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Issue 17 | Fall 2016

CONGRESS CONFIRMS THE ESTABLISHMENT OF NEW EEOICPA ADVISORY BOARD

As part of the National Defense Authorization Act of 2015, Congress amended the Employees Occupational Illness Compensation Act (EEOICPA) to establish the Advisory Board on Toxic Substances and Worker Health in order to address issues within EEOICPA. The establishment of this advisory board marks the first time an independent group has been called upon to advise the Secretary of Labor on compensation issues related to toxic chemical exposures among Department of Energy (DOE) workers.

EEOICPA was first enacted by Congress in 2000 in order to provide medical and financial compensation to workers, or their surviving family members, who were put in harm's way and made ill due to hazardous work exposures at a DOE facility. EEOICPA has two parts, both of which are administered by the Department of Labor (DOL): Part B, which provides compensation for radiologically-induced cancers and illnesses related to silica and beryllium, and Part E for illnesses that are caused by toxic exposures, such as chemical solvents or asbestos, in addition to the illnesses covered in Part B.



Advisory board members Garry Whitley, WHPP ATLC Coordinator and Duronda Pope, USW Emergency Response Team Staff Coordinator

A separate advisory board, the Advisory Board on Radiation and Worker Health, was established at the start of EEOICPA in

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NEW SEC CLASSES AT IDAHO AND LAWRENCE LIVERMORE NATIONAL LABS

In July 2016, the Secretary of the Department of Health and Human Services (HSS) added new worker classes from the Idaho National Laboratory (INL) and Lawrence Livermore National Laboratory (LLNL) sites to its Special Exposure Cohort (SEC).

INL and LLNL workers that fall into the new SEC classes will no longer need to go through dose reconstruction to show excess radiation exposure when applying for compensation through the Energy Employees Occupational Illness Compensation Program (EEOICP) for any of the twenty-two covered radiologically-related cancers. The coverage also extends to certain surviving relatives of deceased workers and to those who have previously been denied compensation, but now meet the updated SEC class criteria.

The update to the LLNL SEC class expands what has already been in place for certain LLNL workers. The initial SEC class applied to those employed for over 250 days between January 1, 1950 and December 31, 1973 while the updated SEC class expands the eligible cohort through December 31, 1989. The INL directive represents the first time any INL workers have been deemed eligible for the SEC cohort.

The new SEC status follows in-depth investigations by the National Institute for Occupational Safety and Health (NIOSH), where it was found that historic radiation records are missing or are insufficient to determine radiation doses among former workers who worked during the time periods listed in the new

Language for Lawrence Livermore National Laboratory: "All employees of the Department of Energy, its predecessor agencies, and their contractors and subcontractors who worked in any area at the Lawrence Livermore National Laboratory in Livermore, California, during the period from January 1, 1974, through December 31, 1989, for a number of work days aggregating at least 250 work days, occurring either solely under this employment, or in combination with work days within the parameters established for one or more other classes of employees in the Special Exposure Cohort."

Language for Idaho National Laboratory:

"All employees of the Department of Energy, its predecessor agencies, and their contractors and subcontractors who worked at the Idaho National Laboratory (INL) in Scoville, Idaho, and were monitored for external radiation at INL (e.g., having at least one film badge or TLD dosimeter) during the period from March 1, 1970, through December 31, 1974, and were employed for a number of work days aggregating at least 250 work days, occurring either solely under employment during the period from March 1, 1970, through December 31, 1974, or in combination with work days within the parameters established for one or more other classes of employees in the Special Exposure Cohort."

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A Message from Dr. Steven Markowitz WHPP Project Director

MAKING STRIDES IN IDENTIFYING WORKPLACE EXPOSURES

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hen I attended medical school in the late 1970s, we studied the "ancient" occupational diseases, illnesses such as silicosis (scarring of the lungs caused by silica) and malignant mesothelioma (cancer of the lining of the lung or abdomen usually caused by asbestos exposure). We figured that since these diseases were considered "ancient" and the causes were well-known enough to be described in the medical textbooks, we would never actually see patients afflicted by these illnesses. After all, when I was a second year medical student, the world seemed simple: Identify the toxin, eliminate the toxin, and prevent people from the associated illness and death.

I guess I was wrong. Here we are 45 years later in 2016 and OSHA has finally issued its first comprehensive standard for the control of silica exposure and the reduction of silicosis and silica -related diseases. And also 45 years later, we have 2,500 to 3,000 cases of malignant mesothelioma in the United States each year, most due to asbestos exposure in years past. Clearly, these "ancient" diseases are not as ancient as we believed.

But focusing on the signature occupational illnesses, such as

WHPP Success At-A-Glance (as of 8-31-2016)

WHPP MEDICAL SCREENING PROGRAM Number of individuals screened by WHPP		
Number of WHPP exams completed (including 3-year re-screen exams)		
WHPP EARLY LUNG CANCER DETECTION PROGRAM		
Number of participants screened for lung cancer*		
Number of low-dose CT scans completed		
If you haven't taken advantage of the free WHPP medical screening, or to find out when your three-year re-screen exam can be scheduled, call today! Brookhaven (BNL) Fernald the GDPs and WIPP 1-888-241-1199		
If you haven't taken advantage of the free WHPP medical screening, or to find out when your three-year re-screen exam can be scheduled, call today! Brookhaven (BNL), Fernald, the GDPs, and WIPP1-888-241-1199 Idaho National Labs		
If you haven't taken advantage of the free WHPP medical screening, or to find out when your three-year re-screen exam can be scheduled, call today! Brookhaven (BNL), Fernald, the GDPs, and WIPP1-888-241-1199 Idaho National Labs		
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silicosis, asbestosis and malignant mesothelioma, actually compounds our failure. The traditional attention on these diseases has impaired our ability to understand and act on the much broader impact that exposures at work have on people.

Consider the top five causes of death in the United States: heart disease, cancer, chronic respiratory diseases (for example, emphysema), unintentional injuries, and cerebrovascular diseases (for example, stroke) in descending order. It is a fair question to ask: Do workplace exposures affect these illnesses, the ones that people usually get? We used to look at this issue exclusively by examining which single agents are responsible for causing these illnesses in the workplace. For example, to what extent does carbon monoxide exposure at work contribute to heart attacks? Or how frequently does benzene cause leukemia? Or what amount of exposure to cement dust will cause chronic respiratory disease? The problem with this approach is that it is too limited. It misses the possibility that a much broader set of exposures, or combined exposures, may be responsible for far more workplace illness than we previously appreciated.

We now know that chronic exposure within the extremely broad categories of "vapors, fumes, dusts, and/or gases" in the workplace lead to higher rates of chronic obstructive pulmonary disease, even among non-smokers, as shown by a sizeable number of studies in numerous countries over the past 30 years. This approach overthrows our traditional attempts to link a single agent with a single disease. Or consider outdoor air pollution, which has been demonstrated in many, many studies to cause heart disease, cancer, and chronic lung disease in urban populations at levels of airborne particulate matter that is far below what is often seen in industrial workplaces. But comparable workplace air pollution studies have generally not been done. Indeed, workplace air pollution differs from outdoor air pollution; but can we use what we have learned from outdoor air pollution studies to begin understanding the risk for these same diseases in industrial workplaces? If we can, then OSHA may have to think twice about what it calls a "nuisance dust."

Multiple exposures within the workplace are difficult areas to study, especially since there are already many known nonoccupational causes of the common diseases. But identifying the role of workplace exposures is especially important, because we can reduce or eliminate workplace exposures and prevent people from becoming ill in the first place. And that is a worthy goal.



*Correction: The "number of participants screened for lung cancer" reported in this issue reflects a correction made after the previous HealthWatch issue was printed. The updated number now accurately represents the number of unique participants who have participated in the WHPP ELCD Program through 8/31/16.

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WORKER HEALTH PROTECTION PROGRAM NEWS

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WHPP Holds Annual Program Meeting in Washington, D.C.

WHPP staff from around the country and representatives from the Department of Energy gathered together for our annual meeting. The meeting brought together WHPP coordinators, physicians and other professional staff to exchange and discuss knowledge ways in which the program can be improved for participants. Topics of interest included solvent-related



new the DOL and EEOICPA Advisory Board.

occupational hearing loss, Portsmouth Gaseous Diffusion WHPP beryllium sensitization, out- Local Coordinator Jeanne Cisco presents reach to former workers, news on the DOL EEOICP advisory issues with EEOICP claims board at the WHPP Annual Meeting

nounce Dr. Laura K. Shaw as the new principal clinical investigator at the University of Nevada School of

family

Dr. Shaw had more than

10 years of experience as a physician before joining the UNSOM in 2012. She is

currently an Assistant Pro-

fessor in the Department of

Family and Community

Medicine and is the Direc-

tor of the Family Medicine

Clerkship program.

clinic

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Medicine

(UNSOM).

WHPP Facebook Page Continues to Grow

Since introducing our Facebook page in 2014, WHPP has continued to grow its online presence by using the social networking service to distribute program information, DOE updates and important health and safety news relevant to the DOE workforce and beyond. The page now has over 400 followers and is growing on a weekly basis. If you're on Facebook, just type in "Worker Health Protection Program" in the Facebook search bar and click "Like" to follow us. If you already follow us, be sure to share our page with your friends!

WHPP Welcomes New NTS Clinical Investigator The WHPP is happy to an-



Dr. Laura K. Shaw, Principal Clinical Investigator at the University of Nevada School of Medicine

Since Dr. Shaw took over the post from Dr. Thomas Hunt in August 2015, she and the st of the UNSOM staff have screened over 500 former NTS

"Each day of medical screening I finish feeling like we have learned so much from each other. These patients are friendly and communicative and so willing to share their wealth of experiences with me."

Department of Energy Former Worker Program and the Ombudsman's Office to EEOICP Issue **Annual Reports**

The DOE Office of Environment, Health, Safety and Security issued its 2015 Annual Report on the Former Worker Medical Screening Program in September 2016. The report is a detailed review of medical screening program activities and findings from all DOE FWP sites, including all of the sites where WHPP operates. The report can be accessed on-line at:

http://energy.gov/sites/prod/files/2016/09/f33/2015-FWP-Annual -Report.pdf

The Ombudsman's office to EEOICP also issued their annual report. The Ombudsman's Office is tasked with presenting an annual report to Congress, documenting complaints of claimants regarding the compensation program. The full report can be viewed on-line at:

http://www.dol.gov/eeombd/2014annualreport/2014.pdf

WHPP Honors Nuclear Worker Advocate Mark Griffon



WHPP Director Dr. Steven Markowitz and the United Steelworkers Assistant Director James Frederick present Mark Griffon, M.S. with the Sylvia Kieding award

At the WHPP annual meeting, Mark Griffon was presented the Sylvia Kieding Award for his commitment to the health and safety of the DOE workforce. A longtime collaborator with WHPP, Mark is a health physicist and industrial hygienist who, among other accomplishments, was a presidentially appointed committee member on the Advisory Board on Radiation and Worker Health (from 2002 to 2015) and the U.S. Chemical Safety and Hazard Investigation Board (from 2010 to 2015). WHPP has been presenting this award since 2012 in honor of the late ylvia Kieding, a leading health and safety figure with the Oil,

workers for occupational illness as part of the WHPP.

Dr. Shaw has enjoyed building relationships with patients from the screening program, while being able to simultaneously provide important targeted medical screening. "I often find health problems that their regular physicians might not be looking for, so it is a valuable adjunct to their care," said Dr. Shaw.

Chemical and Atomic Workers and the United Steelworkers.

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OSHA ISSUES A NEW SILICA RULE FOR U.S. WORKERS

The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA), after four decades of struggle, debate and inaction, finalized a new rule in March 2016 to reduce occupational exposure to hazardous silica. The rule protects approximately 2.2 million U.S. workers put at risk for lung cancer and other deadly diseases related to silica exposure.

Silica's Health-Related Problems

Crystalline silica is an abundant material found in nature as quartz and is the most common component of sand. Although silica is unlikely to be harmful in its natural state, health hazards occur in industries where silica is manipulated and broken apart into dust containing particles that are small enough to be inhaled deep within the lungs. Workers become exposed to this harmful, respirable silica when concrete, rock, brick or ceramics are drilled, cut, sawed, or crushed.

Most exposures to silica occur within the construction industry, but its use is also widespread in other industries and operations such as foundries and abrasive blasting processes. Silica exposure is also a risk for workers engaged in mining, cement and asphalt paving, brick manufacturing, and in the hydraulic fracturing process for extracting natural gas from the ground, which has seen a rapid increase in recent years.

Over time, inhaled silica dust can cause lung cancer and has been linked to other diseases, such as silicosis (lung scarring), chronic obstructive pulmonary disease (COPD), and kidney and autoimmune diseases. Silica dust is the only known cause of silicosis, the most common type of pneumoconiosis (dust-related disease).

Silicosis is typically a chronic disease that manifests as a severe cough, shortness of breath, loss of appetite and fatigue, with symptoms generally worsening over the course of years or decades, and in some cases resulting in lung failure and death. Where chronic silicosis can manifest after years of exposure to respirable silica, extreme exposure can cause acute silicosis, which may show symptoms after just a few months. There is no cure for either type of silicosis. While the number of workers diagnosed with silicosis has declined over the years, especially for acute cases of silicosis, chronic cases of the disease, without intervention, continue to affect hundreds of U.S. workers each year.

Crystalline silica was initially recognized as a workplace hazard by Hippocrates (460-375 B.C.) almost three millennia ago. However, it received little attention in the U.S. until the 1920s when workers' compensation laws were first passed. In 1936, the 'Hawks Nest Tunnel' disaster occurred, in which more than 100 men, many of whom were African-American, died from acute silicosis after drilling a West Virginia mountain tunnel through pure silica. Despite the long standing awareness of the health hazards of silica, the new regulation marks the first time that adequate protections for workers have been put into place.

The Silica Rule

OSHA is tasked with implementing rules to set permissible exposure levels (PEL) and to mandate other worker protections for hazards in most U.S. industries. The new silica rule improves the PEL that was set in 1971 and is the first time that industry has been directed to implement additional worker protections against silica exposure. The new rule contains separate provisions for both construction and general industry. David Michaels, the current Assistant Secretary of Labor for Occupational Safety and Health and former DOE Assistant Secretary for Environment, Safety and Health, estimates that once the new silica standard is "... fully in effect, it will save about



David Michaels, PHD, MPH, Assistant Secretary of Labor for Occupational Safety and Health

600 lives a year," and "the rule is also expected to prevent more than 900 cases of silicosis each year." Employers will have one to five years to put the required protections in place.

The key provisions of the new OSHA silica rule are as follows:

- The PEL for respirable crystalline silica is reduced to 50 micrograms per cubic meter of air, averaged over an 8-hour shift.
- Employers are now required to: use engineering controls (such as water spray suppression or proper ventilation) to limit worker exposure below the PEL; provide respirators when engineering controls cannot adequately limit exposure; limit worker access to high exposure areas; and develop a written exposure control plan.
- Employers must now train workers on silica risks and how to limit exposures.
- Employers must provide medical exams to monitor highly exposed workers and give them information about their lung health.

Certain workers in the DOE complex, especially in construction and mining, have faced silica exposures over the years. The DOE must now comply with the new OSHA rule.

The Way Forward

This new OSHA rule was first proposed in 2013, going through an intense and contentious review process. While not perfect, it encompasses years of scientific and medical research. It is clear that the long-delayed and much needed reduction in the exposure limit will result in an improvement in the health and safety of the silica-exposed workforce. The individual, social, and economic benefits have been highlighted in the OSHA rule-making process. (https://www.osha.gov/silica/)

Silica-related illness, which like most occupational disease, is entirely preventable with known, effective, and conventional public health methods. The new ruling greatly improves protection against this significant workplace hazard.

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For more information on respirable silica, visit HTTPS://www.OSHA.gov

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A Tribute to Tom "Mo" Moser

All of us at the Worker Health Protection Program (WHPP) are extremely saddened to report the passing of Tom "Mo" Moser on March 24, 2016, after a short battle with pancreatic cancer. Tom was an integral part of WHPP since the start of the program in 1999.

As a local K-25 WHPP outreach coordinator, Tom's commitment to the health and well-being of former workers in his community was immense. He helped enroll over 4,200 former K-25 workers in the WHPP medical screening program and dedicated much of his time to participants who were sick from their work at the plant, assisting these workers and their families with navigating the complexities and frustrations of federal and state workers' compensation programs.

Prior to working with WHPP, Tom was a longtime employee of K-25, where he worked as a maintenance mechanic until he retired in 1999, just before joining WHPP. Tom had significant input in the development of outreach strategies for notifying K-25 workers about the availability of medical screening, and his vast knowledge of the K-25 complex contributed to the successful design of the WHPP medical screening program.

In addition to keeping in touch with his former colleagues to make sure they stayed on top of their health, he was also passionate about preserving the rich history and comradery at the plant. Annually, Tom organized an "Old Timer's Day" at the USW Local 288 union hall to celebrate the lives and legacy of former K-25 workers. The annual event was always well attended by former workers. The other K-25 WHPP local coordinators, Bruce Lawson and John Steward, intend to carry on this tradition in Tom's honor.

THOMAS L. MOSER



1951 - 2016

Tom will be sorely missed. Here are some memories and reflections from a few WHPP staff members who worked with Tom:

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"We shared so many adventures, misadventures, tragedies and triumphs with Tom! Although he was utterly devoted to WHPP, his family and music were the great loves of his life. It is hard to see his vacant desk and not hear "it's only me" as he came through the door. Yes, he is and will always be missed by all who knew him!"

- Bruce Lawson and John Steward, K-25 Local Coordinators

"Tom was such an interesting guy. Part preacher, part student, he was fascinated by so many ideas and issues. In the end, his body failed him, but I know his spirit will be with us for a long time to come. Just as Tom planned." - Steven Markowitz, M.D., WHPP Program Director

"Tom was absolutely the nicest guy to work with. He seemed to know everyone in Oak Ridge and it seemed like everyone knew him. He would routinely go out of his way to help claimants or widowers navigate the difficult compensation process. His dedication and humor are irreplaceable...And he sure could sing!" "Tom was a valuable asset to the WHPP program. Tom's outgoing personality and his humor made working with him a pleasure. At the point in time with the movement of organized labor working toward the Energy Employee Compensation Program Act of 2000, Tom played a major part. Tom's life was a gift to all of us. I miss conversations with Tom and playing music with him. We gave him the nick name HazMo... There was only ONE TOM."

- Mark Lewis, Senior Outreach Specialist, ATL International/ Former WHPP Local Coordinator

"Despite Tom's quick wit and upbeat spirit, there was no doubt that he took his role as WHPP coordinator very seriously. Tom cared deeply about his DOE co-workers and did all that he could to guide those who became ill from their work at DOE. Tom's passing leaves a big hole in our WHPP family, but he will live forever as part of our treasured collective memory." - Amy Manowitz, WHPP ELCD Director of Administration

- Jonathan Corbin, WHPP Outreach Coordinator

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WORKER HEALTH PROTECTION PROGRAM TESTIMONIALS

"Last summer my WHPP physical turned out 'slightly different.' I went for follow-up with a pulmonologist who was suspicious I had lung cancer. He had other tests run and they turned out positive for lung cancer. I then had surgery and it turned out good. No chemotherapy or radiation was necessary. I would urge anyone to get an exam with WHPP. It costs nothing. It doesn't hurt and it could save your life."

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-Charles F. Mills, former Paducah worker

"Thank you for the unexpectedly excellent insights of the medical screening. On each of the subsequent visits, I have always felt the quality of the screening was high and the people involved in the program were caring. I recommend that Lab workers have their screening regularly, as such a visit can perhaps uncover hidden issues for you, and if not, you have reassurance that all is as it should be."

- Mary Adamson, former LLNL worker

CONGRESS CONFIRMS THE ESTABLISHMENT OF NEW ADVISORY BOARD

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order to provide guidance on the evaluation of Part B radiationrelated claims, but up until now there was no independent advisory board for the administration of claims related to toxic substances.

Through EEOICPA, over 100,000 DOE workers and their families have received financial or medical compensation totaling over \$12 billion. However, since EEOICPA's inception, numerous workers, their families, and advocates have been discouraged by limitations within the compensation program. A goal of the new advisory board is to have a body independent of the DOL, with expertise in occupational health and the work performed at DOE facilities, that can examine selected issues with the aim of improving the compensation process.

The Board is tasked with advising the Secretary of Labor on the following technical aspects of EEOICPA:

- The Site Exposure Matrix (SEM). The SEM is an online database that is designed to document DOE site-specific job categories, known chemical exposures, and their potential for causing work-related illness. Claimants can utilize the SEM when preparing their claims, and a similar database is used by claims examiners when processing them. The Board will review how the SEM is used for evaluating claims and make recommendations accordingly.
- **Medical guidance** for DOL claims examiners. The Advisory Board will review the methods used for weighing medical evidence as part of the claims process.
- Evidence required for lung disease claims submitted under Part B. The board will review the levels of evidence required for compensation for lung diseases specifically related to silica and beryllium.
- The work of the DOL's industrial hygienists and staff and consulting physicians. The Board will review their current practices to ensure "quality, objectivity and consistency" in analyzing claims and related work.

The charter also calls for collaboration, when applicable, between the new advisory board and the Advisory Board on Radiation and Worker Health, which has been advising the Secretary of Health and Human Services on radiation-related EEOICPA issues since 2000. The fifteen members of the Advisory Board on Toxic Substances and Worker Health were selected in February of 2016 and include WHPP project director Steven Markowitz, M.D., DrPH, who is also serving as the acting chair, as well as Garry Whitley, a WHPP local coordinator in Oak Ridge. Duronda Pope, who is the Emergency Response Team (ERT) Coordinator for the United Steelworkers (USW), is also on the Board. The first meeting was held in Washington, D.C. in April 2016 and at least two in person meetings per year are planned, along with additional teleconference meetings with member subcommittees. The Advisory Board for Toxic Substances and Worker Health is to be in place for five years.

For more information on the Part E Advisory Board and upcoming meetings, which are open to the public, visit the DOL website at: http://www.dol.gov/owcp/energy/

WHPP SATISFACTION SURVEYS

"Several items were identified during my examination that lead to lifestyle and medical treatment changes. The program has provided assurances that my health appears to not have been affected by my participation in the nuclear industry."

"I am very privileged to be part of this program. They have provided me with exams and tests that have been so helpful in finding health problems, as well as giving suggestions for follow-up procedures to further investigate the problems found."

"Participation has increased my awareness and made me more knowledgeable of good health and health related issues. Please continue this very needed program."

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NEW SEC CLASSES AT IDAHO AND LAWRENCE LIVERMORE NATIONAL LABS

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classes.

For a class of workers to be added to the SEC, a petition must first be submitted to NIOSH by either employees, survivors, representatives, labor organizations or NIOSH itself. The petition process is followed by a NIOSH investigation into the availability of radiological records. This investigation is then reviewed by the federally appointed and independent Part B Advisory Board on Radiation and Worker Health. To date, over 100 classes of energy employees have gained SEC status.

Former workers of LLNL and INL (and other WHPP sites) who need more details on applying for EEOICP, please contact your local DOL EEOICP Resource Center office at the numbers listed to the right:

EEOICP RESOURCE CENTERS

California	
Kentucky	
Idaho	
Nevada	
New Mexico	
New York	
Ohio	
Tennessee	
As always, you can also contact tor for assistance. See Page 2 for	your local WHPP coordina- contact information.

SELF-PROPELLED WHPP ELCD MOBILE UNIT IS RETIRED; SCREENING AT NEW LOCAL RADIOLOGY SITES IN FULL SWING

In the last issue of HealthWatch, we reported plans to take the WHPP ELCD mobile unit off the road and begin screening at local radiology facilities. The self-propelled mobile unit was custom built for the WHPP ELCD Program in 2000 and over the last 16 years has served workers from the three GDP plants, Mound and Fernald at various points in time. January 2015 was the last month that low-dose chest CT scans were done on the mobile unit, and the transition to local radiology services has been successful, with lung cancer screening well underway at the following facilities: Adena Pike Medical Center in Waverly, Ohio (for Portsmouth GDP workers), Baptist Imaging Center in Paducah, Kentucky (for Paducah GDP workers) and TriHealth Evendale Hospital in Evendale, Ohio (for Mound and Fernald workers).

Although the mobile unit staff and the comradery at the union halls are missed, satisfaction surveys show that our WHPP ELCD participants are pleased with the new facilities, and that the excellent, efficient quality of care has carried over to the new phase of the program. This is not surprising, as other than the CT scanners and staff, virtually all of the elements that distinguished our program are utilized at the new sites. The WHPP Ground Team members continue to give support to our participants, answering questions and helping with compensation claims when needed.

Eligible DOE workers from ORNL, Y12 and the K-25 GDP can still be screened for lung cancer on the WHPP ELCD trailer, which is parked next to the ATLC union hall in Oak Ridge, TN. And, we continue to screen Nevada Test Site workers at Desert Radiologists in Las Vegas and Idaho National Lab workers at Teton Radiology in Idaho Falls. Paducah GDP workers will soon have the option of going to Lundberg Medical Imaging in Paducah, KY for a low-dose chest CT scan; we expect this new WHPP ELCD Program site to start up in the fall of 2016.

DID YOU KNOW ...?

- Lung cancer is the second leading cause of death in the US.
- Lung cancer is the leading cause of cancer death.
- Lung cancer takes the lives of more women each year than breast, ovarian and cervical cancers combined.
- An estimated 224,390 new cases of lung cancer are expected in 2016.
- 60% of lung cancer cases diagnosed are in former smokers.
- Without lung cancer screening, only 15% of lung cancers are detected in an early stage, whereas with low-dose CT screening, 60-85% are likely to be found in an early stage.

Current and former DOE workers continue to benefit from the WHPP ELCD Program, with 150 lung cancers detected as of August 2016, most of which (72%) were found in an early stage when treatment is more likely to be effective. Our program has also detected other significant abnormalities unknown to participants at the time of the screening, such as thyroid and kidney masses (later diagnosed as cancer) and aortic aneurysms.

Please call the WHPP ELCD office toll-free at 1-866-228-7226 to find out whether you are eligible for ongoing lowdose chest CT scans through this program.

Eligibility is based on age, work and smoking history, and health status. Encourage your co-workers who may be at increased risk of lung cancer, but have not participated yet, to call in as well!

"I am totally grateful to the Worker Health Protection Program. When I retired from INL, I was offered a free physical and later a low-dose CT scan of my lungs by WHPP. In January 2015, I had a scheduled yearly CT scan of my lung. I was notified that a nodule on my lung was looking suspicious for lung cancer.



A biopsy was taken, and I was diagnosed with lung cancer. I had surgery, and afterward, I showed no cancer left in my body. All my doctors credited this success to the early detection by WHPP. I want to thank everyone who is responsible for and working with the WHPP and Early Lung Cancer Detection Program (ELCD). I was feeling great before I was diagnosed with cancer, I had no symptoms, and now, I feel like I was given a new lease on life!" - Loretta Moses, former INL worker

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WORKER HEALTH PROTECTION PROGRAM (WHPP)

Barry Commoner Center for Health and the Environment Queens College– Remsen 311 65-30 Kissena Blvd. Flushing, NY 11367

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"I worked at Union Carbide as a maintenance mechanic in the 410 building for 10 years. I was encouraged to participate in the Worker Health Protection Program and took advantage of the free physicals and CT scans. They discovered a nodule on my lung that I had checked annually, and I was ultimately diagnosed with asbestosrelated lung disease. With the help of WHPP, I have received compensation and have access to ongoing medical treatment."

- Wayne Wallace, former Paducah worker

HAVE YOU HAD YOUR 3 YEAR

FOLLOW-UP RESCREEN EXAM?

Many occupational illnesses can take years or decades to appear and participants are eligible for follow-up physical examinations every three years.

HAVE YOU MOVED?

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It's important that we keep your current home adress and phone numbers up to date so we can alert you when you become eligible for your next rescreen examination.

ARE YOU IN TOUCH WITH ANY DOE CO-WORKERS?

If you are in touch with any of your former co-workers, be sure to let them know about the Worker Health Protection Program.

It could improve their health... and even save their lives!

WHPP HealthWatch

Issue 17 Fall 2016

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For more information, or if you have any questions or comments, please call us at:

(888) 241-1199

Or e-mail: info@worker-health.org

Visit us online at: http://www.worker-health.org

"Like" us on Facebook! http://www.facebook.com/ WorkerHealthProtectionProgramwhpp

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Questions? Comments?

Write us at info@worker-health.org Call us Toll-Free: 1-888-241-1199 For more information visit: Worker-Health.org

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