



# HealthWatch

A newsletter of the Worker Health Protection Program; a partnership between Queens College, CUNY and the following organizations: United Steelworkers, Atomic Trades and Labor Council and the Fernald Medical Screening Program

Issue 21 | Winter 2023/2024

## WHPP EARLY LUNG CANCER DETECTION PROGRAM MARKS MILESTONE OF 200 PRIMARY LUNG CANCERS

The WHPP Early Lung Cancer Detection (ELCD) Program reached a significant milestone in the past year – the number of primary lung cancers detected by the program exceeded 200, with the majority diagnosed in the early stages when treatment is most effective, and cure is possible.

The WHPP ELCD Program began in 2000, over 23 years ago, at a time when the promise of low-dose CT lung cancer screening was largely unknown and not widely accepted in the medical community. The ELCD Program originated when WHPP Director, Dr. Steven Markowitz, read an article in a prestigious medical journal describing a new screening test for detecting lung cancer early. The study, conducted at Weill Cornell Medical Center, provided both a chest X-ray and a low-dose CT scan of the chest to 1,000 cigarette smokers who were at high risk for lung cancer. The low-dose CT detected four times as many lung cancers as the chest X-ray (27 detected vs. 7 on chest X-ray) and more of the CT-detected lung cancers were in an early stage (85% early vs. 57%).

Without annual screening, most lung cancers are



WHPP CT scanner trailer parked at the ATLC union hall

found in a late stage, only after symptoms appear. Unfortunately, by the time symptoms develop, lung cancer has usually spread to the lymph nodes or other organs and is much more difficult to treat. In fact, most people do not survive late-stage lung cancer -- only 20 of every 100 people diagnosed with late-stage lung cancer survive five years. As a result, lung cancer has been the number one cause of cancer deaths

in both men and women in the U.S. for decades. With these grim lung cancer statistics, you can see why the results of the Weill Cornell study showing improved early detection caught Dr. Markowitz's attention, particularly with lung cancer being the leading cause of death from workplace exposures and the Department of Energy (DOE) admission that workers were exposed to proven lung carcinogens, such as asbestos, beryllium, nickel, radiation, and silica.

A low-dose chest CT (LDCT) scan uses much less radiation than a standard diagnostic CT of the chest but still provides a clearer and more complete picture of the

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## CHANGES TO THE DEPARTMENT OF LABOR (DOL) EEOICPA PROCEDURE MANUAL

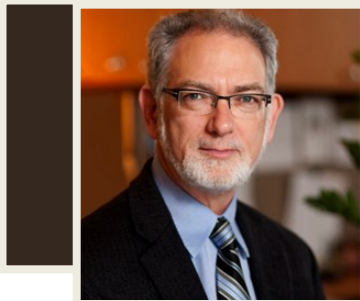
Since 2022, the Division of Energy Employees Occupational Illness Compensation (DEEOIC) released several updates to its procedure manual, based in part on input from the Advisory Board on Toxic Substances and Worker Health (ABTSWH). Two of the more notable updates in version 8.0 of the manual include:

**Hearing loss compensation for solvent exposure:** Criteria for hearing loss compensation under Part E requires establishing medical, exposure, and employment evidence for hearing loss in workers with specific solvent and noise exposures. Previously, claimants needed to establish 10 years of concurrent exposure of specified solvents and noise, prior to 1990 and within a specified DOL labor category (or equivalent). The updates now allow for claimants with evidence of 10 years of concurrent exposure to solvents and noise oc-

curing in **any time period or any labor category** to have cases reviewed by a DOL industrial hygienist for assessment.

**Silicosis exposure at Nevada and Alaska Sites:** Criteria for Part B silicosis compensation has been expanded. Previously, at least 250 workdays of employment during the mining of underground tunnels related to critical testing of atomic weapons in Nevada or Alaska sites was required.

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# A Message from Dr. Steven Markowitz WHPP Project Director

## HOPE FOR MESOTHELIOMA?

If the headline of this column caught your eye, then you have been exposed to asbestos in the past, or you have watched televised ballgames where lawyers advertise. In either event, read on.

Mesothelioma is a deadly cancer that occurs 25 or more years following asbestos exposure, usually on the job. It most often originates in the chest but can occur in the abdomen. It is considered a rare cancer because it is diagnosed in only about 3,000 people per year in the U.S., compared to lung cancer, which will be diagnosed in about 240,000 people in 2023 in the U.S.

In June 2023, I attended an international meeting of doctors and scientists (International Mesothelioma Interest Group) who are dedicated to finding cures for mesothelioma. There were 500 people at the conference from all over the world, who were all focused on understanding mesothelioma and finding ways for early detection and treatment. We spent three days discussing mesothelioma issues, such as how cancer develops in cells, the best treatment options, and ways to organize the best care for people suffering from mesothelioma.

No breakthroughs in treatment were announced at the mesothelioma conference, I am sorry to say. The last significant improvement in treatment was a few years ago when a clinical trial showed that immunotherapy can significantly prolong the lives of people with one of the main mesothelioma cell types. However, here are some take-aways from the meeting and signs of hope:

**Promising doctors:** At least one-half of the attendees at the conference were young. That means we have a solid pipeline of doctors who will dedicate their lives to curing mesothelioma and caring for people who are diagnosed.

**Doctors are being increasingly creative in designing new treatments for mesothelioma:** Surgery plays a role, but it must be accompanied by other treatments: radiation, chemotherapy, and immunotherapy, to name a few. Many different types of immunotherapy and radiation therapy are being tried. Doctors are also changing the timing of treatments, giving chemotherapy or immunotherapy either before, during, and/or after surgery.

**The scientists working on cures for mesothelioma are very smart and dedicated:** Many have been treating people with mesothelioma for many years, usually with limited success. However, they are a determined group who refuse to give up and keep trying new ideas to find cures.

**One type of mesothelioma that is in the abdomen (“peritoneal mesothelioma”) is more treatable than it was a decade or more ago:** People with this form of the disease who undergo surgery and chemotherapy (during and after surgery) frequently live five or more years following diagnosis. This treatment has revolutionized care for people with this form of mesothelioma, which only accounts for 10% of people with mesothelioma. The success with treating “peritoneal mesothelioma” also gives us hope that there will be a combination of treatments that will be equally effective at treating the more common form of mesothelioma, one that occurs in the chest (“pleural mesothelioma”).

**Early detection?** One disappointing aspect of the meeting is that we have made little progress in finding a way to screen people exposed to asbestos for mesothelioma so that we might detect the disease early in affected people. The low-dose CT scan of the chest that is so effective for early detection of lung cancer, doesn’t appear to be able to detect mesotheliomas of the chest at an early stage.

Some scientists are measuring chemicals in the exhaled air of people to see if mesotheliomas in the chest shed specific chemicals into the air during normal breathing. That would be a wonderfully easy and painless method of screening for cancer, but the science is still developing. It is unclear if and when this screening method will bear fruit.

So, we need to maintain hope. Thanks to scientific advances led by innovative and smart doctors, many types of cancers are now treatable, and one day this will be true for malignant mesothelioma too. Let’s work and hope to make that sooner rather than later.

### WHPP Success At-A-Glance

(Numbers as of 9-30-2023)

#### MEDICAL SCREENING PROGRAM

Individuals screened.....35,724  
Exams completed (including re-screen exams)...77,853

#### EARLY LUNG CANCER DETECTION PROGRAM

Individuals screened for lung cancer.....13,999  
Low-dose CT scans completed.....60,463  
Diagnosed with lung cancer.....217



# WORKER HEALTH PROTECTION PROGRAM NEWS

## WHPP Welcomes New Medical Director



*Khaula Khatlani, MD, MSc*

In late 2022, WHPP welcomed a new medical director, Khaula Khatlani, MD, MSc. With dual board certifications in occupational medicine and public health/general preventive medicine, Dr. Khatlani has been professionally recognized in two medical specialties integral to WHPP.

Dr. Khatlani graduated from DOW Medical College in Karachi, Pakistan, completed her residency at Griffin Hospital in Connecticut, and a clinical fellowship in occupational and environmental medicine at Yale. Previously, Dr. Khatlani was the recipient of the National Institutes of Health's (NIH) Fogarty Fellowship in Trauma and Injury Prevention and completed epidemiological training at the Bloomberg School of Public Health at Johns Hopkins School of Medicine. Prior to joining WHPP, Dr. Khatlani was the medical director of the Occupational Health Clinic at Bristol Health System and has published research on injury prevention and workplace and intimate partner violence. In her new role at WHPP, Dr. Khatlani directs day-to-day clinical operations for the WHPP screening program and has initiated research to improve program services related to colon cancer and to better understand thyroid abnormalities found in our participants.

## WHPP Participation in Ongoing Former Worker Program Webinar Series

In conjunction with the other programs that provide medical screening for former DOE workers as part of the Former Worker Program (FWP), WHPP has been organizing and hosting an online "Webinar" series on important topics related to medical screening and health concerns specific to the DOE workforce. In July 2023, WHPP director Dr. Steven Markowitz gave a presentation titled, "Early Lung Cancer Detection and Cure for Former DOE Workers," which was attended by over 200 former DOE workers and related stakeholders. Other topics previously covered in the webinar series include an overview of beryllium exposure and the beryllium lymphocyte proliferation test (BeLPT), as well as a general overview of all the FWPs. To receive notifications to sign up for upcoming FWP webinars, please email us at [info@worker-health.org](mailto:info@worker-health.org) to make sure we have your email address on file.

## Queens College Staff Visits Oak Ridge for JOTG Meetings and More



*The WHPP team in Oak Ridge, Tennessee*

Queens College staff joined our WHPP partners at ATLC and USW to participate in the Joint Outreach Task Group meetings in Oak Ridge, TN in April 2023. This was the first national in-person event that WHPP had participated in since the start of the COVID-19 pandemic. Over 200 people were in attendance to receive information on our medical screening program and the EEOICP. Two members of the WHPP outreach team, Tiffany Martin and Zachary Busse, traveled from Queens College to Oak Ridge to participate in the Task Group meeting, and while in Oak Ridge, visited our two union halls, the NetGain clinic and the American Museum of Science and Energy.

## WHPP's Return to In-person Annual Meeting

After years of COVID-19-related travel advisories, in late November 2022, WHPP held its first in-person annual meeting since 2019. WHPP coordinators from around the country joined Queens College medical and administrative staff in Washington DC for two days of meetings to review the previous program year and to discuss future initiatives to improve our service to former DOE workers. The highlight of the 2022 meeting included a presentation by Richard Miller, former labor policy director for the Education and Labor Committee of the U.S. House of Representatives, on the history of the creation of the FWP and EEOICP. Other guests and speakers included representatives from the DOE, DOL, OSHA, and the Office of the Ombudsman.



*Guest speaker Richard Miller and renowned worker photojournalist Earl Dotter*

# COLORECTAL CANCER SCREENING EASIER THAN YOU THINK AND COULD SAVE YOUR LIFE!

BY KHAULA KHATLANI, MD, MSC.

In 2022, colorectal cancer (cancer of the colon or rectum) was the third most common cancer in the United States and the second most common cause of cancer deaths. Since 1995, the United States Preventive Services Task Force (USPSTF) -- an independent body of national experts that makes recommendations on screening tests, based on the latest scientific research -- has established guidelines to screen people for colorectal cancer via various invasive and non-invasive tests, including colonoscopy, sigmoidoscopy, and stool-based tests. These screening tests are designed to find cancer at an early stage when the cancer is still treatable and the chance of survival for an individual is improved.

## Updates to the screening guidelines

Although the risk of colorectal cancer increases with age, since the 1990s, the steepest increase in cases has been found in younger age groups. This finding led to the USPSTF's updated recommendations on colorectal screening in 2021, which now endorses ongoing screening for all adults aged 45 to 75 years, instead of ages 50 to 75 as previously recommended. For adults aged 76 to 85 years, the decision to offer colorectal cancer screening should involve a healthcare provider's assessment of the individual's overall health and the results of prior colorectal cancer screening tests. The recommended time interval between screening tests varies depending on the colorectal cancer screening test selected.

## Compliance with colorectal cancer screening

Colorectal screening remains under-utilized in the United States, even though compliance with colorectal screening guidelines can reduce colorectal cancer by almost 60% and colorectal cancer deaths by up to 73%. Nationally around 60 to 70% of people are up to date with colorectal cancer screening. However, adherence varies drastically by state and region. In rural areas, for example, fewer providers are available to perform procedures, such as colonoscopy and sigmoidoscopy, and people are less likely to be screened compared to those in urban areas.

## Stool-based tests for colorectal cancer screening

You are likely aware that colonoscopy has been the test most often recommended for colorectal cancer screening. However, many people do not follow the colonoscopy recommendation due to the inconvenience of undergoing anesthesia, the uncomfortable bowel preparation before the test, or, in some cases, the limited regional availability of the test. Fortunately, other non-invasive, effective, easy-to-

administer and FDA-approved screening tests are available to detect colorectal cancer.

These non-invasive tests include home stool tests, such as the high-sensitivity guaiac fecal occult blood test (also known as gFOBT, Guaiac test, or simply FOBT), fecal immunochemical test (FIT) and stool DNA test (sDNA-FIT).

The gFOBT, FIT, and sDNA-FIT tests are lab tests that look for hidden blood in the stool sample. FIT is one of the most commonly used colorectal cancer screening tests worldwide and has several advantages over other tests: it is a one-sample stool test; it can be taken at home by an individual; the results are not affected by diet or medications; and it has proven to be a fairly accurate test in several large-scale randomized trials in the U.S and internationally. Studies have also shown that more people comply with FIT for colorectal cancer screening as compared to colonoscopy.

sDNA-FIT is a new FIT test that can detect more pre-cancerous lesions than the standard FIT test because, in addition to effectively finding blood in the stool, it detects abnormal DNA in the cells shed from the lining of the colon and rectum into the stool. The sDNA-FIT test can be performed at home same as the gFOBT and FIT, but there are disadvantages -- it is more expensive than other stool-based tests, requires collection of the entire bowel movement, and has limited data on its effectiveness compared to the other stool-based tests that have been in use longer.

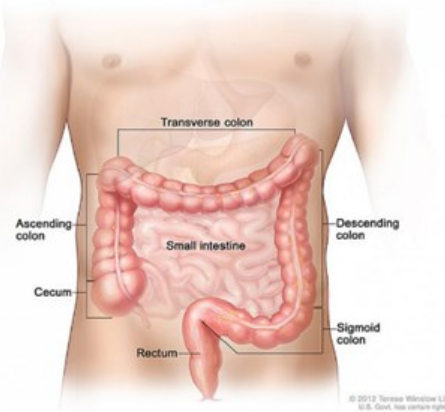
## Other tests

Direct visualization tests (colonoscopy, sigmoidoscopy, and CT colonography) can visualize the inside of the colon and rectum and involve some kind of bowel-cleansing regimen before the test. Colonoscopy and sigmoidoscopy are invasive screening tests that look inside either the entire colon (colonoscopy) or the lower part of the colon (sigmoidoscopy) and are performed by a specialist in an office. CT colonography, also called virtual colonoscopy is *not* an invasive test. CT colonography uses CT scan images to obtain an interior view of the colon.

## What if the stool-based test is abnormal?

According to the USPSTF, an abnormal result on any stool-based test should be followed up by a colonoscopy. No matter which screening test you choose, be sure to speak with your doctor to make sure you are up to date with your colorectal cancer screening. Doing so could save your life.

**References:** <https://commoncenter.org/khatlanihw21.html>



## WHY SHOULD I CONTINUE WITH WHPP MEDICAL SCREENINGS IF I'VE ALREADY RECEIVED A DOL EEOICP "WHITE CARD" OR RECEIVED COMPENSATION?

WHPP has provided free occupational health medical screenings for former DOE workers (and some current workers) since 1998. Once enrolled, participants are offered screening every three years to make sure nothing new has developed that could be related to harmful exposures while working at the DOE.

Some WHPP participants have filed a claim for workers' compensation under the federal Energy Employees Occupational Illness Program (EEOICP). And, among those who have filed, many have already received compensation or have received a medical "white card" that entitles them to get follow-up testing until a diagnosis is made, such as chronic beryllium disease. Others may have been determined by the US Department of Labor to be ineligible for compensation under EEOICP. However, no matter where a participant is in the compensation process, WHPP recommends that they continue to schedule their WHPP "rescreen" exams every three years. Below are a few reasons why:

**Occupational Medicine Expertise:** Our program was designed and operated by occupational medical experts. Experienced physicians based at Queens College provide independent evaluations of your health and provide you with a detailed letter documenting your results and providing recommendations for follow-up care.

**Receive Medical Tests Related to Your Work:** Our exams may include breathing and hearing tests, chest x-

rays with B-reading for dust-related disease, and beryllium sensitivity testing. These tests are unlikely to be performed by your primary care physician as part of routine physicals.

**Catch It Early:** Even if you feel healthy, routine medical screening can sometimes catch cancer and other illnesses early, which can lead to better treatment outcomes. Although the focus of the WHPP exam is occupational health, the exam also includes general health screening for conditions such as hypertension, pre-diabetes, and diabetes. These common conditions, when left undetected, are more likely to lead to poor health outcomes.

**Additional Compensation:** Even those who have already been compensated by the DOL can sometimes be eligible for additional medical coverage of subsequent illnesses that are related to the original compensated illness.

**Contribute to Scientific Knowledge:** By participating in a DOE Former Worker Program, your work history questionnaire and test results may contribute to the general understanding of the health consequences of occupational exposures at DOE facilities.

Participation in WHPP screening every 3 years can also provide the peace of mind that comes with keeping on top of one's health. Call us today to see when you are due for your next exam, toll-free at **1-888-241-1199**.

### IN MEMORY OF TERRIE BERRIE

WHPP would like to recognize the unfortunate passing of Terrie Berrie, in July of 2022. Terry was a true friend and advocate for our program and the entire DOE workforce. As the founder of the Alliance of Nuclear Advocacy Groups (ANWAG), Terrie worked endless hours to challenge and improve the Energy Employees Illness Compensation Program (EEOICP) and to help workers navigate the Program. Terrie was knowledgeable about the compensation program and shared her insights with the DOE, DOL, the Ombudsman's Office, related advisory boards, and hundreds of claimants and claims representatives. In recognition of her life's work, below are reflections from WHPP staff who knew Terrie.



*"Terrie was one of the most devoted, knowledgeable advocates for all workers in dealing with the EEOICPA. I witnessed her representing workers numerous times. She never hesitated to assist me when I needed help dealing with workers' DOL claims. She is missed by all of us."*

**Jeanne Cisco, WHPP Coordinator**

*"Terrie became a dear friend after I met her in 1998, as the medical screenings began. She was a wonderful person and a walking encyclopedia about the Department of Labor program."*

**Sandie Medina, WHPP Coordinator**



## ELCD DETECTS OVER 200 CANCERS *(Continued from page 1)*

lungs compared to an X-ray. Whereas the chest X-ray is typically one or two views of the lungs (front to back and from the side), the CT scanner rotates around the patient, taking hundreds of pictures from many different angles, giving a much more detailed look at the lungs, and increasing the likelihood of finding a lung nodule that might be cancer.

When the Weill Cornell study was published in 1999, there were no medical tests approved for lung cancer screening and many in the medical community were against promoting LDCT lung cancer screening until further studies, particularly randomized clinical studies, proved that it was effective. Because lung cancer too often meant a death sentence, rather than waiting years for these studies to be completed, Dr. Markowitz approached the DOE about offering LDCT scanning to high-risk DOE workers participating in the WHPP medical screening program. This turned out to be very forward-thinking, as years later when the ELCD Program had already been operating for over ten years, the National Cancer Institute (NCI) completed a large randomized clinical trial proving that annual LDCT could lower deaths from lung cancer by at least 20%. For a cancer as common as lung cancer, this meant tens of thousands of deaths from lung cancer could be prevented each year. This also meant that WHPP participants had been well-served since 2000 when Dr. Markowitz acted on his belief that DOE workers would benefit from this lifesaving test.

Keep in mind that lung cancer screening is not recommended for everyone. Because screening is done in healthy, symptom free individuals, the benefits of the test must outweigh the risks. Most of the current lung cancer screening guidelines established after the NCI

*“The underlying reason for getting a low-dose CT scan (LDCT) is very simple – early detection of lung cancer leads to more frequent cure.”*

**Dr. Steven Markowitz, WHPP Director**

study was published are only based on the risk due to age and smoking (the latter being the most common risk factor for developing lung cancer). WHPP ELCD guidelines are based on the National Comprehensive Cancer Network (NCCN) guidelines, which also consider the risks associated with other factors, such as workplace exposure to lung carcinogens.

As with all screening methods, such as mammography for breast cancer or colonoscopy for colon cancer, lung cancer is recommended on an ongoing basis. If LDCT scans are done annually, it is much more likely that a new lung cancer will be found early, before symptoms occur. If an early lung cancer is surgically removed soon after diagnosis, studies have shown that survival rates may be 70% or higher (at least 70 of every 100 diagnosed survive). Dr. Markowitz urges all eligible DOE workers to participate in the WHPP lung cancer screening program, “The underlying reason for getting a low-dose chest CT scan is very simple – early detection of lung cancer leads to more frequent cure.”

The low-dose CT scan is painless and only takes a few minutes. You lie down on the table, hold your breath for about 10-15 seconds, and you’re done. There are no injections needed. If you are a WHPP participant, please call us on our toll-free number (1-866-CAT-SCAN or 1-866-228-7226) to find out if you are eligible – this quick and easy test could save your life!

### TESTIMONIAL FROM ELCD DETECTED LUNG CANCER SURVIVOR

*Back in 2000, I was one of the first DOE workers to enroll in the WHPP Early Lung Cancer Detection (ELCD) Program. This decision saved my life. I was young, only 53 years old and felt perfectly fine when the WHPP low-dose CT detected my early lung cancer. If I didn’t have the scan, I would not have known that I had lung cancer until I had symptoms, and it would have been too late to cure. As soon as the radiologist saw the spot in my lung had grown, I was told to see my doctor immediately, and within two months I had a diagnosis and then surgery to remove the cancer. Now, here I am **22 years later**, and my lung cancer has not returned. Without screening, most people don’t live even five years after being diagnosed, so I feel very lucky. I urge everyone who is eligible to participate in the WHPP lung cancer screening program. It could save your life.*

*I still go for my annual scans and want to remind my fellow DOE workers that it’s very important to stay on top of your health, considering all that we were exposed to at the plant. Make sure you go for your WHPP physical every three years. Being around the Program, I got the wisdom to get my whole body checked. And in the last couple of years, I’ve had a few new health issues, all of which would have been much worse if they hadn’t been caught early. So, even if you’ve had a WHPP exam that showed a problem in the past, keep going for your free screenings, as you might, unfortunately, find another problem down the line. **And it’s always better to catch things early.***

**--Michael Parker, Portsmouth Gaseous Diffusion Plant worker 1976 to 2010**

## MEET THE WHPP STAFF – EILEEN MONTANO

As a WHPP local coordinator, Eileen Montano has been serving the workers at the Lawrence Livermore (LLNL), Lawrence Berkeley, and Sandia-California National Laboratories since 2014. Eileen’s ability, knowledge, and enthusiasm for her job have deep roots, stemming from both her professional history and life-long connections to the DOE workforce.

Eileen spends much of her time speaking with former DOE workers -- answering questions about the WHPP medical screening; assisting with workers’ compensation claims and conducting in-depth pre-screening medical and occupational history interviews. Eileen’s role in the Worker Health Protection Program recently expanded when she began carrying out day-to-day operations on behalf of WHPP for our local clinical partners at Stanford HealthCare-Valley Care in Livermore, California. Presently, Eileen and WHPP Senior Program Assistant, Christiana Oyewande, are working to contract with additional clinics to conduct WHPP exams to expand our Northern California geographic coverage in San Joaquin and Stanislaus counties and the Berkely/Emeryville/Oakland area. These clinics are expected to begin seeing WHPP participants in 2024.

Before joining WHPP, Eileen worked as a leadership development coordinator at the University Professional Technical Communications Workers of America Local 11 (UPTE-CWA LOCAL 11) where she worked to organize workers at both LLNL and the Los Alamos Na-

tional Laboratory in New Mexico to fight for better working conditions. Not only does Eileen have a sense of connection to the DOE from her previous advocacy work, but she also has many families and friends who have served at LLNL. Laughing, Eileen told us, “I think my husband is just about my only family member who hasn’t worked at the Lab.”



WHPP Local Coordinator Eileen Montano with her dog, Reggie

Asked what motivates her, Eileen responded, “My favorite part of working for WHPP is when I speak to workers and hear their stories about Lab missions they worked on during their careers. So many demonstrate a true sense of pride and devotion to the work performed and to the co-workers they worked alongside. Also, the fact that we offer free medical screening that can positively impact their lives and well-being, either through identifying job-related medical conditions or assisting with compensation, is extremely gratifying.”

Eileen added, “I also get a real sense of satisfaction from the work we do when I get calls from former workers who learned about WHPP from their

former co-workers who had a positive experience participating in our medical screening.” On that note, we hope that anyone reading this who has interacted with Eileen will use this article as a reminder to reach out to a former DOE colleague and spread the word about WHPP in Northern California.

*“I began my career at K25 working at the steam plant as an operator. Later I took a job as a maintenance mechanic. I worked all over the plant. Since I stopped working, my health has deteriorated a lot. I’ve had the WHPP exam many times and many conditions have been identified.*

*I was diagnosed with hearing loss, asthma, dyspnea, and bowel, bladder and pleural conditions. After my WHPP screening, the diagnosis, treatment and financial benefits I received have given me the chance to cope with these conditions. **The WHPP program has really been a blessing to me.**”*

**Steve Grigsby, Former K25 Worker**

### EEOICP UPDATES *(Continued from page 1)*

Updated criteria now considers employment in tunnels after 1992 during mining related to sub-critical testing performed after the unilateral moratorium on nuclear explosive weapon testing. This change may affect some applicants who previously didn’t meet the 250 workday requirement.



**Visit the DOL EEOICP Website for more information:** <https://www.dol.gov/agencies/owcp/energy>



**WORKER HEALTH PROTECTION PROGRAM (WHPP)**

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A newsletter of the Worker Health Protection Program; a partnership between Queens College, CUNY and the following organizations:  
United Steelworkers, Atomic Trades and Labor Council and the Fernald Medical Screening Program

“My blood work and x-ray were identified as abnormal on my screening test. I am happy to report that a follow-up CT of my chest was normal. The blood work eventually led to a diagnosis of lymphocytic leukemia, but I am grateful for the early detection.  
*-Robert Clarke, Former Portsmouth GDP Worker*

**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 OR EMAIL US TODAY!**

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

**1-(888)-241-1199**

**For WHPP site-specific scheduling or information:**

- Brookhaven (BNL), GDPs, WIPP... 1-888-241-1199
- Fernald..... 1-812-577-0113
- Idaho National Lab. .... 1-208-522-4748
- Mound..... 1-877-866-6802
- ORNL and Y-12..... 1-800-906-2019
- NTS..... 1-877-771-7977
- Northern California Labs..... 1-866-460-0628

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## WHPP HealthWatch

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