	6,018
Georgia	1,655	4	161	1,284
Hawaii	16	0	1	8
Idaho	253	0	20	160
Illinois	31,371	50	1,084	8,642
Indiana	17,923	33	725	5,780
Iowa	5,141	4	222	1,770
Kansas	2,176	1	59	470
Kentucky	92,531	736	4,740	37,788
Louisiana	352	1	18	143
Maine	45	0	4	32
Maryland	6,665	19	341	2,718
Massachusetts	239	1	17	136
Michigan	10,506	17	398	3,173
Minnesota	145	0	7	56
Mississippi	364	1	25	199
Missouri	4,642	2	173	1,369
Montana	856	1	33	263
Nebraska	129	0	6	48
Nevada	431	1	37	295
New Hampshire	27	0	7	56
New Jersey	4,299	9	244	1,945
New Mexico	2,405	1	113	901
New York	4,026	8	193	1,538
North Carolina	3,504	26	313	2,495
North Dakota	157	0	5	40
Ohio	53,817	120	2,581	20,576
Oklahoma	3,789	10	138	1,100
Oregon	630	0	31	247
Pennsylvania	136,933	556	9,797	78,101
Rhode Island	40	0	2	16
South Carolina	933	6	117	933
South Dakota	51	0	4	32
Tennessee	21,159	123	1,028	8,195
Texas	1,731	3	111	885
Utah	4,126	13	248	1,977
Vermont	49	0	5	40
Virginia	43,954	407	3,383	26,969
Washington	1,588	4	64	510
West Virginia	111,377	796	7,176	57,207
Wisconsin	451	1	31	247
Wyoming	2,621	0	140	1,116
All Other	450	1	19	151
TOTAL	641,148	3,101	36,541	\$291,310

¹All filings since July 1, 1973, including terminated and nonapproved claims.²Active Medical Benefits Only (MBO) claims as of 9/30/07.³Active claims in payment status, excluding MBO claims, as of 9/30/07.⁴Disbursements of income and medical benefits for all claims, including claims paid by the Trust Fund and claims in interim pay status.

Note: Data in column no. 1 may not be consistent with changes from previous years due to a change in computer systems.

Table B-3

Part C Black Lung Claims, by Class of Beneficiary

FY 1998 - FY 2007¹

Class of Beneficiary	Number of Beneficiaries ²									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Primary Beneficiaries:										
Miners	27,340	24,838	22,568	18,248	16,395	14,773	13,398	12,012	10,857	9,744
Widows	41,585	40,517	39,053	35,660	34,236	32,615	30,810	29,110	27,366	25,556
Others	1,476	1,508	1,497	1,467	1,221	1,238	1,247	1,248	1,258	1,241
<i>Total Primary Beneficiaries</i>	70,401	66,863	63,118	55,375	51,852	48,626	45,455	42,370	39,481	36,541
Dependents of Primary Beneficiaries:										
Dependents of Miners	22,158	19,953	17,978	13,924	12,432	11,131	10,020	9,004	8,088	7,205
Dependents of Widows	1,417	1,384	1,306	1,123	1,077	1,052	1,006	944	874	840
Dependents of Others	512	516	508	108	386	353	238	213	146	140
<i>Total Dependents</i>	24,087	21,853	19,792	15,155	13,895	12,536	11,264	10,161	9,108	8,185
Total, All Beneficiaries	94,488	88,716	82,910	70,530	65,747	61,162	56,719	52,531	48,589	44,726

¹As of September 30 of each year.²Active claims, including those paid by a RMO, cases paid by the Trust Fund, cases in interim pay status, cases that are being offset due to concurrent Federal or state benefits, and cases that have been temporarily suspended. Does not include MBO beneficiaries.

Table B-4

Department of Labor Part C Black Lung Benefits Program Obligations

FY 1998 - FY 2007

(\$ thousands)

Type of Obligation	Fiscal Year									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total Obligations	\$999,822	\$1,005,246	\$1,013,593	\$1,016,994	\$1,034,096	\$1,046,303	\$1,053,246	\$1,061,698	\$1,060,006	\$1,068,295
Total Benefits ¹	459,061	439,442	422,656	396,928	384,234	370,389	346,864	329,933	307,067	291,310
Income Benefits ²	376,985	363,871	350,266	336,813	320,039	307,371	292,555	279,965	265,365	252,020
Medical Benefits ³	82,076	75,571	72,390	60,116	64,196	63,018	54,309	49,968	41,702	39,290
Administrative Costs ⁴	46,035	50,788	49,820	52,252	54,273	55,332	55,803	56,872	57,975	59,772
Interest Charges ⁵	494,726	515,016	541,117	567,814	595,589	620,582	650,579	674,894	694,964	717,214
Repayable Advances ⁶	370,000	402,000	490,000	505,000	465,000	525,000	497,000	446,000	445,000	426,000
Cumulative Debt⁷	\$5,856,557	\$6,258,557	\$6,748,557	\$7,253,557	\$7,718,557	\$8,243,557	\$8,740,557	\$9,186,557	\$9,631,557	\$10,057,557

¹Excludes collections from responsible mine operators for benefits paid by Trust Fund on an interim basis, refunds for OWCP administrative costs paid, and other miscellaneous reimbursements.

²Monthly and retroactive benefit payments.

³Includes diagnostic and treatment costs, and reimbursements to the Centers for Medicare & Medicaid Services of the Department of Health and Human Services and the Health and Retirement Funds of the UMWA.

⁴Administrative expenses include reimbursements to SSA.

⁵Starting in 1979, the Trust Fund had to borrow funds from the Treasury Department to pay operating costs not covered by revenues. Interest charges reflect the cost to the Trust Fund for those advances from the Treasury.

⁶Reflects advances from the Treasury Department during the fiscal year.

⁷Shows the cumulative debt of the Trust Fund to the Treasury.

Note: Detail may not add to totals due to rounding.

Table B-5

Monthly Part C Black Lung Benefit Rates

1973 - 2007

Period	Benefit Rates by Type of Beneficiary			
	Claimant	Claimant and 1 Dependent	Claimant and 2 Dependents	Claimant and 3 or More Dependents
7/1/73-9/30/73	\$169.80	\$254.70	\$297.10	\$339.50
10/1/73-9/30/74	177.60	266.40	310.80	355.20
10/1/74-9/30/75	187.40	281.10	328.00	374.80
10/1/75-9/30/76	196.80	295.20	344.40	393.50
10/1/76-9/30/77	205.40	308.10	359.50	410.80
10/1/77-9/30/78	219.90	329.80	384.80	439.70
10/1/78-9/30/79	232.00	348.00	405.90	463.90
10/1/79-9/30/80	254.00	381.00	444.50	508.00
10/1/80-9/30/81	279.80	419.60	489.60	559.50
10/1/81-9/30/82	293.20	439.80	513.10	586.40
10/1/82-12/31/83	304.90	457.30	533.60	609.80
1/1/84-12/31/84 ¹	317.10	475.60	554.90	634.20
1/1/85-12/31/86	328.20	492.30	574.30	656.40
1/1/87-12/31/87	338.00	507.00	591.50	676.00
1/1/88-12/31/88	344.80	517.20	603.40	689.60
1/1/89-12/31/89	358.90	538.30	628.10	717.80
1/1/90-12/31/90	371.80	557.70	650.60	743.60
1/1/91-12/31/91	387.10	580.60	677.40	774.10
1/1/92-12/31/92	403.30	605.00	705.80	806.60
1/1/93-12/31/93	418.20	627.30	731.90	836.40
1/1/94-12/31/94	427.40	641.10	748.00	854.80
1/1/95-12/31/95	427.40	641.10	748.00	854.80
1/1/96-12/31/96	435.10	652.70	761.50	870.20
1/1/97-12/31/97	445.10	667.70	779.00	890.20
1/1/98-12/31/98	455.40	683.10	796.90	910.70
1/1/99-12/31/99	469.50	704.30	821.60	939.00
1/1/00-12/31/00	487.40	731.00	852.80	974.70
1/1/01-12/31/01	500.50	750.80	875.90	1,001.00
1/1/02-12/31/02	518.50	777.80	907.40	1,037.00
1/1/03-12/31/03	534.60	801.90	935.50	1,069.20
1/1/04-12/31/04	549.00	823.50	960.80	1,098.00
1/1/05-12/31/05	562.80	844.10	984.80	1,125.50
1/1/06-12/31/06	574.60	861.80	1005.50	1149.10
1/1/07-12/31/07	584.40	876.50	1022.60	1168.70

¹These benefit rates include the additional one-half percent increase that was granted retroactive to January 1, 1984. The rates in effect prior to the retroactive payments (1/1/84 through 6/30/84) were: \$315.60 for a claimant only; \$473.30

for a claimant and 1 dependent; \$552.20 for a claimant and 2 dependents; and, \$631.10 for a claimant and 3 or more dependents.

Table B-6

Funding and Disbursements of the Black Lung Disability Trust Fund

FY 2007
(\$ thousands)

Month	Funding				Disbursements						
	Coal Excise Tax Revenue	Treasury Advances	Reimburse ¹	Total	Income Benefits ²	Medical Benefits Diagnostic Treatment ³	Total Benefits	Admin. Costs	Interest on Advances	Total	
October 2006	\$9,358	\$0	\$367	\$9,725	\$21,293	\$294	\$2,500	\$24,088	\$4,099	\$0	\$28,186
November 2006	47,391	0	171	47,562	21,358	373	\$3,704	25,435	4,058	0	29,493
December 2006	55,434	0	374	55,808	21,372	290	\$2,791	24,453	3,138	0	27,591
January 2007	44,323	0	138	44,461	21,362	305	\$3,762	25,429	5,886	0	31,315
February 2007	52,033	0	258	52,291	21,468	273	\$3,537	25,278	4,183	0	29,461
March 2007	49,782	0	208	49,990	21,540	363	\$3,040	24,943	3,639	0	28,582
April 2007	53,389	0	570	53,959	21,231	279	\$3,039	24,549	5,985	0	30,534
May 2007	68,566	0	537	69,103	20,825	292	\$3,028	24,145	5,985	0	30,130
June 2007	55,469	0	426	55,895	20,660	254	\$1,803	22,716	5,885	0	28,601
July 2007	53,567	0	400	53,967	20,358	307	\$2,514	23,179	5,629	0	28,807
August 2007	66,056	0	538	66,594	20,342	362	\$3,356	24,060	5,630	0	29,690
September 2007	83,829	426,000	219	510,048	20,210	332	\$2,492	23,034	5,657	717,214	745,904
Totals	\$639,197	\$426,000	\$4,207	\$1,069,404	\$252,020	\$3,723	\$35,567	\$291,310	\$59,772	\$717,214	\$1,068,295

¹Reimbursements include collections from RMOs, and fines, penalties, and interest.

²Includes monthly and retroactive benefit payments.

³Treatment expenditures include reimbursements to the United Mine Workers' Health and Retirement Funds.

Table C-1

Total Industry Compensation and Benefit Payments Under LHWCA¹

CY 1997 - CY 2006²
(\$ thousands)

Payments By:	Calendar Year									
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Self-Insured Employers	\$263,255	\$261,559	\$283,991	\$278,952	\$307,708	\$310,940	\$309,843	\$322,520	\$325,694	\$368,744
Insurance Carriers	219,352	238,464	232,778	249,671	236,726	246,603	262,753	278,887	325,027	367,625
Total Payments	\$482,607	\$500,023	\$516,769	\$528,623	\$544,434	\$557,543	\$572,596	\$601,407	\$650,721	\$736,369

¹Includes disability compensation and medical benefit payments under LHWCA, DCCA, and all other extensions to the Act.

²Industry payments are reported to the Department of Labor on a calendar year basis.

Table C-2

National Average Weekly Wage (NAWW) and Corresponding Maximum and Minimum Compensation Rates and Annual Adjustments Pursuant to Sections 6(b), 9(e), and 10(f) of LHWCA

Period	NAWW	Maximum Payable	Minimum Payable	Annual Adjustment (% Increase in NAWW)
11/26/72-9/30/73	\$131.80	\$167.00	\$65.90	—
10/01/73-9/30/74	140.26	210.54	70.18	6.49
10/01/74-9/30/75	149.10	261.00	74.57	6.26
10/01/75-9/30/76	159.20	318.38	79.60	6.74
10/01/76-9/30/77	171.28	342.54	85.64	7.59
10/01/77-9/30/78	183.61	367.22	91.81	7.21
10/01/78-9/30/79	198.39	396.78	99.20	8.05
10/01/79-9/30/80	213.13	426.26	106.57	7.43
10/01/80-9/30/81	228.12	456.24	114.06	7.03
10/01/81-9/30/82	248.35	496.70	124.18	8.87
10/01/82-9/30/83	262.35	524.70	131.18	5.64
10/01/83-9/30/84	274.17	548.34 ¹	137.09	4.51
10/01/84-9/30/85	289.83	579.66	144.92	5.71 ²
10/01/85-9/30/86	297.62	595.24	148.81	2.69
10/01/86-9/30/87	302.66	605.32	151.33	1.69
10/01/87-9/30/88	308.48	616.96	154.24	1.92
10/01/88-9/30/89	318.12	636.24	159.06	3.13
10/01/89-9/30/90	330.31	660.62	165.16	3.83
10/01/90-9/30/91	341.07	682.14	170.54	3.26
10/01/91-9/30/92	349.98	699.96	174.99	2.61
10/01/92-9/30/93	360.57	721.14	180.29	3.03
10/01/93-9/30/94	369.15	738.30	184.58	2.38
10/01/94-9/30/95	380.46	760.92	190.23	3.06
10/01/95-9/30/96	391.22	782.44	195.61	2.83
10/01/96-9/30/97	400.53	801.06	200.27	2.38
10/01/97-9/30/98	417.87	835.74	208.94	4.33
10/01/98-9/30/99	435.88	871.76	217.94	4.31
10/01/99-9/30/00	450.64	901.28	225.32	3.39
10/01/00-9/30/01	466.91	933.82	233.46	3.61
10/01/01-9/30/02	483.04	966.08	241.52	3.45
10/01/02-9/30/03	498.27	996.54	249.14	3.15
10/01/03-9/30/04	515.39	1,030.78	257.70	3.44
10/01/04-9/30/05	523.58	1,047.16	261.79	1.59
10/01/05-9/30/06	536.82	1,073.64	268.41	2.53
10/01/06-9/30/07	557.22	1,114.44	278.61	3.80

¹ Maximum became applicable in death cases (for any death after September 28, 1984) pursuant to LHWCA Amendments of 1984. Section 9(e)(1) provides that the total weekly death benefits shall not exceed the lesser of the average weekly wages of the deceased or the benefits that the deceased would have been eligible to receive under section 6(b)(1). Maximum in death cases not applicable to DCCA cases (*Keener v. Washington Metropolitan Area Transit Authority*, 800 F.2d 1173 (D.C. Cir. (1986))).

² Five percent statutory maximum increase applicable in FY 1985 under section 10(f) of LHWCA, as amended. Maximum increase not applicable to DCCA cases (see note ¹, above).

Table C-3

LHWCA and DCCA Special Funds' Expenditures¹

FY 1998 - FY 2007

(\$ thousands)

FY	LHWCA Expenditures (\$)						DCCA Expenditures (\$)					
	Total	Second Injury Cases ²	Pre Amend. Cases ³	Rehab. ⁴	Other ⁵	Number of Second Injury Cases	Total	Second Injury Cases ²	Pre Amend. Cases ³	Rehab. ⁴	Other ⁵	Number of Second Injury Cases
1998	\$129,777	\$118,496	\$2,699	\$3,718	\$4,864	5,208	\$12,521	\$10,810	\$802	\$4	\$904	638
1999	131,152	117,574	2,439	4,888	6,251	5,145	11,879	10,748	747	6	377	617
2000	131,564	119,198	2,459	4,595	5,313	5,025	11,804	10,521	728	0	555	612
2001	133,374	119,952	2,295	5,121	6,006	4,953	11,341	10,368	708	0	265	601
2002	131,715	119,661	2,240	4,801	5,013	4,880	11,386	10,214	702	0	469	585
2003	131,589	119,965	2,153	4,628	4,844	4,778	11,184	9,997	664	0	523	572
2004	135,247	122,358	2,081	4,990	5,818	4,694	10,920	9,867	645	0	408	544
2005	134,549	122,418	1,973	5,002	5,156	4,588	10,604	9,767	597	0	240	527
2006	133,270	123,412	1,811	2,749	5,298	4,908	10,246	9,418	588	0	240	621
2007	131,920	117,524	1,796	6,715	5,885	4,728	10,087	9,260	613	0	214	603

¹ Special Fund expenditures shown in this table are reported on a cash basis, i.e., expenses are recognized when paid.

² Section 8(f) payments to employees who sustain second injuries that, superimposed on a pre-existing injury, result in the employee's permanent disability or death.

³ Section 10(h) of the Act requires that compensation payments to permanent total disability and death cases, when the injury or death is caused by an employment event that occurred prior to enactment of the 1972 amendments, be adjusted to conform with the weekly wage computation methods and compensation rates put into effect by the 1972 amendments. Fifty percent of any additional compensation or death benefit paid as a result of these adjustments are to be paid out of the Special Fund accounts.

⁴ In cases where vocational or medical rehabilitation services for permanently disabled employees are not available otherwise, and for maintenance allowances for employees undergoing vocational rehabilitation, sections 39(c) and 8(g) of the Act authorize the cost of these services to be paid by the Special Fund.

⁵ For cases where impartial medical exams or reviews are ordered by the Department of Labor (section 7(e) of Act) and where a compensation award cannot be paid due to employer default (section 18(b)), the expenses or payments resulting from these actions may be covered by the Special Fund. Also included as "Other" expenditures of the Funds are disbursements under section 44(d) to refund assessment overpayments in FY 1991 - FY 1993, and FY 1995 - FY 2006. Excluded are disbursements from proceeds of employer securities redeemed under section 32 of the Act. These monies are exclusively for payment of compensation and medical benefits to employees of companies in default.

Note: Special Fund expenditure totals for some years as shown above may differ from those reported to Congress in the Appendix to the President's budget. The figures here are from year-end Status of Funds reports while the President's budget reflects total outlays as reported to the Department of Treasury and may include technical adjustments made by Treasury or the Office of Management and Budget.

Table C-4

LHWCA and DCCA Special Funds' Assessments¹

CY 1998 - CY 2007

(\$ thousands)

CY	LHWCA			DCCA		
	Total Industry Assessments ²	Preceding Year Total Industry Payments ³	Assessment Base Yr.	Total Industry Assessments ²	Preceding Year Total Industry Payments	Assessment Base Yr.
1998	\$111,000	\$334,339	CY 1997	\$11,000	\$5,911	CY 1997
1999	130,000	343,146	CY 1998	11,300	6,232	CY 1998
2000	133,000	353,462	CY 1999	12,700	5,179	CY 1999
2001	133,000	361,549	CY 2000	12,000	5,103	CY 2000
2002	125,000	372,376	CY 2001	11,000	5,552	CY 2001
2003	125,000	364,194	CY 2002	10,800	4,746	CY 2002
2004	137,000	368,671	CY 2003	11,500	4,286	CY 2003
2005	135,000	388,258	CY 2004	11,500	5,402	CY 2004
2006	125,000	418,714	CY 2005	10,500	4,277	CY 2005
2007	125,000	471,133	CY 2006	10,000	4,184	CY 2006

¹ Annual assessments of employers and insurance carriers are the largest single source of receipts to the Special Funds. Other receipts to the Funds include fines and penalties, payments for death cases where there is no person entitled under the Act to the benefit payments, interest earned on Fund investments, overpayment and third party recoveries, and monies received from redemption of securities under section 32 of the Act to pay compensation due employees of companies in default. These payments constitute a small portion of the total receipts of the Special Funds.

² Assessments as shown here are not receipts to the Fund that were received during a given calendar year, but total assessments that are receivable from

employers and insurance carriers based on the Special Fund assessment formula as prescribed under section 44(c) of the Act.

³ Annual industry assessments prior to CY 1985 were based on each employer's or insurance carrier's total disability compensation and medical benefit payments under the Act during the preceding calendar year. The LHWCA Amendments of 1984 revised the method for computing assessments in two ways. Effective in CY 1985, assessments are based on disability compensation payments only, thereby excluding medical benefits from the computation. Also, a factor for section 8(f) payments attributable to each employer/carrier was added to the assessment base.

Table C-5

Summary of Case Processing Activities Under LHWCA¹

FY 1998 - FY 2007

Adjudication Level and Case Status	Fiscal Year									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
District Offices										
Pending Inventory of Cases	6,974	9,006	8,675	6,489	7,391	5,495	6,051	6,375	6,338	8,563 ⁷
OALJ										
Carryover from Previous FY	3,849 ²	3,862	3,668	3,562	3,388	2,980	2,517	2,355	2,318	1,984
New Cases	3,579	3,462	3,566	3,500	3,276	3,036	2,926	2,763	2,413	2,614
Total Docket	7,428	7,324	7,234	7,062	6,664	6,016	5,443	5,118	4,731	4,598
(Dispositions)	3,566	3,656	3,672	3,674	3,529	3,499	3,088	2,800	2,747	2,475
Pending Inventory	3,862 ³	3,668	3,562	3,388	2,980 ⁶	2,517	2,355	2,318	1,984	2,123
BRB										
Carryover from Previous FY	348	318	326	295	248	208	267	222	211	182
New Cases	419	421	423	317	260	332	297	288	248	241
Total Docket	767	739	749	612	508	540	564	510	459	423
(Dispositions)	464	438	467	384	319	282	355	304	288	282
Pending Inventory	318 ⁴	326 ⁵	295 ⁵	248 ⁵	208 ⁵	267 ⁵	222 ⁵	211 ⁵	182 ⁵	152 ⁵

¹Beginning in FY 1988, DCCA cases are excluded from DLHWC's District Offices' inventory as administration of these cases was delegated to the District of Columbia government effective July 18, 1988. Case processing and adjudication activities at the Office of Administrative Law Judges (OALJ) and Benefits Review Board (BRB) levels continue to include both LHWCA and DCCA cases.

²The difference between the carryover in FY 1998 and pending inventory at the end of FY 1997 is due to data modifications and corrections made by the OALJ.

³The FY 1998 numbers do not include 2,877 section 33(g) cases that were pending at the beginning of the year, or the 30 dispositions that occurred in such cases.

⁴Data adjustments by the BRB account for the difference between the sum of activity in FY 1998 and that year's pending inventory at year-end.

⁵Data adjusted by BRB to account for misfiled, duplicate, or reinstated appeals.

⁶Includes dispositions of Boone 33(g) cases.

⁷The increase in pending inventory compared to FY 2006 was due to the large number of new Defense Base Act cases created in the second quarter of FY 2007. The total number of new cases increased by 42 percent during FY 2007.

Table D-1 Part B

Status of All EEOICPA Applications at the End of FY 2007¹

Case Status/Claims Activity	Case ²	Claim ³
Total Applications Received-Program Inception Through 9/30/2007	59,028	85,585
Total Covered Applications Received-Program Inception Through 9/30/2007	45,538	69,606
Final Decisions Completed by Final Adjudication Branch (FAB) ⁴	35,645	51,195
Final Approved	19,538	28,776
Final Denied	16,107	22,419
Recommended Decisions by District Offices ⁵	2,412	4,220
Recommended Decision Only, to Approve	649	1,334
Recommended Decision Only, to Deny	1,763	2,886
Completed Initial Processing - Referred to NIOSH	4,276	8,462
Pending Initial Processing In District Office ⁶	3,205	5,729
Lump Sum Compensations	17,936	26,792
Total Payment Amounts		\$2,161,982,946

¹ Statistics show the status from program inception through September 30, 2007.

² "Case" counts are numbers of employees (or survivors of employees) whose work and illness or death are the basis for a "claim." (One case may have multiple survivor claims).

³ "Claim" counts are greater than case counts because they include numbers of employees and all survivors of employees who filed for benefits.

⁴ Each case or claim also received recommended decision by district office.

⁵ Each case or claim still pending final decision by FAB.

⁶ Includes remanded cases now in development and closed cases.

Table D-1 Part E

Status of All EEOICPA Applications at the End of FY 2007¹

Case Status/Claims Activity	Case ²	Claim ³
Total Applications Received-Program Inception Through 9/30/2007	48,707	67,155
Total Covered Applications Received-Program Inception Through 9/30/2007	40,255	46,122
Final Decisions Completed by Final Adjudication Branch (FAB) ⁴	25,501	26,371
Final Approved	13,232	13,691
Final Denied	12,269	12,680
Recommended Decisions by District Offices ⁵	3,879	4,230
Recommended Decision Only, to Approve	989	1,157
Recommended Decision Only, to Deny	2,890	3,073
Completed Initial Processing - Referred to NIOSH	2,280	2,590
Pending Initial Processing in District Office ⁶	8,595	12,931
Compensation Payments (Unique Cases and Claims)	6,913	7,239
Total Compensation Payment Amts.		\$833,869,598
Lump Sum Allocations (Unique Cases and Claims)	5,473	5,795
Total Lump Sum Payment Amts.		\$677,774,555
Wage Loss Allocations (Unique Cases and Claims)	739	919
Total Wage Loss Payment Amts.		\$27,762,272
Impairment Allocations (Unique Cases and Claims)	1,423	1,423
Total Impairment Payment Amts.		\$128,332,771

¹ Statistics show the status from program inception through September 30, 2007.

² "Case" counts are numbers of employees (or survivors of employees) whose work and illness or death are the basis for a "claim." (One case may have multiple survivor claims).

³ "Claim" counts are greater than case counts because they include numbers of employees and all survivors of employees who filed for benefits.

⁴ Each case or claim also received recommended decision by district office.

⁵ Each case or claim still pending final decision by FAB.

⁶ Includes remanded cases now in development and closed cases.

Table D-2 Part B

Processing Activity During FY 2007 on All EEOICPA Cases/Claims¹

Processing Activity	Case ²	Claim ³
Total Cases/Claims Received-FY 2007	6,113	8,709
Total Cases/Claims (Covered Applications) Received-FY 2007	5,657	8,191
Final Decisions by FAB Offices in FY 2007	8,313 ⁴	12,079
Final Approved	4,297	6,374
Final Denied	4,016	5,705
Modification Orders in FY 2007	273	312
Recommended Decisions by District Offices in FY 2007	8,939	13,326
Recommended Decision Only, to Approve	4,552	6,908
Recommended Decision Only, to Deny	4,387	6,418
Referrals to NIOSH in FY 2007	5,412	7,706
Lump Sum Compensation Payments in FY 2007	see claim statistics	5,735
Remands	911	1,411

¹Activity statistics capture actions made during FY 2007 only, therefore the number of activities reported do not add up to the total number of cases/claims received during FY 2007. (Many activities recorded occurred on cases/claims received prior to FY 2007).

²“Case” counts are numbers of employees (or survivors of employees) whose work and illness or death are the basis for a “claim.” (One case may have multiple survivor claims).

³“Claim” counts are greater than case counts because they include numbers of employees and all survivors of employees who filed for benefits.

⁴Total includes cases with recommended decisions in FY 2007.

Processing Activity During FY 2007 on All EEOICPA Cases/Claims¹

Processing Activity	Case ²	Claim ³
Total Cases/Claims Received-FY 2007	8,138	11,090
Total Cases/Claims (Covered Applications) Received-FY 2007	6,958	8,309
Final Decisions by FAB Offices in FY 2007	16,978 ⁴	17,427
Final Approved	6,841	7,057
Final Denied	10,137	10,370
Modification Orders in FY 2007	220	227
Recommended Decisions by District Offices in FY 2007	15,316	15,928
Recommended Decision Only, to Approve	7,251	7,511
Recommended Decision Only, to Deny	8,065	8,417
Referrals to NIOSH in FY 2007	4,099	4,427
Compensation Payments in FY 2007 (Unique Cases and Claims)	3,243	3,404
Total Compensation Payment Amts.		\$361,741,807
Lump Sum Allocations (Unique Cases and Claims)	1,901	2,061
Total Compensation Payment Amts.		\$234,273,117
Wage Loss Allocations (Unique Cases and Claims)	316	412
Total Wage Loss Payment Amts.		\$12,683,038
Impairment Allocations (Unique Cases and Claims)	1,301	1,301
Total Impairment Payment Amts.		\$114,785,652
Remands	1,262	1,419

¹Activity statistics capture actions made during FY 2007 only, therefore the number of activities reported do not add up to the total number of cases/claims received during FY 2007. (Many activities recorded occurred on cases/claims received prior to FY 2007).

²“Case” counts are numbers of employees (or survivors of employees) whose work and illness or death are the basis for a “claim.” (One case may have multiple survivor claims).

³“Claim” counts are greater than case counts because they include numbers of employees and all survivors of employees who filed for benefits.

⁴Total includes cases with recommended decisions in FY 2007.

Table D-3 Part B

EEOICPA Cases With Approved Decisions and Payments by Category, Program Inception Through September 30, 2007

Category			Total		
	Number of Approved Cases ¹	Percentage of Total Final Approvals	Number of Paid Claimants ¹	Compensation Paid ² (\$ thousands)	Percentage of Total Compensation Paid
Radiation Exposure Comp. Act (RECA) ³	5,391	27.5%	8,076	\$268,359	12.4%
Special Exposure Cohort Cancer (CN)	6,164	31.4%	9,469	896,593	41.5%
Dose Reconstructed Cancer (CN)	4,875	24.9%	6,839	720,937	33.3%
Beryllium Disease (CBD) ⁴	1,668	8.5%	2,183	245,593	11.4%
Beryllium Sensitivity-Only (BS)	1,300	6.6%	N/A	N/A	N/A
Silicosis (CS)	68	0.3%	79	10,100	0.5%
Multiple Conditions ⁵	142	0.7%	162	20,400	0.9%
TOTAL	19,608	100.0%	26,808	\$2,161,982	100.0%

¹There is not a direct correlation between number of approved cases and number of paid claimants for two reasons: (1) more than one claimant can receive payment on a single approved case, and (2) some cases were approved prior to 9/30/2007, but payments were not issued.

²Represents total lump sum compensation payments from EEOIC program inception through September 30, 2007.

³RECA cases are not counted in any other category of this table.

⁴Cases approved for both CBD and BS are counted in the CBD category, only.

⁵Cases counted in the Multiple Conditions category were approved for CN and CBD, or CN and CS, or CBD and CS, or CN and BS, or CS and BS.

EEOICPA Covered and Non-Covered Application Cases With Final Decision to Deny, Program Inception Through September 30, 2007

Reason for Denial	Number of Cases ¹
Employee Did Not Work at a Covered DOE Facility, Atomic Weapons Employer, or Beryllium Vendor During a Covered Time Period ²	3,434
Survivor Not an Eligible Beneficiary	465
Claimed Condition Not Covered Under Part B of EEOICPA ²	9,626
Dose Reconstruction Reveals the Probability That the Cancer is Related to Employment is Less Than 50 Percent	11,327
Medical Evidence is Insufficient to Establish Entitlement	4,315
Total	29,167

¹A case may have more than one final decision. (For example, a request for modification may result in a second final decision on a case). Therefore, the total number shown does not represent the number of cases with final decisions to deny.

²Non-covered applications.

Table D-4 Part E

EEOICPA Covered and Non-Covered Application Cases With Final Decision to Deny, Program Inception Through September 30, 2007

Reason for Denial

Number of Cases¹

Employee Did Not Work at a Covered DOE Facility, Atomic Weapons Employer, or Beryllium Vendor During a Covered Time Period ²	2,066
Survivor Not an Eligible Beneficiary ²	5,507
Dose Reconstruction Reveals the Probability That the Cancer is Related to Employment is Less Than 50 Percent	2,889
Medical Evidence is Insufficient to Establish Entitlement	9,380
Total	19,842

¹A case may have more than one final decision. (For example, a request for modification may result in a second final decision on a case). Therefore, the total number shown does not represent the number of cases with final decisions to deny.

²Non-covered applications.

Table D-5 Part B

Most Prevalent Non-Covered Medical Conditions, EEOIC Program Inception Through September 30, 2007

Non-Covered Medical Condition

Percentage of All Denials
For This Condition ¹

Other Lung Conditions	22%
Heart Condition/Failure/Attack/Hypertension	10
Chronic Obstructive Pulmonary Disease & Emphysema	8
Asbestosis	6
Renal Condition or Disorder (Kidney Failure, Kidney Stones)	5
Hearing Loss	3
Benign Tumors, Polyps, Skin Spots	3
Diabetes	3
Neurological Disorder	2
Thyroid Conditions (e.g., Hypothyroidism)	2
Anemia	1
Back or Neck Problems	1
Parkinson's Disease	1
Psychological Conditions	1
All Other Non-Covered Conditions (Each Less Than 1%) or Other (Not Listed)	24
No Condition Reported on Claim Form or Blank Condition Type	8

¹Based on cases that were denied because claimed condition was not covered under Part B of EEOICPA. These figures exclude cases that have a "covered" condition, whereas Table D-4 Part B includes these cases.

Note: The sum of individual items may not equal 100 percent due to rounding.

Office Directory

**U.S. Department of Labor
Office of Workers' Compensation Programs**
200 Constitution Avenue, NW.
Washington, DC 20210
202-693-0031
www.dol.gov/owcp

**Director, Office of Workers'
Compensation Programs**
Shelby Hallmark

**Deputy Director, Office of Workers'
Compensation Programs**
Nancy M. Flynn

**Director, Division of Planning,
Policy and Standards**
Cecily Rayburn

Division of Federal Employees' Compensation
(www.dol.gov/owcp/dfec)
Douglas C. Fitzgerald, Director

Division of Coal Mine Workers' Compensation
(www.dol.gov/owcp/dcmwc)
Steven D. Breeskin, Acting Director
Steven D. Breeskin, Deputy Director

**Division of Longshore and Harbor Workers'
Compensation**
(www.dol.gov/owcp/dlhwc)
Michael Niss, Director

**Division of Energy Employees Occupational
Illness Compensation**
(www.dol.gov/owcp/energy)
Rachel P. Leiton, Director
Christy A. Long, Deputy Director
LuAnn Kressley, Chief, Final Adjudication Branch

Region I/II — Northeast

(Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Puerto Rico, Rhode Island, Vermont, Virgin Islands)

Regional Office (New York)

Robert Sullivan, Regional Director
U.S. Department of Labor, OWCP
201 Varick Street, Room 740
New York, NY 10014
646-264-3100

New York FECA District Office

Zev Sapir, District Director
U.S. Department of Labor
OWCP/DFEC
201 Varick Street, Room 740
New York, NY 10014-0566
646-264-3000

New York Longshore District Office

Richard V. Robilotti, District Director
U.S. Department of Labor
OWCP/DLHWC
201 Varick Street, Room 740
Post Office Box 249
New York, NY 10014-0249
646-264-3010

Boston FECA District Office

Susan Morales, District Director
U.S. Department of Labor
OWCP/DFEC
JFK Federal Building, Room E-260
Boston, MA 02203
617-624-6600

Boston Longshore District Office

David Groeneveld, District Director
U.S. Department of Labor
OWCP/DLHWC
JFK Federal Building, Room E-260
Boston, MA 02203
617-624-6750

EEOICPA Resource Center Contract Facility:**(New York Site)**

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Amherst, NY 14226
716-832-6200 (Toll-Free 1-800-941-3943)
newyork.center@rroho.com

Region III — Philadelphia

(Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia)

Regional Office

R. David Lotz, Regional Director
U.S. Department of Labor, OWCP
Curtis Center, Suite 780 West
170 S. Independence Mall West
Philadelphia, PA 19106-3313
215-861-5400

Philadelphia FECA District Office

John McKenna, District Director
U.S. Department of Labor
OWCP/DFEC
Curtis Center, Suite 715 East
170 S. Independence Mall West
Philadelphia, PA 19106-3308
215-861-5481

Baltimore Longshore District Office

Theresa Magyar, District Director
U.S. Department of Labor
OWCP/DLHWC
The Federal Building, Room 410-B
31 Hopkins Place
Baltimore, MD 21201
410-962-3677

Norfolk Longshore District Office

Theresa Magyar, District Director
U.S. Department of Labor
OWCP/DLHWC
Federal Building, Room 212
200 Granby Mall
Norfolk, VA 23510
757-441-3071

Johnstown Black Lung District Office

Stuart Glassman, District Director
U.S. Department of Labor
OWCP/DCMWC
Greater Johnstown Tech Park
1 Tech Park Drive, Suite 250
Johnstown, PA 15901-1267
814-619-7777 (Toll-Free 1-800-347-3754)

Wilkes-Barre Black Lung District Office

Maribeth Girton, District Director
U.S. Department of Labor
OWCP/DCMWC
100 N. Wilkes-Barre Blvd., Room 300A
Wilkes-Barre, PA 18702-5245
570-826-6457 (Toll-Free 1-800-347-3755)

Charleston Black Lung District Office

Richard Hanna, District Director
U.S. Department of Labor
OWCP/DCMWC
Charleston Federal Center, Suite 110
500 Quarrier Street
Charleston, WV 25301-2130
304-347-7100 (Toll-Free 1-800-347-3749)

Greensburg Black Lung District Office

Colleen Smalley, District Director
U.S. Department of Labor
OWCP/DCMWC
1225 South Main Street, Suite 405
Greensburg, PA 15601-5370
724-836-7230 (Toll-Free 1-800-347-3753)

Parkersburg Black Lung Sub-District Office

Vicki Frye, Supervisory Claims Examiner
U.S. Department of Labor
OWCP/DCMWC
425 Juliana Street, Suite 3116
Parkersburg, WV 26101-5352
304-420-6385 (Toll-Free 1-800-347-3751)

DCMWC Field Stations:

U.S. Department of Labor
OWCP/DCMWC
Mine Safety & Health Academy, Rm. G-100
139 Airport Road
Beckley, WV 25802
304-252-9514

U.S. Department of Labor
OWCP/DCMWC
Mine Safety and Health Administration
110 Gott Road
Princeton, WV 24740
304-425-8161

U.S. Department of Labor
OWCP/DCMWC
Elkins Social Security Office
Jennings-Randolph Federal Building
300 3rd Street, Suite 325
Elkins, WV 26241
304-636-4747

U.S. Department of Labor
OWCP/DCMWC
523 Dingess Street
Logan, WV 25601
304-752-9514

U.S. Department of Labor
OWCP/DCMWC
Post Office Box 790
Uneeda, WV 25205
304-369-6050

U.S. Department of Labor
OWCP/DCMWC
604 Cheat Road
Morgantown, WV 26505
304-291-4277

U.S. Department of Labor
OWCP/DCMWC
Wise County Plaza, 2nd Floor
Route 23
Wise, VA 24293
276-679-4590

Region IV — Southeast

*(Alabama, Florida, Georgia, Kentucky, Mississippi,
North Carolina, South Carolina, Tennessee)*

Regional Office

Richard A. Brettell, Regional Director
U.S. Department of Labor, OWCP
400 West Bay Street, Room 943
Jacksonville, FL 32202
904-357-4776

Jacksonville FECA District Office

Magdalena Fernandez, District Director
U.S. Department of Labor
OWCP/DFEC
400 West Bay Street, Room 826
Jacksonville, FL 32202
904-357-4777

Jacksonville Longshore District Office

Charles Lee, District Director
U.S. Department of Labor
OWCP/DLHWC
Charles E. Bennett Federal Bldg.
400 West Bay Street, Room 63A, Box 28
Jacksonville, FL 32202
904-357-4788

Jacksonville Energy District Office

James Bibeault, District Director
U.S. Department of Labor
OWCP/DEEOIC
400 West Bay Street, Room 722
Jacksonville, FL 32202
904-357-4705 (Toll-Free 1-877-336-4272)

Pikeville Black Lung District Office

Roger Belcher, District Director
U.S. Department of Labor
OWCP/DCMWC
164 Main Street, Suite 508
Pikeville, KY 41501-1182
606-218-9300 (Toll-Free 1-800-366-4599)

Mt. Sterling Black Lung Sub-District Office

Brenda K. Jamison, Assistant District Director
U.S. Department of Labor
OWCP/DCMWC
402 Campbell Way
Mt. Sterling, KY 40353
859-498-9700 (Toll-Free 1-800-366-4628)

EEOICPA Resource Center Contract Facilities:**(Paducah Site)**

Katherine Fuller, Office Manager
Barkley Center, Unit 125
125 Memorial Drive
Paducah, KY 42001
270-534-0599 (Toll-Free 1-866-534-0599)
paducah.center@rrohio.com

(Savannah River Site)

Karen Hillman, Office Manager
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North Augusta, SC 29841
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(Oak Ridge Site)

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800 Oak Ridge Turnpike – Suite C-103
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or.center@rrohio.gov

Region V/VII — Midwest

*(Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota,
Missouri, Nebraska, Ohio, Wisconsin, overseas cases)*

Regional Office (Chicago)

Nancy Jenson, Regional Director
U.S. Department of Labor, OWCP
230 South Dearborn Street, 8th Floor
Chicago, IL 60604
312-596-7131

Chicago FECA District Office

Joan Rosel, District Director
U.S. Department of Labor
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230 South Dearborn Street, 8th Floor
Chicago, IL 60604
312-596-7157

Cleveland FECA District Office

Karen Spence, District Director
U.S. Department of Labor
OWCP/DFEC
1240 East Ninth Street, Room 851
Cleveland, OH 44199
216-357-5100

Cleveland Energy District Office

Annette Prindle, District Director
U.S. Department of Labor
OWCP/DEEOIC
1001 Lakeside Avenue, Suite 350
Cleveland, OH 44114
216-802-1300 (Toll-Free 1-888-859-7211)

Columbus Black Lung District Office

Lorraine Rardain, District Director
U.S. Department of Labor
OWCP/DCMWC
1160 Dublin Road, Suite 300
Columbus, OH 43215-1052
614-469-5227 (Toll-Free 1-800-347-3771)

Kansas City FECA District Office

Lois Maxwell, District Director
 U.S. Department of Labor
 OWCP/DFEC
 Two Pershing Square Building
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Region VI/VIII -- Southwest

(Arkansas, Colorado, Louisiana, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wyoming)

Regional Office (Dallas)

E. Martin Walker, Regional Director
 U.S. Department of Labor, OWCP
 525 South Griffin Street, Room 407
 Dallas, TX 75202
 972-850-2409

Dallas FECA District Office

Christina Stark, District Director
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 OWCP/DFEC
 525 South Griffin Street, Room 100
 Dallas, TX 75202
 972-850-2300

Houston Longshore District Office

Brad Soshea, District Director
 U.S. Department of Labor
 OWCP/DLHWC
 Mickey Leland Federal Building
 1919 Smith Street, Suite 870
 Houston, TX 77002
 713-209-3235

New Orleans Longshore District Office

David Duhon, District Director
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 OWCP/DLHWC
 600 S. Maestri Place, Suite 617
 New Orleans, LA 70130
 504-589-2671

Denver FECA District Office

Shirley Bridge, District Director
 U.S. Department of Labor
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 720-264-3000

Denver Black Lung District Office

Valerie Jackson, District Director
 U.S. Department of Labor
 OWCP/DCMWC
 1999 Broadway, Suite 690
 Denver, CO 80202
 720-264-3100 (Toll-Free 1-800-366-4612)

Denver Energy District Office

Janet Kapsin, District Director
 U.S. Department of Labor
 OWCP/DEEOIC
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 Denver, CO 80202-5711
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Region IX/X — Pacific

(Alaska, Arizona, California, Guam, Hawaii, Idaho, Nevada, Oregon, Washington)

Regional Office (San Francisco)

Sharon Tyler, Regional Director
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San Francisco FECA District Office

Andy Tharp, District Director
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San Francisco Longshore District Office

R. Todd Bruininks, District Director
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90 Seventh Street, Suite 15-100
San Francisco, CA 94103-6716
415-625-7669

Long Beach Longshore District Office

Eric Richardson, District Director
U.S. Department of Labor
OWCP/DLHWC
401 East Ocean Blvd., Suite 720
Long Beach, CA 90802
562-980-3577

Honolulu Longshore Sub-District Office

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Seattle FECA District Office

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Seattle Longshore District Office

Karen Staats, District Director
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Seattle Energy District Office

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(Las Vegas Site)

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(Hanford Site)

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National Operations Office

(District of Columbia, Maryland, Virginia)

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OWCP/DFEC
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