Colorectal Cancer Screening

Colorectal cancer (cancer of the colon or rectum) is the second leading cause of cancer death in the United States. It is estimated that in 2005 about 145,000 new cases will be diagnosed and about 56,000 people will die of this disease. Among men, colorectal cancer is the third most commonly occurring cancer (after prostate and lung cancer) and among women it ranks third (after cancer of the breast and lung).

Who is at risk for colorectal cancer?

Most cases of colorectal cancer are diagnosed in individuals past the age of 50, with the average age of diagnosis being 70 for men and 73 for women. Age is considered a significant risk factor for developing this disease. Therefore, the American Cancer Society recommends routine screening for colorectal cancer for everyone over 50 years old. *(See table for screening guidelines.)*

AMERICAN CANCER SOCIETY COLORECTAL CANCER SCREENING GUIDELINES

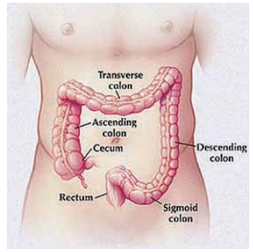
Beginning at age 50, men and women who are at average risk for developing colorectal cancer should have 1 of the 5 screening options below

Fecal occult blood test (FOBT)* or fecal immunochemical test (FIT)	Every year
Flexible sigmoidoscopy	Every 5 years
FOBT* or FIT every year plus flexible sigmoidoscopy (Of these first 3 options, this option is the most preferable)	Every 5 years
Double-contrast barium enema (an x-ray study)	Every 5 years
Colonoscopy	Every 10 years

Regardless of age, there are certain people that are more likely to develop colorectal cancer. For example, certain hereditary colon conditions and certain types of non-cancerous colon disease can increase the risk of colorectal cancer. Having a close relative with colorectal cancer also increases the risk. The screening guidelines for individuals at increased risk are somewhat different than for those over 50 years old who are at average risk (that is, without one of these identifiable risk factors).

How do you screen for colorectal cancer?

Screening for colorectal cancer ideally means finding the cancer at an early curable stage. It is believed that most colorectal cancers originate as growths of the intestinal lining of the colon or rectum, called polyps. Polyps usually have a slender stem with a tuft of tissue at the end of the stem. If a cancer can be prevented by finding and removing polyps that might eventually become cancerous, then this would fit the criteria for an ideal screening method. But how can a polyp be found? It is known that blood vessels around polyps are somewhat fragile and easily damaged by the passage of stool. The damaged vessels can release a small amount of blood into the stool. There is a test called the fecal occult blood test (FOBT), sometimes referred to as a "stool test", that attempts to detect if there is occult (hidden) blood present in the stool. A small amount of stool is obtained and smeared onto a special type of paper card. A few drops of a special liquid chemical are added to the card and, if there is blood in the stool, the card will turn a particular color. WHPP participants can get this type of colorectal cancer screening test as part of their free physical exam.



There are other screening options recommended by the American Cancer Society, including sigmoidoscopy and colonoscopy. A sigmoidoscopy is performed with a sigmoidoscope, which is a slender, flexible, hollow, lighted tube about the thickness of a finger. It is inserted through the rectum to view the rectum and colon. The sigmoidoscope is about two feet long and can view only a portion of the colon (the colon is about five feet long). A colonoscopy is performed with a colonoscope (a longer version of the sigmoidoscope) which allows for viewing of the whole colon. These screening tests can be somewhat uncomfortable and involve somewhat greater risks than a "stool test."

What if the stool blood test test is abnormal?

The stool blood test cannot tell whether blood is from the colon or from other parts of the digestive tract. If this test is positive for the presence of blood, additional testing such as colonoscopy is usually needed to determine the source of the blood. If polyps or other abnormalities are found (such as a tumor), they are removed and then sent to a lab to be checked to see if the tissue is cancerous.

It should be remembered that an abnormal stool blood test does not automatically signify cancer and can be related to conditions such as hemorrhoids or ulcers. So while it is true that this screening method can produce abnormal results without cancer being truly present, the stool blood test is not invasive and can be easily and readily performed. Furthermore, this test has been widely studied and used as a screening method and has been shown to help reduce colon cancer deaths in large population groups, both in the United States and internationally.

PACE/Queens College WHPP Health Watch
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WORKER HEALTH PROTECTION PROGRAM WHPP
HealthWatch
A newsletter of the PACE/Queens College Worker Health Protection Program
Volume 4, Issue 8 Spring 2005

US DOE Assistant Secretary Shaw Visits the Early Lung Cancer Mobile Unit

John Spitaleri Shaw, Assistant Secretary for the DOE Office of Environment, Safety and Health visited the WHPP Early Lung Cancer Detection's mobile unit on April 15, 2005. Since his recent appointment at DOE, Shaw has been a strong supporter of the early lung cancer screening program.

At the Oak Ridge union hall where the mobile unit was parked, Shaw told TV reporters, "At 500 dollars per scan, it costs about 1.5 million dollars a year to run this unit. But it is money well spent for all the lives it's saved. It is a lifesaver. There is no doubt about it."

John S. Shaw was sworn in as Assistant Secretary for Environment, Safety and Health at the U.S. Department of Energy on January 11, 2005 following his nomination by President Bush and confirmation by the United States Senate. Immediately prior to his appointment, he served as the Department's Deputy Chief of Staff and White House Liaison, and has been acting Assistant Secretary since July 2004.

As Assistant Secretary, Mr. Shaw has moved swiftly to reinvigorate the mission of the Office of Environment, Safety and Health. First, he redirected funds to expand the former worker medical screening programs to many sites that had never been served, including Mound, Fernald and Brookhaven. He is extending the life of the former worker programs at the GDPs and INEEL in a scaled back mode to help those who may not have had a chance to participate. Second, he authorized beryllium screening for employees of former DOE vendors that have been closed down. Third, he facilitated a smooth transfer of Subtitle D of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) from DOE to the Labor Department (see major story on EEOIPA reforms). Fourth, he issued proposed rules that would make DOE's safety orders legally enforceable.


John S. Shaw - Assistant Secretary for the DOE Office of Environment, Safety and Health


DOE Assistant Secretary John S. Shaw looks at an anonymous CT scan image during his visit to the WHPP mobile unit, April 2005

> "At 500 dollars per scan, it costs about 1.5 million dollars a year to run this unit. But it is money well spent for all the lives it's saved. It is a lifesaver. There is no doubt about it." – ***John Shaw, DOE Asst. Secretary for Environment, Safety and Health, April 15, 2005***

"The professionals in the Worker Health Protection Program bring expertise, independence and compassion to the work of helping diagnose possible work-related illnesses in Cold War-era nuclear workers", commented Assistant Secretary Shaw. "My job at DOE is to make sure that this program has the necessary support to provide timely medical screening for illnesses that may have been caused by work at DOE nuclear facilities."

Message from Dr. Markowitz, WHPP Project Director

The state workers' compensation systems work miserably for people suffering from occupational diseases. Workers rarely receive medical benefits or compensation for chronic lung, kidney, liver disease, cancer or any other longstanding illnesses that are work-related. The insurance carriers routinely contest even the most obvious occupational illness such as asbestosis or lung cancer. The judges and lawyers involved in the claims review and decision process are generally ignorant about occupational diseases. In fact, the track record is so poor, and there is so little hope of success, that most people and attorneys don't even file many occupational disease claims.

Consider this: After September 11th, many of the Ground Zero workers – fire fighters, police, construction workers, etc – became ill as a result of the dust and smoke at Ground Zero. They developed upper respiratory conditions, sinusitis, asthma, and post-traumatic stress disorder. This was well-documented. But when they filed for workers' compensation, they were routinely turned down by the insurance carriers of the employers. They were forced into a long, conflict-ridden process in order to obtain just compensation, and many of these cases are still not resolved. Remember that work at Ground Zero started at a precise date and lasted a finite period, making issues of causation fairly straightforward. If the state workers' compensation systems fail Ground Zero workers, who will they work for?

There is now some hope, at least for some workers. In 2004, Congress changed the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), originally passed in 2000, to make compensation easier for deserving Department of Energy workers. These new amendments cover all diseases that were caused, contributed to or aggravated by a toxic substance while employed at Department of Energy facilities (see the new "Part E" under this law). Included is compensation for medical benefits, wage loss, and impairment. Under some circumstances, survivors are also eligible for compensation. Most importantly, the payments come from the Federal government, not state workers' compensation systems, so the machinery at the state level that so effectively obstructs compensation for occupational disease cases, will be bypassed. Further, the claims are adjudicated through a non-adversarial process, which prohibits employers from participating in the claims process.

The U.S. Department of Labor is running this new program, which is good news, since they have done an excellent job in the past four years under the original EEOICPA in compensating DOE workers for radiation-related cancers, beryllium-related disease, and, at some sites, silicosis. Details about this new change in the law are provided elsewhere in this newsletter and in the U.S. Department of Labor website (http://www.dol.gov/ese/regs/compliance/owcp/eeoicp/PartE). These details are complicated, but DOL has resource centers in many of the communities where major DOE facilities are located and a toll-free telephone number where you can call with questions.

For at least some workers in the U.S., then, compensation for occupational diseases is moving in the right direction. If this new program demonstrates, among one set of workers, how workers' compensation can be improved and actually address the legitimate needs of deserving workers and their families, then there will be important lessons for the system of workers' compensation as a whole in the United States. Fixing that would be a tall task, but perhaps we're on the right path.

PACE MERGES WITH THE STEEL-WORKERS

In mid-April, delegates from the Paper, Allied-Industrial, Chemical and Energy Workers (PACE) International Union voted to merge with the United Steelworkers of America.

The new union will be called the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers Intl. Union or the United Steelworkers for short.

The combined union will have over 850,000 active members in over 8,000 bargaining units in the United States, Canada and the Caribbean. It will be the largest industrial union in North America, covering paper, forestry products, steel, aluminum, tire and rubber, mining, glass, chemicals, petroleum, atomic energy, and other basic resource industries.

(Continued from Previous Page)

Sen. Voinovich

Sen. DeWine

Rep. Strickland

"Promises made to sick atomic workers were broken, and we are pleased with the energetic leadership provided by Senators George Voinovich (R-OH) and Mike DeWine (R-OH) and U.S. Representative Ted Strickland (D-OH) to fix this program," noted Dan Minter, President of PACE Local 5-689 in Piketon, OH.

How to Learn About Part E

The DOL's website (http://www.dol.gov/esa/regs/compliance/owcp/eeoicp/main.htm) will provide information about the new law and DOL activities. As Part E (formerly Part D) cases begin to move through DOL's adjudication process, claimants will be contacted directly by the DOL's district office responsible for their case. You can also contact your local EEOICPA resource center, or contact the Worker Health Protection Program coordinator at your local union hall.

Summary of the Reform Legislation:

- Transfers responsibility for 24,345 Subtitle "D" claims from the Department of Energy (DOE) to the Department of Labor (DOL). DOE's role is limited to recovering claimant records.
- Authorizes the DOL to pay claims to workers with occupational illnesses who were disabled from their jobs, using a formula that accounts for both impairment and time lost from the job due to the illness, up to a maximum of $250,000, plus medical benefits for treatment and care of the accepted occupational illness.
- Authorizes DOL to pay dependent survivors $125,000-175,000, if the covered occupational illness caused or contributed to the employee's death.
- Funds benefits through "mandatory" spending, which means the money is there to pay benefits without any further action by Congress.
- Requires DOL to issue regulations by June 2005, and requires NIOSH to process Special Exposure Cohort petitions under Subtitle "B" in no more than 180 days.
- Establishes an Ombudsman in DOL to assist claimants with their claims.

EEOIPCA COVERAGE SUMMARY

Subtitle B (in place since 2000)	Subtitle E (new in October 2004)
Illnesses covered:	**Illnesses covered:**
Radiation-related cancers, beryllium disease, silicosis (for underground test site workers in Alaska and Nevada)	Occupational illnesses from toxic exposures (such as asbestos, solvents, heavy metals) and exposures also covered under Subtitle B– mainly radiation and beryllium)
Benefits available:	**Benefits available:**
Lump sum $150,000 plus future medical benefits for covered illness (plus conditions consequential to the illness, such as side effects from treatment, complications of the disease (e.g., metastasis), etc.) No requirement to establish permanent impairment or disability.	Variable level of benefits based on degree of permanent impairment and wages lost prior to age 65, with a cap of $250,000 plus future medical benefits for covered illness DOE contract workers can file under both Subtitle B and E, with a maximum combined benefit of $400,000 ($150,000 under Subtitle B plus maximum $250,000 under Subtitle E).
Claims Payment	**Claims Payment**
U.S. DOL pays claims	U.S. DOL pays claims

Note: Prior to enactment of "Subtitle E" in October 2004, claims for disability arising from exposure to toxic substances were covered under "Subtitle D" and had to be paid through the state workers' compensation systems after review by a DOE physicians panel. "Subtitle D" was abolished in October 2004, but all pending Subtitle D claims were transferred from DOE to DOL.

Atomic Weapons Workers to Gain New Benefits Through Reforms to Energy Workers Comp Program

DOE Will No Longer Handle Toxic Exposure Claims

Frustrated by a paltry number of workers' compensation claims processed, and endless delays in getting money to sick workers, Congress enacted legislation to reform DOE's failing portion of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). Employees of DOE contractors and subcontractors who contracted illnesses from exposure to toxic substances while employed in the nation's atomic weapons factories will now be eligible for a new federal benefit program.

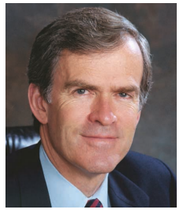
The Fiscal Year '05 Defense Authorization Act, which was signed into law on October 28, 2004, transfers responsibility for EEOICPA Part "D" claims from the Department of Energy (DOE) to the Department of Labor (DOL). This new program has been re-labeled Subtitle "E", and makes DOL responsible for paying up to $250,000 in benefits to workers. As a result of this change, claimants and their survivors will not be dealing with DOE on their claims any longer, nor will they have to navigate state workers' compensation programs. As a result of this landmark reform, DOE and its contractors are completely removed from any role in deciding the merits of a federal claim from here on out.

Subtitle B: DOL has paid $1.067 billion in lump sum payments plus $597 million in medical payments in four years to 13,978 claimants

Subtitle D (now abolished): DOE rendered approximately $1.3 million in payments over four years

Subtitle E: DOL has paid $43.1 million involving 345 survivors in five months

(Data as of April 28, 2005)



Sen. Bingaman

Sen. Bunning

Rep. Davis

Rep. Whitfield

DOL Success with Subtitle B Claims Led to Change

DOL has demonstrated success in implementing Subtitle B of EEOICPA which makes lump sum payments of $150,000 for radiation-related cancers, beryllium disease and silicosis. To date, DOL has issued $1.06 billion in lump sum payments under Subtitle B of EEOICPA to 13,978 claimants, and paid another $59 million in medical benefits. DOL has worked though 99% of the claims backlog within its area of responsibility, although there are 11,310 claims backlogged at the National Institute for Occupational Safety and Health (NIOSH) awaiting radiation dose reconstruction.

By contrast, DOE spent $95 million on administrative costs during the four years it tried to implement Subtitle D, but had only rendered approximately $1.3 million in payments to a small number of workers out of nearly 25,000 claims filed as of August 2004. *(Definitive statistics were not available from the DOE.)*

Subtitle D Claims Filed Automatically Transferred to DOL

Individuals who have already filed for benefits under Part D will have their claims automatically transferred to DOL as a claim under Part E; therefore, it is ***not*** necessary to file a new claim. Moreover, all Part D claims that were denied by DOE will be reviewed by DOL. For those who never filed a Part D claim, you can file a part E claim through your local DOL Resource Center or call DOL's toll-free number at 1-866-888-3322.

Claims that were accepted under Part B (including Special Exposure Cohort cases) will be deemed a "covered condition" under Subtitle E, and claimants may be eligible for additional benefits. Even if a claim under Part B was denied, you can file a Part E claim with DOL for consideration of benefits under the new program.

As of April 28, 2005, DOL has already paid $43.1 million in Subtitle E claims to 345 survivors who had been languishing at the DOE. Moreover, another 300+ claims have been recommended for approval and payment.

"We are grateful for the bipartisan leadership in the Senate championed by Senators Jim Bunning (R-KY) and Jeff Bingaman (D-NM), and the tireless efforts of a coalition of House members led by U.S. Representatives Ed Whitfield (R-KY) and Lincoln Davis (D-TN)," noted Leon Owens, former WHPP ground-team coordinator in Paducah. "Many of these workers have paid dearly for their service to the nation and it is long past time for the meritorious claims to be paid."

(Continued on Next Page)

ELCD Update Spring 2005

The WHPP Early Lung Cancer Detection (ELCD) Program is now in its fifth year. We have scanned over 5,000 participants and have done over 13,000 scans! The program is continuing to scan new people and to do repeat CT scans for those needing follow-up, although the program will be ending in mid-2006 and beginning February 2006 we will be limiting the program to those needing follow-up scans. To date, the WHPP ELCD Program has detected 40 lung cancers, with a clear majority being in the early stages.

The early lung cancer screening program has been a striking success. In a survey sent out in late 2004, an overwhelming majority of participants gave positive ratings for this component of the Worker Health Protection Program. The survey asked participants to rate: whether the appointment scheduling was timely and convenient, the courtesy of the staff, how well the procedure was explained, and overall wait time. Almost all (95% to 99%) rated these aspects of the program from "good" to "excellent." The last question was how well delays were communicated. Many reported this was not applicable because there were no delays. Of those who said it did apply, 95% said they were well informed about delays. Although we always are looking for ways to improve the program, the PACE/Queens College ELCD staff was pleased to see that all their efforts to provide a useful, efficient service had paid off.

Queens College staff continues to collaborate with the International Early Lung Action Program (I-ELCAP). In the previous issue of the WHPP HealthWatch, Dr. Markowitz explained that I-ELCAP is a group of 24 medical centers in the United Sates, Europe and Asia that are conducting lung cancer screening with the use of a low-dose CT scan. Selected results of each program are being pooled in order to allow an improved and more powerful statistical picture of this screening technique. Currently, the use of low-dose CT scans has not been endorsed as a screening technique by the American Cancer Society or other institutions such as the National Cancer Institute (part of the U.S. Department of Health and Human Services) because randomized clinical trials -- considered the "gold standard" for evaluating screening tests -- have not been completed. This type of research study uses controls (comparison groups that are not given the low-dose CT scan) and can better measure and interpret mortality rates in the screened population.

The consortium, led by Cornell University Medical School, meets twice a year. In October 2004, Dr. Albert Miller, ELCD Medical Director, presented a paper at the I-ELCAP conference in Rome. His paper explored the relationship between nodule size and likelihood of malignancy. Nodules over a certain size are more likely to be malignant but, as it turns out, the radiologist's judgment – based on a variety of characteristics including shape, edges, etc., in addition to size, was more likely to accurately predict whether a nodule was actually a cancer.

In addition to providing this very important service to DOE workers at risk for lung cancer, the PACE/Queens College

Early Lung Cancer Detection Program is working with others towards answering the question – does early detection of lung cancer, using low-dose CT scanning, reduce the death rate from lung cancer? Lung cancer is responsible for the largest number of deaths of any cancer for both men and women. Furthermore, long-term survival of patients with symptomatic lung cancer is extremely low and has not improved in the past 30 years. Preliminary evidence indicates that low-dose helical CT scanning shows tremendous promise for improving the future for lung cancer patients and for reducing this death rate through early detection. "With 160,000 people expected to die of lung cancer in the United States in 2004, there is no time to waste," noted Steven Markowitz, M.D., WHPP Program Director.

Reminder! **Starting February 2006**, the Worker Health Protection Program ***will no longer be able to offer the lung cancer screening*** to new participants. (We will only be able to do follow-up scans.) Don't miss this valuable opportunity to get screened for lung cancer. It may save your life. Call the WHPP Early Lung Cancer Detection Program toll-free number to see if you are eligible for this program, 1-866-228-7226.

WHPP Success At-A-Glance

(as of 3-31-05)

No. of callers	**13,320**
No. of exams completed	**11,112**
No. of workshops completed	**358**
No. of participants who attended workshops	**3,551**
No. of participants screened for lung cancer	**5,145**

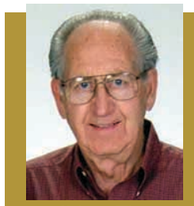
The free DOE medical screening program will be scaled back in 2006. We urge you to tell friends and co-workers (current and former at the GDP sites, former at INEEL) to take advantage of this unique and valuable program **now** and call our toll-free number today **1-888-241-1199** for more information or to schedule an appointment for a free medical screening.

Call Today! **1-888-241-1199**

Words from Survivors

"Through WHPP, I found out about a problem I didn't know I had. After I went for the physical, I got the low-dose CT scan. A small nodule showed up that turned out to be an early lung cancer. If it hadn't been for this program, I would never have known about this problem probably until it was too late."

- KH, Paducah GDP, chemical operator 1951-1953



"I am happy that I participated in the Worker Health Protection Program. I received a complete physical exam, which revealed a serious health condition. Through early detection and prompt treatment, my condition has been resolved. I would highly recommend this program."

– Bob Jones, INEEL, engineer, 1955 - 1991

"I had my WHPP physical exam in April 2003 but nothing showed on the x-ray. Then I went to the mobile unit for my first low-dose CT scan in July 2004. I needed a follow-up scan which was done 3-4 weeks later. After this scan, I received a call from Queen's College advising me to see a lung specialist. A PET scan confirmed that there was a carcinogenic nodule in my left lung, hidden behind my heart. It was successfully surgically removed and followed-up with chemo-therapy. If it hadn't been for the CT scan, my cancer would not have been discovered until it was too late. By the time I had developed symptoms, it would have spread throughout my body. I am deeply appreciative of the entire WHPP staff for saving my life."

- Arthur G. Hensley, K25 GDP, chemical operator, 1953 - 1958

"In October 2003, a close friend of mine who is a WHPP representative, urged me to have a physical and the low-dose CT scan offered at no cost by PACE. The physical results were good except for a severe hearing loss in both ears. The results of the October CT scan showed a suspicious nodule in my left lung. I had surgery and the pathology showed that the nodule was malignant. The upper left lobe of my lung was removed and the doctor assured me that he had gotten all of the lung cancer.

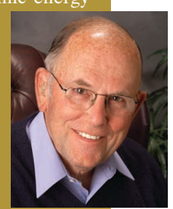
If it were not for the WHPP program, I would not have had a CT scan. I credit the WHPP with saving my life and am very grateful. I am also grateful to my friend for insisting that I go through the program."

- TK, Paducah GDP, maintenance mechanic, 1973-1998

"The consideration extended by the WHPP program makes it easy to be thankful and accept the blessing of finding my lung cancer early. I would encourage anybody to take advantage of this program, espcially the lung cancer screening program."

- George Mustard, Portsmouth GDP, research staff member 1954 to 1994

"Beginning in 1957, I worked in management positions at the INEEL in atomic energy program, including the SL-I cleanup. 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. My condition would never have been found in a community medical facility. I strongly recommend that people who worked at a DOE facility contact WHPP for a free diagnostic screening."



– Marvin Eld, INEEL, 1961 - 1979

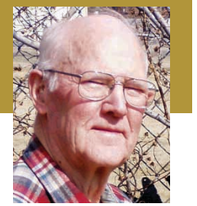
"Without the Worker Health Protection Program, my lung cancer would not have been found until it was too far advanced. A lung specialist had assured me that I did not have a problem. Then I went through the lung cancer screening where the low-dose CT scan revealed a lung nodule that turned out to be an early lung cancer. No doubt about it, if it hadn't been for the screening program, I wouldn't be here now!"

- Christopher H. Brown, K25 GDP, maintenance mechanic , 1970 – 2000

"This is a thank you statement to the WHPP program and especially to the early detection CT Scan. The scan revealed a lung nodule that turned out to be malignant and was removed while it was tiny with no further treatment needed. THANK YOU FOR MY LIFE."

- Edna Brackey, Portsmouth GDP, 1972 - 1985

"In Idaho, hunting laws only allow hunters to kill one moose in a lifetime. I had my tag and I was ready to go hunting. Also, I walked two miles per day so that I could stay in shape. I felt better than I had ever felt in my life. The guys from WHPP contacted me about a free physical for former workers. Through the physical it was discovered that I had colon cancer. I had surgery and recovered. The WHPP saved my life. I didn't get to hunt my moose that year, but I got to go the next year. I strongly recommend this program to all eligible participants".

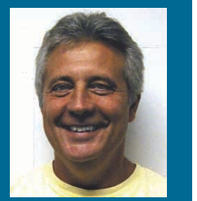


- Roy McBride, security manager, INEEL, 1960 - 1981

"During my WHPP physical exam at Park Med Ambulatory Care Clinic in Oak Ridge, the doctor thought he detected an abdominal aorta aneurysm and recommended that I get it checked. Follow-up tests showed I did have an aneurysm and surgery probably saved my life. I was a walking time bomb. I strongly recommend that anyone take advantage of this program!"

- David B. Gilliland, K25 GDP security classification specialist, 1973 – 1998

"I took advantage of the free physical and CT scan offered by the WHPP program. The physical exam showed I was very healthy, but the CT scan showed I had an ascending aortic aneurysm (a silent killer). I had open heart surgery and will have 100% recovery. This program saved my life and it could save yours."



- Tom Dodds, Portsmouth GDP, special response team officer, 1977 – present.

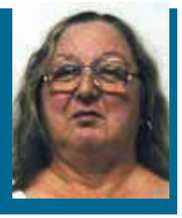
"Because of the WHPP low-dose CT scan I have become a survivor. Since there were malignant masses in both lungs, chemotherapy was recommended. Scans after 12 treatments revealed the masses are stable."

- Eugene Bailey, Portsmouth GDP, production process operator, 1954 – 1965

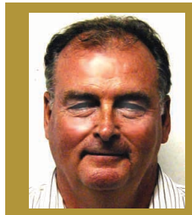
"In the late seventies, I started having problems with my lungs. I had a physical at the plant and they thought it might be histoplasmosis, a disease you can get from birds. Years later, I had my physical and low-dose CT scan through the Worker Health Protection Program and it was then that I discovered my problem with chronic beryllium disease. Through the Energy Employees Occupational Illness Compensation Act, I have received compensation and continuing medical treatment. I would like to extend my thanks to all the men and women who have helped me to receive this help.'

- John Bruce, Paducah GDP, instrument mechanic, 1953 to 1988

"When it was finally determined I had chronic beryllium disease, I was in total shock. I'd never heard of beryllium let alone that I had been exposed to it. Please have the physical and CT scan. If not for yourself, then do it for your family."



- Donna Christman, Portsmouth GDP, uranium material handler, 1974 - 2002



"Through the free physical and CT scan of the WHPP, I discovered there were some suspicious spots on my right lung. A biopsy confirmed the spots were cancer. I had an operation to remove the upper right lobe of my lung. The operation was a success and I owe my life to the early detection as a result of WHPP."

- Tony Moore, Portsmouth GDP, production process operator, 1976 - 2004

"The Workers Health Protection Program (WHPP) is a God send for the past and present workers at the Paducah GDP plant. I have been an electrician at the Paducah plant for more than 30 years. Anybody that worked during the seventies knows that we were in the workplace with little or no protection. After going through the WHPP, I was diagnosed with chronic beryllium disease (CBD) in October 2004."

- Michael Thompson, Paducah GDP, electrician, 1974 to present

"Within one month of detection of my aneurysm, I had open heart surgery to repair my aorta. I believe it is safe to say that I owe my life to this program. I am very thankful for the skilled people involved with the WHPP program and feel it is important that the program continues."

- Greg Rucker, Portsmouth GDP, security police officer, 1981 - present

THANKS TO THE PACE/QUEENS COLLEGE WORKER HEALTH PROTECTION PROGRAM, "EARLY DETECTION SAVED OUR LIVES!"

These are stories told by participants in the PACE Worker Health Protection Program (WHPP) who had illnesses detected either by the WHPP physical or the WHPP Early Lung Cancer Detection Program.

If you have been through the WHPP physical or had a low-dose CT scan through the program, and learned of an illness you didn't know you had before, call us and tell us your story. Help us document the success of this crucial program for the nuclear weapons workers from the DOE GDP's and INEEL.

Call us toll-free,
1-888-241-1199
and ask for
Jackie Namfua

If you prefer, mail your story to:
Jackie Namfua, CBNS,
Queens College,
163-03 Horace Harding Exp.,
Flushing, NY 11365.