



HealthWatch

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

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WHPP EXPANDS TO INCLUDE LOS ALAMOS AND SANDIA-NEW MEXICO, INTRODUCES EARLY LUNG CANCER DETECTION PROGRAM

The Worker Health Protection Program (WHPP) has expanded to include workers from Los Alamos National Laboratory (LANL) and Sandia National Laboratories (SNL-NM), two of the largest sites in the Department of Energy (DOE) complex. This expansion, which began in February 2024, was made possible by integrating the former worker screening program previously operated by the Johns Hopkins Bloomberg School of Public Health (JHU-BSPH) into WHPP.

By combining JHU-BSPH's experience at these facilities with WHPP's expertise operating medical screening programs for workers from 14 other DOE sites, WHPP has streamlined operations and significantly increased efficiency. In its first year, the New Mexico sites quadrupled former worker participation in conventional occupational medical screening exams, and for the first time, WHPP introduced low-



Brian Condit, Executive Director of the New Mexico Building and Construction Trades Council, speaking at the WHPP opening in Albuquerque, New Mexico

dose computed tomography (LDCT) scanning to screen high-risk former LANL and SNL-NM workers for early lung cancer.

With this expansion, WHPP brings over 25 years of experience in identifying work-related illnesses caused by radiation and other hazards common in the DOE complex. The Program helps ensure that those who played a critical role in the nation's defense programs receive the medical care and screenings they deserve.

Lung cancer is the leading cause of cancer deaths in New Mexico, yet only 2% of eligible individuals in the state have undergone recommended lung cancer screening. As a result, lung cancer is often diagnosed at later stages, leading to lower survival rates compared to national averages. The introduction of the WHPP Early Lung Cancer Detection (ELCD) Pro-

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WHPP HOSTS EVENTS TO ANNOUNCE EXPANSION TO LOS ALAMOS AND SANDIA-NM

The Worker Health Protection Program (WHPP) held two events to mark the expansion of free medical screening services to former workers from Los Alamos National Laboratory (LANL) and Sandia National Laboratories-New Mexico (SNL-NM). These events, held on June 5, 2024 in Albuquerque at the IBEW Local 611 union hall and June 6th in Los Alamos at Los Alamos Medical Center, celebrated the introduction of low-dose CT lung cancer screening for high-risk former workers and the expanded availability of occupational medical screenings, and featured remarks by notable stakeholders in the LANL and SNL-NM communities.

(Continued on page 5)

"This [WHPP expansion] is a vital step forward in honoring and protecting those who have put their health on the line to advance science and support our national defense. I want to express my gratitude to the Department of Energy for their efforts to bring this necessary program to New Mexico. Your commitment to the health and well-being of our former Energy workers will not be forgotten. It is our duty to ensure workers at Los Alamos and Sandia National Laboratories who have been exposed to toxic chemicals receive the medical care and attention they deserve." - Annie Quintana, on behalf of Congressman Gabe Vasquez



A Message from Dr. Steven Markowitz, WHPP Project Director

DO CT SCANS CAUSE CANCER?

Recent headlines broadcast the results of a new study published in a prominent medical journal estimating that the 93 million CT scans performed on 61.5 million people in the U.S. in 2023 can be expected to cause 103,000 radiation-induced cancers among recipients over their lifetimes (10.1001/jamainternmed.2025.0505). That is a lot of CT scans, but that is also a lot of cancers.

WHPP uses low-dose chest CT scans to detect lung cancer early and has been very successful doing so. Should this new study change what we do? Are we causing more harm than good? Let’s dive under the hood.

Less Dose = Less Risk

First of all, dose matters. The new study found that abdominal CT scans were the most common type of CT scan and the largest contributor to future cancer risk. An abdominal CT scan provides an average dose of 15 millisieverts (mSv) of radiation (range: 10 to 20 mSv). A full-dose CT scan of the *chest* provides an average dose of 7 millisieverts to the patient. Most CT scans included in the new study were full -dose CT scans.

By contrast, a low-dose CT scan in the WHPP lung cancer screening program provides about 1 millisievert of radiation, or 15 times less than the abdominal CT scan and 7 times less than the full-dose chest CT scan. Less radiation means less risk. In fact, it was the discovery that a low-dose of radiation could give good enough images of the chest to detect lung cancer early and reduce deaths from lung cancer that permitted the use of low-dose chest CT scans for screening.

The good news is that doctors are working to further reduce the dose of the low-dose chest CT scans through the use of *ultra-low dose CT scans*. It appears that a dose of 0.1 to 0.2 millisieverts may be sufficient to get chest images with enough clarity to detect lung cancers early. That is 5 to 10 times lower than the low doses that are currently used. Ultra-low dose chest CT imaging has been

successfully used in Australia and will likely become the standard in this country in the next few years.

No Free Lunch

National health policy and our policy in WHPP is that only people with sufficiently high risk of lung cancer are eligible to receive low-dose chest CT scans. We have this policy, because we recognize that, while a low-dose chest CT scan has a real benefit (significantly reducing deaths from lung cancer due to early detection) it also has some risks. One risk is that over a long period of time – usually 20 or 30 years, the annual low-dose chest CT scan may slightly increase lung cancer risk due to the very limited radiation exposure. Importantly, we only scan people whose lung cancer risk is higher – due to a combination of occupational exposures, smoking, and age – than the risk that they may receive as a result of the CT scan. That is, the benefit of the CT scan is clearly expected to outweigh the risk of the CT scan. That is one of the main reasons that we do not offer a low-dose chest CT scan to all former DOE workers.

Alternatives to CT Scans

Some good news on this front is that other diagnostic tools in medicine are increasingly available that do not use radiation. *Ultrasound*, or the use of sound waves to identify internal structures, does not use radiation and is now used by a wide variety of doctors to evaluate certain medical conditions. Heart doctors look at heart chambers, and lung doctors can detect fluid in the chest. GI doctors can detect enlarged gall bladders, and thyroid doctors can examine thyroid nodules. *MRI scans* also do not use radiation yet give excellent images of diseases and are especially useful in cancer patients. The use of MRI scans at present is limited, in part, because they are very expensive.

The Bottom Line

Without screening, lung cancer is usually detected in a late stage and is life-threatening, whereas lung cancers found early with screening can be cured. If you are in our WHPP low-dose chest CT program for early lung cancer detection, you need to keep coming back every year. We pay very close attention to the dose of radiation that we use, and we keep it as low as we can. We published a medical article 13 years ago about our successful efforts to reduce dose in WHPP. We continue to follow the ultra-low dose efforts closely and will move in that direction when the medical science so justifies and the costs of the new technologies allow.

**As always, call us at 1- 888-241-1199
if you have questions or concerns.**

WHPP Success At-A-Glance

(Numbers as of 3-31-2025)

MEDICAL SCREENING PROGRAM

Individuals screened.....36,970
Exams completed (including re-screen exams)...82,627

EARLY LUNG CANCER DETECTION PROGRAM

Individuals screened for lung cancer.....14,188
Low-dose CT scans completed.....63,444
Diagnosed with lung cancer.....236

THE VALUE OF WHPP AND THE DOE FORMER WORKER SCREENING PROGRAMS

Established by Congressional statute, the Department of Energy's Former Worker Medical Screening Program (DOE FWP) provides occupational health evaluations to DOE workers who face elevated health risks due to their critical work in the nuclear weapons complex in defense of our nation.

The Worker Health Protection Program (WHPP) is one of the largest of the five independent programs operating DOE FWPs throughout the country.

Below are highlights of the overall importance of the FWP to DOE workers throughout the country.

Supports American Workers

- Over 600,000 people have worked in the DOE complex since the Manhattan Project. In support of national security interests, many of these workers were exposed to hazards such as radiation, beryllium, asbestos, silica, solvents, and noise and have experienced increased rates of cancer, chronic lung disease, hearing loss and other serious conditions.
- Over 100,000 former DOE workers have benefited from FWP medical screening since its inception in 1999, with approximately 8,000 individuals receiving medical evaluations every year.

Saves Lives

- The FWP aims to detect work-related illnesses at an early stage, allowing timely diagnosis and treatment, which can preserve health. [A published study by one of the largest FWP programs \(BTMed\)](#) found that DOE worker participants had two-thirds fewer excess deaths compared to DOE workers who did not participate in FWP.
- The FWP, led by innovations at WHPP, has pioneered the use of lung cancer screening with low-dose chest CT scans for 25 years. Collectively, FWP has detected lung cancer in over 300 DOE workers. Over two-thirds of these cancers were detected at early stages, when surgical cure is most likely. The annual chest CT program is highly valued by participants; close to 90% of participants return each year for the CT scan. By contrast, in the general population, annual adherence to chest CT scanning is less than 50%.
- The FWP also results in improved general health of participants. [A published study by one of the largest FWP programs \(BTMed\)](#) found significant improvements in measures of diabetes, blood pressure, cholesterol, smoking cessation, and cardiovascular disease risk among FWP participants who returned for repeat FWP examinations.

Access to Occupational Health Expertise

- The FWP is run by independent, board-certified experts in occupational and environmental medicine. Few such physicians practice in DOE communities, reflecting a national shortage of such physicians (with ~1,000 in the entire United States). The FWP model uniquely combines local clinical resources with national occupational medicine programs that have specific knowledge of the hazards that DOE workers have faced over the past five or more decades.
- The FWP provides medical tests for occupational illnesses that DOE workers otherwise cannot obtain. These include a special beryllium sensitivity blood test, a radiology interpretation of the chest x-ray for work-related dust diseases, evaluation of audiometry for contribution of occupational noise exposure, and, for a subset of workers at high risk for lung cancer, an annual low-dose chest CT scan based in part on a history of occupational exposures.
- FWP screening results support workers in the Department of Labor's Energy Employees Occupational Illness Compensation Program (EEOICP) claims process. Congress established EEOICP in 2000 in recognition of the national service performed by DOE workers. Correct decision-making on occupational disease claims requires input from medical experts who understand causation of occupational disease and the DOE complex. While FWP is not formally linked to EEOICP, FWP medical evaluations provide an objective independent informed evaluation that can be used in the compensation process.



CHRONIC OBSTRUCTIVE PULMONARY DISEASE

BY LYNDON ROSE, M.D., M.P.H.

Screening for Chronic Obstructive Pulmonary Disease (COPD)

COPD is the medical term for certain lung conditions that cause a reduction in the airflow in the airways, known as obstruction. The obstruction seen with COPD is not fully reversible, which distinguishes COPD from other obstructive lung conditions, such as asthma, in which the obstruction is reversible. The two main types of COPD are **chronic bronchitis** and **emphysema**. According to the Centers for Disease Control, an estimated 14.3 million American adults have some type of COPD.

Chronic bronchitis is an inflammatory disease of the lung characterized by an increase in mucus in the bronchi (large airways) and bronchioles (small airways). This excess mucus, along with inflammation in the walls of the airways, reduces the airflow. Symptoms of chronic bronchitis can develop in early ages (40's or 50's).

Emphysema is a condition where the walls of the air sacs at the end of the airways, called alveoli, become weakened and destroyed. When this happens, the lungs cannot expand and contract normally. Emphysema symptoms appear at older ages (often after age 60).

Some people have one type of COPD (either chronic bronchitis or emphysema), but it is relatively common for individuals to develop, to varying degrees, a combination of these two conditions.

Causes of COPD

Cigarette smoking is by far the most significant cause of COPD. An estimated 80 to 85 percent of diagnosed COPD is related to smoking, according to the American Thoracic Society (ATS). Smoking depresses the lungs' protective mechanisms and produces other damaging effects that lead to the development of COPD. COPD has also been linked to work related exposures. According to estimates by the ATS, 15 to 20 percent of diagnosed cases of COPD could be work related. The inhalation of hazards such as irritating gases, chemical vapors, welding fumes and dusts, is associated with the development of work-related COPD. Based on the thousands of occupational history forms completed by WHPP participants, we know that many WHPP participants are at risk of work-related COPD due to exposures such as fluorine compounds, acids and bases, welding fumes and fiberglass dust.

Detection of COPD

Since COPD is a slowly progressing condition and a person with COPD may not show any noticeable signs at an early stage, symptom questionnaires have been developed, including the ATS Breathing Questionnaire

used in this screening program. Another tool that can be used to evaluate the presence of COPD is a shorter questionnaire developed by the Global Initiative for Chronic Obstructive Lung Disease (GOLD). This questionnaire can be accessed using the following link: <https://goldcopd.org/patients-advocacy-groups/>

GOLD Questionnaire - "Could I have COPD?"

- Do you cough several times most days?
- Do you bring up phlegm or mucus most days?
- Do you get out of breath more easily than others your age?
- Are you older than 40 years?
- Are you a current smoker or an ex-smoker?

If you answered yes to three or more of these questions, ask your doctor if you might have COPD.

The diagnosis of COPD is based on a history of smoking, work exposures and other factors (such as air pollution), symptoms, and physical signs. COPD related changes can be detected through a chest x-ray or CT scan. However, to confirm a diagnosis of COPD, a lung function study with a device called a spirometer must show an obstructive pattern. This pattern is determined by a measurement called the airflow ratio. The airflow ratio is calculated by dividing the amount of air (measured in liters) forcefully exhaled in 1 second (called the FEV₁) by the amount of air forcefully exhaled after a full breath inhaled (called the FVC). So, if your FEV₁ was 3 liters and your FVC was 4 liters, your airflow ratio would be 3/4 or 0.75, which for any age group, would be a normal result. All WHPP participants are offered spirometry and informed of the results.

Work-related COPD is recognized as a covered condition under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), a federal law which established a special program for Department of Energy workers with certain work-related medical conditions.

Prevention of COPD

Avoiding smoking and minimizing workplace exposure are by far the best means of COPD prevention. While it is unclear at what point during the course of COPD the changes become irreversible, quitting cigarette smoking and avoiding other offending agents, regardless of age, is an important step in protecting your health.

For more information about COPD, please visit the American Lung Association on the Internet at <https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/learn-about-copd>



Illustration: American Thoracic Society
[Pulmonary Function Test Fact Sheet](#)

A WORD FROM GAYLON HANSON, WHPP LOCAL COORDINATOR

My personal goal each and every day is to try to do ten random “good things.” These “good things” can include making a positive comment to a friend or coworker, offering a smile, or just letting someone merge in front of me in traffic.

Today, I take another opportunity to do a “good thing” by encouraging you to get scheduled for your **free occupational health screening** through the Worker Health Protection Program (WHPP).

And to nearly everyone who is reading this newsletter -- you qualify! Former DOE workers (and current workers from the Portsmouth and Paducah GDPs) are eligible for the ongoing free occupational health screenings that WHPP offers every three years. The screening includes a comprehensive medical exam to look for health conditions related to DOE work, with detailed written evaluations of the results provided by occupational medicine physicians at Queens College following the exam. These results may be



helpful if you apply for compensation through the Department of Labor program for DOE workers.

WHPP is built around the importance of early detection of medical conditions, when treatment is most effective. And if the medical screening doesn't show any significant findings, it can provide real peace of mind.

Still reading? (“Good thing”!) If your last medical screening was at least 3 years ago, no matter how long it has been, call the WHPP contact numbers today to schedule an appointment. If you have not been screened yet, call to enroll!

(WHPP phone numbers are on page 8.)

Outreach is WHPP's lifeblood. Former and current DOE workers need to know about this valuable medical service that can potentially save their lives. After you read this message, use this opportunity to do a “good thing” and tell a former coworker to sign up today!

NEW MEXICO OPENING *(Continued from page 1)*

gram for former LANL and SNL-NM workers—who have faced exposure to known lung carcinogens such as radiation, asbestos, and beryllium—expands access to critical screening, which aims to reduce preventable deaths among former workers and to also increase awareness about the importance of early detection of lung cancer throughout the state of New Mexico.

Screenings are now available through multiple medical partners in Albuquerque and Santa Fe, including Duke City Occupational Healthcare, Concentra and X-Ray Associates of New Mexico.

The WHPP Espanola office remains open as a local resource for former workers, providing scheduling assistance and support. The program is now run jointly by independent occupational medicine physicians at Queens College and JHU-BSPH, and all assessments and participant information remain strictly confidential.

NEW MEXICO EVENTS *(Continued from page 1)*

The events featured remarks from Todd Lapointe, former Director of the DOE Office of Environment, Health, Safety, and Security; Dr. Steven Markowitz, Co-Director of WHPP; and Brian Condit, Executive Director of the New Mexico Building and Construction Trades Council. Congressional representatives also provided support, with Edward Tabet-Cubero (Office of U.S. Senator Martin Heinrich), DeChellie Gray (Office of U.S. Representative Melanie Stansbu-

ry), and Annie Quintana (Office of U.S. Representative Gabe Vasquez) speaking at the Albuquerque event. The Los Alamos event included remarks from Rita O'Connell (Office of U.S. Senator Heinrich), Eric Chavez (Office of U.S. Senator Ben Ray Luján), and Matt Miller (Office of U.S. Congresswoman Teresa Leger Fernández). Rachel Davis of the American Cancer Society and former LANL worker Rebecca Trujillo also shared insights on the importance of lung cancer screening.

WHPP IN NEW MEXICO AT-A-GLANCE

- Former LANL and SNL-NM workers who were employed at least 30 days are eligible for occupational medical screening exams through WHPP.
- Those who previously participated in the JHU-BSPH program can now receive rescreen exams through WHPP every three years.
- Lung cancer screening is available for participants who meet WHPP's pre-determined lung cancer risk criteria. Once enrolled, participants typically receive annual low-dose chest CT scans or more frequently, if recommended by WHPP medical staff.

If you worked at LANL or SNL-NM, please spread the word about this program expansion and take advantage of this free, potentially lifesaving medical screening.

WHPP ELCD MARKS 25TH ANNIVERSARY OF LUNG CANCER SCREENING FOR DOE WORKERS

This year, the WHPP ELCD Program celebrates the 25th anniversary of the start of lung cancer screening for DOE workers using low-dose CT scans (LDCT) of the chest. Since 2000, when the Program began, over 14,000 WHPP participants have been screened, leading to the detection of 236 primary lung cancers, with the majority in early stages, when they are most treatable and cure is possible.

The ELCD Program is offered to DOE workers who meet pre-determined criteria for lung cancer risk related to age, work, smoking and medical history. Those who meet the criteria are invited for an initial low-dose CT scan (called a “baseline”) and then annual low-dose scans. In some cases, the program radiologists may recommend additional scans in between the annual scans.

“We now know that low-dose CT scanning can find lung cancer early and, with timely treatment, be cured. Eligible WHPP participants should take advantage of the free low-dose chest CT scans offered by the WHPP Early Lung Cancer Detection Program. Just a few minutes of your time once a year could save your life.”

- Dr. Steven Markowitz, WHPP Co-Director

Prior to the advancement and widespread availability of low-dose CT scans to identify lung cancer in early stages, there was little hope for reducing deaths from this common and deadly disease. Without lung cancer screening, most lung cancers are found in a late stage, only after symptoms appear. Unfortunately, by the time symptoms develop, lung cancer has usually spread to the lymph nodes or other organs and is difficult to treat. In fact, most people do not survive late-stage lung cancer, and, as a result, lung cancer has been the number one cause of cancer deaths in both men and women in the U.S. for decades.

Now, large-scale randomized controlled trials have shown that low-dose CT scans of the chest can detect lung cancer early and, because of the CT scan’s cross-sectional view of the lungs, can detect lung cancers often not seen on chest x-ray, for example, those behind certain structures within the lung. These studies have also shown that early detection in combination with timely treatment (most commonly surgery to remove the cancer) can significantly reduce deaths from lung cancer.

Participation in the WHPP ELCD Program has remained strong over the last 25 years and far exceeds the enrollment rates seen in the general population. In the general population, less than 20% of those eligible under the current national guidelines have enrolled in lung cancer screening, whereas in the

WHPP ELCD Program, about two-thirds of those eligible have enrolled (67%). This exceptional enrollment rate is likely a combination of significant concerns about past occupational exposures at DOE facilities and the trust our participants have in the Program because former DOE workers and expert occupational medicine physicians and radiologists are involved in running it.

Adherence to annual screening in the WHPP ELCD Program, as currently recommended, exceeds the general population as well. In the WHPP ELCD Program, we see close to 90% of enrolled participants returning year after year, as compared to the 50% or lower rates typically reported in the general population. Adherence to annual exams is key for early detection of lung cancer as this allows identification of lung cancers *before* they grow significantly or spread, when treatment is most effective.

This past year has been very busy for the WHPP ELCD Program, with the expansion of the Program to include former workers from three new DOE sites: two in New Mexico -- Los Alamos National Laboratory (LANL) and Sandia Laboratories-New Mexico (SNL-NM) and Brookhaven National Laboratory (BNL) in New York. With these additions, the ELCD Program is now available to DOE workers from all 15 of the active WHPP medical screening sites.

The WHPP ELCD Program has partnered with *X-ray Associates of New Mexico* (XRANM) to provide the low-dose CT scans to our participants at multiple locations in Albuquerque and Santa Fe. Eligible BNL participants will be screened in central Long Island at *Northwell Health Imaging at Smithtown*.

Another notable change in the WHPP ELCD Program this year was the expansion of the eligibility criteria to include a broader group of former DOE workers. These changes follow recently expanded

Lung cancer is...

- ◆ *the second most common cancer in the US.*
- ◆ *the number one work-related cancer in the US.*
- ◆ *the number one cause of cancer deaths in the US.*

If found early, lung cancer can be cured....

- ◆ *Low-dose chest CTs scans (LDCTs) are better at finding lung cancer compared to an x-ray, and **LDCTs find more lung cancers at an early stage.***
- ◆ *With early detection and prompt treatment, long-term survival after a lung cancer diagnosis is vastly improved and **cure is possible.***

lung cancer screening guidelines by advisory groups, including the US Preventive Services Task Force (USPSTF) and the National Comprehensive Cancer Network, in recognition of mounting evidence that the benefits of lung cancer screening apply to more people than initially identified. The WHPP ELCD Program has long recognized that the studies that formed the basis of the guidelines did not consider important risk factors, such as occupational exposure to lung carcinogens, and WHPP has considered DOE workers' exposure in the evaluation of lung cancer risk and eligibil-

ity since the start of the Program. Based on the updated national guidelines and DOE Former Worker Program data, WHPP has now further expanded the eligibility criteria to include participants with a lesser smoking history *if* they meet the occupational history criteria or at least one other risk factor for lung cancer, such as family history of lung cancer (close relative) and certain medical conditions.

To find out if you are currently eligible, call the toll-free number (1-866-CAT-SCAN or 1-866-228-7226) – this quick and easy test could save your life!

MEET THE WHPP STAFF – GARRY WHITLEY

Garry Whitley has dedicated over 40 years to DOE sites and DOE workers. Long before becoming a WHPP local coordinator, he worked as an electrician at Y12 beginning in 1969, at just 20 years old. Garry told us, “I worked in the maintenance crew and every day I was given a different task. My work took me to all the buildings, which allowed me to get to know a lot of the workers.” Laughing, Garry continued, “I enjoyed my job because there was always new, state-of-the-art equipment. They had stuff at the plant 10 to 15 years before it went on the market!”

After some time at Y12, Garry was assigned to train new employees, which led him to various roles in union leadership. He was first appointed as a union representative for IBEW Local 76 electricians at Y12, then became chief steward of the local, eventually serving as president of the Atomic Trades and Labor Council (ATLC) for four years. “As ATLC president, my work was never done. I had to negotiate for 19 unions, which represented approximately 2,300 people,” he said. These positions helped Garry learn about listening to people's needs and helped him understand how the work could affect the health of union members at Y12. “My office was open at all times,” he recalled.



Garry has been a local WHPP coordinator and program leader since 2010. As a coordinator, he meets participants about their screening results, assists with filing Department of Labor (DOL) EEOICPA claims, and attends local events to spread the word about the medical screening program. WHPP participants can call or visit Garry at the ATLC union hall. Garry says his “office” is still open at all times. He spends a lot of time at the hall these days because many of the former X10 and Y12 workers who have come through the free WHPP occupational health screenings need help with claims.

Garry has built relationships with people inside and outside of the DOE community, where his dedication is clear. “I’m a community service minded person, and workers from X10 and Y12 are a big part of this community,” he explained. Garry has served on the DOL Advisory Board on Toxic Substances and Worker Health as a representative of the claimant community and on the DOE Institutional Review Board. He currently serves on the Clinton Regional Planning Commission. In his free time, Garry loves spending time with and caring for his wife and grandchildren.

TESTIMONIAL FROM WHPP ELCD DETECTED LUNG CANCER SURVIVOR

“When I heard that the WHPP ELCD Program found a lung cancer, I felt like I won the lottery. Sounds strange, I know, but I was thrilled because the lung cancer was found early. I had surgery and have an excellent prognosis. I’m glad I kept up with the annual scans because in 2023, after years of getting low-dose chest CTs with WHPP, I learned that one of the nodules the Program was following had become suspicious. If I hadn’t gone back every year, I wouldn’t be here to share my story today.

I would tell anyone who is eligible for the WHPP lung cancer screening – don’t hesitate to go do it. The low-dose CT saved my life. It’s very easy to get scheduled, takes just a few minutes, and the results are sent promptly. I have nothing but positive things to say about the Program.”

- John Oppy, former Portsmouth Gaseous Diffusion Plant worker, 1980-1997



WORKER HEALTH PROTECTION PROGRAM (WHPP)

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“WHPP reports said I had mild COPD. When my coughing and shortness of breath started getting worse, I made an appointment with a pulmonary doctor. Further testing confirmed my COPD, and I have filed a claim with the Department of Labor. Thank you very much for this service”
-Former Portsmouth GDP participant

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 OR EMAIL US TODAY!

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

1-(888)-241-1199

For WHPP site-specific scheduling or information:

- Brookhaven (BNL), GDPs, WIPP... 1-888-241-1199
- Fernald..... 1-812-577-0113
- Idaho National Lab. 1-208-522-4748
- LANL/Sandia-NM.....1-505-753-0193
- 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

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WHPP HealthWatch

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