



# 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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## Early Lung Cancer Detection Program Expands to the Nevada Test Site and the Idaho National Laboratory

WHPP's Early Lung Cancer Detection (ELCD) Program, which utilizes low-dose CT scans for the early detection of lung cancer, is the largest occupational lung cancer screening program in the world. The ELCD Program utilizes the same technology shown by the National Cancer Institute to reduce death from lung cancers in high-risk populations. At the time of publication, over 11,000 WHPP participants have received scans through the ELCD program and 87 cancers were found, with the majority (73%) in early stages, when treatment is more likely to be effective. Additionally, the ELCD Program has found other important illnesses – cancers of the kidney and thyroid, aortic aneurysms, and chronic lung diseases that were unknown to former workers at the time of their screening.

### Nevada Test Site Opening

WHPP hosted an opening ceremony at the Atomic Testing Museum in Las Vegas, Nevada in August 2012 to introduce the ELCD program to Nevada Test Site (NTS) workers. The event was well attended by key government, medical and union representatives, as well as former workers from the NTS. Notable speakers included: DOE's Glenn Podonsky, Chief Health, Safety and Security Officer; representatives of Senators Harry Reid (D) and Dean Heller (R) and Representatives Shelley Berkley (D) and Joe Heck (R); Darren Enns, the secretary treasurer of the Southern Nevada

Building Trades; and Thomas Hunt, M.D., of the Department of Family and Community Medicine at the University of Nevada School of Medicine in Las Vegas. Congressional representatives provided congressional certificates commemorating the event. The opening garnered a large amount of press, including articles in the Las Vegas Review and Las Vegas Sun newspapers and a segment on Channel 13 KTNV news.

Democratic Senate Majority Leader Harry Reid provided a signed message that was read aloud by his representative, Ms. Kathleen Rozner, which stated, "Over the years I have fought on behalf of Nevada's Cold War Patriots and their families to ensure they receive



Department of Energy's Chief Health, Safety and Security Officer Glenn Podonsky

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## WHPP Expands to the West Coast; Now Providing Medical Screening at 13 Sites

The Worker Health Protection Program (WHPP) is in the midst of one of the busiest years in its history. In 2012, WHPP added four additional DOE facilities formerly administered by Boston University (BU) to its standard medical screening program and expanded the innovative Early Lung Cancer Detection (ELCD) Program to two additional sites. WHPP now offers medical screening to workers at thirteen DOE sites and the ELCD Program at nine of these sites, making it one of the largest of the Former Worker Medical Screening Programs.

Beginning in February 2012, WHPP assumed responsibility for medical testing for former workers at the Nevada Test Site and the Lawrence Livermore, Lawrence Berkeley and Sandia National Laboratories in California. Previously, these programs were operated by BU, in conjunction with the University of Nevada's School of Medicine (UNSM) and the

University of California San Francisco's (UCSF) Division of Occupational and Environmental Medicine. WHPP is now working in collaboration with UNSM, UCSF and key medical and administrative personnel formerly of BU, to operate the program at these four sites.

Lewis Pepper, M.D., who has directed the former worker medical screening programs at the Nevada Test Site and the Lawrence Livermore, Lawrence Berkeley and Sandia National Laboratories in California continues as the director of medical screening at these sites, having joined as full-time faculty of WHPP.

The benefits of the merger are numerous. About the recent merger, Dr. Pepper said, "This new alliance is allowing WHPP to work more efficiently in administering the program. It

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## Message from Dr. Markowitz, WHPP Project Director

### Early Lung Cancer Detection Enters New Stage

It has now been over a year since the National Cancer Institute (NCI) released its findings of a study of over 50,000 smokers at high risk of lung cancer confirming that low dose CT scans can prevent at least 20% of deaths from lung cancer. The NCI used the same screening technique that we have used in the Worker Health Protection Program (WHPP) to screen high risk DOE workers since 2000. The underlying reasoning in favor of this technique is simple: early detection leads to more frequent cure. The confirmation of this reasoning by scientific evidence presented by the NCI study has been enormously important in convincing skeptics that low dose CT scans can save lives.

A 20% reduction in lung cancer deaths translates to a lot of people in the United States. Over 160,000 people are expected to die from lung cancer in the U.S in 2012. If low dose CT screening were already universal, perhaps as many as 30,000 people might have been saved from this terrible disease in 2012. And while lung cancer frequency is decreasing in the United States (due largely to lower smoking rates), well over 100,000 people can be expected to die each year from lung cancer in the U.S. for the foreseeable future. Did you know that the majority of lung cancer deaths now occur among people who have already given up smoking, but who nonetheless, retain a high risk of lung cancer for many years after they have stopped?

We see now that the large prestigious medical centers have begun to offer low dose CT scanning for lung cancer detection. The likes of MD Anderson Cancer Center, Memorial Sloan Kettering Cancer Center, and the Cleveland Clinic are finally catching up to the work that we began in 2000 in Paducah, Portsmouth, and Oak Ridge! Following the DOE's lead, the United States Department of Veterans of Affairs has recently announced a plan to begin low dose CT lung cancer screenings for high risk veterans.

Two large questions loom at present for lung cancer

screening for the general public. Who should be screened? And who will pay for screening?

The discussion to date has centered on screening smokers, aged 55 to 74, who have smoked at least 1 pack of cigarettes per day for 30 years (or the equivalent) and have quit less than 15 years ago. There has been little discussion about screening people who have been exposed to lung carcinogens in the workplace, like asbestos, radiation, beryllium, and silica. This is not only unfair, but it is also a violation of public health principles. People at high risk of cancer most deserve and need cancer screening. No one is at higher risk of lung cancer than workers who smoke or have smoked and have also been exposed to workplace agents that cause lung cancer.

We at the Worker Health Protection Program are working to change this. WHPP met with Dr. John Howard, the Director of the National Institute for Occupational Safety and Health and his leadership team to discuss this issue earlier this year. In 2011, we helped convince DOE to support low dose CT scanning at many sites throughout the DOE complex. We have joined forces with the Lung Cancer Alliance to support legislation that promotes lung cancer screening, including among high risk workers. We have proposed including low dose CT scanning in a new OSHA beryllium standard that is under review.

But there is much work to be done, and you can join us. For those of you who have already participated in our CT program, you should have a periodic low dose CT scan at a facility near you. Encourage your co-workers who are at an increased risk of lung cancer to do the same. Ask your local hospitals and doctors to offer low dose CT screening. Write to the American Cancer Society and your Congressional representatives, encouraging them to support early lung cancer detection through screening high risk workers. And let me know about your success at [smarkowitz@qc.cuny.edu](mailto:smarkowitz@qc.cuny.edu).

## We Don't Want to Lose Touch With You

As an increasing number of people leave their traditional telephone landlines behind in favor of cell phones, maintaining accurate contact information for WHPP participants has become increasingly difficult. In the interest of our participants, we strive to maintain up-to-date addresses and telephone numbers. This allows us to provide important reminders about medical screening, including letting you know when it is time for a three-year follow-up rescreen examination.

If you have given up your home phone line and changed to cell phone only or changed any other of your contact information recently, please take a moment to call us at 1- 888-241-1199 or email [info@worker-health.org](mailto:info@worker-health.org) to provide these updates. While you are at it, you can also provide your email address if you would like, so we can keep in contact with you electronically as well. As a reminder, all of your information is kept confidential.

# Hearing Loss Caused by Solvents Exposure May be Compensated through the Energy Employees Occupational Illness Compensation Program Act

## Background

Hearing loss affects the majority of former DOE workers enrolled in medical screening, with over 60% of Former Worker Program participants exhibiting signs of hearing loss. Common symptoms include muffled or distorted hearing, difficulty understanding speech and balance or equilibrium disruptions. Hearing loss is sometimes accompanied by tinnitus, a persistent ringing or buzzing in the ears. In the majority of cases, hearing loss progresses slowly and is permanent, with symptoms becoming most noticeable at older ages.

## Primary Causes of Hearing Loss

Sensorineural and conductive are the two main types of hearing loss. Sensorineural hearing loss is generally caused by damage to the hair cells lining the inner ear and the surrounding nerves that carry sound to the brain, or as a result of neurological damage. Sensorineural is the more common type of hearing loss and occurs as a result of occupational and non-occupational hazards. Conductive hearing loss is caused mainly by obstruction, physical damage to the ear drum, or infections, and is less common than sensorineural loss, especially in the workplace.

Chronic exposure to noise is the leading cause of sensorineural hearing loss in an occupational setting, while presbycusis, also known as age-related hearing loss, is the most common reason for hearing loss in the general public. Hearing loss among DOE workers due to excessive exposure to loud noises is often made worse by age-related hearing loss and non-occupational exposure to noise.

In general, most hearing loss is caused by a combination of noise and old age. However, studies have shown that in certain cases, exposure to organic solvents may contribute to sensorineural hearing loss.

## Organic Solvents and Hearing Loss

Solvents are substances that are used to dissolve other substances and are essential to many industrial processes. They are common ingredients in paints, cleaners, varnishes, lacquers, adhesives, glues, and degreasing agents, and their use has been documented throughout the DOE complex in a variety of operations. Inhalation and skin absorption are the exposure routes of most concern among workers and certain solvents have been known to cause organ damage, various cancers and neurological damage.

In the 1990s, a series of scientific studies were carried out that confirmed frequent exposure to some solvents can also contribute to hearing loss among workers. These studies show that solvents contribute to hearing loss beyond the role of excessive noise exposure.

## Energy Employees Occupational Illness Compensation Program

For most participants with hearing loss, the Energy Employees Occupational Illness Compensation Act (EEOICPA) does not provide compensation, as noise-

induced hearing loss is not a covered condition. However, Part E of EEOICPA states that, "hearing loss (sensorineural) can be compensable under Part E of the EEOICPA if such loss arises as a result of exposure to one or more of specified solvents." Workers may qualify for compensation if they can prove they have sensorineural hearing loss in both ears and had worked in a specific job title, while handling specified solvents, for a period of ten consecutive years prior to 1990. The DOL may also require documentation of solvent exposures, which can often be found on their Site Exposure Matrix\*, an interactive website that documents chemical use at DOE sites. (*continued on page 7*)

### The DOL recognizes the following solvents as causing hearing loss:

- Toluene
- Styrene
- Xylene
- Trichlorethylene
- Methyl Ethyl Ketone
- Methyl Isobutyl Ketone
- Ethyl Benzene

\* Evidence of solvent use at each site can be found on the Department of Labors Site Exposure Matrix at <http://www.sem.dol.gov/>

### The DOL recognizes the following job categories, when held for a period of at least ten consecutive years prior to 1990, as qualifying for compensation:

- Boilermaker
- Chemical Operator
- Chemist
- Electrician/Electrical Maintenance/Lineman
- Electroplater/Electroplating Technician
- Garage/Auto/Equipment Mechanic
- Guard/Security Officer/Security Patrol Officer (i.e. firearm cleaning activities)
- Instrument Mechanic/ Instrument Technician
- Janitor
- Laboratory Analyst/Aide
- Laboratory Technician/Technologist
- Lubricator
- Machinist
- Maintenance Mechanic
- Millwright
- Operator (most any kind)
- Painter
- Pipefitter
- Printer/Reproduction Clerk
- Refrigeration Mechanic/HVAC Mechanic
- Sheet Metal Worker
- Utility Operator

# Worker Health Protection Program News

## WHPP Completes Photo Essay Project Documenting Oak Ridge Workers

A group of former K-25, ORNL and Y-12 workers recently sat down with staff from Queens College to have their portraits taken and to be interviewed about their work for DOE and their experiences with WHPP. WHPP used the footage collected and created a YouTube video that is now being used to spread the word about the importance of medical screening for former DOE workers. WHPP plans on expanding this project to include additional sites in 2013.



To view the video, visit [www.worker-health.org](http://www.worker-health.org)

*"I've been through cancer four times and I'm still here. I've been able to see my grandson play football in college because of the information I've received from this program."*

-Greg Love, Maintenance Mechanic, K-25 GDP

since 1997 and the research director of the Laborers' Health and Safety Fund of North America since 1995. He is also the Chair of the World Trade Center Health Program Steering Committee. Dr. Melius was given the award on behalf of WHPP for his continued commitment to nuclear workers and beyond. The award reads, "In Recognition of Your Extraordinary Dedication and Commitment to the Health and Safety of Workers."



Dr. James Melius accepting WHPP's Sylvia Kieding award.

**Left to Right:** Jim Frederick, USW Assistant Director of Health, Safety and Environment, Steve Jones, ATLC President, Dr. James Melius and WHPP director Dr. Steve Markowitz.

## Dr. James Melius Receives Recognition by WHPP

During WHPP's annual meeting in April 2012, James Melius was presented with the Sylvia Kieding Award in honor of his work in the field of occupational health. Dr. Melius is presently the chair of the Advisory Board on Radiation and Worker Health, which is responsible for making recommendations to the Secretary of Health and Human Services on radiation guidelines in the EEOICP.

Dr. Melius has been the director of the New York State Laborers' Employers Cooperation and Education Trust Fund

## Joint Outreach Task Group Meeting at Brookhaven National Laboratory

In July 2012, WHPP hosted a Joint Outreach Task Group Meeting at Brookhaven National Laboratory (BNL) that was attended by representatives from the Former Worker Program, the Department of Labor, the EEOICPA Ombudsman's office and NIOSH. The goal of the meeting was to provide BNL workers with information about the Former Worker Program and EEOICPA, including the new BNL Special Exposure Cohort.

The Joint Outreach Task Group was created in 2009 to help the separate agencies that provide services to nuclear workers collaborate in their outreach efforts. Upcoming events can be found at the following website address: [http://www.hss.doe.gov/health-safety/FWSP/Formerworkermed/events\\_calendars.html](http://www.hss.doe.gov/health-safety/FWSP/Formerworkermed/events_calendars.html)

## Special Exposure Cohort Expands at Brookhaven National Laboratory

A Special Exposure Cohort (SEC) mechanism was established as part of the EEOICPA to allow DOE workers filing for Part B claims to bypass dose reconstruction if they fit a specific set of prescribed criteria relating to their work locations within set periods of time. Workers who fall into an SEC group and meet the necessary criteria will automatically receive compensation for any of 22 designated cancers known to be caused by radiation. The new SEC reads:

"All employees of the Department of Energy, its predecessor agencies, and their contractors and subcontractors who worked at the Brookhaven National Laboratory in Upton, New York, from January 1, 1980 through December 31, 1993, for a number of work days aggregating at least 250 work days, occurring either solely under this employment, or in combination with work days within the parameters established for one or more other classes of employees included in the Special Exposure Cohort."

The new SEC extends the previously authorized SEC, which includes BNL workers employed between January 1, 1947 to December 31, 1979. Now, BNL workers from 1947 to 1993 are part of the SEC at BNL.

For more details on Special Exposure Cohorts, visit: <http://www.cdc.gov/niosh/ocas/faqssec.html>

## WHPP Success At-A-Glance

(As of 09/30/2012)

### WHPP MEDICAL SCREENING PROGRAM

Total number of individuals who have participated in WHPP\*: 28,523

Total number of WHPP exams completed (including 3-year re-screen exams)\*: 41,305

### WHPP EARLY LUNG CANCER DETECTION PROGRAM

Number of participants screened for lung cancer: 12,148

Number of low-dose CT scans completed: 32,684

**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
NTS	1-877-771-7977
Northern California Labs	1-866-460-0628

\*Includes Nevada Test Site, Lawrence Livermore, Lawrence Berkeley, and Sandia-CA National Laboratories

# WHPP Expands to the West Coast; Now Providing Medical Screening at 13 sites

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allows the physicians and staff working on these programs to provide the best assistance possible to former DOE workers. Additionally, cost savings as a result of the merger have contributed in funding the 2012 expansion in the ELCD program at two sites.”

## **Nevada Test Site**

The Nevada Test Site (NTS), which is presently known as the Nevada National Security Site, is located on a sprawling 680 square mile desert region north of Las Vegas. The NTS has been the United States’ primary testing ground for nuclear weapons and devices throughout our nation’s history, performing essential security and defense duties continuously since 1951. Many workers at the NTS were put in harm’s way while performing these essential work duties. Some of the hazardous substances encountered by workers at the NTS include radiation, silica, beryllium, asbestos, noise and diesel.

Throughout its history, over 900 atmospheric and underground nuclear tests were conducted at the NTS, causing the site to become one of the most radioactive regions in the country. Today, all testing is done in underground mines and tests are only done to a sub-critical level. Hypothetical computer modeling is used, rather than full scale nuclear detonation. Despite the safety improvements of nuclear testing, many health hazards remain.

## **Northern California Laboratories**

The national laboratories of Lawrence Berkeley, Lawrence Livermore and Sandia California have been centers of nuclear technology and national security dating back to Lawrence Berkeley’s inception in 1931. The significance of nuclear research greatly increased during World War II, starting with

the Manhattan Project and escalating throughout the Cold-War, with these three labs at the forefront of research and technology.

Today, the labs continue to play central roles in both maintaining the country’s nuclear arsenal and advancing nuclear non-proliferation. In addition to nuclear projects, the labs have made important contributions in the advancement of virtually all of the sciences since the 1950s. The labs presently attract the world’s top scientists to advance the realms of energy sustainability, computer science, DNA sequencing and many other challenges facing the modern world.

The scientific advancements emerging from the labs, including numerous Nobel Prizes, are often celebrated. However, many of their workers may have had their health put at risk due to occupational exposures to hazards such as radiation, asbestos, beryllium and noise.

## **Continuation of Medical Screening Program**

In addition to the four new sites, WHPP continues providing occupational health evaluations for former workers at: the Brookhaven, Oak Ridge and Idaho National Laboratories; the Mound and Fernald closure sites; Y-12; and current and former workers at the Gaseous Diffusion Plants (GDP) at Portsmouth, Paducah and K-25. Workers are eligible for repeat examinations once every three years. Through October 2012, WHPP has screened over 28,000 workers and provided over 40,000 exams, including three-year follow-up rescreen examinations at these eight sites. Additionally, WHPP local coordinators continue to provide assistance to help program participants navigate federal and state workers’ compensation claims processes, including that of the Energy Employees Occupational Illness Compensation Program Act (EEOIC-PA). To date, WHPP has had a satisfaction rate of 98% based on anonymous follow-up surveys.

## Tribute to Sylvia Kieding (1945-2011), Co-Founder of the Worker Health Protection Program

Not long after President Nixon declared war on cancer, the age-old fight against occupational hazards gained a new foot soldier, a young energetic woman named Sylvia Kieding. In 1973, Sylvia moved from her native Kentucky, where she had graduated from the University of Kentucky, to Denver and began a long and distinguished career dedicated to the elimination of occupational hazards. She began as secretary to Jeanne Stellman in the Health and Safety Department of the Oil, Chemical, and Atomic Workers (OCAW) Union. Those were heady days for occupational safety and health with the formation of the Occupational Safety and Health Administration (OSHA) in 1971; the subsequent appointment of Eula Bingham as Assistant Secretary of Labor for OSHA; and, most importantly, the leadership by OCAW, especially its dynamic legislative director, Tony Mazzocchi. Sylvia’s responsibilities grew steadily within the Health and Safety Department, and she acquired a lifelong skill for and deep dedication to helping individual workers and local unions address workplace threats to their health and welfare. Sylvia was soft-spoken,

yet smart and perseverant, and she visited and helped innumerable OCAW workers during her decades of work.

Sylvia eventually became the head of the OCAW Health and Safety Department and maintained its preeminence, even during difficult times in the union and within the occupational health and safety movement. Other notables – Steve Wodka, Rafael Moure-Eraso, Chris Oliver,

and others – spent important time in the department, but Sylvia remained the link that held together the union’s tradition in health and safety, even later on when it merged with



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# The Department of Energy's Office of Health, Safety and Security Launches Chronic Beryllium Disease Awareness Website and Informational Card

In March 2012, the Department of Energy's (DOE) Office of Health, Safety and Security launched a new website and informational card to promote chronic beryllium disease (CBD) awareness among former and current DOE workers, practicing physicians, healthcare educators and medical researchers.

Valued for its physical properties, beryllium is a lightweight metal that has been used throughout the DOE complex in a variety of operations since the 1940s. Inhalation of beryllium powder or fume can lead to an allergic reaction in certain individuals, known as beryllium sensitization. Beryllium sensitization leads to an increased risk of developing CBD, a chronic and often debilitating disease with symptoms that include cough, shortness of breath, fatigue and night sweats.

The DOE Office of Health, Safety and Security has recognized that medical practitioners outside of the occupational health field generally do not encounter CBD and are often unfamiliar with the course of the disease. The amount of time between exposure to beryllium and the development of symptoms of CBD can be long (this is known as latency). The average latency of CBD from time of exposure is 10-15 years, making diagnosis particularly difficult for non-occupational practitioners.

Due to their lack of familiarity, coupled with the long latency periods from time of exposure, personal physicians may often misdiagnose CBD, believing it to be sarcoidosis, another illness with similar symptoms. Misdiagnosis of CBD may lead to delays in appropriate treatment and may cause symptoms in CBD sufferers to

worsen. The Office of Health, Safety and Security hopes that the new materials will increase beryllium awareness within the medical communities that treat DOE workers and thus reduce the impact of CBD among former workers.

WHPP offers the beryllium lymphocyte proliferation test (BeLPT) to former workers deemed at-risk for beryllium related diseases. The BeLPT is a blood test that determines whether the body's immune system has developed beryllium sensitization. While beryllium sensitization is a pre-cursor to CBD, not everyone with beryllium sensitization will go on to develop CBD. The BeLPT is a test that is not generally available to the public and the majority of personal physicians are not likely able to order this test. The Former Worker Program is one of the only medical services to offer this test.

Following initial normal BeLPT tests, those who worked in high risk jobs, high risk facilities or who exhibit symptoms of CBD, will continue to be offered a BeLPT on rescreen examinations until it has been fifteen years since their last date of DOE employment.

Workers who test positive (abnormal) on their BeLPTs and are found to be beryllium sensitized will be referred for follow-up care and treatment, including referrals to the EEOICP. Early detection of CBD may help prevent disease progression, although there is presently no cure for the disease.

Beryllium may also cause lung cancer and workers who have a history of exposure to beryllium, even if they are not sensitized, should be screened for lung cancer, using periodic low-dose CT scanning.

To view the Chronic Beryllium Disease Awareness Website, visit:  
<http://hss.doe.gov/healthsafety/fwsp/advocacy/cbd/>

**HSS Chronic Beryllium Disease Awareness**

Ask your physician about beryllium toxicity if you may have been occupationally exposed to beryllium and have a chronic respiratory disorder that has lasted more than 3 months, with any of the following:

**Symptoms**

1. Cough
2. Shortness of breath
3. Fatigue
4. Night Sweats

In addition, if you have been diagnosed with any of the following conditions, you should consider an evaluation for Chronic Beryllium Disease (CBD):

**Clinical Conditions**

1. Enlarged lymph nodes (adenopathy) seen on Chest X-ray or CT scan
2. Scarring on both lungs (chronic infiltrates) on Chest X-ray or CT scan, called "chronic bilateral pulmonary infiltrates"
3. Lung or skin biopsy reports of granulomatous inflammation
4. Prior diagnosis of chronic skin or pulmonary sarcoidosis

**Beryllium Sensitization**

Patients who have been diagnosed with "Beryllium Sensitization" (cellular allergy) are asymptomatic and not physically impaired but are at increased risk for the development of CBD. See above.

Should you and your physician want more in depth information, please visit the following link:  
<http://www.hss.doe.gov/HealthSafety/fwsp/advocacy/cbd/>

**HSS Chronic Beryllium Disease Awareness**

If you have already been diagnosed with CBD, there are a number of consequential illnesses that may result from CBD, some of which include:

1. Cor Pulmonale
2. Pulmonary Hypertension
3. Respiratory Failure
4. Beryllium Dermatitis/Skin Nodules
5. Anxiety and Depression

In most patients with CBD, immunosuppressive medications can stop the progression of the disease and in some cases reverse the abnormalities. Some of these include oral or inhaled corticosteroids, bronchodilators, methotrexate, azathioprine, mycophenolate mofetil, and anti-TNF-alpha inhibitors.

Medications that are used to treat CBD can cause certain consequential conditions or can aggravate other pre-existing medical conditions. If you are being treated for CBD, ask your doctor how the medicine might affect you. Consequential conditions of CBD treatment can include, but are not limited to, the following:

1. Infection
2. Anxiety and Depression
3. Diabetes and Related Consequences
4. Hypertension
5. Osteoporosis
6. Glaucoma
7. Cataracts
8. Hyperlipidemia
9. Insomnia
10. Gastroesophageal Reflux Disorder
11. Weight Gain and Obesity

Early and accurate diagnosis of CBD and related conditions is important in providing an effective treatment.

Should you and your physician want more in depth information, please visit the following link:  
<http://www.hss.doe.gov/HealthSafety/fwsp/advocacy/cbd/>

*"The Early Lung Cancer Detection Program for Nevada Test Site workers has literally saved my husband's life. Had you folks not alerted us about this program, he would never have checked for lung cancer until it was too late, since he was feeling fine. We were very young when we worked at the site and were not aware of the risks. Thanks to the program, his lung cancer was caught at a very early stage and is very treatable."*

-Suzie Arthur, on behalf of Jerry Arthur, Heavy Duty Repairman/Welder, NTS, 1976-1986

# Early Lung Cancer Detection Program Expands to the Nevada Test Site and the Idaho National Laboratory

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the compensation they deserve. Many of these dedicated workers developed disabling or fatal illnesses, a high price for their service to develop a nuclear weapons program for the benefit of the United States. The WHPP Early Lung Cancer Detection Program is another step forward in honoring the service of the men and women who put their lives at risk in service of their country.”

## Idaho National Laboratory Opening

Beginning in October 2012, the ELCD program also expanded to include former workers of the Idaho National Laboratory. A similar opening ceremony is planned to include stakeholders in the Idaho Falls area. About the new program, WHPP director Steven Markowitz said, “We are gratified to be

introducing the Early Lung Cancer Detection Program for former INL workers. Bringing the experience of our ELCD operations to the Idaho area for the first time has the potential to save many lives of INL workers who may have been exposed to harm from toxins that cause lung cancer.”

*Low-dose CT scans for former DOE workers are offered at the Nevada Test Site; Idaho National Laboratory; the Portsmouth, Paducah and K-25 gaseous diffusion plants; the Mound and Fernald closure sites; Oak Ridge National Laboratory and Y-12. Eligibility is based on age, and work and smoking histories. For more information about receiving a low-dose CT scan for the early detection of lung cancer, call 1-866-228-7226.*

# Hearing Loss Caused by Solvents Exposure may be Compensated through the Energy Employees Occupational Illness Compensation Program Act

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Other circumstances may be considered by the DOL for compensation, including exposure to solvents not listed or for workers with less than 10 years of employment completed prior to 1990.

You should also be aware that state workers’ compensation programs may provide assistance for noise-induced hearing loss, although state laws vary greatly.

For more information about compensation regarding hearing loss, contact your local WHPP site coordinator,

whose contact information can be found on page 4.

Regardless of your current hearing loss or compensation status, it is important to always protect yourself from exposure to loud noises and organic solvents, both inside and outside of the workplace.

For more details on hearing protection in the workplace, visit:

- <http://www.cdc.gov/niosh/>
- <http://hero.epa.gov/>
- <http://www.nlm.nih.gov/>

## Medical Services of America (MSA): Personalized Medical Screening for Former Workers at Brookhaven National Laboratory

Medical Services of America (MSA) is headed by Dr. Wajdy Hailoo, a board-certified occupational medicine physician with over 30 years of experience specializing in worker health. MSA has been collaborating with the Worker Health Protection Program (WHPP) to provide medical screenings for former Brookhaven National Laboratory (BNL) workers since 2011.

To date, MSA has evaluated over 250 former BNL workers, providing detailed examinations in an effort to identify potential work-related illness and to provide, when relevant and requested, medical documentation for filing Energy Employees Occupational Illness Compensation Program Act (EEOICPA) and state workers’ compensation claims. Workers from BNL may have been exposed to a variety of occupational hazards throughout their employment, such as beryllium, radiation, lead, chromium, cadmium, silica and asbestos. Workers from BNL may be eligible for compensation if these exposures caused, contributed, or aggravated an occupational illness.

Dr. Hailoo has a wealth of experience in occupation-

al health. He previously directed the Division of Occupational Medicine at the Stony Brook School of Medicine. He is also a lead physician in a medical screening program providing exams to first-responders of the World Trade Center disaster through the North Shore Long Island Jewish-Queens College World Trade Center Health Program.

“Former BNL workers who have participated in WHPP have been very happy with the exams and with the follow-up provided. However, there are still many workers who are either unaware or hesitant to participate in this very rewarding and effective program,” says Dr. Hailoo. “The best advice I can give is not to hesitate, to have an exam, and be better informed about your health status and how it may relate to your previous work at the lab.”

MSA is located in Ronkonkoma, New York and is easily accessed from the Long Island Expressway. If you, or someone you know worked at BNL, please call the Worker Health Protection Program at Queens College at 1-888-241-1199 to schedule an exam or for more information.

# Tribute to Sylvia Kieding (1945-2011), Co-Founder of the Worker Health Protection Program

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the United Paperworkers International Union to become the Paper, Allied-Industrial, Chemical, and Energy Workers International Union (PACE) and then when PACE merged with the United Steelworkers of America to form the United Steelworkers.

For Sylvia, helping to create, launch, and direct a medical screening program for former DOE workers in the 1990s was

a dream come true. She had visited with many of the OCAW local unions at DOE sites over the decades and understood both the prevalence of historic workplace hazards and the scarcity of occupational health care at these sites. She also believed what Tony Mazzocchi had promoted – that occupational medicine should be independent of the workplace so that doctors can provide medical advice to workers, uninfluenced by the interest of various parties in the workplace. Third, and at the heart of what Sylvia believed, she envisioned a medical screening program for DOE workers that would be established and operated with significant participation by workers as equal partners in all aspects of the screening program. Why? To paraphrase Sylvia, “to ensure that the collective knowledge of workers was used, to make their priorities rise to the fore, and to focus on the needs of workers.”

In her quiet and effective way, Sylvia made sure that the Worker Health Protection Program included workers and their representatives as full and equal collaborators, thereby guaranteeing its credibility, endurance, and effectiveness.

Sylvia was the driving force behind the HealthWatch newsletter, devoting much time and energy to ensure that WHPP participants were kept up to date on the latest health and safety issues affecting them. Sylvia continued to play an integral role even after her retirement in 2010.

Sylvia Kieding will be missed – her still, quiet voice and her deep knowledge and devotion.

## WHPP Health Watch

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*“During my screening, a growth was found on my thyroid. This program is one of the most important things you can do if you ever worked at a DOE facility.”*

-Timothy John Grady, welder and pipefitter, K-25 & Y-12

# HealthWatch

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