



# HealthWatch

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

Issue 19 | Winter 2020/2021

## WE HAVE NOT FORGOTTEN ABOUT YOU; WHPP CONTINUES TO ADDRESS COVID-19 AND WORKS TO RESUME SCREENING OPERATIONS

Along with the rest of the country, the Worker Health Protection Program (WHPP) has been greatly affected by the coronavirus (COVID-19) pandemic. In March 2020, due to the severity of COVID-19 outbreaks in the communities where we screen and guidance provided by medical and governmental advisories at that time, WHPP medical screening was temporarily suspended. WHPP participants can rest assured, however, that we have not stopped working on your behalf and the Program is fully committed to resuming screening operations as soon as it is medically advisable to do so.

During the temporary suspension, WHPP has worked closely with its clinics and radiology facilities to assess their COVID-19 safety plans and ensure they are in accordance with CDC guidelines and other advisory group recommendations. Although the majority of our sites have remained suspended since March 2020, several WHPP screening locations were able to open in September 2020, under these modified safety protocols. Regrettably, as COVID-19 numbers rose sharply later in the fall, we had to suspend screening at all active WHPP sites for a second time.

At the WHPP locations where we resumed screening in September 2020, the new COVID-19 procedures to keep participants safe at their appointments during the pandemic included: screen-

ing clinic staff and participants for virus symptoms; using proper personal protective equipment (PPE); practicing social distancing; and instituting enhanced cleaning protocols.

The WHPP medical staff continues to monitor emerging COVID-19 trends and medical developments, in order to make decisions on where, when and how we can resume screening as safely as possible. WHPP has also been working closely with other Former Worker Medical Screening Programs on the safe return to screening and continues to receive full support from the Department of Energy, which remains steadfast in continuing financial support for future examinations. These newly instituted WHPP COVID-19 safety protocols will continue to be evaluated, and updated as needed, once we resume scheduling of screening exams and low-dose CT scans again.

To keep WHPP office staff safe and able to continue working while access to our physical offices at Queens College (QC) is limited, we have updated and improved many of our operational procedures, including a shift from traditional fax to electronic fax that meets the DOE requirements for protection of health information privacy. With these new procedures and technologies, staff is able to schedule appointments, process any record requests that you may have, answer program related questions, and update your contact information without physically coming into

*(Continued on page 7)*

## DOL ADVISORY BOARD ON TOXIC SUBSTANCES UPDATES: NEW MEMBERS, RESPONSIBILITIES AND RECOMMENDATIONS

In September 2020, the Department of Labor (DOL) appointed five new members to the Advisory Board on Toxic Substances and Worker Health. New board members include Jim H. Key, President of the United Steelworkers (USW) Atomic Energy Workers Council (Jim is also acting president of USW Local 550 and a Paducah WHPP local coordinator) and Dianne Whitten of the Hanford Atomic Metal Trades Council. The seven returning members include WHPP project director Steven Markowitz, M.D., who continues as chair of the Board, and USW's Emergency Response Coordinator, Duronda Pope.

Initially established following Congressional and Executive Authorizations in 2015, the Board presently consists of twelve independent members, divided among the scientific, medical and worker claimant communities and appointed by the DOL. As discussed in previous HealthWatch issues, the original charter called for the Board to critically review and make recommendations within four areas of the Energy Employees Occupational Illness Program (EEOICP), and a 2020 update to the National Defense Authorization Act (NDAA) expanded the areas of the Board's focus to now include "the claims adjudication process

generally, including review of procedure manual changes prior to incorporation into the manual and review of claims for medical benefits."

Due to the COVID-19 pandemic, all four meetings held in 2020 were conducted via teleconference, and the Board issued a variety of recommendations and received public comment. To follow the Board's activities and new developments including upcoming Board meetings and minutes, visit: <https://www.dol.gov/owcp/energy/regs/compliance/AdvisoryBoard.htm>



*Jim Key, USW Local 550*

*For notable recommendations made by the Board in 2020, see page 7.*



# A Message from Dr. Steven Markowitz WHPP Project Director

## I AM GETTING THE COVID-19 VACCINE AND SO SHOULD YOU

Some people express reluctance about getting the vaccine for COVID-19, citing concern about side effects and how effective the vaccines are. This is understandable, given how quickly the vaccines have been developed and the political overlay on the push to secure useful vaccines for COVID-19 disease.

### So, let's examine what we know so far:

- COVID-19 has killed over 480,000 Americans as of February 15, 2021 (the writing of this column). No one has died from being vaccinated, and more than 38 million Americans have received the vaccine to date. So here is the score card:

**COVID-19:** 480,000+ deaths

**COVID-19 Vaccine:** 0 deaths

- The existing vaccines (Pfizer and Moderna) were tested using the gold standard of study methods (randomized clinical trial) in very large populations (more than 30,000 each). They showed a very high level of effectiveness – 95%. Nearly 20 times the number of unvaccinated people developed COVID-19 disease in the trial compared to the people who were vaccinated. These two studies were done entirely separately but achieved the same results. These events make us very confident that these vaccines work.
- The only important side effect of the vaccine detected so far is a severe allergic reaction in a very few people within a few minutes of being vaccinated. They were immediately

and successfully treated. The allergic reaction was reversed, and no ongoing effect from the reaction is expected. People who get vaccinated wait 30 minutes at the vaccination site to see if they develop a reaction. If they do not, they can go safely home. Very few develop an allergic reaction.

- Millions of people have now received the vaccination. If there were important immediate or short term side effects, it should have been detected by now. None has been reported except for the allergic reaction.
- Vaccines, in fact, do not cause long term health problems, despite what some people say. There has been a suspicion that the flu vaccine causes a nervous system problem in a few out of every million people who receive it. But a National Academy of Sciences report reviewed all available studies a few years ago and found no solid evidence that the flu vaccine causes any long term health effects. There is no reason to believe that the COVID-19 vaccine is any different.

### Here are a few reasons to get the vaccine as soon as you can:

1. **Protect yourself** - The vaccine will greatly protect you from getting ill with COVID-19 disease, especially from severe COVID disease and death.
2. **Help others** - You need to get the vaccine to help others – your family and friends, people in your community, and the rest of us – from getting COVID-19. The virus only spreads from person to person. If fewer people have COVID-19 virus in their bodies, the virus will be less likely to spread. The “chain of transmission” (going from one person to the next) will slow and eventually die out (or nearly so) when it can't spread from person to person, because most people are vaccinated. So, when you get the vaccine, you stop being part of the chain of transmission. It is like having a sign on your forehead. “The virus stops here.”
3. **Set an example** - You need to set an example for others. People will feel more comfortable getting the vaccine when others they know and trust have received it and recommend it. It has been truly hard to connect to other people during the pandemic, but getting the vaccine and informing others becomes a vital way to connect with and help your friends, family, and community.

So, get the vaccine as soon as it is available to you! I know that I will. And it won't be soon enough!

## WHPP Success At-A-Glance

(as of 9-30-2020)

### WHPP MEDICAL SCREENING PROGRAM

Number of individuals screened by WHPP..... 34,735

Number of WHPP exams completed  
(including 3-year re-screen exams)..... 70,113

### WHPP EARLY LUNG CANCER DETECTION PROGRAM

Number of participants screened for lung cancer..... 13,833

Number of low-dose CT scans completed..... 54,600

**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), the GDPs, and WIPP.....1-888-241-1199

Fernald.....1-812-577-0113

Idaho National Labs.....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

# WORKER HEALTH PROTECTION PROGRAM NEWS

## Long-time WHPP Coordinator JC Colvin Retires

WHPP extends a heartfelt thank you to J.C. Colvin from Idaho Falls, one of our most dedicated and long-standing local coordinators. Since joining WHPP in 1998, J.C. worked tirelessly in helping to schedule nearly 10,000 free medical screenings for former Idaho National Laboratory (INL) workers.



JC Colvin at the WHPP annual meeting

Prior to joining WHPP, J.C. spent four years in the U.S. Navy and 32 years working as a welder at INL until his first retirement in 1995. In a tribute to J.C., his fellow INL WHPP coordinator, Gaylon Hanson, stressed the near constant acts of community service that J.C. has been involved in over the years, stating, "J.C. has been a true example to all he came in contact with."

## Two Federal Government Leaders Dedicated to Helping DOE Workers, Retire

WHPP would like to recognize the retirement of two outstanding contributors to the health and well-being of the current and former DOE worker community:

**Patricia R. Worthington, PhD**, retired in December 2020, after 45 years of Federal service, the majority of which was spent with the DOE. Most recently, Dr. Worthington served as the Director of the Office of Health and Safety for the DOE's Environment, Health, Safety and Security Office. In this role, Dr. Worthington not only oversaw all of the Former Worker Medical Screening Programs, but was also responsible for establishing current worker safety and health requirements and providing technical guidance for policy changes on health and safety across the complex. Dr. Worthington was instrumental in contributing to the success of WHPP; her experience, dedication and support will be greatly missed at WHPP and beyond.

**Malcolm Nelson** served as the Ombudsman for DOL's Energy Employees Occupational Illness Compensation Program since 2006 until his retirement at the end of 2020. Mr. Nelson and his office's small staff have personally visited nearly every DOE community throughout the country, providing information on the compensation program, assisting with claims and documenting "complaints, grievances and requests for assistance" among claimants. Every year, this feedback from claimants is summarized and published in an Ombudsman's report to Congress, followed by a detailed response from the Secretary of Labor, which must also be made publicly available. (Link to report: <https://www.dol.gov/agencies/ombudsman/reports>.) Over the past 14 years, Mr. Nelson has personally assisted thousands of DOE former workers. His expertise, along with a nearly endless capacity to listen to DOE workers facing difficulties with the claims process, will not be forgotten.



## WHPP Welcomes New Program Physician and New Local BNL Coordinator

WHPP is pleased to announce **Kavita Rajasekhar, MD, MPH** has joined our staff of program physicians and is now serving as the Associate Medical Director of WHPP at Queens College. Dr. Rajasekhar is the former Medical Director of Employee Occupational Health Services (EOHS) at the University of New Mexico's Center for Occupational Environmental Health Promotion (COEHP), where one of her roles included conducting Former Worker Program physicals for workers from Sandia and Los Alamos National Laboratories in New Mexico.



Kavita Rajasekhar, MD, MPH, Associate Medical Director of WHPP

In addition to a strong background in occupational and preventive medicine, Dr. Rajasekhar is highly interested in chronic disease prevention, with a focus on the contribution of sleep, food, physical activity, and stress reduction to overall health.

WHPP is also pleased to announce that **Laura Buscemi-Robles** has taken on the role of WHPP local coordinator for former Brookhaven National Laboratory (BNL) workers. Laura worked as a senior radiological technician at BNL from 2000-2012 and holds a master's degree in Technology Systems Management, with a concentration in Environmental Waste and Management from Stony Brook University.



New BNL WHPP Coordinator, Laura Buscemi-Robles

Laura is based on Long Island and will be assisting former BNL workers with enrolling in their initial and rescreen WHPP medical examinations, as well as offering guidance on EEOICP claims. Laura is very familiar with the work at BNL not only through her experience as a radiological technician, but also through her father and husband who are BNL retirees.

## Idaho Falls Physician, Dr. Rocco Cifrese Retires

In response to safety concerns associated with the COVID-19 pandemic, Dr. Rocco Cifrese of Idaho Falls made the difficult decision to close his medical practice in late 2020. Dr. Cifrese had conducted WHPP screening for former INL workers for over 10 years. WHPP has secured a new provider for exams in Idaho Falls to continue Dr. Cifrese's legacy.

*"WHPP is a great service for the workers and very well run. After my partial retirement from private practice, I decided to work exclusively on WHPP exams, and care for participants who were always interesting, appreciative, and accommodating. WHPP afforded me a great experience and a smooth transition."*

**Rocco Cifrese, Retired WHPP Physician, Idaho Falls**

# WHPP PARTICIPANTS NOW BEING TESTED FOR PREDIABETES AND DIABETES WITH THE HBA1C TEST

Diabetes is one of the most significant public health issues in this country, with the dramatic rise in cases over the last several decades and the potential consequences of the disease, such as kidney failure, heart attacks, stroke, and blindness. There are currently over 34 million people in the United States with diabetes — nearly 1 in 10 people. Over 7 million of these cases (about 1 in 5) are undiagnosed —that means that there are millions of people living with diabetes who don't know it! An additional 88 million Americans have **prediabetes**, which is a precursor to the disease. The majority of those with prediabetes don't know they have it.

Despite these alarming numbers, with early detection, health education, and medical advances, there is hope for battling the diabetes epidemic and reducing the health impact of this disease. Most diabetes cases are type 2 diabetes – the type that can be caused by controllable risk factors, such as a sedentary lifestyle, diet, and obesity. This means a significant number of type 2 diabetes cases are preventable. According to the National Diabetes Prevention Program, people with prediabetes who take part in a structured lifestyle change program can cut their risk of developing diabetes by 58%.

Screening (detecting disease in previously undiagnosed individuals) for prediabetes is essential for reducing the number of people who develop diabetes. Early detection of diabetes is key for managing the disease and preventing the onset of serious complications. There are several blood tests that can screen for both, including the Hemoglobin A1c (abbreviated HbA1c), which is now included in the WHPP exam bloodwork.

Below is a brief review of some of the basics of diabetes, the screening tests used, and a report on the findings among WHPP participants who have undergone the HbA1c testing since it was added in March 2018.

## What is diabetes?

Normally when we ingest carbohydrates or any food that is broken down into sugars, insulin—a hormone produced by the pancreas—acts as a key, which allows glucose (sugar) to enter cells and perform its function in providing energy. Diabetes develops when there is an impairment in this process. Sometimes our body does not produce enough insulin, or sometimes our insulin does not function properly. When the sugars cannot get into the cells, the levels in the blood increase. High blood sugar levels can damage the body over time and lead to serious diseases.

## What is prediabetes?

Prediabetes means you have a higher than normal blood sugar level, but the levels are not high enough to be considered type 2 diabetes yet. Usually, prediabetes does not cause any symptoms. The only way to know you have it is by measuring your blood sugar levels.

## How do I know if I have diabetes or prediabetes?

Diabetes and prediabetes can be detected using several different tests. The fasting plasma glucose (FPG) measures the blood glucose level when the person has fasted for at least eight hours. The oral glucose tolerance test (OGTT) requires drinking a sugary solution (after fasting) and repeating blood glucose level measurements over a two-hour period. Both these tests may be influenced by an individual's daily or weekly behaviors. The hemoglobin A1c is a single blood test that does not require fast-

ing. The HbA1c measures the average level of sugar in the blood over the past few months, and gives a longer term look at your blood sugar level.

For a screening program such as WHPP, the HbA1c is the most practical test as it does not require fasting and does not require repeat blood tests.

In addition to the HbA1c, the WHPP exam bloodwork includes a random glucose test. If this test is not done fasting and is not repeated, it is not considered a good screening test for prediabetes or diabetes. However, it can be useful for detecting urgently high levels of blood sugar, and the WHPP doctors can alert you and your doctor to this possible sign of diabetes.

## What exactly is the HbA1c test?

When sugar enters your bloodstream, it attaches to hemoglobin, a protein in your red blood cells that transports oxygen. When sugar binds to hemoglobin, it is called hemoglobin A1c. Once the glucose binds to the hemoglobin, it remains there for the life of the red blood cell (around 3-4 months). The higher the level of glucose in the blood, the more HbA1c is formed. The hemoglobin A1c test reports the percentage of hemoglobin that is in this glucose bound form.

## How do I interpret my HbA1c results?

An HbA1c level under 5.7% is considered normal, between 5.7 and 6.4% signifies prediabetes, and readings of 6.5 and above are indicative of type 2 diabetes.

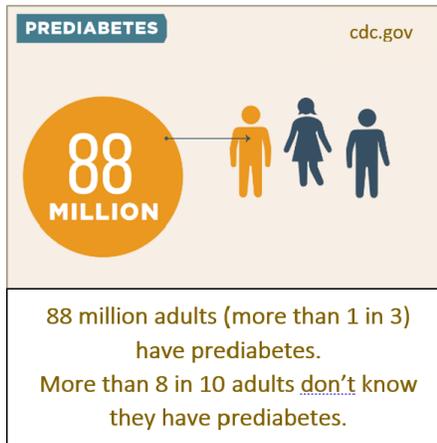
## What has the HbA1c testing shown among WHPP participants?

Since March 2018, WHPP has screened approximately 6,114 participants for diabetes and prediabetes using the HbA1c blood test (not counting tests performed at the California and Nevada WHPP sites). Through the medical history questionnaire that is filled out as part of the WHPP exam, we know whether participants have been diagnosed with diabetes prior to getting the HbA1c test. Analysis of the HbA1c results showed that 234 participants (4% of those tested) *newly* learned that they were likely diabetic. Of the 1,322 who reported a previous diagnosis of diabetes on the medical history questionnaire, 521 (40%) had A1c levels above the desired range for a diabetic. An additional 1,405 participants (23% of those tested) learned they were in the pre-diabetic range.

When the WHPP doctors get the test results, they are shared with participants, and if requested, with their physicians. If elevated blood sugar levels are found, we advise the participant to follow up with his or her physician to determine ways to lower these levels -- to prevent the progression of prediabetes to diabetes or, for those in the diabetic range, to minimize further health impacts of the disease.

WHPP has a fact sheet on diabetes, which we are happy to share. We can also provide a copy of the previous HealthWatch issue's article on diabetes, which has information not covered in this issue. For a copy of either one, please contact us (toll-free): 1-888-241-1199.

**References:** Diabetes Basics. Centers for Disease Control and Prevention—[www.cdc.gov/diabetes/basics](http://www.cdc.gov/diabetes/basics)



## FINDING HEALTH AND WELLBEING IN NATURE

The past year, coping with the COVID-19 pandemic has been a challenge for all of us. One of the most difficult aspects of the pandemic has been the restrictions on social activities, such as dining in restaurants, going to concerts or other performances, or simply visiting friends and family. The stress and strain of social isolation can have a detrimental impact on both our mental and physical well-being. During difficult times such as these, the comfort of nature can serve as a source of healing and peace, which can uplift both our mind and body.



*WHPP Clinical Screening and Outreach Director, Jonathan Corbin, in Forest Park, Queens, New York*

A 2018 *Harvard Health* newsletter article referenced a study that found individuals who walked for 90 minutes in nature had lower activity in the prefrontal cortex, a part of the brain which is responsible for “repetitive thoughts which focus on negative emotions,” when compared to urban walkers.

Additionally, the article noted that the sounds and sights of nature appear to “lower blood pressure and levels of the stress hormone, cortisone” and have the ability to “distract your mind from negative thinking, so your thoughts become less filled with worry.” So, for those who have limitations with exercising, just listening to nature sounds or looking at nature photographs may have benefits.

## MEET THE WHPP STAFF: AMAKA ONYEKELU-EZE, ELCD COORDINATOR

**What school did you graduate from, and what was your major/minor?** I am a graduate from right here at Queens College. I majored in sociology and urban studies, with much of my coursework geared towards public health.

**How many years have you worked for the ELCD program?** I have had the pleasure of working with the administrative director, Amy Manowitz, and the WHPP ELCD staff, for almost 14 years.



**Explain briefly what you do as the ELCD Program Coordinator?** As the ELCD Program Coordinator, I work closely with the administrative director to coordinate ELCD screening program activities, such as tracking receipt of CT images from each of the screening sites, monitoring and tracking the CT technologist’s radiation badge reports and annual state inspections for the Oak Ridge CT scanner, and ensuring ELCD protocols and documents are renewed annually or are approved by the Central Department of Energy Institutional Review Board (CDOEIRB) when program changes are made. I am also responsible for obtaining medical records and telephone follow-up of suspicious nodules and other significant findings not related to lung cancer. In addition, I compile the suspicious nodule and lung cancer case data for the semi-annual DOE report and other annual reports, meetings and publications.

**What important developments have you been a part of, spearheaded, or simply enjoyed while working in the ELCD Program?** I was fortunate to work alongside WHPP Project Director, Dr. Steven Markowitz, on the recent publication titled “Yield of Low-Dose Computerized Tomography Screening for Lung Cancer in High-Risk Workers: The Case of 7189 US Nuclear Weapons Workers,” which was published in the *American Journal of Public Health* in August 2018.

**And finally...What is rewarding about your role? Or rather what inspires you to “keep at it”?** As I am the one primarily responsible for following up on our participants with urgent/suspicious low-dose CT scan results, my role is unique in that I have an ongoing relationship with our participants --- and our participants are wonderful individuals. Their lives are more than their work at the DOE. I hear lovely stories about family, hobbies, travel --- all aspects of their life; it is an honor to be welcomed into their lives in such a way. Over the years, I have received holiday cards, letters of appreciation, and the tables have been turned in some cases where participants may call to check in on me! My role as ELCD Program Coordinator allows me to experience the humanity of the program firsthand, and that is rewarding beyond measure.

*“I greatly appreciate what the Worker Health Protection Program (WHPP) offers. I see the WHPP screening as part of my retiree benefits and count on my screening every three years. I am 71 years old and feel the more people checking on my health the better. When I bring my car into the shop to be serviced, I expect the mechanic to identify trouble spots that might cause a future breakdown. In the same way, the screening is an opportunity to identify potential trouble spots that might cause a future breakdown of my body. I want to continue to enjoy my retirement to the fullest with optimal quantity and quality of life, and the WHPP screening does this for me and other former DOE laboratory workers. Thank you very much for providing us this program, which I definitely consider to be a fantastic retiree benefit!”*

Bill Hart, **Former LLNL Worker**



## WHPP ELCD PROGRAM: LUNG CANCER SCREENING DURING THE COVID-19 PANDEMIC



When the coronavirus pandemic hit the U.S. in March of 2020, the Worker Health Protection Program, including the Early Lung Cancer Detection Program (ELCD) temporarily suspended the scheduling of appointments (except for three and six-month follow-up CTs for previous findings of concern). Though screening was limited to follow-ups, the Program remained open for medical record requests, claims questions, and other routine administrative and screening-related services.

During the first few months of the “COVID-19 program pause,” the focus was on developing a plan for the safe resumption of screening, as it was apparent early in the pandemic that COVID-19 was not going away any time soon; we needed to be able to safely operate until the virus was eradicated. To this end, WHPP staff researched federal and state rules and guidelines on providing medical services during a pandemic and began to track the levels of community transmission in the geographic areas where we provide medical exams and lung cancer screening.

In September 2020, with a new protocol in place for safely screening during the pandemic, we were able to restart lung cancer screening. Unfortunately, just a few months later, in early December, the COVID-19 numbers spiked, and we had to pause once again. During the brief return to screening in the Fall of 2020, we performed close to 700 low-dose CT scans. Of course, with a six-month backlog, we have many more to complete before we are “caught up” with all who are due for their annual screening.

To keep the ELCD participants we have not been able to schedule yet up-to-date, WHPP ELCD staff has been making telephone calls and sending letters to inform participants about the status of the program. We also reassure participants that we will not lose track of them no matter how long the wait.

As part of the WHPP COVID-19 screening protocol, we developed a brief questionnaire to assess whether participants felt safe during the low-dose CT scan appointment at the local ELCD screening site. The questionnaires were also used to verify that the safety precautions promised by the radiology facilities were in place, such as requiring masks for both staff and participants, social distancing in waiting rooms, and asking about COVID-19 symptoms prior to the appointment.

This “debrief questionnaire” was administered to 472 of the 695 participants scanned between September and December 2020. The results of the survey showed that all the radiology facilities were compliant (including the WHPP mobile unit in Oak Ridge, where most of the appointments were done). For the question “What was your overall experience with regard to hygiene and safety?”, 98% reported their experience was excellent (86%) or very good (12%). The results of the debrief questionnaire shows that we were successful in developing and executing a safe restart plan and that our participants were comfortable attending their appointments during the pandemic.

The WHPP ELCD Program is eager to get the program re-started once again, so we can continue to offer this life-saving service to eligible DOE workers. Over the course of the 20-year history of the ELCD Program, we have detected 194 lung cancers with the majority (72%) detected in an early stage, when treatment is more effective. Other ELCD participants have benefited from the detection of other cancers (such as thyroid or kidney cancer), aneurysms, asbestos-related disease and other chronic lung diseases not known to the participant prior to the scan.

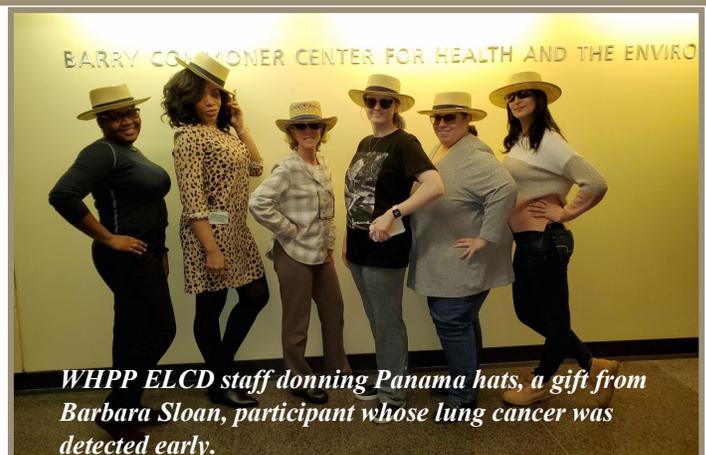
Although we are working hard to start up as soon as possible, if you have any health concerns, please do not wait for ELCD to restart; go see your doctor. If you get a CT scan with your doctor, you can still return to the ELCD Program once the appropriate time has elapsed between scans (and if you are still medically eligible for screening).

We look forward to resuming the program at full capacity as soon as it is safe to do so. In the meantime, please do not hesitate to contact us on the toll-free number 1-866-CAT SCAN (1-866-228-7226) if you have any questions, or if you just want to chat!

If you have not yet enrolled in the ELCD Program, feel free to call and find out if you are eligible. It may be a while before we can scan you, but we can register you in the database and reach out to you as soon as we can schedule your appointment.

*“Thank you so much for saving my life, and, of course, many others’ lives. This has been the happiest time of my life, and I am 73 years old. Yes, I made it to this age because of you! And no return of cancer because of early detection. So, a little thank you is order - a hat for everyone [in WHPP ELCD]...I wear mine everywhere. Thank you for saving my life. I’m truly grateful.”*

Barbara Sloan, Former Fernald Worker, ELCD Participant



*WHPP ELCD staff donning Panama hats, a gift from Barbara Sloan, participant whose lung cancer was detected early.*

## 2020 SUMMARY OF NOTABLE DOL ADVISORY BOARD ON TOXIC SUBSTANCES RECOMMENDATIONS AND DOL RESPONSES *(Continued from Page 1)*

- DOL’s occupational history questionnaire (OHQ) should add an additional open ended question about possible exposures and participants should receive an advance copy of materials that would assist in organizing their occupational histories.**  
*The DOL has completed pilot testing of a revised occupational history questionnaire and has fully accepted and implemented this Board recommendation.*
- For Part E causation, exposures to carbon disulfide (CS2) and trichloroethylene (TCE) should be presumed to cause, or contribute to Parkinsonism, with a minimum exposure of 8 years by inhalation or skin absorption. Parkinsonism (and other aliases) should be treated identically to Parkinson disease in the EEOICP claims process.**  
*The DOL has agreed to recognize Parkinsonism as a health effect of CS2 and TCE, which will be added to the SEM; however, at this time they have not agreed to the recommended presumption, and Parkinsonism claims for CS2 and TCE exposure must go through a standard case review.*
- The DOL should evaluate job titles and categories for all sites on the site exposure matrix (SEM) to revise the list of occupations, including supervisors, with presumed pre-1995 asbestos exposure. In mesothelioma cases, an additional inquiry should be conducted for possible asbestos exposure, even if it is not usually associated with the job title.**  
*The DOL agreed to work with its SEM contractor to review additional sources of information related to job titles and asbestos exposure and to consider changes to the SEM, such as expanding the list of occupations with presumed pre-1995 asbestos exposure.*
- That DOL should develop an ongoing third party system of evaluation of the “objectivity, quality, and consistency” of work by industrial hygienists and physicians working on claims, with the results of these analysis regularly reported to the Board.**  
*The DOL agreed to redesign and further improve their quality control efforts in these areas.*
- A limited list of highly mobile job categories (like firefighters and security guards) should have an exposure presumption for many substances used at each site because they would not have documentation of possible exposures in each area they visited.**  
*DOL has rejected the presumption approach and believes that documentary evidence must be used to support exposure of these site-wide job titles to toxic substances.*

### Do You Have Questions About EEOICP?

**WHPP has experienced local coordinators at each of our program sites who are available to assist with Energy Employee Occupational Illness Program (EEOICP) claims for no charge.**

- EEOICP claims can be complicated and WHPP local coordinators often have specific knowledge and experience in helping to navigate the entire claims process (or can help find someone who does).
- If you become ill from radiation or chemical exposures from your work at the DOE, you may qualify to file an EEOICP claim and receive financial compensation or medical assistance. If an eligible worker passed away prior to submitting a claim, spouses, children, parents, or grandchildren may be eligible to apply for a claim too.
- Feel free to reach out to your local WHPP coordinator at the **contact information at right** to learn more about how they can assist you. WHPP coordinators will never ask or accept payment for their assistance.

SITE	CONTACT	PHONE
BNL	Laura Buscemi-Robles	631-807-0457
K-25	John Steward	865-481-3395 or 865-730-4865
INL	Gaylon Hanson	208-390-6553
Fernald	Andrew Breiten Mooch Calloway	812-577-0113 812-584-2150
Mound	Paige Benson-Gibson	937-657-1637
No. Cali Labs	Eileen Montano	925-449-3875
NTS	Sandie Medina	702-485-6724
ORNL/Y-12	Ed Mee Garry Whitley	865-661-0092 865-784-5796
Paducah	Barry Anderson	270-437-4196
Portsmouth	Jeannie Cisco	740-289-2405, ext 9

### WE HAVEN'T FORGOTTEN ABOUT YOU *(Continued from page 1)*

Throughout the pandemic, our local WHPP coordinators have been reaching out to former workers due for their three-year rescreening exam to check on their well-being, provide program status updates, and to assist with EEOICP or other program-related questions. (If you have not heard from us during this time, it may be that our contact information for you is outdated. Please reach out to us at and provide us with updated info at 1-888-241-1199 or e-mail us at [info@worker-health.org](mailto:info@worker-health.org).)

The coronavirus has upended the lives of everyone -- be it through illness, the loss of loved ones, job changes, being confined at home, or simply having to get used to a new way of life. We grieve the lives that were lost, are saddened for those that were threatened and rejoice for those that recovered.

We hope that you and those around you are, and continue to remain, safe. It is an honor to have you as a participant in the Worker Health Protection Program and even in this unprecedented situation, we want you to know we are working hard to continue to serve you as we have for the past twenty-one years. Thank you for your participation, and most of all, your trust.

We have full confidence that once the COVID-19 situation improves in the counties where we operate, we will be able to get every one of our eligible and interested participants screened as safely as possible.

We have not forgotten about you.



## WORKER HEALTH PROTECTION PROGRAM (WHPP)

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

# HealthWatch

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

*"I am glad that there is a program that takes care of former DOE workers and I advise all former workers to enroll. The program is important as not all physicians know what beryllium or other DOE hazards we worked with even are."*

**-Anonymous Former NTS Worker**

**HAVE YOU HAD YOUR 3-YEAR FOLLOW-UP  
RESCREEN EXAM?**

**HAVE YOU MOVED?**

**NEED MORE INFORMATION?**



**Call or Email Us Today!**

**1-888-241-1199 info@worker-health.org**

## WHPP HealthWatch

*Issue 19 Winter 2020/2021*

**Written, edited and compiled by:**

Zachary Busse, MA  
Jonathan Corbin, MPH  
Amy Manowitz, MPH  
Steven Markowitz, MD, DrPH  
Maria Olivera, MA  
Amaka Onyekelu-Eze, BA

**Other contributors:**

Paige Gibson, RN; Jennifer Morris, BA;  
Kavita Rajasekhar, MD, MPH;  
Lyndon Rose, MD, MPH, Brett Siegel, MS

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

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

**or e-mail: info@worker-health.org**

This newsletter has been made possible through funding from the Department of Energy, contract:

DE-F001-06EH06008