



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

Issue 18 | Winter 2017/2018

ADVISORY BOARD RECOMMENDS CHANGES TO COMPENSATION PROGRAM FOR SICK DOE WORKERS; RECEIVES TWO YEAR RENEWAL

Within its first year, the Advisory Board on Toxic Substances and Worker Health (the Board) has made substantial recommendations to improve the Energy Employees Occupational Illness Program (EEOICP).

The Board consists of 15 members of the medical, scientific and claimant communities who use their diverse worker health expertise to provide guidance on improving certain technical aspects of the compensation process. The creation of the Board was mandated by Congress as part of the National Defense Authorization Act of 2015.

The Board held four public in-person meetings and 17 teleconferences in their first full calendar year, starting with their inaugural meeting in April of 2016. As of the date of this publication, the Board has made 17 official recommendations on how to improve the Department of Labor's (DOL) EEOICP. (Key recommendations submitted to DOL are summarized in the box below.)

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Summary of Notable EEOICP Recommendations Submitted to the Secretary of Labor by the Advisory Board on Toxic Substances and Worker Health:

- The DOL should eliminate the policy that presumes DOE worker exposures after 1995 were not significant unless proven otherwise (Note: As of February 2, 2017, this policy has been rescinded.)=
- The DOL should hire former DOE workers to administer occupational questionnaires because they are better suited than case workers to understand and capture the complex tasks and exposures claimants faced=
- The DOL should revise the occupational questionnaire to expand and improve the exposure data collected=
- The DOL should allow their industrial hygienists who review certain claims to have direct contact with claimants in order to clarify complex exposure questions=
- The DOL should publicly post policy notes from their internal meetings in order to better inform the public of the rationale behind any compensation policy changes=
- The DOL should expand the sources of medical literature that EEOICP references in their Site Exposure Matrix to link chemical exposures to illness=
- The DOL should explore the possibility of upgrading its computer system to allow for secure electronic transfers of case files in order to improve timeliness of correspondence=
- The DOL should have claims examiners provide entire case files (vs. the case summary "Statement of Accepted Facts") when they are referred to industrial hygienists or medical examiners for further review=
- The DOL should update their beryllium test diagnostic criteria to better reflect current scientific evidence=
- The Board recommended specific criteria (presumptions) for the DOL to follow to streamline the processing of claims on asbestos-related disease, work-related asthma, chronic obstructive pulmonary disease and solvent related hearing loss.



A Message from Dr. Steven Markowitz WHPP Project Director

WORKERS' COMPENSATION: OPPORTUNITIES AND CHALLENGES

Workers' compensation (WC) is a fine idea in principle but a difficult one in practice. WC was created over 100 years ago in the United States as a compromise to attempt to meet the medical and income needs of injured workers. The establishment of the WC law meant that workers gave up their right to sue, and, in turn, their employers agreed without conflict to meet those needs through a predictable and affordable system.

Although WC is often a lifeline to workers who were injured on the job, WC has never successfully helped workers with occupational diseases. Jumping through all the necessary hoops needed to do so - finding a qualified doctor, relating a history of workplace exposures, getting a proper diagnosis, enlisting a knowledgeable WC representative, overcoming employers' denials, persuading insurance companies to pay - has typically proven too high a hurdle. Most occupational illnesses, as a result, remain uncompensated.

WC is a state-based system, so it varies by state. The Federal government has developed special programs for selected groups of workers, mostly Federal. For example, many Vietnam veterans who were exposed to Agent Orange in Vietnam decades ago and who have developed one of a set of diseases, are eligible for certain medical benefits and disability compensation. Coal miners, under the Black Lung Act, can receive disability payments and health care if they develop coal-related lung disease.

Department of Energy (DOE) workers are also eligible for

health care and compensation under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), first passed by Congress in 2000, as many readers of *HealthWatch* know. What is so different and distinctive about EEOICPA is how broad it is. Note that the Black Lung Program covers a couple of lung diseases, and, while the Agent Orange Program for Vietnam veterans is more inclusive, it is still limited to covering just 14 health conditions.

On the other hand, EEOICPA requires that the Federal Government: *".... provide for timely, uniform, and adequate compensation of covered employees and, where applicable, survivors of such employees, suffering from illnesses incurred by such employees in the performance of duty for the Department of Energy and certain of its contractors and subcontractors."*

Which illnesses are included? In addition to the 22 types of cancer associated with radiation exposure, the EEOICPA requires compensation for illnesses for which it is: *"...at least as likely as not that exposure to a toxic substance at a Department of Energy facility was a significant factor in aggravating, contributing to, or causing the illness.....and that the exposure to such toxic substance was related to employment at a Department of Energy facility."*

In short, the range of diseases covered by the Employees Occupational Illness Compensation Program (EEOICP) is very extensive, because, unlike the Black Lung or Agent Orange Programs, there is no mandated specified list of illnesses that are covered, and because a very large number of toxic materials or mixtures were used at DOE sites over the decades.

Truthfully, though, we don't have a very complete understanding of many of the health problems caused by occupational or environmental toxins. Sure, we know a lot about lead, asbestos, mercury, trichloroethylene, and a few dozen other chemical agents that make the headlines. But for tens of thousands of other chemicals, we have very limited knowledge, since for decades, chemicals were introduced without health testing, and because occupational and environmental health research is so limited. It was only in 2016 that Congress passed the Frank R. Lautenberg Chemical Safety for the 21st Century Act, an update of the Toxic Substances Control Act, which tightened requirements for evaluating potential health risks of new chemicals prior to manufacturers introducing them into the workplace.

The Department of Labor, which administers the EEOICP, is obligated, of course, to capture all current medical knowledge about workplace toxins used in DOE facilities. This is a tall and ongoing task, especially considering the scope of work conducted over time at the DOE. But we must also recognize current knowledge is still limited and that we need to support scientific research by the National Institute for Occupational Safety and

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WHPP Success At-A-Glance

(as of 9-30-2017)

WHPP MEDICAL SCREENING PROGRAM

Number of individuals screened by WHPP 32,727

Number of WHPP exams completed

(including 3-year re-screen exams) 60,458

WHPP EARLY LUNG CANCER DETECTION PROGRAM

Number of participants screened for lung cancer 13,597

Number of low-dose CT scans completed 48,018

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), the GDPs, and WHPP	1-888-241-1199
Fernald	1-812-577-0113
Idaho National Labs	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

WORKER HEALTH PROTECTION PROGRAM NEWS

WHPP Holds Annual Program Meeting

Program staff from Queens College, the United Steelworkers, the Atomic Trades and Labor Council and the DOE Former Worker Program (FWP), gathered in Washington, DC for the WHPP annual meeting this past October. The WHPP annual meeting allows our staff to learn more in-depth about the work being conducted at our program offices and related projects, as well as to generate new ideas for improving screening services for DOE workers.



David Michaels, former Assistant Secretary of Labor, spoke at the 2017 WHPP Annual Meeting

Topics of note this year included: improving WHPP outreach—a review of participant testimonials—a summary of WHPP medical findings—updates on the FWP medical screening protocol—changes to the EEOICP—future goals of OSHA and the Chemical Safety Board—and updates on the DOE Beryllium Rule. Guest speakers included the former Assistant Secretary of Labor for Occupational Safety and Health, David Michaels, PhD— Rick Engler of the Chemical Safety Board and Jacqueline D. Rogers of the U.S. Department of Energy Office of Health, Safety and Security.

WHPP Honors Dr. Lewis Pepper

In light of his upcoming retirement, Dr. Lewis Pepper was honored at the WHPP annual meeting for his decades-long commitment to the former DOE workforce. Dr. Pepper was also presented with the Sylvia Kieding Award, which is given each year to acknowledge outstanding contributions to worker health and is named in honor of the late WHPP co-founder. Dr. Pepper has been the co-project director of WHPP since 2011 but had previously directed the Nevada Test Site and the Northern California



Dr. Steven Markowitz (left) presented Dr. Lewis Pepper (right) with the Sylvia Kieding Award, October 2017

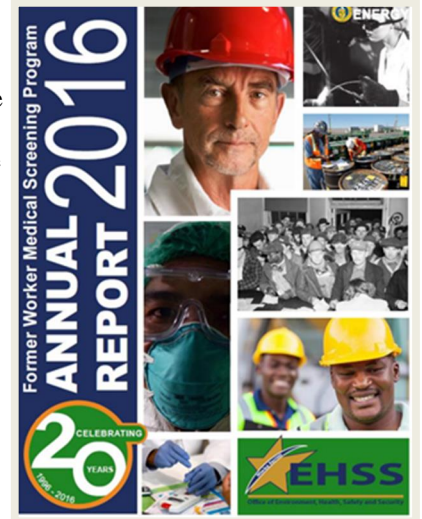
Laboratories screening programs at Boston University beginning in the mid-1990s.

Dr. Pepper will be greatly missed for his deep occupational medical knowledge, his dedication to workers and his mentorship of younger professionals working at Queens College and beyond.

We wish Dr. Pepper good luck in his new endeavors and expect him to continue to be an important voice for workers, even in retirement.

Department of Energy Issues Former Worker Program Annual Report Celebrating 20 Years

The DOE Office of Environment, Health, Safety and Security issued its 2016 Annual Report on the Former Worker Medical Screening Program in June 2017. The report celebrates 20 years of the Former Worker Medical Screening Program and has feature articles by Gaylon Hanson, Local INL WHPP Coordinator and Sandie Medina, Local NTS Coordinator. As always, the report contains detailed information on medical screening activities and findings from all DOE FWP sites, including all of the sites where WHPP operates. The report can be accessed on-line at: <https://energy.gov/ehss/downloads/2016-former-worker-medical-screening-program-annual-report>



WHPP Visits Nevada for Site Characterization Update

In October 2017, WHPP staff from Queens College traveled to Nevada to collect data as a part of an effort to update the site exposure characterization that was originally created in 1996 when the WHPP Nevada Test Site (NTS) occupational questionnaire and medical protocol were first established. The current questionnaire and protocol are based on the initial site assessment that focused on the atmospheric and underground atomic testing periods of the NTS. Since those projects ended with the moratorium on nuclear testing in 1992, the NTS (now called the Nevada National Security Site, or NNSS) has restructured its mission around stockpile stewardship, global security, and environmental programs.

The purpose of the update is to amend the existing occupational questionnaire and screening program protocol with additions that reflect these more recent projects. The trip consisted of a series of interviews with former workers conducted at the Laborers Training Center. Fourteen interviewees were recruited with a focus on those who worked for a significant period after 1995 at the U1a Underground Complex, the Device Assembly Facility, or the Non-Proliferation Test and Evaluation Complex. These locations were selected from preliminary research in publicly available information about the NNSS and interviews with former workers who gave vital input on the tasks and materials used in each location.

Information about job hazards and safety controls from these interviews will be used to develop the necessary updates to the WHPP occupational questionnaire and screening protocol currently used for former NTS workers.

TYPE II DIABETES ON THE RISE: SCREENING AND MANAGEMENT CAN MAKE A DIFFERENCE

For Americans who are age 45 and older, diabetes has become increasingly prevalent, with men and women being at equal risk. According to the Centers for Disease Control (CDC) and Prevention, there were 1.5 million new cases of diabetes reported in the United States in 2015, with nearly half of those cases occurring in those 45 to 64 years old. Approximately 10% of the population has diabetes, but one fourth of diabetes cases are undiagnosed. Diabetes is a disease with serious health consequences, especially when it remains undiagnosed. Screening can be the first step towards early detection and prevention.

What is diabetes?

Diabetes can either be diagnosed as type I or type II. Both types involve issues with insulin, a hormone that helps regulate how the body processes sugar. Too much sugar circulating in your body can cause damage to cells. The distinction is that type I is an autoimmune disease whereas type II is primarily caused by diet and lifestyle. Type I diabetes is rare and often diagnosed in childhood. The pancreas cannot make insulin or it makes too little so insulin injections are required. With type II diabetes, the pancreas makes insulin, but the body doesn't use it correctly. It is most common in older individuals that are overweight and less active.

What is prediabetes?

The CDC estimates that one in three adults have prediabetes. This means that they are at high risk for developing type II diabetes. Blood sugar levels are usually higher than normal, but not in the range to be diagnosed with diabetes. If this condition is not addressed, the likelihood of developing diabetes is greater.

What are the risk factors for prediabetes and diabetes?

The most significant risk factor is being overweight or obese. The typical American diet is high in fat and sugar. To make matters worse, this type of diet seems to go hand in hand with an inactive lifestyle. Lack of physical activity increases body fat, which affects the action of insulin. Conversely, when the body is active, glucose is regularly used and replaced in the muscles which keeps sugar levels balanced and prevents tissue damage. Obesity and inactivity may not only lead to diabetes but also high blood pressure, stroke, and heart disease. The risk of diabetes is also greater in those who have a parent or sibling with dia-

betes. The good news is that prediabetes is a condition that can be reversed.

How do I know if I have prediabetes or diabetes?

Routine screenings are recommended for individuals over the age of 45, especially if another risk factor is present. Some common symptoms of *diabetes* are frequent urination, unusual thirst, fatigue, irritability, blurry vision, and poor circulation. A commonly used screening test called Fasting Plasma Glucose (FPG) is a blood test that measures blood sugar when the patient has fasted for at least eight hours. Although typically there are no symptoms associated with *prediabetes*, there is another blood test -- Hemoglobin A1c (HbA1c) -- that can be used to detect this condition. HbA1c determines the average blood sugar over two to three months and does not require fasting. This test is also used to assess diabetes management.



Why is management of diabetes important?

Without proper management of this disease, type II diabetes can lead to heart attack, stroke, blindness, kidney disease and even amputation of toes, feet or legs. Diabetes management requires self-monitoring of blood sugar levels daily. In addition to lifestyle change, physicians will also prescribe medication and/or insulin therapy to help balance blood sugar levels. A common medication prescribed for diabetes and prediabetes is Metformin. This drug is meant to improve insulin sensitivity and lowers blood sugar production in the liver. Bariatric surgery may also be recommended for those who have type II diabetes and are obese.

How can I lower my risk?

How can I lower my risk?

Eating a healthier diet can lower blood glucose levels, blood pressure and cholesterol, which are key in successfully managing type II diabetes as well as lowering risk in those with prediabetes. Recommendations for a healthy diet include eating a variety of foods daily from all food groups (vegetables, fruit, grains, protein, and dairy), avoiding foods and beverages high in sugar, and limiting fried foods, fats and oil. Replace butter and lard with healthier options, such as canola and olive oil.

Along with a healthy diet, exercise can also reduce diabetes risk and help manage symptoms in those who have diabetes. Added benefits include feeling more energetic, improved overall health, and being able to keep up with younger family members. According to the CDC, eating better and 30 minutes of exercise a day, such as brisk walking, can help lower body weight by 5 to 7% and cut diabetes risk in half if you have prediabetes.

The Worker Health Protection Program is in the process of adding HbA1c testing into our screening exams for DOE workers. To help participants understand prediabetes, a factsheet will be provided with the WHPP results letter if HbA1c levels are abnormal.

Getting screened, making small changes and getting support from doctors and family will help lower the number of diabetes cases in the future.

For more diabetes information, contact:

NIH National Institute of Diabetes and Kidney Disease:

www.niddk.nih.gov

Phone: 800-860-8747

CDC Diabetes Prevention Programs:

https://nccd.cdc.gov/DDT_DPRP/Programs.aspx

Phone: 800-CDC-INFO (800-232-4636)

REMEMBERING FRED BUCKLEY

This year we bid farewell to a vital member of the Paducah Gaseous Diffusion plant community -- Fred Buckley, who passed away at age 90.

Buckley, as he was called by his friends and co-workers, worked for WHPP for over 15 years and played a crucial role in recruiting over 3,400 Paducah GDP workers into the medical screening program.

Before getting his start at the Paducah GDP, he enlisted in the Army and saw action in Europe during World War II. He fought during the Battle of the Bulge and was stationed at the site of the German surrender at the Little Red School House in Reims, France.

Fred was respected and admired for his immense wealth of knowledge of all things Paducah GDP. He was



1926 to 2016

described by his USW Local-550 peers as being "like a human Rolodex," as he was able to recall a name and badge number upon request and seemed to know all of his fellow colleagues by their work, specialty, and personality.

Fred began work at the Paducah GDP as a guard for the F.H. McGraw Company, making just \$1.46 per hour. After a few years, he became a lieutenant of the Fire/Guard Department at Union Carbide. By the mid-1960s, he worked in operations for Union Carbide, where he remained until his retirement in 1991 from the Paducah GDP, which was operated at that time by Martin Marietta.

When Fred retired, he still wanted to be of use to his community so he joined WHPP, offering his lifelong experience and knowledge of the Paducah GDP. To help start WHPP, he worked closely with James Harbison and David Fuller, the former local union president, collecting data about the different tasks performed at the site and the hazardous exposures associated with these tasks. He continued to work diligently, conducting outreach for WHPP right up until the month that he died, celebrating his 90th birthday among other former workers at the local union hall. He also lived a life full of his passions -- from riding horses to raising pure-bred hunting dogs.

Donna Steele, president of USW Local-550 told WHPP *HealthWatch* how Buckley's passing will affect local union members and the extended Paducah community: "We lost a great mentor and friend, and no one can ever replace him. We lost a vast amount of knowledge about the plant and the people in the plant when we lost Fred Buckley. He was a very warm and kind man and is tremendously missed by everyone."



From left to right: James Harbison, Donna Steele and Fred Buckley



"The examination itself was very complete and everything went as expected. I was well satisfied with the visit. In the years after my first examination, I have developed many medical concerns related to my job at K-25. The CT scan provided by WHPP found my lung and breathing problems. I have developed skin and bladder cancer, which were discovered through the WHPP exams. Thankfully, the medical procedures covered by EEOICP have resulted in the remission or removal of all my cancers, and any new skin cancers continue to be removed as they develop.

I would highly recommend the FWP to all former workers. They have been a tremendous help to me."

- LeRoy Desgranges, Former K-25 Gaseous Diffusion Plant Worker

WHPP EARLY LUNG CANCER DETECTION (ELCD) PROGRAM UPDATE

As we enter the 18th year of the WHPP ELCD, participants continue to show interest in and benefit from this ground-breaking lung cancer screening program, which was initiated by Dr. Steven Markowitz in late 1999.

Early in 2015, WHPP ELCD retired the self-propelled mobile unit that was custom built for the program in 2000, and now, for all but the Oak Ridge, TN ELCD participants, our low-dose CT scans are performed at local radiology facilities. In light of this transition, we reviewed key program elements to see if WHPP ELCD was still serving the needs of its participants well.

Based on our surveys, WHPP ELCD Program participant satisfaction is still very high, with 95% reporting that their overall experience with ELCD was very good or excellent. In addition, participant appointment show rates are about 90% for all screening sites combined. That is, the majority of participants complete their scheduled appointments. This show rate has been consistent over at the last ten or more years, which is further evidence that the transition to radiology facilities did not affect WHPP participants' interest in the program.

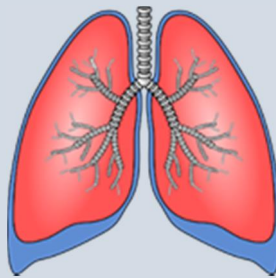
A significant indicator of a lung cancer screening program's success is also the number of eligible participants who enroll. We calculated the percent that enrolled in WHPP ELCD from May 2014 (when we updated the eligibility criteria) through September 2017 and found that two-thirds of those eligible have enrolled or are scheduled to participate. This is in stark contrast to the results of a recent survey published in JAMA Oncology of over 2,000 heavy smokers who met the US Preventive Task Force lung cancer screening criteria. This study showed that **only 3.9%** of eligible individuals had received a low-dose CT for lung cancer screening in the past year.

The WHPP ELCD Program has also had a broad, positive impact on other DOE workers. Beginning in 2012, the DOE Former Worker Program (FWP) officially endorsed low-dose CT scanning for workers across the complex and screening has been initiated through two additional DOE medical screening programs: the Building Trades National Medical Screening Program (BTMed) and the National Supplemental Screening Program (NSSP). A total of 1,515 participants have received low-dose CTs through BTMed and NSSP. Lung cancer screening is also expected to begin soon for former workers from the Ames Laboratory and the Iowa Army Ammunition Plant.

In 2018, the WHPP ELCD Program plans to add lung cancer screening for the Northern California lab workers, at a central location for the three laboratories (LLNL, LBNL, SNL), most likely through a radiology facility in Pleasanton, California.

The WHPP ELCD Program offers annual low-dose CT scans for the detection of early lung cancer to DOE workers at the greatest risk for lung cancer. As of September 30, 2017, the WHPP ELCD Program has screened over 13,500 WHPP participants and detected 162 primary lung cancers, with the majority (73%) discovered in the early stages. Without screening, only 16% of lung cancers are found in the early stages.

Early detection is key. When lung cancer is found in an early stage, treatment is more effective and survival is greatly improved. The CT scan procedure is painless and only takes a few minutes. If you are at high risk, we encourage you to take the time to get a low-dose chest CT. It may save your life!



"I worked for 32 years at the Y-12 plant as a machinist. I received a low-dose CT scan in July of 2009 through the WHPP Early Lung Cancer Detection Program. I was contacted the following day and told that I needed to see a doctor immediately for follow-up. WHPP assisted me in getting an appointment as soon as possible with a pulmonologist and supplied a copy of my scan. The doctor reviewed my scan and did additional tests. He then referred me to a surgeon and I had lung surgery in an urgent manner. The lower lobe on my left lung was removed and the pathology report confirmed it was cancer.

At the time of my test, I did not have any symptoms. If it had not been for this program and I had not participated in it, by the time my cancer would have been discovered, it would probably have been too late. I believe the medical screening program saved my life. It has been eight years today, and I am cancer free thanks to this program."

- Fred W. Farley, Former Y-12 Worker

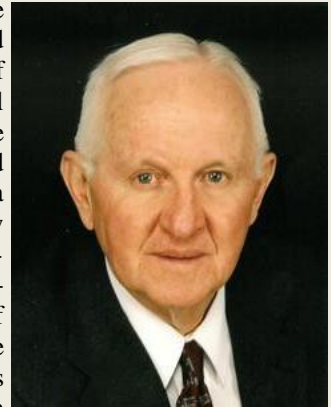
MESSAGE FROM GAYLON HANSON, INL WHPP LOCAL COORDINATOR: REMEMBERING A FORMER WORKER WHO FOUGHT FOR INL COLD WAR VETERANS

In the Fall 2016 issue of *HealthWatch*, there was an article about the new Special Exposure Cohort (SEC) class established at Idaho National Laboratory (INL). The SEC is a designation given to certain workers under Part B of the Energy Employees Occupational Illness Compensation Act (EEOICPA) that eliminates the requirement for dose reconstruction when a claim is filed for any of the 22 covered radiogenic cancers. Designations are assigned following investigations by the National Institute for Occupational Safety and Health (NIOSH) that demonstrate inadequate worker radiation records at specific sites during specific time periods.

The recent INL SEC covers employees who worked at least 250 days between March 1, 1970 and December 31, 1974, and this was the first time INL had such a designation. We'd like to recognize that the petition calling for a NIOSH investigation was the result of the hard work of Jerry Wolz, who was employed for many years at Argonne National Laboratory-West as a nuclear reactor operations engineer. Years ago, Mr. Wolz was diagnosed with one of the 22 cancers covered under EEOICPA. After his initial claim was denied, Jerry filed a petition to establish an SEC at INL.

Unfortunately, even after the new SEC was established, Mr. Wolz was not eligible for compensation without dose reconstruction, as he worked for Argonne National Laboratory-West during the years of the SEC and this group of workers was not included as part of the recent investigation. Argonne National Laboratory-West did not become part of INL until 2005.

Jerry was a pillar of the Idaho DOE community and was involved in many hours of selfless service in his local community as well. On June 10, 2017, Mr. Wolz passed away from cancer, leaving a legacy of service to his fellow man. In talking with Jerry before his passing, he said he didn't file the petition in hopes of money. It was only because he felt that Cold War veterans should be recognized for the illnesses that many incurred as a result of their work and that the dose reconstruction process did not adequately address the reality of their exposures. In closing, I would like to say, and his fellow workers will attest to the fact, that Jerry was always there for his friends and associates. To those of you who may have benefited from Jerry's filing the SEC, you now know the rest of the story.



Gerald (Jerry) Wolz
1933 - 2017

As an additional note, SEC status is still being considered for a cohort for Argonne National Laboratory-West workers. More information can be found here: <https://www.cdc.gov/niosh/ocas/anlw.html>

ADVISORY BOARD RECOMMENDS CHANGES TO COMPENSATION PROGRAM

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The Board's in-person meetings have occurred in: Washington, DC=Oak Ridge, TN=Hanford, WA and Los Alamos, NM. As directed by the initial charter, the public meetings have allowed for attendance and commentary from the public. The meetings held in the DOE communities of Oak Ridge, Hanford and Los Alamos have also included facility tours for Board members, in order to enhance their understanding of the vast scope of work activities within the DOE complex.

The Board has prioritized making recommendations on issues that their members and other stakeholders, including former workers, have determined to be important and feasible to improve upon. Detailed recommendations and accompanying rationales, have been delivered to the Secretary of Labor, and the DOL has already issued an EEOICPA Circular adopting the Board's first recommendation. Other recommendations are cur-

rently under review.

The Board was initially authorized to operate for one year and in June of 2017, the new Secretary of Labor, Alexander Acosta, renewed the Board's Charter for an additional two years. Members include WHPP director and program chair Steven Markowitz, M.D., DrPH, WHPP local coordinator Garry Whitley and United Steelworkers Emergency Response Team Coordinator Duronda Pope.

To follow the Board's activities and new developments including upcoming Board meetings and minutes, visit: <https://www.dol.gov/owcp/energy/regs/compliance/AdvisoryBoard.htm>



Workers' Compensation: Opportunities and Challenges

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Health (NIOSH) and others to learn more about harms caused by workplace exposures, so that people can be justly compensated. And, as importantly, we can more effectively prevent workers ó at DOE and elsewhere - from ever becoming ill in the first place due to those exposures.



WORKER HEALTH PROTECTION PROGRAM (WHPP)

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“While teaching at Tennessee Tech, I was also a consultant at ORNL for about 17 years. Upon my retirement, I became associated with WHPP. About 4 years ago, as a result of a chest x-ray taken by the program, I was warned of a spot on my lung. It was subsequently removed and I feel my life has been saved. I am glad to offer my high opinion of this program.”

- **Dr. William D. Holland**, Retired Professor of Chemical Engineering, Tennessee Tech University

HAVE YOU HAD YOUR 3 YEAR FOLLOW-UP RESCREEN EXAM?

Many occupational illnesses can take years or decades to appear and participants are eligible for follow-up physical examinations every three years.

HAVE YOU MOVED?

It’s important that we keep your current home address and phone numbers up to date so we can alert you when you become eligible for your next rescreen examination.

ARE YOU IN TOUCH WITH ANY DOE CO-WORKERS?

If you are in touch with any of your former co-workers, be sure to let them know about the Worker Health Protection Program.

It could improve their health... and even save their lives!

Questions? Comments?

Write us at info@worker-health.org
Call us Toll-Free: 1-888-241-1199
For more information visit: Worker-Health.org

WHPP HealthWatch

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