

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

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WHPP Early Lung Cancer Program Expands and Reaches 10,000th Participant Mark; Largest Randomized Lung Cancer Screening Trial Shows Benefits of Low-Dose CT Scanning

The WHPP Early Lung Cancer Detection (ELCD) Program celebrated its ten-year anniversary in November 2010. Now over 10,000 DOE workers have received the life-saving benefits of early lung cancer detection with low-dose spiral CT scanning.

Approximately one year prior to this important anniversary, the ELCD program expanded, in late 2009, to include DOE workers from two new sites (Mound and Fernald) and to resume scanning workers from the three gaseous diffusion plants (K-25, Paducah and Portsmouth). ORNL and Y-12 workers, for whom the program has been available since 2006, are also among the WHPP participants who are currently offered low-dose chest CT scans to detect early stage lung cancer.

ELCD's ten-year anniversary coincided with the release of initial results from a seminal study sponsored by the National Cancer Institute (NCI), called the National Lung Screening Trial. The randomized trial of over 53,000 current and former smokers showed screening with low-dose spiral CT detected lung cancer early and reduced mortality by 20%, relative to screening with chest X-rays. The evidence was so convincing that the NCI informed participants and the public about the findings well before the originally targeted study closure date.

Although the NCI study focused on smokers, workers who are exposed to lung carcinogens such as asbestos, uranium, plutonium and beryllium are also at risk and can benefit from early detection. Work-related lung cancer, in fact, is the leading occupational cancer in the US. Lung cancer is also the leading cause of death from cancer in both men and women in this country, accounting for 160,000 deaths per year. Until the development of spiral, low-dose CT scanning, there was little hope for changing the course of this deadly disease. Most lung cancer cases were found only after symptoms appeared, when treatment is unlikely to be effective, and survival rates are low.

"We are enormously gratified to see additional evidence that low-dose CT scanning can save workers from dying from lung cancer," said Dr. Markowitz, director of the Worker Health Protection Program. "The NCI study validates the work we have done for the 10,000 DOE workers over the last ten years. Early detection saves lives."

Lung cancer screening is done on two WHPP ELCD Program CT scanners. The DOE workers in Oak Ridge



Ribbon-cutting for resumption of ELCD program for Portsmouth GDP workers, Fall 2010. From left to right: Mary Fields, Amy Manowitz, Nan Cahall from US Senator Voinovich's office, Bobby Graffe, Steven Markowitz, MD, Mrs. Sam Ray, Paul Mullens, Edna Brackey, Lori Brannon, and Gerold Wilkin.

(ORNL, Y-12, and K-25) are scheduled for their low-dose CT scans on a mobile unit that is parked at the Atomic Trades and Labor Council (ATLC) union hall. The self-propelled mobile unit that was used for the 2000-2006 Gaseous Diffusion Plant (GDP) ELCD Program was refurbished (including a new multi-slice scanner) and now travels between four locations to screen workers from the Portsmouth and Paducah GDPs and two DOE closure sites, Mound and Fernald.

Nuclear energy workers' union members are a critical part of the WHPP ELCD Program. Local union coordinators are the "ground teams" that work with Queens College medical staff to make the program function efficiently. They register participants as they come for their CT scans and are available to answer questions, or to direct questions to the ELCD medical and administrative directors in New York.

Participants with an elevated risk of lung cancer based on age, smoking and work history are offered a baseline and one annual, 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 chest CT scan (about one fifth the radiation) and yet pro-

(continued on page 2)



Message from Dr. Markowitz, WHPP Project Director

Thinking About the 10th Anniversary of the World Trade Center Worker Disaster

This September 2011, we will mark the passage of a decade since the World Trade Centers collapsed, immediately killing 2,752 people including 421 firefighters, police, and other emergency personnel. We in New York are well aware of this, especially the occupational health community that remains deeply involved in understanding World Trade Center (WTC) illnesses and in caring for workers and residents who suffer such illnesses.

There are now nearly 50,000 WTC responders who have participated in a WTC-specific medical screening program funded by the Federal government, which was established for people who worked at Ground Zero an additional 5,000 people, because they lived or worked near Ground Zero in September 2001. Of the 50,000 workers, 15,000 are also receiving treatment for WTC-related illnesses.

WTC responders are being treated for upper and lower respiratory conditions (from sinusitis to asthma), post-traumatic stress disorder, depression, and other conditions. Take note that the diseases that we currently recognize as being WTC-related are principally those that can be directly related in timing to exposures that occurred at Ground Zero, that is, symptoms that appeared within a specific timeframe following the event.

But what about diseases with long latency, which typically don't appear until many years after occupational exposures occur? Cancer and lung scarring are the best known of these long latency illnesses, but there may be others, such as neurologic disorders. To date, we have little information about these illnesses among WTC workers. In fact, in general, long latency illnesses don't occur until at least ten years following first exposure. However, given the unique exposure scenario presented by the WTC collapse (overwhelming dust cloud and large num-

ber of people exposed), we can't say for certain whether normal exposure-disease patterns will hold. There has already been a surprising amount of illness and other health impacts recorded to date among WTC responders. The initial large cancer studies will be available late this year, so stay tuned.

The Obama Administration and Congress deserve enormous credit for supporting the WTC responders in their quest for knowledge, health care, and compensation. In January 2010, Congress passed the Zadroga Act, which devotes \$4.3 billion over the next five years for health care and compensation of WTC responders and community members affected by the WTC collapse. This includes \$1.5 billion for WTC medical monitoring and treatment and \$2.8 billion to re-open the Victims Compensation Fund.

We at Queens College are proud to monitor the health of 2,600 WTC responders and to treat 400 of them at the Queens-based WTC Clinical Center. We also play a leadership role by helping to guide the overall program through close collaboration with other WTC clinical centers.

Lest we forget, much WTC illness could have been avoided, helping to prevent many from becoming ill and saving the American people much of the money now being spent on health care and compensation. As DOE workers know too well, if workers had been properly informed and protected at Ground Zero, if their work hours had been restricted, and if a culture of protecting workers, not just from injuries, but from illnesses had been endorsed, then exposures and their resulting illnesses would have been reduced. It is little solace to those currently sick from WTC-related illnesses, but let's learn from this episode and do the right thing the next time a disaster strikes.

WHPP Early Lung Cancer Program Expands and Reaches 10,000 Participant Mark

(continued from page 1)

vides a clear enough image to detect very small, early lung cancers.

A total of 71 lung cancers have been detected to date by the WHPP ELCD Program, with the majority (almost 75%) classified as early. Nationally, in the absence of screening, only 15% of lung cancers are detected at an early stage.

How Eligible Participants Can Enroll

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



"If it hadn't been for the WHPP CT scan, I wouldn't have found my lung cancer. I had no symptoms at all. I was in good health. The doctor told me that my breathing capacity was exceptional. I would never have known that something was going on in my lungs, if it hadn't been for the Worker Health Protection Program. This program is the best program going for nuclear workers. It should continue and be expanded." – Mitch Holliman, Electrician, Paducah GDP

Energy Workers' Compensation: EEOICPA Updates

DOE General Accounting Office (GAO) Recommends Independent Oversight and Increased Transparency for DOL EEOICPA

Congress passed the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) in 2000 to compensate Department of Energy (DOE) workers for illnesses arising from hazardous exposures while working in the atomic weapons industry. As of December 2010, over 66,000 claimants and their families have received over \$6.5 billion in monetary and medical expense compensation.

Despite the large number of successful claims, many DOE workers and their advocates have struggled with the claims process and have raised concerns about EEOICPA. To address these concerns, in 2008, Congress directed the Government Accountability Office (GAO) to conduct a two-year audit of EEOICPA and make recommendations to improve the program. The results of this study were released in March 2010.

The key components of EEOICPA that the GAO examined were (1) claims processing time (2) costs of administering the program (3) the extent to which claim determinations are supported with objective and scientific information, and (4) actions taken by responsible agencies to promote program transparency for claimants.

Based on their findings, the GAO recommended that:

- Congress amend EEOICPA to create an independent review board to oversee the Department of Labor's (DOL) responsibilities under EEOICPA, including claims adjudication.
- DOL enhance oversight and transparency for both parts B and E through measures such as peer and technical reviews of sample reports.
- DOL and the DOE release more complete and detailed information in the Site Exposure Matrices (SEM) for public access. The SEM contains lists of buildings, processes, labor categories and associated occupational illnesses. (**Note:** In January 2011, the DOL responded by unveiling an expanded SEM database with additional facilities and search capabilities available to the public.)
- DOL develop formal action plans to allow for public response to the Annual Reports of its Ombudsman.

To view the complete report online, visit: <http://www.gao.gov/new.items/d10302.pdf>

DOL Ombudsman 2010 Annual Report Assesses Most Common Complaints and Requests for Assistance Regarding EEOICPA

In an effort to continually improve the EEOICPA claims process, Congress created the Office of the Ombudsman in 2004. The Ombudsman's Office is an independent office, within the DOL, designed to provide information to potential claimants and to address concerns with the energy workers' compensation program. Each year, the Ombudsman compiles an annual report for Congress documenting complaints from both successful and denied claimants.

Summary of EEOICPA - Part B and E Combined Paid through December 31, 2010	
Applications filed	207,222
Covered applications filed *	158,265
Number of claims paid	66,090
Compensation paid to claimants + medical bills paid	\$6.57 billion
(1) Compensation paid out to claimants	\$5.95 billion
(2) Medical expenses paid	\$660 million

*48,957 claims were deemed not covered under the requirements of EEOICPA. For more details about covered versus non-covered claims, please see link below to view the report online, or contact the Ombudsman's Office directly.

* Below is an excerpt from the 2010 report, highlighting and summarizing the six key themes that have been raised since the creation of the office:

1. "The program does not meet the expectations of the claimant."
2. "The EEOICPA can be very complicated."
3. "The program is not fair; 'claimant -friendly' and the burden placed on claimants is too high, especially considering the circumstances surrounding most claims."
4. "The EEOICPA does not recognize the secrecy surrounding this work."
5. "The assistance offered by the program is not sufficient."
6. "There is little (or no) trust shown to claimants."

* p. 13, 2010 Annual Report to Congress, the Ombudsman's Office to the Energy Employees' Occupational Illnesses Compensation Program.

The Ombudsman notes that the majority of the issues described in the Annual Report are beyond the jurisdiction of their office and need to be resolved through a revision of the statute. For issues surrounding the administration of the program, however, the Ombudsman's office pledged to work with DOL District Offices and other responsible agencies to make improvements. For example, according to the 2010 Annual Report, the Ombudsman has worked successfully with the DOL District Offices to provide more explanation for rejected evidence and denied claims.

To view the complete report online, visit: <http://www.dol.gov/eombd/2010annualreport/2010.pdf>

The Office of the Ombudsman for the Energy Employees Occupational Illness Compensation Program

To obtain more information, request assistance, or register complaints regarding EEOICPA, please contact the Ombudsman's Office:

Toll free: 1-877-662-8363

E-mail: ombudsman@dol.gov

Worker Health Protection Program News At-A-Glance

New WHPP Program at the Brookhaven National Laboratory

In February 2011, the Worker Health Protection Program (WHPP) added its ninth medical screening site for former workers of the Brookhaven National Laboratory (BNL) in Upton, New York. BNL was established in 1947 as a center for nuclear research and remains an active scientific center for medicine, biology, chemistry, physics, materials science, nuclear engineering and environmental research. Throughout their essential work, workers may have been exposed to agents such as ionizing radiation, asbestos, lead, cadmium, silica, lasers, noise, beryllium and other chemical and physical hazards. The initial response to the medical screening program has been excellent, with nearly forty exams being completed in the first full month of screening.



John Steward, former K-25 worker met with US Senator Lamar Alexander (R-TN) to discuss his continued support of WHPP.

Waste Isolation Pilot Plant (WIPP) Needs Assessment

The Worker Health Protection Program, with the assistance from USW Local-9477, has undertaken an evaluation of the need for and scope of a potential medical screening program for former workers of the DOE Waste Isolation Pilot Plant (WIPP). The WIPP has received transuranic waste for permanent storage, since 1999, from locations throughout the DOE complex. The facility is located 2,150 feet below ground level, in salt mines twenty-six miles outside of Carlsbad, New Mexico. To date, the Waste Isolation Pilot Plant has received over 9,000 shipments of nuclear waste. Results of the Queens College needs assessment are expected in the late spring of 2011.

WHPP Local Coordinator John Steward Meets with Senator Lamar Alexander, R-TN

In October 2010, recently retired K-25 employee and veteran WHPP local coordinator, John Steward, had a meeting in

Washington, DC with Senator Lamar Alexander (R-TN). Senator Alexander was quick to recognize the WHPP logo on the back of John's jacket and stated he would continue to support the DOE Former Worker Program, recognizing it as a crucial program for Oak Ridge nuclear energy workers. John personally thanked the Senator for his ongoing support.

Occupational Medicine Doctor, Lew Pepper, MD, Joins Queens College WHPP Staff

WHPP is proud to announce the addition of expert occupational medicine physician, Dr. Lewis Pepper, to its staff. Dr. Pepper is the current program director at Boston University (BU) School of Public Health for the DOE Former Worker Program at Lawrence Livermore, Lawrence Berkley, and Sandia National Laboratories, and the Nevada Test Site. He will retain his responsibilities directing these four DOE medical screening sites, in addition to his new role as co-medical director, assisting Dr. Steven Markowitz with the nine WHPP sites. He is also an advisor to the Former Worker Program's National Supplemental Screening Program, serves on the NIOSH Education and Research Committee and is an assistant professor of environmental health at BU. Dr. Pepper's level of expertise, and numerous years of experience in the field of occupational health, will be a tremendous asset to WHPP.

WHPP Success At-A-Glance

(As of 03/31/2011)

WHPP MEDICAL SCREENING PROGRAM

Total number of individuals who have participated in WHPP: 20,388

Total number of WHPP exams completed
(including 3-year re-screen exams): 27,005

WHPP EARLY LUNG CANCER DETECTION PROGRAM

Number of participants screened for lung cancer:10,434

Number of low-dose CT scans completed:27,792

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, and the GDPs	1-888-241-1199
Idaho National Lab	1-208-522-4748
Mound	1-877-866-6802
ORNL and Y-12	1-800-906-2019



Jim Frederick, USW Assistant Director of Health, Safety and Environment at the WIPP facility in Carlsbad, New Mexico, pointing to underground tunnels used for permanent storage of transuranic waste materials.

Message from Gaylon Hanson, INL WHPP Coordinator: Benefits of the WHPP Re-screen Physical Exam

As the years roll forward, I would like to reflect on the Worker Health Protection Program (WHPP) from the eyes of a ground team member in Idaho. I started with the program in 1998, as part of the needs assessment team for the Idaho National Lab (INL). In the year 2000, the INL medical screening program started up and we began contacting former DOE workers to explain the importance of this much needed program. The Idaho WHPP ground team did outreach in the community and pursued referrals from participants. In the beginning, we offered DOE employees a one-time exam, although the law that mandated former worker screening (Section 3162 of the 1993 Defense Authorization Act) directed the Department of Energy to do ongoing medical surveillance.

In the latter part of 2006, after DOE agreed that the intent of Section 3162 was to provide periodic screening, we started with the re-screen exam for those who had been through

6, 617 re-screen WHPP physicals were completed from July 2007 through March 2011.

the program more than three years prior. We went through the database and contacted or attempted to make contact with these former program participants. Many have moved or changed from land line telephones to cell phones making it difficult for us to inform them that they are eligible for ongoing medical surveillance every three years.

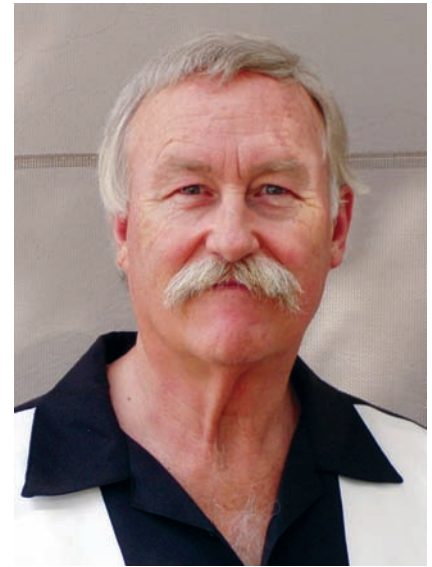
I hear the comment once in a while “But I see my doctor at least yearly and I don’t feel I need to continue with more exams”. My reply is, “This is a complement to your annual exam, not a replacement. We have board-certified occupational medical physicians that go over the results, and you will get a detailed report.” As a former worker who has seen the importance of this project through the years, I know that

the Worker Health Protection Program has saved and improved lives through early detection, from both the initial and the re-screen physicals.

The time and effort spent to recruit new participants and keep past participants on the three year schedule is a passion for us here in Idaho. My reward comes when former workers contact me with gratitude for the WHPP program because she or he has had a condition detected early, especially one that has either been overlooked by his or her personal doctor or has manifested itself in the three year period since the exam with our program.

The importance of certain findings reported in the results letter may sometimes be overlooked by the recipient. For example, a program participant may not know that pleural thickening related to exposure to asbestos might entitle them to compensation under Energy Employees Occupational Illness Compensation Program Act (EEOICPA). By personally contacting our participants, we can help advise them about appropriate follow-up steps to take.

If it has been three years since your last exam and you have not been contacted, I strongly encourage you to contact the WHPP office, or your local WHPP screening office, for a re-screen appointment. (See list of WHPP contact numbers on page 4.) Also, if you have changed your telephone number and/or address, please call WHPP so we can update our database.



Worker Health Protection Program Outreach: The Challenges of Worker Notification and the Important Role of “Word of Mouth”

One of the key components of the Worker Health Protection Program (WHPP) is the identification and notification of workers who are eligible for medical screening. In contrast to the medical screening itself, which uses a well-established, evidence-based scientific model to detect work-related illness, there are no program-driven requirements for conducting worker outreach. The lack of a prescribed model, however, has been beneficial, as it has allowed us to use a creative, multi-dimensional approach, one that has been tailored to our screening population over time to include and focus on the most successful outreach methods.

WHPP outreach has included: television and newspaper advertisements; articles in local newspapers or pieces on

local newscasts; the local WHPP ground teams’ participation in community events; distribution of program flyers and posters in visible areas around DOE communities; newer technologies such as advertising through the Google network; direct contact with participants through notification letters and follow-up phone calls; and most importantly, word of mouth. By customizing and combining these methods to suit the particular needs of each screening site, over 20,000 former and current workers have been recruited and screened through WHPP since 1998. Yet our outreach efforts are not nearly complete. We estimate that the number of living eligible participants who are still unaware of

(continued on page 8)

CT Scanning and Radiation Exposure: Minimizing and Monitoring Cancer Risk



A computed tomography (CT) scan is a non-invasive X-ray procedure that captures cross-sectional images of internal body structures and can readily detect body injury or disease. As a result, CT imaging has become an indispensable diagnostic tool for health practitioners and researchers since its development in the 1970s.

Risks from CT Imaging: How Recent Statistics Reported Relate to WHPP ELCD Program

The New England Journal of Medicine recently reported that the rapid increase in CT scanner use over the past decade appears to be associated with a parallel increase in cancer incidence. Brenner, et. al found that a small, but statistically significant, percentage of cancer incidence among the general population of the United States is likely attributable to CT imaging (1.5 to 2.0%). Keep in mind, however, that lifetime cancer risk from X-ray radiation varies greatly based on the age, gender and the type of tissue(s) being irradiated. When Brenner et. al reported CT imaging was potentially responsible for 1.5 to 2% of all cancers annually, this statistic represents the combined cancer incidence in individuals of all ages, and from all CT imaging procedures. It is important to note that the lifetime risk of cancer incidence from radiation exposure decreases dramatically after age 50, for both men and women, and the average age of an ELCD participant is 65. Additionally, some CT scan procedures result in a larger radiation dose than others. For example, the average effective dose for an abdominal CT (which must penetrate several very dense organs) is 10 mSv (or 1000 mrem) whereas a diagnostic chest CT (which primarily penetrates the air-filled, less dense lungs), is 8 mSv (or 800 mrem). To put the risk from the WHPP ELCD Program CT scans further in perspective, the WHPP low-dose chest CT on average delivers less than one fifth the dose of a full-dose diagnostic chest CT (1.3 mSv or 130 mrem), and an even smaller fraction of other CT procedures.

WHPP ELCD Program Efforts to Minimize Risk from Low-Dose CT

Since its inception, the WHPP ELCD Program has estab-

lished eligibility criteria for enrollment, and more recently, guidelines for CT scanner use and radiation dose tracking. These measures ensure that only DOE workers at elevated risk for lung cancer are screened, and that those who are screened, are screened with the lowest possible dose of radiation. There are three components within the ELCD program that ensure radiation exposure is minimized: (1) scanner setting guidelines for the CT technologists (2) a dose monitoring and tracking system and (3) ongoing communication among the medical director, radiologist, administrative director, program coordinator, and CT technologists.

ELCD Low-Dose Protocol

The ELCD low-dose protocol is based on a well-established premise that the resolution needed to successfully detect (or “screen for”) nodules suspicious for lung cancer is less than that needed to interpret a diagnostic chest CT. Even with low-dose CT, however, there is a balance that must be maintained between obtaining high quality screening images and keeping radiation to a minimum. Participants have a wide range of body types and sizes, and larger patients generally need more radiation to get a good image, especially those who are obese. To address this, the WHPP ELCD Program instituted a Body Mass Index (BMI) threshold (of BMI 35 or greater) to assist CT technologists in the adjustment of scanner settings; below this threshold the minimum program settings are used, at or above the threshold, the CT technologist is permitted to increase the dose. This decision-making tool has helped to minimize the number of ELCD participants screened using a higher dose (only 10%) while still maintaining good image quality for all.

ELCD Dose Tracking System

Using advanced CT technology and having a comprehensive written protocol cannot replace the day-to-day vigilance of CT scanning practices. For this reason, the WHPP ELCD Program chose to manually record the information from the scanner console for each CT scan on a daily basis. This serves multiple purposes; it allows us to (1) immediately detect deviations from program protocols (2) to aggregate and analyze the data to monitor radiation dose trends and (3) to remind the CT technologists to be vigilant about keeping exposure to a minimum, thus introducing an element of accountability. Numerous articles in the past few years have reported ongoing overdosing of patients, something that could have been avoided had monitoring procedures such as ours been established.

The ELCD dose tracking system is unique. Individual dose tracking for CT scans is not currently required by any federal or state agency; this aspect of the program was self-initiated to reassure both participants and program administrators that the CT scans provided are truly low dose, and to uphold the promise of providing greater benefit than harm in the course of screening.

Jeanne Cisco, WHPP Coordinator and Benefits Rep for the Portsmouth GDP Plant, Dedicated to Service

Jeanne Cisco attributes her dedication to helping people to growing up on a family farm in Pike County, Ohio. "The hard-work of our family taking care of my grandfather taught me at an early age how wonderful it is to have close family ties and take care of those in need," Cisco explained.

Jeanne hired in at the Portsmouth Gaseous Diffusion Plant as a stenographer when she was 18. She learned about the benefits of a union and the collective bargaining process from her co-workers who were union members. In 1978, Jeanne joined the bargaining unit as a janitor, and soon after, became a production process operator.

The local membership quickly recognized her talent and elected her Recording Secretary in 1979, a position she held for many years.

In 1999, she was elected Benefits Representative for the local. In that capacity, she represents members at workers' compensation hearings, assists with healthcare and life insurance, pensions, disability insurance, Social Security and other benefits. Her new position coincided with the startup of the Worker Health Protection Program (WHPP) at Portsmouth. She started helping the WHPP staff with compensation questions and gradually became more involved with the victims and their claims. Jeanne is a passionate worker advocate and that quality led President Clinton to

appoint her as a member of its newly-formed Worker Advocacy Advisory Committee, from 2000 to 2002.

There is no better ending for this profile than Jeanne's own description of her role as WHPP Coordinator.

"As a WHPP Coordinator, I assist with EEOICPA claims, the Worker Health Protection Program medical screening, and the WHPP Early Lung Cancer Detection Program (ELCD). I am blessed to be able to help the people that come to us. The injustice done to these sick DOE workers and their widows is always on my mind. Even with EEOICPA in place, the burden of proof placed on these victims makes it impossible for them to handle the claims process themselves. This is a job that will never really be completed, but it is one that, if done correctly, is very rewarding. I have made so many lifetime friends. Their sorrow rips your soul but their tears of gratitude lift your spirits enough to keep at it."



Mercy Health Solutions: Providing Expert Care to Former Fernald Workers

Mercy Health Solutions (MHS) operates an occupational and urgent care clinic in the Springdale section of Cincinnati, Ohio, approximately twenty minutes from downtown. MHS has collaborated with Queens College on the Worker Health Protection Program since 2006, providing medical screening to former Fernald site workers hired on or after January 1, 1986. To date, MHS has performed over 600 physicals of former Fernald workers and is actively screening former Fernald workers for original and three-year follow-up rescreen examinations.

Workers from the Fernald site, also known as the Fernald Feed Materials Production Center, may have been exposed to ionizing radiation, beryllium and other hazardous chemicals throughout production and clean-up operations. The WHPP is a parallel program to the Fernald Medical Monitoring Program, which covers former workers who began employment prior to January 1, 1986.

MHS's experienced physicians and nurses recognize the importance of health screenings for individuals who have worked in dangerous settings. "The importance of having health screenings for workers who have had exposure to chemicals or radiation, whether it be large,



micro, or nano particles, is crucial because these types of exposures could always affect your health," said Dr. Mohammed Islam, of MHS. "In order to avoid disease from exposure, it is important to get regular exams."

"Participants in the Worker Health Protection Program can expect excellent comprehensive care during their visit with Mercy Occupational Health for their physical," said Susan Alatorre, RN, Clinic Manager. "It is essential to us that the participants get the best medical screening we can provide for them. Early diagnosis of health risks and disease is the key to staying healthy and enjoying life."

Worker Health Protection Program Outreach: The Challenges of Worker Notification and the Important Role of “Word of Mouth”

(continued from page 5)

WHPP and its benefits to be in the tens of thousands.

One of the greatest challenges of outreach for WHPP is locating former workers. With limited funds for advertisements, we often rely on direct contact with former workers to alert them of their program eligibility. The starting point for locating workers is generally former worker lists, or rosters, from the various WHPP DOE facilities. In many

instances, we have been able to obtain former worker lists through the cooperative efforts of DOE headquarters and its contractors. Unfortunately, once obtained, we frequently find that the worker contact information is outdated, or key variables such as address, or date of hire, are missing. In addition, as the Cold War-era nuclear weapons workforce has aged, many workers have retired to communities outside the area where they worked, and even those who remain nearby may be difficult to track, especially as people exchange land telephone lines for cell phones. To overcome this problem, we utilize various information services, such as whitepages.com, to help us find updated addresses and home phone numbers.

The difficulty in obtaining, and the limitations of, DOE worker lists are the reason we rely so heavily on one of our most successful outreach method to date -- word-of-mouth. Program participants who have spread the word to their former co-workers about their positive experiences with WHPP have been crucial and have helped thousands of former workers gain access to our medical screening. Word-of-mouth has played a key role in both the newer WHPP sites such as the Brookhaven National Laboratory, which began earlier this year, and in more established WHPP sites such as the GDPs. While we look to the future for new ideas, such as utilizing the Internet and social networking sites, it is certain that “word of mouth” will continue to play a major role in WHPP outreach.

WHPP Health Watch

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“I had a low-dose CT scan [through the WHPP Early Lung Cancer Detection Program] in January 2010 and it came back showing that I had cancer

in the right lobe of my lung. If not for your program, I would not have known until the cancer was well-developed. I was told by my doctor that the early detection most probably saved my life. For this, I am truly thankful to you and the Program. Please keep up the good work.” - Norval B. Hockman, former K-25 GDP worker.

HealthWatch

A Newsletter of the Worker Health Protection Program -- A Medical Screening Program for Current and Former DOE Workers