Building Trades Will Begin Medical Testing of Portsmouth, Paducah Construction Workers

The construction workers at the Portsmouth and Paducah gaseous diffusion plants will soon have their own medical testing program similar to that offered by the PACE/Queens College Worker Health Protection Program (WHPP).

Dr. Eula Bingham of the University of Cincinnati will head up the construction workers’ project. Medical testing is anticipated to begin in Portsmouth in December 2003 and at Paducah in early 2004. There will be an interview office at each of the two sites with the Oak Ridge coordinating office handling scheduling. The project is known as the Oak Ridge, Portsmouth, Paducah Building Trades Medical Surveillance Program.

The toll-free number for signing up for the Construction Worker Project is: 1-888-464-0009

UPDATE ON FEDERAL COMPENSATION CLAIMS (as of 9/18/03)

| Claims filed | 46,757 |
| Total amount of payments made: | 8,860 |
| Amount of compensation paid | $656.5 million |
| Claims with final approval | 10,037 |
| Claims tentatively approved | 10,440 |
| Claims on the way to NIOSH for dose reconstruction | 14,232 |

Source: The DOE federal compensation program, administered by the US DOL, covers specified cancers, silicosis and chronic beryllium disease only.
The Dash Between The Years

The “Dash Between the Years” refers to the Cold War. It began on September 2, 1945 and ended December 26, 1991. On MSNBC, April 13, 2003 Secretary of Defense Donald Rumsfeld said, “it seems to me that the Cold War was a war and it was a difficult period for people. It required us to be patient. It required us to invest when there wasn’t an immediate threat that you could see at your doorstep. And it took successive presidents of both political parties to have the stamina, the will and the foresight to resist the expansion of the Soviet Union and communism on this globe. And it was a good thing that we won and we won, and we won it with patience and perseverance.” (Source: http://coldwarveterans.com/).

The Korean War, Vietnam and Grenada were wars during the Cold War period. Other operations took place in Korea (1966-74), Berlin (1961-62), Congo (1964), and The Cuban Missile Crisis (1962). There were troop deployments and continuous nuclear-armed SAC B-52 missions to provide retaliatory capability against the Soviet Union. We were all kept on a high state of alert. Many of you worked in research, development, and production during these years to keep our defensive and offensive capability state-of-the-art. It lasted over 45 years. No headlines, just honest and faithful service. The United States military scattered from the Atlantic to the Pacific. The Cold War created two types of veterans: those who fought in the above wars, and those who fought only in the timeframe important when it came to supply the United States military. You may be both.

The workers who fought the Cold War by providing the hardware (such as nuclear weapons) have had many representations of them being various health problems. For many of you, medical costs are overwhelming, especially if veterans’ benefits providing health care and prescription coverage were not applied for or if medical coverage was not part of your retirement benefit package. For those relying on Medicare, we need to do more. Medicare falls short and prescription benefits are nonexistent.

As part of the thousands of people who received physicals in the Workers Health Protection Program, you have had a chance to associate with an exciting program. Your thoughts and views have helped others recognize the shortcomings of the current DOE program — such that DOE has created only a one-time exam. Cold War veterans have come a long way towards being recognized by the government and the public. If you feel more needs to be done, contact the elected officials from your district.

A Cold War Certificate of Recognition is available to those who served during the Cold War. It recognizes service members and government civilian employees during this period. Application forms are available on the Internet at the following website: www.org/coldwarrecognition.

Gaylon Hanson
Local Representative, WHPP INEEL

WHPP Success At-A-Glance (as of 09-30-03)

No. of customers 10,707
No. of exams completed 8,691
No. of workshops completed 312
No. of participants who attended workshops 3,182

If you haven’t taken advantage of the WHPP free medical screening exam, you should call 1-800-241-1199 to schedule an appointment. Once you have had your exam and received your results, you may contact the Long Chain Disease Registry Program. A mobile CT scan unit rotates between the three Gaseous Diffusion Plants covering approximately every two weeks.

For more information call in-state toll free (CT scan) 1-866-228-7276.

WHPP Participant from the Idaho National Engineering and Environmental Laboratory (INEEL)

Marvin Eld

Testimonial of Marvin Eld, WHPP Participant

Beginning in 1957, for over 40 years, I worked mostly in management positions at the INEEL in atomic energy programs, including the SL-1 cleanup.

Last year, the PACE Union contacted me to offer me a free physical exam and the opportunity to participate in an educational workshop at the local union hall. My first response was that it is not necessary. I have regular physicals and I know my health problems. Also, I worked in offices and was not exposed to the hazardous conditions. I had not worked in any of the nuclear areas for 30 years.

Until I received free medical screening tests for occupational disease, I never knew that I had become “beryllium sensitized”. As a result, the Department of Labor has approved a claim to provide ongoing medical monitoring for chronic beryllium disease. My condition would never have been found in a community medical facility. I strongly recommend that person who worked at a DOE facility contact WHPP for a free diagnostic screening.

Jackson Purchase Clinic Services Paducah GDP Workers Near Mayfield, Kentucky

Dr. Randall Gibson, one of nine physicians working at the Jackson Purchase Medical Clinic in Mayfield, Kentucky, conducts the physical examinations for Paducah Gaseous Diffusion Plant (GDP) workers living near Mayfield. Kentucky is near the Tennessee border and near Murray, Kentucky as well. Many former, as well as current, Paducah workers live in this area, making the clinic an attractive choice geographically.

Dr. Gibson is a native of Paducah and, as such, is well aware of the issues affecting workers from the Paducah DOE facility.

Gibson is "thrilled to have the opportunity to participate in this important program for the Cold War veterans from his home town."

Dr. Gibson has been in Family Practice since 1976 and is Board-certified in Family Practice by the American Osteopathic Board of Family Practice. From 1996-1999, he was Senior Administrator of Medicare Affairs for the Jackson Purchase Medical Clinic and has been a member of the Kentucky State Board of Medical Licensure.

The WHPP is proud to have Dr. Gibson — and the other Jackson Purchase doctors — involved with the medical screening program. Anyone in the Paducah area who has not had their free medical screening yet should call the toll-free number (1-888-241-1199) and set up an appointment at this clinic.

To the Worker Health Protection Program,
I appreciate the Worker Health Protection Program. The CT scans you did on me helped to find my cancer early. They got all the cancer and I didn’t have to have any type of treatment. I think that if I didn’t have this early detection they wouldn’t have found my cancer in time. I hope they keep this early detection program open. I think it helps save lives.

George Duncan
Former Paducah Gaseous Diffusion Plant Worker

Thank you from WHPP Early Lung Cancer Detection Program Participants

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George Duncan
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2Health Watch

Message from Dr. Markowitz, WHPP Project Director

Oftentimes, when we do a CT scan for the detection of lung cancer, we find a nodule that is benign. Why do so many people in the PACE Worker Health Protection Program, as many as 36 percent of our participants, have these benign nodules in the lungs? Usually, this nodule represents an old infection, most commonly histoplasmosis.

Histoplasmosis is an infectious disease, mostly of the lungs, caused by a fungus. It occurs when a person breathes in the fungus, which lives in the soil. It is an old disease since most people, as much as 90%, who contract the illness do not know they have it, because they experience no symptoms. Or the symptoms are so ordinary — fever, headache, and cough — that the affected person believes they have a cold or the flu. They recover without treatment. Nonetheless, even when no symptoms occur, people who have histoplasmosis often develop one or more nodules in the lungs that persist for many years and often collect calcium. These nodules do not cause any symptoms. They are frequently seen on the routine chest x-ray or the CT scan, and physicians understand that they are nothing but a mild fungal illness that occurred in the person’s distant past.

Occasionally, histoplasmosis can cause more serious disease, involving more severe symptoms, causing pneumonia, and enlarged lymph nodes, and sometimes spreading throughout the body. Histoplasmosis also can lead to chronic lung illness with significant lung scarring and inflammation. The more serious form of histoplasmosis usually occurs in people who are elderly or who have AIDS or another chronic disease. When histoplasmosis is serious, treatment with an intravenous anti-fungal medicine is required.

Histoplasmosis occurs at higher rates in a particular geographic pattern. Most people in the Ohio, Mississippi, and St. Lawrence river valleys have had histoplasmosis, because the fungus occurs so frequently in the soil in those areas. The histoplasmosis fungus is also known to thrive in a high nitrogen environment, such as is produced by bird excrement.

Since the fungus that causes histoplasmosis lives in the soil, especially in locations where birds reside, some workers will have a higher than average risk of developing histoplasmosis. Among such workers are farmers and farmhands (who clean-out chicken coops); construction workers (especially in earth-moving operations); road construction workers; landscape and gardening workers; and demolition workers. Any job that involves cleaning or repairing buildings where birds are suspected to feed cause the fungus to increase.

Workplace exposure likely contributes to histoplasmosis in workers with high-risk jobs. This applies as well to parts of the U.S. where histoplasmosis is otherwise common. This fungus is present at higher rates when the more serious form of the disease occurs, which appears to be more likely in a worker with intense occupational exposure to the fungus.

Preventing histoplasmosis can be difficult, because the fungus is widely distributed in the soil over sizable geographic areas. When work in a bird-infested area is required, wetting the area, especially with a 3% formaledehyde solution, will reduce birds, and protect the workers. Proper respiratory and protective clothing should be used to minimize dust inhalation.

People with known compromise of the immune system should not perform work that entails contact with bird excrement.

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Federal Compensation Program Update: "Special Exposure Cohort" Rule Targets Workers When Radiation Dose Cannot Be Reconstructed, INEL Workers May Be Able to Apply

Have you doubted the accuracy of the radiation dose readings from film badges or bioassays? Did film badge readings come back as zero when you knew you were in a hot area? You aren’t alone. Ongoing reviews of DOE records have revealed that dose measurements are missing for some, and accuracy is dubious in others. DOE contractors assigned some workers negative doses and other workers had their doses “zeroed out” after an “incident.” Some were never monitored for radiation hazards because of management’s fear that unions would use this as a justification to demand hazardous duty pay.

How can the government make a credible compensation decision under the Energy Employees Occupational Illness Compensation Program Act (“EEOICPA”) if the radiation dose data are faulty? What happens when radiation dose reconstruction will not produce a credible estimate? The new federal compensation law addresses this issue by allowing claimants the opportunity to petition to be members of a so-called “Special Exposure Cohort (“SEC”). This could be of special importance to certain INEL and Argonne workers who may not have been properly monitored. Claimants can petition to be members of the SEC if:

- It is not feasible to estimate radiation dose with sufficient accuracy; and
- There is a reasonable likelihood that the class of workers may have been endangered from exposure to radiation at the workplace.

When EEOICPA was enacted, certain workers at Paducah, Portsmouth, Oak Ridge K-25 and the Amchitka Island Test sites were specifically included in the Special Exposure Cohort because Congress determined that radiation doses could not be reconstructed and workers were put in harm’s way without adequate protection. Workers with one or more of 22 listed cancers who file a claim with the US Department of Labor (the agency charged with processing the DOE workers’ federal claims), can receive a lump sum benefit of $150,000 plus prospective medical costs (including PACE International, PACE Local 7-4200 (Mound) and the Fernald Atomic Trades & Labor Council). A final rule is expected by the end of the year. You can review the draft rule, comments, and transcripts of the Advisory Board Committee meetings at:

The 22 cancers are: multiple myeloma, leukemia (except chronic lymphocytic leukemia), lymphoma, lung, bone, renal, breast (male and female), liver, pancreas, salivary gland, urinary bladder, thyroid, pharynx, brain, colon, ovary, gall bladder, bile ducts, small intestine, stomach and esophagus.

By the end of the August 2003, less than three years after the Lung Cancer Detection (ELCD) Program began, an important milestone was reached — over 4,000 former and current workers scanned on the mobile unit and over 9,000 scans completed! (Some participants came back for multiple follow-up scans.) To date, 26 primary lung cancers have been detected, more than 8% of which have been described as early lung cancer. This has all been made possible through the hard work of the ELCD staff – Lori Brannon, CT technician; Mike Church and Gerald (Buzzard) Wilkin, Mobile Unit Drivers; the Queens College CBNS staff; the PACE WHPP emblem for the exhibit booth. The team also works with Queens College staff on all other administrative matters regarding reports and scheduling.

Mike Church, the mobile unit driver who is assisted by Buzzard Wilkin, oversees maintenance of the truck, doing minor repairs himself. He communicates with consultants to do the extensive quarterly maintenance that has kept the truck “up and running” for almost three years. Government regulations require extensive record keeping for each trip the mobile unit makes. Mike takes care of all of this paperwork. (This is no small task. As of August 2003, 68 round trips were made to Port St. Lucie, FL; 1,700 paper GPUs (group unemployment halls). He also works with program consultants to make sure all licenses and permits are kept up-to-date.

On the Queens College side, many of you have most likely spoken with Rosa Melendez. Rosa has single-handedly made between the three GDP union halls). He also works with Queens College staff on all other administrative matters regarding reports and scheduling.

Lori Brannon, CT Scan Technician Promoting Paducah Relay-for-Life

The American Cancer Society sponsored a Relay-for-Life in Paducah on May 16, 2003. Lori Brannon, CT Scan Technician for the WHPP early Lung Cancer Detection Program, worked hard to make it a success. At the Relay-for-Life, participants walk around a track and each lap means more money donated to this worthy cause. (Those contributing over $100 receive special pins.) The team also made signs with the WHPP logo for the exhibit booth. The race was run after the tumor was detected, more than 8% of which have been described as early lung cancer. This has all been made possible through the hard work of the ELCD staff – Lori Brannon, CT technician; Mike Church and Gerald (Buzzard) Wilkin, Mobile Unit Drivers; the Queens College CBNS staff; the PACE WHPP emblem for the exhibit booth. The team also works with Queens College staff on all other administrative matters regarding reports and scheduling.

Lori Brannon

WHPP Screening für Beryllium Sensitivity

Die WHPP-Berichterstattung für Beryllium Sensitivity enthält die folgenden Angaben über die Tests:

- **Tests für Beryllium Sensitivity**
  - Beryllium Plasma Protein (BeLPT) Test
    - Normal: BeLPT < 0.2
    - Abnormal: BeLPT ≥ 0.2
  - Beryllium Sputum Test
    - Normal: Beryllium Sputum < 200 μg/g
    - Abnormal: Beryllium Sputum ≥ 200 μg/g

- **Tests für Kidney Function**
  - Blood Urea Nitrogen (BUN)
  - Creatinine
  - Glomerular Filtration Rate (GFR)
  - Blood Pressure

- **Tests für Liver Function**
  - Aspartate Aminotransferase (AST)
  - Alanine Aminotransferase (ALT)
  - Gamma-Glutamyl Transferase (GGT)
  - Alkaline Phosphatase (ALP)
  - Bilirubin

**Beryllium Sensitivity Test Results**

<table>
<thead>
<tr>
<th>Participants</th>
<th>% Abnormal BeLPT</th>
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<tbody>
<tr>
<td>4763</td>
<td>4.2</td>
</tr>
<tr>
<td>1531</td>
<td>2.9</td>
</tr>
<tr>
<td>6294</td>
<td>1.9</td>
</tr>
</tbody>
</table>

*Abnormal defined here as at least one abnormal Be blood test*

**Kidney Function Tests**

<table>
<thead>
<tr>
<th>Function</th>
<th>Normal Values</th>
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<tbody>
<tr>
<td>BUN</td>
<td>8-20 mg/dL</td>
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<tr>
<td>Creatinine</td>
<td>0.5-1.5 mg/dL</td>
</tr>
</tbody>
</table>

**Liver Function Tests**

<table>
<thead>
<tr>
<th>Function</th>
<th>Normal Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>AST</td>
<td>10-40 U/L</td>
</tr>
<tr>
<td>ALT</td>
<td>10-40 U/L</td>
</tr>
<tr>
<td>GGT</td>
<td>0-65 U/L</td>
</tr>
<tr>
<td>ALP</td>
<td>0-70 U/L</td>
</tr>
<tr>
<td>Bilirubin</td>
<td>0-1.2 mg/dL</td>
</tr>
</tbody>
</table>

**Exposure to Toxic Substances**

Exposition zu Giftstoffen oder giftigen Substanzen kann sich auf verschiedene Arten manifestieren. In vielen Fällen, wenn Chemikalien und andere giftige Substanzen ausgesetzt sind, können diese Stoffe in das Blut gelangen und veränderten organischen oder physiologischen Prozessen, wie z.B. Neoplasien, nachhaltigen Schaden anrichten. Es ist wichtig, dass die Bereitschaft und die Fähigkeit besteht, diese Expositionen zu überwachen und zu vermeiden.

**Worker Advocacy**


**WHPP Annual Information Exchange**


**WHPP Beryllium Screening Update**


**Exposure to Hazardous or Toxic Substances**

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