WHPP Worker Health Protection Program

HealthWatch

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

Volume 11, Issue 15 Winter/Spring 2014

Early Lung Cancer Detection Program Finds 100th Lung Cancer; Will Offer Ongoing Screening to Highest-Risk Workers

The Worker Health Protection Program (WHPP) Early Lung Cancer Detection Program (ELCD) marked a milestone with the detection of its 100th lung cancer. The WHPP ELCD has been in operation for thirteen years and is presently the largest occupational lung cancer screening program in the world. To date, the WHPP ELCD has provided low-dose CT scans to over 13,000 former and current Department of Energy (DOE) workers from nine facilities throughout the country. Lung cancer has been detected in approximately one of every 129 WHPP ELCD Program participants screened.

The WHPP ELCD program presently operates at the: Paducah, Portsmouth, and K-25 gaseous diffusion plants; Mound and Fernald closure sites; Nevada National Security Site (formerly the Nevada Test Site); Y-12; and the Oak Ridge and Idaho National Laboratories. ELCD successfully completed its first full year of operation in 2013 at its newest sties in Idaho Falls and Las Vegas.

The goal of the WHPP ELCD is to detect lung cancer in an early stage, before the development of symptoms, when treatment is most likely to be effective. Approximately 76% of WHPP ELCD-detected lung cancers were found in early stages. In addition to lung cancer, other chronic and potentially fatal conditions have been identified on the low-dose screening CT scans, such as kidney and thyroid cancer, aortic aneurysms, heart blockages and chronic lung diseases.

In 2011, the National Cancer Institute (NCI) released the results of a landmark study, which showed that screening high-risk individuals with low-dose CT scans can significantly reduce the number of deaths from lung cancer. Prior to this, the medical community was divided about the utility of this screening method, in particular whether it would prevent death from lung cancer. This large, well-designed study has now led to the widespread acceptance of lung cancer screening for high risk individuals.

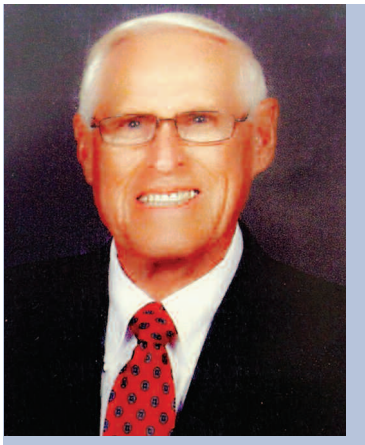
New Guidelines for ELCD Participants

Based upon emerging recommendations from the United States Preventive Task Force and new guidelines established by the DOE Former Worker Program (FWP) Medical Task Group, changes will soon be made to the selection criteria for participation in the WHPP ELCD Program and to the screening protocol. Currently the protocol offers one baseline and a one-time annual scan (and interim follow-up CT scans, if needed). Under the new protocol, we will offer yearly screening to a subset of WHPP participants who are at the greatest risk for lung cancer.

A recent review of the lung cancer risks associated with smoking and occupational risk factors, including the analysis of 13 years of data from the WHPP ELCD Program, prompted the new more selective criteria based on age, work at DOE, history of smoking, and health status.

WHPP will also continue to offer its traditional occupational medical screening program to all program participants once every three years. The traditional occupational medical screening exam may include a physical exam, chest x-ray, breathing test, beryllium sensitivity test, hearing exam, basic blood work, and urinalysis, as well as specialized blood and urine tests for certain at-risk individuals.

Please call our program at 1-866-228-7226 to find out whether your personal history qualifies you for on-going low-dose CT scans.



At first I was not interested in participating in the CT scan for the early detection of lung cancer through the Worker Health Protection Program, but I received a phone call from the program and was convinced to participate. I feel amazed and blessed that I did. The CT scan found a suspicious nodule that turned out to be lung cancer. My cancer was found at an early stage, so I was able to successfully undergo surgery. My recovery was amazingly fast and I have been feeling great and enjoying life ever since.
-Thomas Whitsett, Paducah Gaseous Diffusion Plant, 1952-1961

Message from Dr. Markowitz, WHPP Project Director

OSHA's New Silica Standard: Time for New Thinking Too

The Occupational Safety and Health Administration (OSHA) of the Federal Department of Labor has proposed a new OSHA standard for silica. It is an important step forward. There will be public hearings in Washington, DC in March and written comments accepted from the public for consideration by OSHA when it formulates the final standard. I offer a few thoughts about medical surveillance.

Medical surveillance in the workplace is important, because it allows workers to learn early about changes in their health that might be related to exposures. Like other OSHA standards, the proposed silica OSHA standard requires that the employer offer medical surveillance tests to workers exposed to silica, by a licensed health care provider. It also requires that this provider give certain medical information about the worker to the employer. According to the proposed standard, the provider will offer a written opinion that will, to quote OSHA, "describe the employee's health condition as it relates to exposure to respirable crystalline silica, including any conditions that would put the employee at increased risk of material impairment of health from further exposure to respirable crystalline silica." OSHA continues: "The proposed requirements are intended to balance employee privacy with employers' need for information to assess possible health effects or risks related to respirable crystalline silica exposure by employees." [https://www.federalregister.gov/articles/2013/09/12/2013-20997/occupational-exposure-to-respirable-crystalline-silica#h-213]

Hmm…. Does the employer really need to know their employees' health information in order to comply with proposed allowable airborne silica levels? Do they need to know whether one of their workers has silicosis, a chronic disease that usually results from exposures suffered 20 or more years ago? Not really. But, even if the employer might find such information useful, should they have it? Not really.

Indeed, in this new proposed standard, OSHA perpetuates an obsolete view of what medical information on workers can and should be released to the employer. In requiring the physician or other provider to inform the employer whether a worker has a silica-related health problem, OSHA errs in at least four serious ways. It violates a person's right to privacy and autonomy, a critical basis for HIPAA regulations. It assumes that employers act without prejudice, or that such prejudice is acceptable. It ignores the complexities of silica-related illnesses, especially emphysema, which has other causes. And, finally, it reflects a naïve view of the time course of silica exposure and silicosis.

The fact is employers can and should control worker exposure to silica based on an evaluation and implementation of needed controls and appropriate exposure monitoring. Does the employer really want to sort out whether a worker's chronic obstructive lung disease is from current silica exposure or cigarette smoking when evaluating current exposure? Is an employer really likely to draw the connection between current silica exposures and newly-diagnosed silicosis, when it is most likely that the silicosis was due to exposures 20 or 30 years ago? I don't think so.

These are complex issues that deserve a longer discussion. But I will say that our Worker Health Protection Program will not provide any medical information to any employer without the written permission of the worker.

WHPP Participants Are Eligible to Receive Rescreen Examinations Every Three Years

With the guidance of the Former Worker Program Medical Task Group, the Department of Energy (DOE) authorized follow-up screening exams to former workers at an interval of once every three years, beginning in 2006. WHPP refers to these follow-up examinations as "rescreen exams" or simply, "rescreens."

The rationale for ongoing medical screening is that many work-related illnesses can take time to develop. In fact, the latency period, which is the time between the first exposure to a potentially harmful agent and the development of a detectable illness, can be quite lengthy. For example, signs or symptoms of asbestos-related lung disease can appear thirty years or more after the first exposure to asbestos. This means that a WHPP participant, whose lungs appear healthy at the time of the initial screening, could have different results when he or she returns for the rescreen three, six or more years later.

The importance of the rescreen exam can be seen by looking at medical findings among WHPP Idaho National Laboratory (INL) participants. To date, approximately 6% of 4,000 former INL workers who received chest X-rays on their initial exam were found to have asbestos-related pleural disease for the first time. Of those participants who did *not* show signs of asbestos-related disease on their initial exam X-ray, about 3% were found to have newly detected

(continued on page 8)

EEOICPA Claims – Tips on Proving Causality in Part E Claims

The Energy Employees Occupational Illness Compensation Program (EEOICP) is a federally-funded compensation program administered by the US Department of Labor (DOL). EEOICP assists current and former workers from Department of Energy (DOE) sites, and their survivors, with financial compensation and medical care for occupational illnesses developed as a result of exposures to chemical and radiological hazards during their work.

The compensation program consists of two parts, Part B and Part E. Part B provides medical care and/or compensation for beryllium sensitivity, chronic beryllium disease, chronic silicosis and radiogenic cancers only. Part E also provides medical care and compensation, but covers a broader array of health conditions than Part B, including any illness that can be documented as being caused by a toxic hazard.

Both Parts B and E claims require that claimants obtain appropriate documentation of medical findings and DOE employment. Part E requires an additional step in which the claimant must document the causality of a work-related illness. In other words, in order for Part E claims to be accepted, both the documentation of the presence of a hazardous substance during the course of your DOE work and medical documentation relating the exposure to your illness is required.

The DOL describes Part E as covering any "occupational illness caused by a toxic substance. A toxic substance is any material that has the potential to cause illness or death because of its radioactive, chemical or biological nature." Occupational illness may be difficult to diagnose due to gaps in knowledge and because the symptoms of occupational diseases often resemble non-occupational medical conditions. However, many illnesses can be attributed to specific exposures.

Proving and linking the types of hazards you have been exposed to and the illnesses these exposures can cause is often an extensive process. A useful tool to help prove your work exposures and their health implications is publically accessible on-line. The information regarding specific hazards at jobs you held or in buildings that you worked, as well as the health implications of these exposures, can be extracted from the DOL Site Exposure Matrix (SEM), which can be found at www.sem.dol.gov. The data contained in the SEM is essentially the same as what EEOCIP claims examiners reference when making decisions on Part E claims.

For Part E claims, in addition to documenting that you worked with or around specific hazards, medical evidence must be provided that shows toxic exposures were significant factors to your illness. The DOL requires documentation that the hazard "at least as likely as not caused, contributed to, or aggravated the claimed illness and/or death"; and that it is "at least as likely as not" that this exposure was related to employment at a DOE facility.

While results letters written by WHPP physicians may be helpful in this part of the claims process, in many cases, a full diagnosis from your personal physician may be required in order to obtain compensation through the DOL. Physicians who treat occupational illnesses that are covered under EEOICP should consider the possible connection between the patient's work history and their medical conditions. It is important that you discuss your work history with your physician and provide copies of your WHPP results letter if there are any significant findings on the screening test. Below is sample language that may be helpful to your physician in order to improve your chances of a successful claim.

WHPP Coordinators may be able to help you navigate the SEM and can help provide you with facts regarding DOE facility job titles, chemical and/or radiation exposures known to have occurred among workers in those job titles, and a list of illnesses related to those exposures. See page 4 to locate the contact information of your local coordinator for assistance.

For questions regarding more details on filing Part E and B claims, visit: http://www.dol.gov/owcp/energy/

Below is an example of language that may be helpful to your treating physician when writing letters for a Part E claim:

To Whom it May Concern:

_____ is under my care for _____. _____ was first diagnosed with
(name, DOB) *(medical conditions)* *(patient name)*
_____ on _____. Since that time, _____.
(medical conditions) *(month/day/year)* *(info on progression of illness)*
_____employed at _____ for _____as a
(patient name) *(has been/was)* *(DOE facility name)* *(#of years/months)*
_____.
(job title(s))

It is my understanding that during employment he/she was exposed to toxic substances including _____ during employment at the _____. It is my opinion that there is
(chemical names/radiation) *(DOE facility name)*
medical evidence that these occupational exposures to _____ were a significant factor in
(chemical names/radiation)
_____ _____ and that these occupational exposures were at least as likely as not to
(patient name's) *(name of illness)*
have caused , contributed to, or aggravated _____'s _____ .
(patient's name) *(name of illness)*

Worker Health Protection Program News

WHPP Hosts Joint Outreach Task Group Meeting for Former Workers at Northern California Laboratories

In September 2013, WHPP hosted two Joint Outreach Task Group meetings for former workers of the Lawrence Berkeley, Lawrence Livermore and Sandia-California National Laboratories. Attendees included representatives from WHPP, the Department of Energy (DOE), the Department of Labor (DOL), the Energy Employees Occupational Illness Program's (EEOICP) Ombudsman's Office and the National Institute of Safety and Health (NIOSH), all of whom provided information and answered questions regarding both medical screening and EEOICP.

The Joint Outreach Task Group was created in 2009 to help the separate agencies that provide services to nuclear workers collaborate in their outreach efforts.

Former Northern California Laboratory workers attending Joint Outreach Task Group Meeting in Livermore, CA.

WHPP Success At-A-Glance
(As of 09/30/2013)

WHPP MEDICAL SCREENING PROGRAM

Total number of individuals who have participated in WHPP: . 29,994

Total number of WHPP exams completed (including 3-year re-screen exams): 44,134

WHPP EARLY LUNG CANCER DETECTION PROGRAM

Number of participants screened for lung cancer: 13,172

Number of low-dose CT scans completed: 36,661

If you haven't taken advantage of the free WHPP medical screening, or to find out when your three-year re-screen exam can be scheduled, call today!

Brookhaven (BNL), Fernald, and the GDPs	1-888-241-1199
Idaho National Lab	1-208-522-4748
Mound	1-877-866-6802
ORNL and Y-12	1-800-906-2019
NTS	1-877-771-7977
Northern California Labs	1-866-460-0628

Color Guards at the 2013 National Day of Remembrance

Former Nevada Test Site Workers and Their Families Attend the 5th Annual Day of Remembrance

For the fifth straight year, Congress authorized a National Day of Remembrance recognizing the legacy of nuclear weapons workers. This year's ceremony was held at the National Atomic Testing Museum in Las Vegas, Nevada and was attended by over 300 people, including many former workers and their families. The event included presentations by DOE's Chief Health, Safety and Security Officer, Glenn Podonsky and Mr. Al Tseu, a former US Army paratrooper who parachuted directly into an above ground nuclear test at the Nevada Test Site in 1952. The event was co-sponsored by WHPP, the DOE, the National Atomic Testing Museum and the Cold War Patriots.

The National Atomic Testing Museum is an affiliate of the Smithsonian Institution and has over 12,000 artifacts related to nuclear weapons testing and the Cold War. Visit www.nationalatomictestingmuseum.org for more information on the museum.

Paducah Gaseous Diffusion Plant Set to Close

In May 2013, USEC, the contractor operating the Paducah Gaseous Diffusion (PGDP), announced that it will close operations at the site. The PGDP, based in Paducah, KY, has been enriching uranium for war and civilian operations since 1954. A surplus of enriched uranium from less expensive technologies and a reduced global demand have been the primary reasons cited for the closure.

This announcement leaves a workforce of over 1,000 people in Paducah uncertain about their future. While the DOE has submitted a "Call for Offers" to companies who may be interested in using the site for other nuclear operations, the future of the site remains unclear. The lay-offs will not affect the availability of WHPP in Paducah. WHPP will continue to provide medical screening to both current and former workers at the PDGP.

Work Begins on an Exposure Assessment at the SLAC National Accelerator Laboratory

WHPP has embarked in a site exposure characterization to determine the scope and need for a medical screening program at the SLAC National Accelerator Laboratory in Menlo Park, California. SLAC is operated for the DOE's Office of Science by Stanford University. SLAC has been a premiere physics research laboratory since the 1960's and has been the scientific home to three Nobel Prize winners. WHPP is working to characterize hazards that have existed on-site over time, such as radiation, asbestos, lasers and lead, in order to develop a medical screening program for former workers from this facility.

NIOSH Recommends Limits for Occupational Exposures to Carbon Nanotubes and Nanofibers

The National Institute of Occupational Safety and Health (NIOSH) issued a *Current Intelligence Bulletin* (CIB) on occupational exposures to carbon nanotubes (CNT) and carbon nanofibers (CNF) in April 2013. CNTs and CNFs are microscopic materials created through nanotechnology, which are increasingly being used in numerous industrial applications, including research projects at Department of Energy (DOE) Office of Science facilities and in private industry. NIOSH does not have authority to enforce their own recommendations through law, but the CIB serves as an official recommendation to industry outlining safer handling practices for CNT and CNF workers.

NIOSH defines nanotechnology as "manipulating matter on a microscopic scale." CNTs and CNFs are two types of nanomaterials, both of which are approximately one thousand times smaller than the width of a human hair. At such a small size, materials can take on different properties than they do in larger states. Engineered nanomaterials have led to applications that increase the strength, heat resistance and durability of various substances. Nanomaterials are used in fields such as medicine, construction, agriculture, automotive, electronics and consumer goods, with ongoing research introducing new uses on a regular basis.

Despite the favorable applications of nanotechnology, short and long-term health effects from working with such small particles are cause for concern among health and safety professionals. Citing recent animal studies and other toxicological data on CNTs and CNFs, NIOSH has established that these nanomaterials can affect lung function, including contributing to inflammation, granulomas and pulmonary fibrosis. Additionally, there is preliminary research raising concerns that CNTs and CNFs may contribute to cancer or cardiovascular risks in the long term, although more health studies need to be conducted in order to confirm the long-term risk to human health. Based on present medical knowledge on lung effects and the uncertainty of the long-term damage CNTs and CNFs may pose, the CIB outlines steps to be taken in an attempt to better protect worker health.

NIOSH has assembled five categories of recommendations for agencies working with CNTs and CNFs: 1) instituting a recommended exposure limit (REL), which is the maximum allowable concentration of particles in the air over an eight-hour work day, 2) using engineering controls to limit airborne exposure to workers, 3) establishing training programs to alert workers on the safe handling of CNTs and CNFs, 4) training workers about engineering and administrative controls, and 5) establishing medical surveillance and screening programs to detect respiratory illness or dysfunction early.

As noted above, NIOSH does not have the authority to mandate enforcement of their recommendations. Their recommendations can only become law through a standard promulgated by the Occupational Safety and Health Agency (OSHA). Unfortunately, NIOSH recommendations frequently do not translate into regulations. However, in creating the CIB, NIOSH has involved many leading private agencies in the field, in hopes that these agencies will voluntarily adopt these recommendations in order to reduce the risk of harm to their workforce.

The DOE's Office of Science supports research on engineered nanomaterials in an effort to advance U.S. energy output and scientific progress. There are five DOE Nanoscale Science Research Centers, including the Oak Ridge, Brookhaven and Lawrence Berkeley National Laboratories, all sites where WHPP operates. Since 2009, the DOE has enforced an internal nanotechnology health and safety policy as written in DOE Notice 456.1. Similar to the themes contained in the NIOSH CIB, the DOE Notice mandates engineering and administrative controls, worker training and medical surveillance, among other health and safety policies geared towards protecting workers in the face of uncertain hazards.

The primary risk to workers results from mixing, cutting or grinding nanomaterials. CNTs and CNFs are not considered to be harmful to the general public since nanoparticles in after-market products are generally bound to other materials and do not pose an inhalation risk, the primary exposure route of concern.

If you worked with nanoparticles while employed at a DOE facility, participating in on-going medical screening through WHPP may be helpful in detecting changes in your health related to these exposures. Please let us know before or after your examination if you have worked with nanomaterials.

I had a very positive experience working with the local coordinator from the Worker Health Protecton Program at Brookhaven National Laboratory, who encouraged me to file paperwork for an EEOIC-PA claim as a result of my colon cancer. I received compensation for my condition and also medical benefits for on-going care. I would like to thank everyone involved in these programs.

-Tony Boggi, Brookhaven National Laboratory, Maintenance worker 1993-2010

Confidentiality and the Worker Health Protection Program; Protecting Your Personally Identifiable and Personal Health Information

WHPP is committed to protecting the confidentiality of all of our participants. Our clinicians and project personnel follow stringent guidelines when handling both personally identifiable information (PII) and personal health information (PHI). Our program has an established protocol that meets the standards of the Department of Energy's (DOE) security policy for the handling of PII and is bound by the law of the US Department of Health and Human Services' Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Only essential WHPP employees and their consultants have access to your PII/PHI. These employees are mandated to participate in privacy awareness trainings, which detail safe record handling, on an ongoing basis. Electronic and paper records are stored and transferred using multiple levels of safeguarding, which include encryption and password protection. Personal identifiers and health information are not kept on any desktop computer, hard drive, laptop, flash drive or comparable media. These procedures have been reviewed and approved by program staff at the DOE and Queens College of the City University of New York.

Medical records with individually identifying information will be securely kept in paper or electronic form at Queens College for ten years after the end of the program and then destroyed. Medical records without any individually identifying information will be maintained by Queens College for twenty years after the end of the program, after which, they will be destroyed. Your PHI will not be shared with other parties without your authorization, except as required by law, as specified in the informed consent and HIPAA forms.

If you choose, you may authorize WHPP to provide results of your medical tests, with all PII removed, to the DOE or other valid scientific agencies, to be used in future research on the DOE workforce. If you authorize use of these records, the DOE and other scientific agencies will not be able to identify the person connected to the medical information, because individual identifiers such as name, address and social security number will be removed.

Remember, you are free to withdraw from the program at any time without penalty or loss of benefits. If you decide to do so, you must notify the WHPP program of your decision in writing. If you decide to withdraw from the program, a complete set of your medical records will be sent to you.

We take confidentiality and privacy seriously at WHPP. If you have any further questions regarding our policies, please email us at info@worker-health.org.

US Preventive Services Recommends Use of Low Dose CT Scan for Early Lung Cancer Screening

The United States Preventive Services Task Force (USPSTF) issued a recommendation, in December 2013, endorsing the annual use of low-dose CT scan for the early detection of lung cancer in high-risk smokers.

In 2000, the Worker Health Protection Program (WHPP) initiated this type of screening on a pilot basis for high-risk former workers at the three gaseous diffusion plants in Oak Ridge, Portsmouth, and Paducah; now low-dose CT screening is used within WHPP at multiple DOE site including Mound, Fernald, Oak Ridge National Laboratory, Y-12, Idaho National Laboratory and the Nevada National Security Site (formerly the Nevada Test Site). This recommendation is the first time the USPTF has endorsed any type of lung cancer screening and will likely influence standard medical practice and insurance coverage for members of the public who meet age and smoking criteria. The findings of the USPTF have provided the rationale to the WHPP Early Lung Cancer Detection Program (ELCD) to modify its protocol to offer screening annualy to participants at highest risk.(See article on page 1).

The USPSTF is a government-appointed task force made up of independent medical and public health experts. Their recommendation builds upon findings released by the National Cancer Institute (NCI) in 2011 that confirmed that the use of low-dose CT scans can prevent at least 20% of deaths from lung cancer in high-risk individuals.

WHPP director Steven Markowitz, M.D. stated, "The recommendation of the USPSTF endorses the lung cancer screening method that we have been offering to high risk DOE workers since 2000. Their actions will broaden the availability of lung cancer screening and have the potential to dramatically reduce lung cancer deaths."

Lung cancer is the leading cause of cancer-related deaths in the United States. Lung cancer claims approximately 160,000 lives each year, more deaths than from breast, prostate, colon and pancreas cancers combined. Lung cancer has no symptoms in its early stages and, by the time symptoms occur, the cancer has usually spread to the lymph nodes or other organs. In fact, in the absence of lung cancer screening, approximately 85 percent of people with lung cancer are diagnosed at a late stage, when treatment is unlikely to be effective.

The USPTF recommendation states that stopping smoking remains the most important way to prevent lung cancer.

While smoking is the primary cause of lung cancer, there is additional concern for DOE workers who may have been exposed to lung cancer-causing agents in their workplace including radiation, asbestos, silica, beryllium and diesel exhaust, all of which can amplify the harm caused by smoking.

Workers from the Paducah, Portsmouth and K-25 gaseous diffusion plants; the Mound and Fernald closure sites; the Nevada National Security Site (formerly the Nevada Test Site); Y12 and the Oak Ridge and Idaho National Laboratories, who meet specific age, smoking, health and occupational criteria may be eligible for the free lung cancer screening and should call 1-866-228-7226. Visit www.worker-health.org for more information.

Kaiser Permanente: Providing Former Workers of Lawrence Berkeley, Lawrence Livermore, and Sandia-CA National Laboratories with Personalized Occupational Medical Screenings

Kaiser Permanente Medical Groups in the Northern California region have been collaborating with the Worker Health Protection Program (WHPP) to provide medical screening for former workers of Lawrence Berkeley (LBNL), Lawrence Livermore (LLNL) and Sandia-California (SNL) National Laboratories since 2007. Medical screening is available at five Kaiser locations throughout the area: Antioch, Livermore, Oakland, Rohnert Park and Stockton. Individually-tailored employment-related medical services provided to WHPP participants are performed by occupational and internal medicine clinicians within the occupational health departments of each location.

To date, Kaiser Permanente has evaluated over 2,100 former LBNL, LLNL and SNL workers, providing detailed examinations in an effort to identify potential work-related illness. Workers from LBNL, LLNL and SNL may have been exposed to a variety of occupational hazards throughout their employment, such as beryllium, radiation, lead, lasers, silica and asbestos. Workers from LBNL, LLNL and SNL may be eligible for compensation through the Energy Employees Occupational Compensation Program Act (EEOICPA) or state workers' compensation programs.

Kaiser Permanente has a unique history in the field of health care in the United States. Founded in 1945, Kaiser now has three different arms of operation. In addition to the Kaiser Permanente Medical Groups who provide WHPP exams, Kaiser also operates a health care insurance plan and runs hospital facilities throughout the United States. Presently, Kaiser has nearly nine million members and is the largest insurance provider in the state of California.

Former DOE workers are never required to become members of Kaiser plans in order to receive their no-cost WHPP exams through Kaiser Permanente. Likewise, those who are already Kaiser members are able to benefit from the customized medical screening that WHPP provides at no charge, as a supplement to the care provided under their current Kaiser plans.

Getting to Know the WHPP Staff - Sandie Medina, Las Vegas, NV

Sandie Medina has spent over forty years committed to the workers of the Nevada Test Site (NTS, now known as the Nevada National Security Site or NNSS). Since 1996, Sandie has been an integral part of the Former Worker Program at NTS, formerly affiliated with Boston University and now with Queens College of the City University of New York, where she works as a Program Specialist. Sandie spends much of her time in the field recruiting former workers and ensuring they are aware of the medical screening and US Department of Labor compensation program. Sandie also conducts occupational health interviews and coordinates medical testing for participants.

Prior to working on the medical screening program, Sandie had a twenty-five year career at NTS, where she provided clerical and administrative support for underground nuclear testing. In this role, Sandie was able to work with large segments of the workforce and developed many close ties with the workers who carried out these crucial tests of the United States' nuclear arsenal.

"My favorite part of working on the medical screening program is being able to interact one-on-one with my former co-workers. Just knowing how many of us were put in harm's way, I feel I am truly lucky to help workers get screened for the early detection of occupational illness, or in other cases, assist with workers who are already ill and are trying to get compensation."

Sandie grew up in New Mexico and attended New Mexico Highlands University where she studied Elementary Education and Child Psychology but changed her career focus when she had the opportunity to work at the NNSS. Sandie has been an active member of Laborers' Union Local #872 since 1998 and been the Administrative Secretary for the Laborers' Retiree's Council since 2006.

When not working, Sandie is a sports enthusiast and enjoys watching the Los Angeles Lakers, Los Angeles Dodgers and Dallas Cowboys. Sandie is also an active member in many civic organizations and is the acting secretary for the Southern Nevada Coalition of Black Trade Unionists and the Nevada Alliance of Retired Americans, Las Vegas Chapter.

Sandie Medina (right) with Department of Energy's Chief Health Safety and Security Officer, Glenn Podonsky.

WORKER HEALTH PROTECTION PROGRAM (WHPP)
CENTER FOR THE BIOLOGY OF NATURAL SYSTEMS (CBNS)
QUEENS COLLEGE – REMSEN 311
65-30 KISSENA BLVD.
FLUSHING, NY 11367

The Worker Health Protection Program has helped a lot of former workers from the Nevada Test Site. In many retirees, I've seen this program catch illness at an early stage, when something can be done about it and treatment can be more successful. This includes not only lung cancer, but for other illnesses related to our work as well.
-Oscar Foger, Nevada Test Site, Miner, 1959-1995. Current President of Retirees Council, Laborers Local 872.

HealthWatch

A Newsletter of the Worker Health Protection Program -- A Medical Screening Program for Current and Former DOE Workers

WHPP Participants Are Eligible to Receive Rescreen Examinations Every Three Years

(continued from page 2)
asbestos-related disease on the rescreen exam.

A rescreen exam generally consists of the same components as the initial WHPP exam: a physical exam, a chest X-ray, lung function tests, and bloodwork. Additionally, the rescreen may include special tests, such as the beryllium sensitivity test, for those who meet specific occupational history criteria. Our physicians are trained in occupational medicine and will look for specific illnesses related to your work, illnesses that your personal doctor may overlook. WHPP physicians will alert you to findings that may qualify you for compensation through the Energy Employees Occupational Compensation Act (EEOICPA). Keep in mind, the WHPP exam is a complement to and not a replacement for annual physicals offered by your primary care physician.

While the WHPP program does its best to contact participants who are eligible to receive their next rescreen examination, addresses and telephone numbers often change in the three year period between exams. If you have recently changed addresses or phone numbers, please contact us. (See our contact information in the box to the right.) If it has been longer than three years since your last exam, please be in touch, so we can schedule your next appointment.

WHPP Health Watch

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For more information, call us at 1-888-241-1199
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