

Queens College To Do Needs Assessment Funded For Oak Ridge National Laboratory and Y-12

The Department of Energy (DOE) first established the Former Worker Medical Surveillance Programs, such as our Worker Health Protection Program, at the direction of Congress in the mid-1990s. It did so by having an open, merit-based competition for proposals among interested labor and academic medical organizations which were independent of DOE and its contractors. Initially this was a pilot program, and there was no organized attempt by the Department of Energy to make sure that all major facilities within the defense nuclear complex were provided with a former worker medical screening program. During the first year of the medical screening projects, 1996, six medical surveillance programs were established at various DOE sites and a year later, four projects were added. In the intervening years, additional sites such as Iowa Army Ammunitions, Pantex and the Amchitka Test Site, were added through the intervention of an interested member of Congress.

Among the most glaring omissions from the DOE Former Worker Medical Screening Program are the Y-12 and Oak Ridge National Laboratory (ORNL) facilities in Oak Ridge, Tennessee. Exceptionally hazardous work was performed at these large facilities. The Atomic Trades & Labor Council (ATLC), the umbrella organizations for many of the unions with members at these two facilities, has worked hard over the past two years to obtain a program for its members. We in the Worker Health Program have been supporting ATLC's efforts and, at the invitation of the DOE's Office of Environment, Safety and Health, recently submitted a proposal to es-

tablish a medical screening program for former workers from the Y-12 and ORNL sites. "The offices of Congressman Wamp, Senator Frist and former Senator Thompson, in cooperation with the Tennessee Congressional delegation, have been instrumental in impressing upon the Department of Energy the importance of establishing a screening program for workers at Y-12 and ORNL," noted ATLC President Carl "Bubba" Scarborough.

Queens College, PACE International Union, and CPS Environmental in collaboration with ATLC—have proposed a nine-month needs assessment to determine what the major hazards at Y-12 and ORNL were and what type of medical surveillance should be offered to its former workers. We will intensively review all exposure and health studies from these facilities to determine what the most helpful and appropriate medical screening will be used for the targeted worker population. We will also map out the industrial hazards using workers as site experts, and identify the best ways to reach former workers to let them know about the upcoming program.

The new screening project will use the most successful aspects of the Worker Health Protection Program in order to attempt to replicate the outstanding record of success that WHPP has achieved for workers at the gaseous diffusion plants and INEEL. PACE will assist in giving birth to this program, but after the initial needs assessment is completed, ATLC will work directly with Queens College and CPS Environmental to establish its own former worker medical screening program. Let's chalk up yet another success of the Worker Health Protection Program, that it will give rise to a very useful, relevant program for workers at Y-12 and ORNL.



U.S. Representative Zach Wamp

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www.pace-workerhealth.org

**PACE/Queens College
 WHPP Health Watch**
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Written, Edited and Compiled by:
 Sylvia Kieding, B.A. Amy Manowitz, MPH
 Steve Markowitz, MD Lyndon Rose, MD, MPH

Other Contributing Authors

Phillip Foley Mark Lewis
 David Fry Bruce Lawson
 Tom Moser

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Health Watch

A newsletter of the PACE/Queens College Worker Health Protection Program

Volume 2, Issue 5 Winter 2003

Congress Proposes Reforms to Make EEOICPA Work Better for Sick Workers

Senators Jeff Bingaman (D-NM) and Jim Bunning (R-KY), and Congressmen Ted Strickland (D-OH) and Ed Whitfield (R-KY) introduced bills (S. 3058 and H.R. 5493) in the fall of 2002 to reform some of the biggest shortcomings in the Energy Employees Occupational Compensation Program Act (EEOICPA) of 2000. These bills can be found on the internet at <http://thomas.loc.gov>. Reform legislation is likely to be re-introduced in the 108th Congress, thereby providing a rallying point for reform to the compensation program. The proposed reforms are summarized below.

PROPOSED CHANGES: EEOICPA Subtitle B (Federal Workers Compensation Claims)

- Add chronic renal disease and beryllium-related lung cancer to the list of covered diseases.
- Add work-related mercury disease (S. 3058 only)
- 180 day time limit on NIOSH Special Exposure Cohort determinations;
- 150 day time limit on NIOSH dose reconstruction;
- Revise formula for deciding whether to compensate cancers by providing claimants with the benefit of the doubt and eliminate smoking as a factor in deciding whether to compensate lung cancer cases;
- Add an Ombudsman to assist claimants under Subtitle B and D
- Authorize the use of affidavits when medical records are missing
- Request NIOSH to expand the list of radiogenic cancers for those who are in Special Exposure Cohorts



U.S. Senator Jeff Bingaman (D-NM)



U.S. Senator Jim Bunning (R-KY)

Subtitle D (State Workers Compensation Claims)

- The Department of Labor (DOL) would be designated as the "willing payor" for all occupational disease claims approved by the DOE's Physicians Panel, and remove the requirement to go through state workers' compensation programs. Funds to pay these claims would come from the EEOICPA Fund at the DOL. Benefits would be paid at the same level as the Federal Employee Compensation Act (FECA).
- Claimants would retain the right to receive state workers' compensation benefits if they did not want to participate in the DOE/DOL program, but could not collect two sets of workers' compensation benefits.
- DOE would be authorized to use the former worker medical screening programs for medical diagnostic services and exposure assessments when such information is requested by the Physicians' Panel in deciding a case.

"We welcome the opportunity to work with DOE and DOL to ensure all of the nation's nuclear workers made sick from their jobs in nuclear weapons factories, through no fault of their own, receive just compensation," Congressman Strickland commented, when he introduced this legislation.



U.S. Representative Ed Whitfield (R-KY)



U.S. Representative Ted Strickland (D-OH)

UPDATE ON FEDERAL COMPENSATION CLAIMS (as of 2/6/03)

Claims filed	38,860
Total number of payments made:	6,529
Amount of compensation paid	\$468 million
Claims with final approval	7,483
Claims tentatively approved	8,085
Claims on the way to NIOSH for dose reconstruction	10,994



Message from Dr. Markowitz, WHPP Project Director

This newsletter issue provides background and a status report on the new process for applying for state workers' compensation benefits under the act that Congress passed in 2000 to facilitate compensation of DOE workers for occupational diseases. This matter is both enormously important and enormously difficult.

For decades, workers' compensation has been almost entirely dysfunctional for helping workers who have developed occupational diseases. Except for the most obvious occupational illnesses (for instance, those that produce immediate toxicity or are unquestionably tied to the workplace, such as lead poisoning), the State workers' compensation systems have universally failed in fulfilling one of its basic functions, to compensate and to pay the medical bills of workers who develop illnesses as a result of work. The system was designed to address injuries, not illnesses. This problem is by no means unique to the atomic sector, as public and private employees have suffered the same neglect from workers' compensation systems. It is a sad commentary about how workers are viewed in the American society that, when ill as a result of the job, they are treated so poorly.

At the direction of Congress, the Department of Energy is trying to change the way that its employees go through the workers' compensation systems of the various states. DOE has made some progress. Using occupational medicine physicians from around the country to objectively review occupational disease claims from DOE workers is an improvement over the current system, where workers rarely have access to an occupational medicine physician. DOE has engaged some state workers' compensation systems, and is exploring how to overcome some of the administrative and legal barriers that prevent deserving claims from being successful. And Secretary of Energy Spencer Abraham has publicly confirmed his support for this process.

However, collapsing 60 years of complicated history into a workable system is daunting, even under the best circumstances. Some contractors no longer exist; others no longer serve as prime contractors to DOE (for example, USEC); while others with private insurance or those in a state with an exclusive state fund may not even control payment of claims. The lack of important exposure information from the past decades and the lack of complete medical workups may hinder the panels of physicians who will review claims, thereby limiting the application of their expertise. The long road to success, if attainable, will naturally serve to discourage some deserving potential claimants, so that appropriate claims may never be filed. Finally, the very notion that a new means of achieving workers' compensation for deserving claims can succeed as an island within a larger context of dysfunctional workers compensation systems is tenuous at best.

Ultimately, though, someone pays for workers' compensation. It should be the employer, whether that is the Department of Energy or another public or private employer. Usually, though, it is the worker, his or her family and the rest of us. How is that? The ill worker who does not get workers' compensation has to find

other ways to make up the lost income. First, when possible, he or she will have to survive off personal savings or a spouse's income, when available, and generally make do with less. Second, they may be able to obtain Social Security disability and receive health care through government health insurance systems (Medicaid and Medicare). To the extent that the ill worker relies on publicly-funded support systems, much of the costs of occupational disease are supported by us through our payment of taxes.

In the new system being set up by DOE at the direction of Congress, DOE is supposed to pay directly for workers' compensation by reimbursing contractors for the workers' compensation costs. Thus, public funds will be used to pay for these costs of workers' compensation. In other words, either way, you and I pay much of the costs of the ill worker. But, it would be far better and far more just if you and I paid these costs through DOE or DOL rather than paying them through Social Security, Medicaid, and Medicare. Why? Workers could receive higher payments and receive better health care. Secondly, we could more properly account for the costs of occupational disease and thereby determine how much it is worth to prevent them. Recognizing that the costs of occupational disease are a cost of making nuclear weapons is a crucial step to laying out money to prevent such illness.

Let's carry this argument one step further. If the Federal government accepts paying the bill for occupational illnesses among DOE workers, and it has, then it would be far more fair and efficient to pay workers directly rather than through state workers' compensation systems. That type of change would be up to Congress, and such legislation has been proposed. Given the limitation in the existing law, it is likely that Congress will need to step in to provide further direction to the Department of Energy to achieve justice for atomic sector workers. Since we pay either way, let us pay the right way. Most importantly, we should make sure that that sick workers and their families should not continue to bear so much of the huge burden of being sick from workplace exposures.

WHPP Success At-A-Glance

(as of 12-30-02)

No. of callers	8,913
No. of exams completed	7,454
No. of workshops completed	258
No. of participants who attended workshops	2,911

If you haven't taken advantage of the WHPP free medical screening exam, you should call 1-888-241-1199, to schedule an appointment. Once you have had your exam and received your results, you may qualify for the WHPP Early Lung Cancer Detection Program. A mobile CT scan unit rotates between the three Gaseous Diffusion Plant union halls approximately every two weeks. The number to call to schedule a CT scan is 1-866-228-7226.

Holzer Clinic, the Newest Addition to the WHPP Clinic Network

The Holzer Clinic in Jackson, Ohio serves WHPP participants at the Piketon Gaseous Diffusion Plant. The Holzer Clinic began WHPP testing in the summer of 2001 to make it easier for people in the Jackson area to get to a clinic. (The other two clinics are forty miles away and many Piketon former and current workers live in the Jackson area.) The clinic was built in 2000, making it the newest of the WHPP clinics.

Two physicians conduct the WHPP physicals at the Holzer Clinic. Dr. Donald Frisco has been with the Holzer group for 11 years. Program participants describe Dr. Frisco as a "regular guy". They say he "takes time to answer questions" and "gives a thorough exam." Dr. Ann Losch, the second physician at Holzer, has worked for the Holzer group for four years and is enthusiastic about a program that benefits workers neglected by contractors and the government for so many years.

The clinic has a personal tie to the WHPP program. One of its staff, Kim Lambert, who draws the blood samples, is the daughter of WHPP Ground Team representative Bob Whitt.



Holzer Clinic staff (left to right); Kim Lambert, Rachel Dunham, Dr. Donald Frisco, Dr. Ann Losch, and Jennifer Spires.

Having the Holzer Clinic available fulfills two of the program goals: to offer participants a choice of medical providers; and to ensure geographical distribution so that participants have easy access to the clinics.

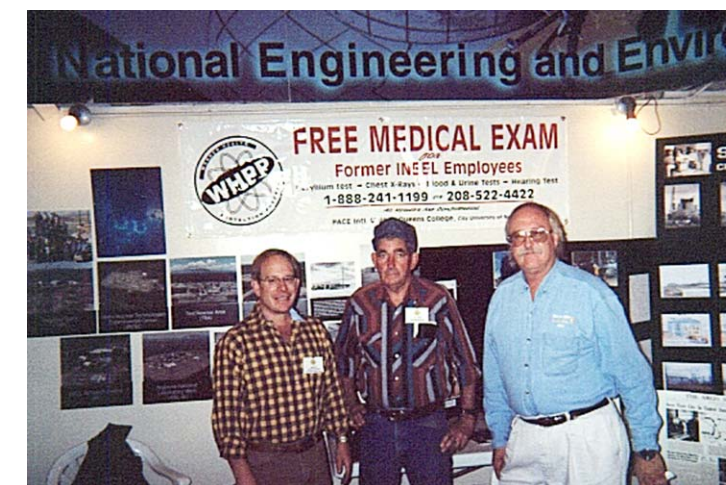
Getting The Word Out

The **Eastern Idaho State Fair** has been held annually for the past 100 years in Blackfoot, Idaho. This event begins Labor Day weekend and lasts for 8 days. Thousands of people enter the fair grounds each day. In an outreach effort, the local WHPP team joined with the DOL Resource Center and set up an information booth. We handed out more than 1000 WHPP brochures and educational materials; we also found more than 100 former INEEL employees who were eligible for the WHPP. Because of the cold winters and very limited industry, many former INEEL employees have relocated to other states either for greater employment opportunities or to areas with mild winters. Fortunately, many of these people return to Idaho each fall to attend the traditional Eastern Idaho State Fair.

Two other outreach events were held in Idaho Falls, the annual "Duck Race" on the Snake River, and the "Settlers Festival" held each year on July 4th at Tautphaus Park. The local WHPP team was there and, again, located many former INEEL employees to participate in the program.

Our goal is to make sure that all eligible former INEEL employees get the opportunity to participate in the Worker Health Protection Program (WHPP) including the educational workshops. Educational workshops are held every other Saturday morning at 9:00 AM at the PACE union hall in Idaho Falls. These workshops last 90 minutes. Former workers learn more about past exposures and about the benefits that may be available to them. On display at the workshops are pictures of the different areas of the INEEL and some of the major historical projects at the site. We invite all former employees to attend the workshops and encourage them to bring their spouse or a friend.

The WHPP has been beneficial to Eastern Idaho. Many lives have been saved because of the early detection of cancers and other diseases. Discovery of previously undetected industrial diseases has helped others to get treatment and enjoy a better quality of life. The WHPP has also raised the awareness level of occupational diseases in the local medical community. Most physicians now encourage their patients that have worked at the site to participate in the program. We have had calls from medical clinics asking about the program and have received praise for our efforts from local physicians.



David Fry, J.C. Colvin and Gaylon Hanson staffed the WHPP booth at the Idaho State Fair.

Asbestos-Related Disease

Asbestos refers to a group of six different minerals that occur naturally in the environment. Asbestos is resistant to heat and because of this property has been mined and widely used in a variety of industries and products. One major use of asbestos was in building materials and insulation. The uses for asbestos that were established before 1989 are still allowable under federal law, but new uses have been banned.

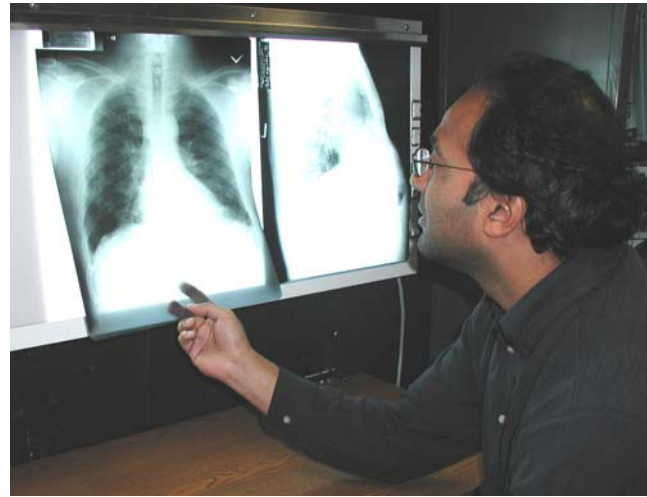
Workers can still come into contact with asbestos in building materials, especially during remodeling when old, damaged walls, ceilings and pipe fittings are repaired or removed. As asbestos products deteriorate, fibers can easily disperse into the air and can then be inhaled by workers. Inhalation of asbestos fibers is the main route of exposure, but these fibers can also be swallowed and also cause skin problems.

Asbestos fibers vary in length and shape but are often microscopic in size and therefore can bypass the natural defense mechanism of the lungs. These microscopic fibers can be deposited into the deepest tissue of the lungs and can reside there for the remainder of a person's life.

Exposure to asbestos increases the risk for the development of certain types of cancers, primarily of the lung, but also others such as cancers of the throat, esophagus and gastrointestinal system. Asbestos is also known to cause a rare type of cancer—mesothelioma—a cancer of the lining of the lung.

Asbestos may also cause two types of conditions that are not cancer. *Asbestosis* refers to scarred **lung tissue** caused by asbestos fibers. The scarring makes it hard for lungs to do their job of getting oxygen into the blood. *Asbestos-related pleural disease* refers to the scarring or thickening of the **lining of the lung** (pleura).

Asbestosis, pleural scarring and asbestos-related cancer are “dose-response” diseases. This means that the more asbestos a



person is exposed to, the higher the risk for developing these diseases. Also, all asbestos-related disease has a long latency period. This means that there is a long time from when a person is first exposed to asbestos to the time the disease becomes obvious. For lung cancer, it may take 30 years after exposure to show up. For mesothelioma, it may take 40 years. Generally, asbestosis takes between 15 to 20 years to show up on a chest x-ray.

An examination by a physician trained to recognize signs of asbestos-related disease can help identify some of the health effects of asbestos. The most common test used to determine if there are lung findings from exposure to asbestos is the chest x-ray. A doctor qualified to evaluate if there is evidence of asbestos exposure on the chest x-ray is known as a **B-reader**. The B-reader evaluates the chest x-ray according to a system developed in 1980 by the International Labor Office (ILO) and is known as the ILO-80. This system reviews the chest x-ray film for the presence of opacities (hazy streaks or spots), thickening of the pleura (lining of the lung), various other findings (such as emphysema), as well as the technical quality of the film.

The most common symptoms of asbestos-related lung disease are shortness of breath and cough. The symptoms may be mild to severe, depending on the extent of the scarring. If asbestos exposure has been extensive, a person may become very sick—developing severe breathing problems or breathing failure—and may even die. In addition, other medical problems, such as lung infections, can be made worse by the presence of asbestos-related lung disease. Prompt medical attention at the first sign of a chest infection is therefore recommended for individuals with asbestosis. Depending on the situation, doctors may give a flu or pneumonia vaccine as a preventive measure. While there is no current cure or treatment available for scarring of the lung, certain interventions (such as stopping cigarette smoking) can and should be implemented to help preserve breathing function.

Smoking cessation in general is a strongly recommended health practice. However, this step is even more imperative in an asbestos-exposed person who smokes. Research has shown that asbestos-exposed workers who smoke may be **50 times more likely to get lung cancer** than a non-exposed worker who does not smoke.

Control of asbestos exposures should be done as a **preventive measure**. By the time asbestos-related disease appears, it is too late to reverse the damage; stopping exposure at this point only prevents the disease from getting worse.

DOE Issues Final Rules for Procedures for State Workers' Compensation Claims

In August 2002, the DOE published its final guidelines for assisting workers with state workers' compensation claims. These can be found at www.eh.doe.gov/advocacy. As a reminder, the Energy Employees' Occupational Illness Compensation Program Act (EOICPA Act), federal legislation passed in October 2002 provides **federal workers' compensation** for covered DOE workers with specific occupational diseases – radiation-related cancers, silicosis and beryllium disease. However, this same legislation also requires DOE to help workers in applying for **state compensation** for occupational diseases if the disease is found to arise from exposures to toxic substances while employed at DOE facilities (EOICPA Act **Subtitle D**.) DOE workers filing state claims for occupational disease are not limited to cancers, silicosis and beryllium disease as they are with federal claims.

Role of DOE Office of Worker Advocacy

The new final rules — *Physician Panel Determinations on Worker Requests for Assistance in Filing for State Worker Compensation Claims* — specify how a DOE contractor employee or the survivor of a deceased employee can get help from the DOE Office of Worker Advocacy Program Office when filing a claim. The first step in DOE's assistance is to have the claim reviewed by the Office of Worker Advocacy (OWA) to determine whether the claim should be submitted to the Physician's Panel. If OWA does determine it is valid, a **panel of three occupational medicine physicians** reviews the claim to determine if the illness was caused by the workplace exposure at DOE.

After Physician Panel review, DOE offers help on the next step — in filing the claim with the appropriate state workers' compensation program. According to DOE Assistant Secretary Beverly Cook, “Subtitle D of the EEOICPA does not provide for the direct payment of claims. Subtitle D says DOE will assist workers in applying for state workers' compensation by having an independent physician panel determine if work at DOE made them sick. If so, we will tell our contractors not to contest those state claims and DOE will reimburse the contractors.”

Specifically, the new rules cover how:

- an individual may submit an application to the DOE's Office of Worker Advocacy Program for review and assistance;
- the Program Office determines whether to submit an application to a Physician Panel;
- the Physician Panel determines whether exposure to a toxic substance was a “significant factor which caused, contributed or aggravated the illness or death” of a DOE contractor employee; and
- Appeals may be undertaken.

A positive development is that the new final DOE rules only require a simple majority of the Physicians Panel to approve a claim (2 out of 3 doctors). At the recent DOE Safety Summit, the Secretary of Energy, Spencer Abraham, stated his intent to make the DOE compensation program “as friendly to former workers and their families as the enabling legislation allowed.” He said that the DOE's “job is to help our

DOL/DOE Resource Centers

Idaho Falls

EEOICPA Resource Center
Exchange Plaza, Suite 375
1820 East 17th Street
Idaho Falls, ID 83404
208-523-0158

Oak Ridge

EEOICPA Resource Center
Jackson Plaza Office complex
800 Oak Ridge Turnpike – Suite 103
Oak Ridge, TN 37830
865-481-0411

Paducah

EEOICPA Resource Center
Barkley Center
125 Memorial Drive
Paducah, KY 42001
270-534-0599

Portsmouth

EEOICPA Resource Center
4320 Old Scioto Trail
Portsmouth, OH 45662
740-353-6993

Hearing loss claims successful at Oak Ridge

The Oak Ridge local WHPP Ground Team of current and former workers contacts each program participant to ensure that they are satisfied with their physical examination and to find out if they need any additional help. If the participant indicates that he or she has an abnormal test result that they want to file workers' compensation for, the Team asks the individual to come into the local union office to fill out the paperwork so that the employer can be notified. At the same time, the participant is given a list of local lawyers who can assist the individual.

One of the widely used legal firms in the Oak Ridge area reported average hearing loss settlement claims of over \$20,000. (The amount of the award depends on the degree of hearing impairment.) One single claim netted \$70,000. One prominent attorney in the area estimates that half of the people who contact him have valid hearing loss claims.

workers make the best case possible to Physician Review Panels and to individual state workers' compensation boards ... we should remove bureaucratic barriers with the same level of urgency we would bring to addressing a security threat on a DOE site.”

Other Provisions Specified in EEOICPA

The EEOICPA Act also requires the Secretary of Energy to enter into an agreement with each state to provide assistance to DOE contractor employees who want to file a claim under that state's workers compensation system, for an illness caused by exposure to a toxic substance at a DOE facility. Twelve of these agreements have been negotiated to date. States with agreements are: Alaska, California, Colorado, Idaho, Iowa, Kentucky, New Mexico, Ohio, South Carolina, Tennessee, Texas and Washington.

Individuals or survivors filing a federal claim for radiation-related cancers, silicosis, and chronic beryllium disease (EEOICPA Act **Subtitle B**) can also file a state claim through the Worker Advocacy Office to receive benefits, such as lost wages, not covered by the Federal compensation system.

Problems and Drawbacks Related to the Rule

If a DOE contractor was self-insured, DOE can order the contractor to pay for the state claim once there has been a positive Physician Panel finding. However, for all other contractors, which are a significant number, DOE does not have the authority to make a contractor pay. For example, if a

(continued on page 4)

DOE Issues Final Rules

(continued from page 3)

private company like USEC or a maintenance contractor purchased insurance from a private workers' compensation insurance carrier (such as Aetna), or in states where there is an exclusive state workers' comp fund (such as Ohio), DOE has not yet arranged for a "willing payor" to pay claims. A "willing payor" is some entity that the DOE can meaningfully order to pay the claim without this entity having the freedom to raise objections under state workers' compensation law. Without a "willing payor", claimants with a positive Physician Panel finding may not get paid. The irony is that Congress gave DOE the authority and funds to reimburse any valid DOE worker's state claim and yet many contractors may still contest these cases. DOE is currently working to solve this glaring deficiency in the EEOICP Act.

Other drawbacks and problems include:

- As of mid-January, the DOE Office of Worker Advocacy had about 14,400 requests for assistance. "Assistance with a state claim" includes putting together the best case files possible that include the worker's history and medical records. Of these, about 6,500 cases are being actively worked on by DOE nurse caseworkers. The DOE has completed all the steps, including claimant approval of the case file, for about 17 of these claims; eight of these cases have been reviewed by physician panels. However, the DOE expects this number to increase significantly over the next several months.
- There is no requirement that DOE provide additional medical diagnosis or exposure assessments when the Physicians Panel needs additional information;
- Even if a cancer claim is approved by the Department

Number of State Claims Filed with the DOE Office of Worker Advocacy (as of 1/30/03)

Total number of claims filed	38,914
Number of claims filed from:	
Paducah GDP	3,241
Oak Ridge GDP	3,554
Portsmouth GDP	1,256
INEEL	863

of Labor under the Special Exposure Cohort (at Oak Ridge K-25, Portsmouth and Paducah gaseous diffusion plants) and an individual receives federal compensation (lump sum & medical benefits), there is no requirement that this person will be compensated for **lost wages** under the state DOE rules.

How to apply for compensation

If you have an illness you believe may be related to your exposures during employment at a DOE facility, you can obtain an application for filing a federal or state claim from your DOL/DOE Resource Center (see box on page 3), from the WHPP local office or from the Worker Advocacy Program Office in Washington (state claims only).

The WHPP local offices at the various sites are eager to ensure that everyone submitting a claim submits the best possible claim file to get a positive decision from the Physicians' Panel. You can get help with your claim from the WHPP representatives at each site.

Message From Phillip Foley, PACE Local Coordinator, Paducah, KY.



In April of 1999, we kicked off the Worker Health Protection Program with the first workshop in Paducah, Kentucky. As I look on the many workshops I have participated in over the past 3 years, many emotions are stirred. I think of the many Cold War Veterans who have participated in the workshops, the many physicals conducted by the clinics, and the many thanks voiced by the participants. We have touched the lives of many people through the

WHPP program. Over 1800 workers from the Paducah Gaseous Diffusion Plant have received, in their words — "the best physical I have ever had." Many of these workers retired many years ago and therefore, this is the first physical they have had since they stopped working.

Many of these veterans labored in very hazardous conditions to serve their country, in an effort to win the Cold War.

While serving their country they were unknowingly exposed to many hazardous substances. Many of these veterans now suffer from serious health conditions as a result of their service to their country. While the WHPP Program is not perfect, it is the first thing that has been done to help the workers in the 50 years the nuclear industry has been in existence. At Paducah, our Ground Team conducts workshops, calls workers, calls retirees, and helps fill out questionnaires for the workers. As our numbers dwindle, we seek innovative ways to locate and contact these former workers, as we have been scattered across the country. In October of 2000, our roles expanded with the passage of the Energy Employees Occupational Illness Compensation Act; we now try to instruct our participants as to their rights under this law.

I could go on and on about the many rewarding aspects of the WHPP program, but space will not permit. In closing, I would like to thank the members of the WHPP Team at Paducah. It has been my pleasure to work with OSHECS — Barry Anderson, Mike Jones, and Leon Owens. Our retiree members are Fred Buckley, Robert Fuller, and James Harbison. Thanks guys for a job well done!! I would also like to say thank you to the Cold War Veterans who did their part to keep America free!!!

WHPP Early Lung Cancer Detection Program (ELCD) Update

The PACE/Queens College Worker Health Protection Program marked a major milestone in October, 2002—the two-year anniversary of the WHPP Early Lung Cancer Detection Program (ELCD). Thanks to Mike Church and Buzzard Wilkins, our mobile unit drivers, the CT scanner has now traveled between the three gaseous diffusion sites 50 times! And, thanks to our devoted CT technician, Lori Brannon, we have accomplished an amazing achievement – at our anniversary date, we had scanned almost 3500 people and completed almost 6400 scans (initial plus repeat scans.)

Interest in the program remains strong. Over 95% of the WHPP participants who are eligible and were reached by mail or telephone are interested in participating in the ELCD. Of those interested, approximately 80% have already been scanned. Also, overall our "no-show" rate for all three sites is an incredibly low 7%. Dr. Albert Miller, Medical Director of the WHPP ELCD, said, "This is remarkable. In most clinical settings, a "no-show" rate of 50% is expected."

The ELCD program is detecting more primary lung cancers with the growth in the number of participants. To date, we have detected 20 primary cancers of which 75% so far have been found to be early when biopsied or surgically re-

moved. See "Anonymous Letter from WHPP ELCD participant" in this issue, expressing thanks for the PACE WHPP helping her to find her early lung cancer.

In April 2002, the Worker Health Protection Program began offering a repeat lung cancer screening to participants, that is, a second look at their lungs, at 12 to 18 months after the initial screening CT. This repeat screening, called an incidence screen, can detect changes suggestive of lung cancer that have developed since the first low-dose scan was taken. (The incidence screen will be offered to participants 50-79 years of age who had no evidence of lung cancer on their initial CT scan.)

To find out if you are eligible for the WHPP Early Lung Cancer Detection Program, call our toll-free number 1-866-228-7226.



Lori Brannon, CT Technician for the WHPP ELCD Program

Thank You Letter from ELCD Participant

Dear Dr. Markowitz:

This is a "Thank You Letter." My explanation of that statement follows. I worked at the Portsmouth Gaseous Diffusion Plant in Piketon from 1952 to 1995, working in various capacities. As a result, I entered the Workers Health Protection Program and received a CT scan of my lungs on your mobile unit April 21, 2001. A nodule on my right lung, in the lower lobe, was discovered and I was advised of this in a letter from Albert Miller, WHPP ELCD Medical Director. Dr. Miller advised that I should have a follow-up scan, which was done on the mobile unit June 8, 2001. This scan confirmed the nodule and Dr. Miller, in a follow-up letter, advised that I follow up with my personal physician immediately.

On June 19, 2001, I had my initial appointment with Patrick Ross, MD, a surgeon in the Thoracic and Cardiothoracic Department at the Ohio State Medical Center's Arthur James Cancer Hospital, in Columbus, Ohio. He commented that it was creditable that this nodule was discovered in your scan. I suppose that he meant because it was so small. No doubt, he also meant I was a very fortunate person to have it discovered early. I certainly think so.

Dr. Ross had me taking CT scans at the Columbus facility about every three months, watching if the nodule had changed. We "watched" this spot until April 23, 2002. I had a scan that day followed by an appointment with Dr. Ross. They found another nodule in the upper lobe of my right lung. Dr. Ross advised me that both nodules should get removed and he did so May 31, 2002. The pathology report advised that they were malignant. The one in the lower lobe was described as "poorly differentiated carci-

noma with squamoid features, 1 cm in greatest dimension..." and the one in the upper lobe was described as "well-differentiated mucinoid (colloid) carcinoma, 1 cm in greatest dimension..."

I am sending Amy Manowitz of your organization a copy of this pathology report. In this regard, I would like to say how much I appreciate Ms. Manowitz's help, and that of Rosa, and also Dr. Miller, in setting up appointments, follow-up, and their very kind concern and interest. I am also sending Amy a copy of a letter from my referring physician to my general MD. In this letter, Dr. Farrar advises that he and the surgeon, Dr. Ross, feel that I do not require further therapy except intermediate follow-up with a CT scan.

This is a rather lengthy letter, but I wanted you to know exactly why I am writing you a "Thank You" letter. *I feel fine, and I felt fine April 2001. I had absolutely no indication that anything was wrong. If it hadn't been for the scan you folks did, I probably would not have known anything was wrong until it was far advanced, and, most likely, too late to be treated. As it is, I may have, as my local physician, Dr. Martin, said, "dodged a bullet."* I have a very pleasant life, I am strong and active, especially for my age, so I am truly thankful, and hopeful that through my contact with your organization and the early removal of these nodules, that I may enjoy some more good years of life.

Dr. Markowitz, it must be very rewarding to someone in your position to realize that you have been of such help to another person, as you have been to me, and I do thank you sincerely.

Very truly yours,
Anonymous WHPP ELCD Participant