



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, Fernald Medical Screening Program

Volume 8, Issue 12 Spring 2009

WHPP Lung Cancer Screening Program Enters Its Ninth Year With Continued Success

With the ongoing support of Congress and the Department of Energy's Chief Health, Safety, and Security Officer, Glenn Podonsky, WHPP's Early Lung Cancer Detection (ELCD) Program enters its ninth year. The WHPP ELCD Program provides full-chest low-dose CT scans to DOE workers, with the primary purpose of detecting lung cancer early. Participants with an elevated risk of lung cancer based on age, smoking and work history are offered a baseline and then one annual CT scan, as well as follow-up scans for either, if needed. The low-dose chest CT scan uses much less radiation than a standard, full-dose CT scan and yet provides a clear enough image to detect very small, early cancers.

As of December 2008, over 8,500 DOE workers have enrolled in the WHPP ELCD Program. In the first six years, the program was offered to gaseous diffusion plant (GDP) workers and roughly 6,200 received at least one baseline low-dose CT scan. Starting in August of 2006, the program was offered to ORNL & Y-12 workers and over 2,300 have enrolled. A total of 55 lung cancers have been detected to date with the majority (almost 80%) classified as early. The national experience differs greatly, with only 16% of all cancers detected at an early stage.

Looking Ahead

Currently, the WHPP ELCD is only available to ORNL and Y-12 workers but in the late summer/fall of 2009, we



expect to significantly expand the program to former Mound and Fernald workers and to resume the program at the three GDP sites. The program for ORNL and Y-12 workers will remain at the Oak Ridge ATLC union hall and returning and newly enrolled K-25 workers will receive their scans there. The self-propelled mobile unit used for the 2000-2006 GDP ELCD program will be refurbished and put back on the road (with a brand new state-of-the-art multislice scanner) to service workers from the Portsmouth and Paducah GDPs, as well as the Mound and Fernald workers.

How Are We Doing?

Results of a survey distributed to ORNL and Y-12 lung cancer screening program participants show continued satisfaction with the ELCD Program. Virtually all (99%) of enrolled participants rated their overall ELCD Program

(continued on page 3)

Omnibus Appropriations Bill for 2009 Assures Funding for Former Worker Programs and Early Lung Cancer Detection at Mound, Fernald and the GDPs

President Barack Obama signed the Omnibus Appropriations Bill for 2009 (H. R. 1105) on March 11 which assures funding of the Former Worker Medical Screening Program for another year. Nationwide, the program will have a budget of \$17.6 million -- the largest to date. The Worker Health Protection Program (WHPP) participants are deeply grateful for the many efforts by members of Congress who passed this legislation. Thanks also to all the local union leaders who took the time to meet with and inform their Congressional delegations of how essential the Former Worker Medical Screening Program is and the importance of extending the lung cancer screening to sites not yet reached by the WHPP Early Lung Cancer Detection Program.



US Senator McConnell
(R-KY)



US Senator Alexander
(R-TN)



US Senator Brown
(D-OH)

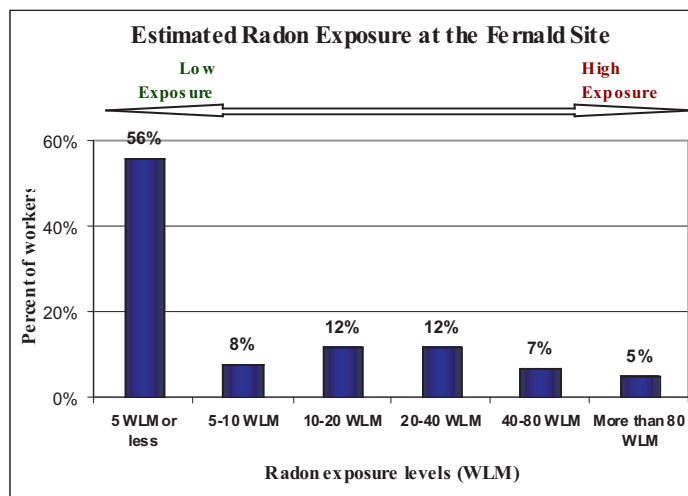
Senators Mitch McConnell (R-KY), and Representatives
(continued on page 8)

NIOSH Study Examines Radon Exposure Levels Among Former Fernald Workers

A study funded by NIOSH was recently completed by researchers at the University of Cincinnati (UC). UC researchers looked at radon exposure levels in employees who worked at the Fernald Feed Materials Production Center (FMPC) between 1952 and 1988. Past studies had found a higher than expected amount of lung cancer deaths among Fernald workers compared to the U.S. general population (Cragle, 1996). Because radon causes lung cancer, researchers wanted to estimate the levels of exposure to radon at the site. Two significant (and previously unknown) sources of radon were revealed in this study: the K-65 Silos and the Q-11 Silos. Based on the NIOSH study findings, researchers believe more than half of Fernald workers were exposed to a low level of radon.

The study included 7,143 workers from 1952 to 1988 who were not monitored for radon exposure. Exposure levels were approximated by estimating the amount of waste that was stored in the silos and the levels of radon decay products throughout the site. This information was put into a mathematical model that estimated radon exposure for each work area and work shift.

To learn more or to get a copy of the NIOSH worker notification, visit: www.cdc.gov/niosh/oerp/fernaldd or call 1-800-CDC-INFO. You may also get detailed information by contacting the Fernald Medical Screening Program at 513-367-1333 and speaking to Ray Beatty or Allen Callaway.



Researchers believe more than half of Fernald workers had low level exposure to radon defined as less than 5 Working Level Months (WLM). A WLM is a unit of measure that involves time spent near different radon concentrations. For comparison, the U.S. general population is exposed to an average of 0.2 WLM of radon at home each year.

Sources:

1. *NIOSH Worker Notification "Radon Exposures to Workers at the Fernald Feed Materials Production Center", 2008*
2. Cragle DL, et al. Mortality among a cohort of white male workers at a uranium processing plant: Fernald Feed Material Processing Production Center, 1951-1989. Center for Epidemiological Research, Oak Ridge Institute for Science and Education. Final Report, 1996.

ORNL/Y-12 Medical Screening and Lung Cancer Screening Program Gets A Boost from Local Newspaper Story

On January 14, 2009, Knoxville News Sentinel senior reporter, Frank Munger, came to the ATLCL union hall to meet with Worker Health Protection Program (WHPP) participants and hear their stories, hoping to motivate others to get the free physical and, if eligible, participate in the WHPP Early Lung Cancer Detection Program. The phones have been ringing off the hook ever since.

Ed Mee, WHPP local coordinator for ATLCL, had contacted Mr. Munger because of a downward trend in the number of people coming for physicals and/or calling in to express an interest in the low-dose CT scan program. Ed's hunch was that it was not a lack of interest in the program but rather a need to reach more workers who hadn't heard about the program. Based on the number of new calls since the article ran, Ed's intuition was right. In just the first week after the story was published, the ATLCL union hall and Queens College received over 200 new calls.

The Munger story highlighted both WHPP detected lung cancer cases as well as additional findings not related to lung cancer, both of which participants told Munger saved their lives. The main focus of the Early Lung Cancer Detection Program (ELCD) is to detect lung cancer at an early, more treatable stage. However, since the low-dose CT scans from the neck to the waist, the radiologist often notes findings outside the lung. So far four thyroid cancers and three kidney cancers have been detected by the lung cancer screening program. Many cardiovascular problems have also been detected,



Ed Mee, ATLCL WHPP Local Coordinator, on the left, speaks to News Sentinel Reporter, Frank Munger.

some of which needed urgent follow-up.

Ralph Dial, an 85-year-old retiree from Y-12 and ORNL, got married again - two years after a malignancy was discovered in his left lung, a part of which was removed. "I'm just getting started," he said. "I don't feel quite as young as I did the first time, but I feel well." (See Ralph Dial letter to Dr. Markowitz on p. 3)

John Poole's low-dose CT scan detected an ascending aorta aneurysm. Upon further evaluation by his personal physicians,

(continued on page 8)

WHPP Lung Cancer Screening Program Enters Its Ninth Year With Continued Success

(continued from page 1)

experience as either good, very good or excellent (almost two thirds, 63%, thought the program was “excellent”; 28% rated the program as “very good”). The most frequent positive comment was the courtesy shown by all WHPP ELCD staff, including the CT technician, Queens College schedulers and the union hall staff – Howard Lawson and Larry Jones, both former workers of ORNL. The most frequent criticism was the trouble participants had with understanding the radiology report. In the upcoming year, ELCD staff will work on a “Guide to Understanding Your Radiology Report” which will explain the most common findings on the CT scan reports. Please note, the ELCD Medical Director is available and more than happy to answer any specific questions concerning individual CT scan reports.

Program Protocol and Follow-up Compliance

About one-third of program participants who have an initial CT scan are asked to return in three and/or six months to follow-up on what we call “indeterminate nodules” -- white spots on the chest CT scan that are not immediately suspicious for lung cancer but are also not obviously benign (not cancer). In these cases, the best way to determine whether the finding is of concern is to follow the nodule and check for growth or changes in any other characteristics (such as density or shape). Due to a detailed tracking system and the diligence of Queens College support staff, follow-up compliance in the GDP program was excellent and remains so in the ORNL/Y-12 lung cancer screening program.

Our compliance rate for follow-up CT scans was 97% for the period August 2006 through June 2008. (Of 570 participants who were recommended to return in three or six

“I am astounded by the professional, caring, personalized, understanding, effective attention I received. Hippocrates would be proud – the best staff at all levels in my 73 years of experience (including Harvard Medical School, NIH, Mayo Clinic, and Cleveland Clinic.) You are simply the best in every respect.”

Former Y-12 worker and WHPP Early Lung Cancer Detection Program participant, Edwin H. Krieg

months for follow-up of indeterminate nodules, 550 returned.) Our compliance rate for annual low-dose CT scans was 91% for the period August 2006 through December 2008 (1635 baselines performed, 1490 returned, to date, for the annual CT).

How Eligible Participants Can Enroll

As noted in earlier issues of the WHPP HealthWatch, lung cancer remains the leading cause of cancer death for both men and women, in part because more than 85% of new cases are detected when symptoms appear. By the time symptoms appear, the lung cancer is more likely to have spread to the lymph nodes or other organs. With early detection, five-year survival, and possibly long-term mortality, is greatly improved.

If you work/worked at any of the selected sites mentioned above and are interested, please call to see if you are eligible to participate in the WHPP Early Lung Cancer Detection Program, 1-866-228-7226. Previous GDP Program participants can re-enroll, however, priority will be given to those who have never been scanned.

Letter to WHPP Project Director Dr. Markowitz from Y-12 Early Lung Cancer Detection (ELCD) Program Participant

I enrolled in the low-dose CT scanning program at Oak Ridge, TN in the spring of 2007. This screening program is sponsored jointly by the Atomic Trades and Labor Council of the Oak Ridge plants and Queens College of the City University of New York.

The Queens College radiologist was watching one spot closely. I was asked to come back for a six month follow-up. At six months, the radiologist was still concerned and recommended that I come back one more time in another three months. When I returned in January 2008, the low-dose CT scan showed that the spot in my lung that we were following had again grown slightly. This time, I was advised to investigate further locally. I did and the local pulmonary physicians were able to determine that the spot that appeared larger on the January 2008 scan did, indeed, have all the characteristics of a malignancy. My local doctors performed a PET scan the next month and a biopsy in early February. All confirmed what was suspected all along – the spot was lung cancer.

The tumor was removed on March 19, 2008 and proved to be a very small growth, approximately 2 cm in size. All the

concerned surgeons agreed that this was about as small as they can be and still be detected. My tumor was described as Stage 1A, the earliest stage of lung cancer; it was “clean” all around and required no further follow-up treatment. Before the surgery, I had no symptoms; the small tumor had not caused me personal discomfort of any kind. Without the low-dose CT scan program, I would not have known I had lung cancer until it was at a later stage when treatment is much less likely to help.

I must conclude that your lung cancer screening program, and all those who worked so diligently to carry out this program, have collectively “saved my life” For this I am, and will be eternally, grateful.

Thank you all. I shall never forget what a wonderful group you have all been to me.

Ralph Dial, Former ORNL worker



Kettering Workers' Care Clinics: A Focus on Excellence for Mound Workers

Kettering Workers' Care is proud to be partnered with the United Steelworkers and Queens College in providing medical screening for the Department of Energy nuclear workers from the former Mound site in Miamisburg, Ohio. As of February 2009, 938 Mound workers have been screened at Kettering Workers' Care in Dayton and Franklin, Ohio. The medical professionals who work at our locations (including one in Huber Heights, Ohio) know the important role that a high quality medical screening examination plays in ensuring the

"The importance of WHPP is in its ability to evaluate each worker as an individual, addressing concerns and identifying medical conditions that may be the result of their work at a DOE site."

Dr. Wanat, Occupational Medicine Specialist at the Dayton Kettering Workers' Care.

occupational medicine physicians at Queens College can effectively evaluate work-related disease.

The best evidence of the commitment to quality at Kettering comes from former Mound workers who have expressed their gratitude. Many participants have told clinic staff that they would not be around to tell their story today, if it hadn't been for the WHPP program and



Drs. Klein and Wanat of Kettering Clinic.

the astute health care professionals at both Kettering Workers' Care and Queens College.

The health care providers at Kettering Workers' Care spend one to two hours with each former Mound worker taking them through the battery of tests that is specified in the DOE national screening protocol. The screening examination is primarily focused on looking for select diseases related to exposures at work. However, the Kettering doctors also counsel and educate former Mound workers on a variety of general health and wellness issues that may come up during their exam such as high cholesterol, diabetes, and high blood pressure.

Guide to EEOICPA: Understanding the Federal Compensation Program for Energy Workers

It is no small wonder that workers might become confused by the law when so many different organizations are involved in the Energy Employees Occupational Illness Compensation Program (EEOICP), either directly or peripherally. The chart to the right clarifies the roles of the six agencies, boards or organizations that have some relationship with the claims process. At a glance, the main responsibilities of these six bodies can be described as follows:

- (1) The Department of Labor (DOL) is the arbiter of compensation claims, deciding whether or not a claim is awarded.
- (2) The National Institute for Occupational Safety and Health (NIOSH) also plays a role in the decision-making for claims, conducting dose reconstructions for Part B claims, determining if Part B cancers are "at least as likely as not" to be related to radiation and reviewing Special Exposure Cohort (SEC) petitions. SEC refers to EEOICPA's provision for select groups of DOE workers to request a presumption of work-relatedness to their radiation cancers because exposure records are not available for dose reconstruction.
- (3) The Radiation and Health Advisory Board reviews SEC petitions and reviews NIOSH site profiles. Site profiles contain historical process information and are used to evaluate EEOICPA claims.
- (4) DOE provides exposure records to NIOSH and employment verification and work history to DOL.
- (5) The EEOICP Resource Centers are a point of contact for prospective claimants to get information about the claims process and to get help in completing the necessary forms.
- (6) The Worker Health Protection Program (WHPP) medical screening office provides physical examinations and sends results letters that specify if select illnesses detected may be related to work.

Federal A

DEPARTMENT ENERGY (DOE)

- Provides exposure to NIOSH for dose reconstruction
- Provides exposure records to NIOSH for petitions
- Provides employment and work history to DOL
- Manages "covered facilities" database of over 1,000 facilities whose employees are eligible for benefits under EEOICPA and covered periods during which employees would need to have work order to receive the fits

John Steward, WHPP K-25 Coordinator Visits WHPP Participants in Need --Wherever People Gather

John Steward has worked as a local Worker Health Protection Program (WHPP) coordinator for K-25 Gaseous Diffusion Plant workers for four years, along with two other veteran WHPP Ground Team members, Tom Moser and Bruce Lawson. Though his WHPP duties are based at the union hall office, John spends most of his time in the field, working one-on-one with program participants.

Among John's many local contacts are nurses at assisted living centers and nursing homes who help him find former K-25 workers who have not yet participated in the medical surveillance program. With his 40 years at K-25 behind him, John is well-prepared to help potential participants at these senior facilities complete the paperwork that must be filled out prior to getting the WHPP physical, including a comprehensive job history of positions held at K-25 and other DOE facilities.

Out in the field, John has also successfully guided many WHPP participants and family members through the sometimes complicated Energy Employees Occupational Illness Compensation Program Act (EEOICPA) claims process; he has helped with Part B (radiation-related cancer) and Part E (toxic substance) claims.

More than 2,500 people from the Oak Ridge area benefit from John Steward's efforts each year by attending the Bechtel Jacobs sponsored community health fair that John organizes. He started the Safety and Health Day 12 years ago with a budget of \$200; the budget is much higher now. At the fair, information is provided about the benefits of the WHPP medical surveillance program, EEOICPA and other general health issues for former and current energy workers.



"I am grateful to WHPP for the opportunity to help others".

– John Steward, K-25 "Ground Team" member

Currently, John Steward serves as a full-time USW Health and Safety Representative at K-25 Bechtel Jacobs. Prior to taking this full-time position in 1997, John had worked in the same position but on a part-time basis, beginning in 1993. He is also the Vice President of the Atomic Energy Workers Council for the United Steelworkers (USW). The Council is a forum for atomic energy site local unions to discuss and compare environmental management cleanup efforts.

Agencies, Boards, and Programs Involved in EEOICPA

DEPARTMENT OF LABOR (DOL)	NATIONAL INSTITUTE OF OCCUPATIONAL SAFETY AND HEALTH (NIOSH)	ADVISORY BOARD ON RADIATION AND HEALTH	WORKER HEALTH PROGRAM (WHPP) MEDICAL SCREENING PROGRAM
<ul style="list-style-type: none"> Processes Part B and E claims Decides whether Part B and E claims are awarded <p>EEOICP Resource Centers</p> <ul style="list-style-type: none"> Provide information about the claims process to claimants Assist claimants in completing the necessary forms Take initial employment verification steps and work history development for certain employees Transmit documents to DOL District Offices 	<ul style="list-style-type: none"> Does dose reconstruction for Part B claims Determines if cancers are "at least as likely as not" to be related to radiation Gives its determination to DOL for decisions on claims Reviews SEC petitions* and recommends to HHS if classes of workers should be given SEC status <p>* See explanation of SEC petitions in article to the left</p>	<ul style="list-style-type: none"> Reviews procedures used in the dose reconstruction process Audits 2.5% of NIOSH dose reconstructions Reviews SEC petitions and makes recommendations to Secretary of Health & Human Services Reviews site profiles that contain historical process information and are used to evaluate EEOICPA claims 	<ul style="list-style-type: none"> Provides medical screening at no cost to DOE workers from selected sites Send results letters that specify if illnesses detected may be related to work Provide links to resources on workers' compensation

The Art of Wellness – A Blend of Physical, Mental and Spiritual Health

Introduction

Physical wellness involves avoiding harmful habits and taking actions that bring you towards a higher level of health. Optimal well-being, however, is more than just physical wellness; it includes finding a balance of mind, body, and spirit.

Physical Wellness

Physical wellness involves the understanding that eating well, exercising, and healthy lifestyle choices are important, and that these choices will affect how long you live, and more importantly, how well you live.

A definition of physical wellness would include the items on the following list, which you can use as a barometer of your wellness quotient.

1. Develop an individual fitness plan of regular physical activity to improve cardiovascular capacity, strength and flexibility.
2. Eat a healthy, nutritious and varied diet.
3. Get the amount of sleep and rest that your body needs.
4. Practice preventive health by getting regular check ups and recommended health screenings, such as colonoscopy, mammograms etc., and avoiding tobacco, drugs, and excessive alcohol consumption.
5. Respect your body's own limitations.

How well did you do on the five points listed? You can use this as a guide to follow and chart your progress in building up your physical wellness.

A Few Minutes a Day for Physical Wellness

If you only have a few minutes today to take a step towards physical wellness, take these steps:

- **Drink water.** Eight glasses a day are recommended but any amount is better than none. Fill a bottle with water and keep it with you wherever you go! Drink water at your desk, watching TV, or anywhere you happen to be.
- **Eat at least one piece of fruit or a vegetable with every meal.** Making a healthy choice at even one meal a day can mean great benefit for overall physical wellness. Fresh fruits and vegetables are quick and easy physical wellness at your fingertips.
- **Stretch.** Learn some simple stretches and devise a five-minute routine. A five-minute routine will act as a great break from stresses of the day. When you become comfortable with this routine, think about learning a few yoga stretches. The deep breathing and poses aid relaxation and muscle building.

Emotional Wellness

Emotional wellness is the overall comfort with and acceptance of one's full range of feelings, with the goal of minimizing the negative feelings and maximizing positive emotions such as amusement, excitement, contentment and love which contribute to our overall sense of well-being.

When we explore our emotional wellness, we discover who we are, gain insight into why we feel and behave the way we do and learn ways to deal with the ups and downs of life. It means knowing how to handle stress and negative emotions so that we don't take something too personally or "fly off the handle", also known as internal boundary set-

ting. This is hard to do when under pressure on the job or even during recreational activities, but with increased awareness, can become a natural part of your wellness plan.

A Few Minutes a Day for Emotional Wellness

You don't have to sit in a therapist's chair for an hour a week to achieve emotional wellness. Here are a few things you can do in just a few minutes a day.

- **Keep a journal.** Just write a few notes about what is going on in your life. It may not seem like much, but you can use the notes later for insight and better perspective.
- **Read an article** on wellness topics such as anger management, stress reduction, or defeating depression. Learning more about emotional wellness is key to emotional health.
- **Call a friend.** If you're having a bad day, just call someone and let them know what's going on. That simple call often alleviates the problem just by knowing you are not alone.

Spiritual Wellness

The Dalai Lama, the great spiritual leader of Tibetan Buddhism, said that "my religion is kindness" and almost everyone could agree with the importance of kindness and compassion toward others as essential to meaning, purpose, and happiness in life.

It's important for everyone to explore what they believe is their own sense of meaning and purpose. The path to spiritual wellness may involve prayer, meditation, affirmations, or specific spiritual practices that support your connection to your personal belief system or to a "higher power".

Comprehensive wellness programs are a natural accompaniment to the WHPP program and participation in WHPP can be a "first step" to your new (or improved) wellness plan. While the primary purpose of the Worker Health Protection Program (WHPP) is to detect work-related illness, the physical exam (and the "rescreen physical" done three years later) include many components related to overall wellness and preventive health. For example, cholesterol, sugar levels, and blood pressure are checked. The blood hemocult test is performed to screen for early colon cancer, and the WHPP Early Lung Cancer Detection Program, available to certain workers, supplements this with a scan of the lungs to detect early signs of lung cancer.

A Few Minutes a Day for Spiritual Wellness

- **Meditate.** Don't be intimidated by this word. Meditation can be done in many ways but, simply put, it means to focus on something -- whether it is your own breath or a pleasant sound -- to free your mind from stressful thoughts. If you meditate for five minutes to quiet your mind, reconnect with your heart, breathing deeply, you will naturally relax.
- **Read Something Inspirational.** When you need a spiritual lift, read something inspirational that connects you to your personal belief system and sense of purpose in life.

Sources:

1. Developing a Wellness Plan for Exercise – Insight Journal, 6-8-2007
2. Definition of Physical Wellness – Wholeness Blog

NIOSH Completes Study on Leukemia Risk in Energy Workers

A total of 94,517 workers at five U.S. nuclear facilities (including WHPP ORNL site) were monitored for radiation exposure between the 1940's and 1990's. The National Institute for Occupational Safety and Health (NIOSH), the federal research agency that works to improve the health and safety of workers, examined death certificates and found that 257 of these workers died from a type of leukemia.

Why Study Was the Done?

Previous studies of workers and atomic bomb survivors have shown that exposure to high doses of ionizing radiation causes leukemia. However, it is still not certain if low doses of ionizing radiation, which are common in some workplaces, may also cause leukemia. In this study, NIOSH looks at low doses of ionizing radiation in a group of nuclear workers to see if exposure to low doses of ionizing radiation in the workplace is linked to fatal leukemia.

Leukemia is a type of cancer, an illness that starts in blood-forming tissue such as bone marrow. Leukemia causes large numbers of abnormal blood cells to be produced. The cancer cells or abnormal cells interfere with the body's production of healthy cells, which makes the body unable to fight off infections. Leukemia is either chronic (slowly progressing) or acute (rapidly progressing).

There are many types of leukemia. The four main types are: acute lymphocytic leukemia; acute myeloid leukemia; chronic lymphocytic leukemia and chronic leukemia.

Which Energy Workers were Included in the Study?

The following five U.S. nuclear facilities were involved in the study: Hanford Site; Los Alamos National Laboratory;

Oak Ridge National Laboratory (ORNL); Portsmouth Naval Shipyard and Savannah River Site.

How was the Study Done?

Using information and records gathered from the study sites, researchers estimated radiation doses for the 249 workers who died from leukemia and also for the comparison group of 995 workers who did not die from leukemia. Notes were made of whether any of these workers smoked or were exposed to other possible cancer-causing agents at work including benzene and carbon tetrachloride.

By comparing the radiation doses of the workers who died of leukemia to the radiation doses of the comparison group, the researchers were able to examine the possible link between fatal leukemia and the amount of radiation exposure in the workplace, the "dose-response" relationship.

What Did the NIOSH Leukemia Study Find?

After accounting for age, gender and benzene exposure, NIOSH found the relative risk of death from all types of leukemia (excluding chronic lymphocytic leukemia) was 45% higher in workers exposed to more than one rem of radiation while working at the selected DOE facilities, compared to those exposed to less than one rem. According to Dr. Schubauer-Berigan the first author of the publications upon which the NIOSH Announcement of Findings was based, this increase was statistically significant. However, it is important to keep in mind that the mean lifetime dose among the group that was exposed to greater than 1 rem was 5.9 rem.

(continued on page 8)

WHPP Program Director Sylvia Kieding Retires; Worker Advocate Dr. Tom McQuiston Chosen as Successor

The Worker Health Protection Program is losing an integral part of its history with the retirement of Program Director, Sylvia Kieding. Sylvia has worked as program director since the program's inception in 1996 and has worked with the energy workers' union (first OCAW, then PACE, now USW) for over 35 years, including a period of time when she was Health and Safety Director for OCAW. Over the last 13 years, Sylvia has directed the WHPP Ground Teams at the five USW sites (INL, three GDP sites and Mound) and acted as the primary liaison between the USW and Queens College staff. She has handled this position with intelligence, skill and a touch of southern charm.

Everyone who has had the pleasure of working with Sylvia, knows how remarkably devoted to her job she has been and how committed she is to worker health and safety in general. Sylvia expects to continue working with USW as a part-time writer for the USW Tony Mazzochi Center after she steps down as program director. She will be sorely missed.

Though Sylvia's departure is a tremendous loss for the WHPP Program, we are fortunate to have Dr. Tom McQuiston, a well-known authority on occupational health and a veteran worker advocate, as her successor. Tom brings a strong commitment to improving a wide range of worker health issues, including his recent evaluation of contractors' implementation of the DOE's new worker safety rule at multiple DOE sites. He

has worked on chemical plant security, refinery safety and occupational cancer. In addition, Tom has published numerous peer-reviewed articles on



Sylvia Kieding



Tom McQuiston

participatory research and evaluation, a branch of occupational health that emphasizes the importance of worker involvement in educating co-workers and in improving workplace safety and health.

Dr. McQuiston also brings an impressive resume of work with nine international unions including his recent work with the USW Tony Mazzochi Center for Health, Safety and Environmental Education (TMC), a joint venture of the Labor Institute and the United Steelworkers (USW). The Worker Health Protection Program welcomes Tom in his new role as program director.

Program Gets A Boost from Local Newspaper Story

(continued from page 2)

the size of it was such that the risk of death outweighed the risk of surgery. According to Poole, that's why he had an operation within a matter of days and probably why he's living today. "I was a walking time bomb," Poole said. "Had I not come over here for that scan, I might not be sitting here now. I recom-

Among the many who are not aware of the WHPP medical screening program are salaried workers. Because of the union involvement in the program, many salaried employees at ORNL and Y-12 do not realize that the program is also available to them. Recent ATLC outreach efforts are working on getting the word out to the thousands of salaried workers who might be eligible.

mend it to everybody I run into, whether they're working or not."

Pat Davis, 55, worked as a welder and weld inspector at Y-12. In June 2007, he had his yearly physical and "everything came back fine." Nonetheless, because he'd been exposed to all sorts of materials over the years, he decided to take advantage of the chest scan being offered through the ATLC.

"It was free, and I didn't really expect to find anything," Davis said. Soon afterward, however, he got a packet in the mail, telling him to contact his doctor immediately. "They'd found a mass on my thyroid," which was confirmed as cancer by other tests, he said.

Ed Mee is hoping that the Munger article will motivate former hourly and salaried workers to get both the WHPP physical and, after that, if eligible, the low-dose CT scan. Hourly and salaried **current** workers are not entitled to the WHPP physical but may be eligible for the low-dose CT scan. Interested **former** ORNL and Y-12 workers should first call the ATLC union hall to set up an appointment for a physical (toll-free: 1-800-906-2019) and **current** workers should call Queens College to see whether they meet the criteria for the low-dose CT scan (toll-free: 1-866-228-7226).

WHPP Health Watch

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Bill Assures Funding for Former Worker Program and Early Lung Cancer Detection

(continued from page 1)

David Obey, House Appropriations Committee Chair (D-WI) and Pete Visclosky (D-IN), Chair of the Energy and Water Subcommittee on Appropriations played a major role in allocating the medical screening funds. Kudos for their efforts also go to Senators Sherrod Brown (D-OH), George Voinovich (R-OH), Jim Bunning (R-KY) and Lamar Alexander (R-TN), as well as Representatives Ed Whitfield (R-KY); Zach Wamp (R-TN) and Lincoln Davis (D-TN).

Startup of the lung cancer screening at Mound and Fernald and resumption of testing for lung cancer at the GDP's will begin in late summer to early fall.



US Senator Bunning (R-KY)



US Congressman Davis (R-TN)



US Congressman Obey (D-WI)



US Congressman Visclosky (D-IN)



US Senator Voinovich (R-OH)



US Congressman Wamp (R-TN)



US Congressman Whitfield (R-KY)

NIOSH Completes Study on Leukemia Risk in Energy Workers

(continued from page 7)

What you should do?

Average radiation exposures are generally lower in workers today compared to 40 years ago because of improved technology and changes in work practices. If you currently work with radioactive materials or non-radioactive hazardous materials, contact your health and safety representative with any questions about your exposures or how to best protect yourself.

Garry Whitley told WHPP HealthWatch editors, "The results of the NIOSH study will help persuade both management and workers that minimizing radiation exposures must continue to be a priority at ORNL and other DOE facilities. And workers with past exposures need to be vigilant about their health to ensure early detection of radiation-related problems."

Jeff Hill, ATLC health and safety representative at ORNL added, "This study will be a great tool for reminding current workers that radiation exposures still need to be a concern today."