



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 20 | Summer 2022

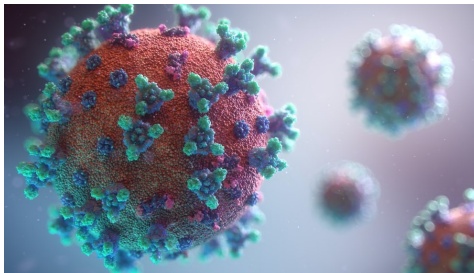
WHPP IS OPEN FOR SCREENING; SUCCEEDS IN RE-STARTING PROGRAM DESPITE ONGOING COVID-19 RELATED CHALLENGES

The Worker Health Protection Program (WHPP) continues to adapt its operations to create as safe of an environment as possible, more than two years into the COVID-19 pandemic. We are pleased to report that we are fully open and able to accommodate all who are eligible for WHPP medical screening, as well as those eligible for the WHPP Early Lung Cancer Detection (ELCD) Program.

Since the start of the pandemic, WHPP has continually adjusted our “business as usual.” From March through August of 2020, we were required to temporarily pause our routine occupational health medical screenings and lung cancer screenings (except for three and six-month follow-up CTs for previous findings of concern).

During the initial program pause, we stayed in touch with our participants in several ways, including: assisting with claims, processing medical records requests, calling to give updates on re-opening status, collecting updated contact information, and providing pandemic-related information, including vaccination guidance.

Restart plans included in-depth assessments of our medical providers’ ability to resume screening in a safe manner, such as making sure social distancing, appro-



appropriate mask use and suitable sick leave policies for clinic staff were in place. Restart plans also included developing a COVID-related health questionnaire and a post-screening debriefing questionnaire to assess participant satisfaction with the screening safety protocols.

In September 2020, WHPP was able to resume medical screening and low-dose CT scanning, on a limited basis, in DOE communities that met the requirements of our amended COVID-19 safety plans. However, due to significant increases in COVID-19 community transmission, by late December 2020, all occupational health screenings and all annual low-dose CT scans were paused for a second time.

Following additional modifications to our COVID-19 safety plans and the widespread availability of COVID-19 vaccinations, WHPP resumed in April 2021, and we were operating near capacity soon after. Between April 2021 and March 2022, WHPP conducted over 3,000 medical exams and performed over 2,400 low-dose CT scans. Over 97% of participants surveyed after their screening appointments during this timeframe reported a *very good or excellent* experience regarding “safety and cleanliness.”

(Continued on page 7)

UPDATES ON THE ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM (EEOICP)

DOL Hosts Monthly Online Information Sessions

In March 2020, the Department of Labor (DOL) began conducting monthly online outreach activities and informational seminars related to the Energy Employees Occupational Illness Compensation Program (EEOICP). Topics included establishing causation of work-related conditions, radiation dose-reconstruction, benefits for survivors of DOE workers, and how to use the Site Exposure Matrix (SEM) for filing claims.

For information on upcoming seminars and to subscribe to email updates, visit the DOL Division of Energy Employees Occupational Illness Compensation (DEEOIC) Outreach and Events website at:

<https://www.dol.gov/agencies/owcp/energy/regs/compliance/Outreach/UpcomingEventsWeb>

Changes to the EEOICP Compensation Manual

A new version (5.1) of the EEOICPA Procedure Manual was released in September of 2021 and includes updates based on the Advisory Board on Toxic Substances and Worker Health recommendations, such as:

- An expansion of the accepted aliases used for Parkinson’s disease compensation to include Parkinsonism, paralysis agitans, and hemiparkinsonism.
- The language for letters from physicians supporting a diagnosis of work-related asthma has been updated to remove the requirement of identifying a “mechanism of disease.” Physicians would still need to provide a well-rationalized letter on why the diagnosis of asthma was at least as likely as not related to occupational exposure.

(Continued on page 4)



A Message from Dr. Steven Markowitz WHPP Project Director

A MESSAGE ABOUT THE PANDEMIC, MORE THAN TWO YEARS IN....

It is once again a roller coaster moment during the COVID-19 pandemic (Spring/Summer 2022) when infection rates rise and plummet and then rise again. But, despite day-to-day change and our general exasperation, we are better off than we were 1 or 2 years ago.

Let's examine the good news:

Vaccinations: Over **90% of people 65 years old and over in the U.S. are fully vaccinated.** That is great news, since 3 of every 4 COVID deaths in the US have occurred in that age group.

High population immunity: The CDC estimates that by February 2022, nearly 60% of Americans had already been infected with the COVID-19 virus. Many of them have not been vaccinated, but now have some level of immunity as a result of being infected. Vaccination (and boosting), though, provides a more predictable level of immunity. What is key is that **a very large proportion of the U.S. population now has some immunity to the COVID-19 virus.**

TEST and TREAT

If you are diagnosed with a COVID-19 infection, call your provider and ask about **Paxlovid**, an anti-viral oral medication that greatly reduces the chances of serious COVID disease. You must start the medication within 5 days of a positive test or symptoms, so do not delay.

Boosters: Scientists, industry, and the government very quickly developed booster shots to counter the predictable decrease in immunity that occurs months after vaccination. **If a new dangerous variant appears, we will very likely have a booster available to counter that variant.** I strongly encourage you to stay up to date with emerging CDC recommendations for COVID-19 booster shots.

Improved treatment: Doctors and nurses now have over two years of experience of treating COVID-19 and the means to support the very sick through illness – oxygen, ventilators, steroids, etc. – have been greatly improved. **We now have new medications** that can vastly lower the chances of serious illness and death if taken early in the course of the illness.

Many people are still vulnerable: You may be setting aside your mask, but many of your neighbors, family members and co-workers are immunocompromised – over 7 million in the U.S. – and still need to take care to avoid infection. They may have cancer, lupus, a kidney transplant or other health conditions or are on medications that don't allow them to mount a full immune response to the COVID-19 virus. Consider too the many older people whose immunity wanes more quickly due to age. We can help them by taking measures to avoid spreading the virus.

But the virus is unpredictable: Viruses mutate quickly, so we will see new COVID variants. The critical questions are 1) Will the new variants be more infectious or lethal? and 2) Will our immunity remain effective? We won't know until they arrive.

Let's be patient. None of us have ever seen a pandemic, so when the science evolves and CDC changes their advice, remember that we all learn as the pandemic unfolds. Keep your masks handy, temper your optimism with caution, and keep an eye out for each other. Let's do what we need to do to get through this pandemic.

WHPP Success At-A-Glance

(as of 3-31-2022)

MEDICAL SCREENING PROGRAM

# of individuals screened.....	35,119
# of exams completed (including re-screen exams).....	73,285
EARLY LUNG CANCER DETECTION PROGRAM	
# of individuals screened for lung cancer.....	13,875
# of low-dose CT scans completed.....	57,306

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), GDPs, and WIPP.....	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

A New Clinic, with a Familiar Doctor, in Oak Ridge

Former workers from K-25, ORNL, and Y-12 have a new option for screening at the NetGain medical clinic in Oak Ridge, Tennessee. While NetGain may be new to the WHPP as of 2021, many participants know Dr. Timothy Oesch, M.D., who previously conducted WHPP exams for over ten years at the Park Med-Oak Ridge clinic. Park-Med Oak Ridge sadly never reopened following a closure at the start of the 2020 pandemic. Fortunately, NetGain has been able to accommodate our participants since we resumed screening in Oak Ridge in May 2021. NetGain joins our two Knoxville-based clinics - the Summit Medical Group and the University of Tennessee, as a convenient option for our participants in Eastern Tennessee.



*Timothy Oesch, M.D.,
Oak Ridge, Tennessee*

WHPP Annual Meeting Held Virtually

In November 2021, WHPP held our annual program meeting virtually, for the second year in a row. Our Queens College medical and administrative team, along with coordinators from around the country and DOE Former Worker Program (FWP) management, gathered to review the previous program year's re-opening under COVID-19 conditions and to learn and discuss key issues for program improvements. Guest presenters included representatives from OSHA and the DOE Former Worker Programs, Department of Labor's Energy Employees Occupational Illness Compensation Program (DOL, EEOICP), Office of the Ombudsman, and DOL EEOICP Advisory Board on Toxic Substances and Worker Health.

As part of this year's WHPP Annual Meeting, we assembled a short video entitled "WHPP -- a 360 Degree View." The video included short interviews with many of the stakeholders who contribute to the success of WHPP. To view the video and see the "faces behind WHPP" discuss the importance of our program, visit:

commonercenter.org/whppvideo.html

Former WHPP Co-Director Appointed to OSHA Leadership

In January 2021, Jim Frederick was appointed to serve as the Deputy Assistant Secretary of Labor for the Occupational Safety and Health Administration (OSHA) by U.S. President Joe Biden. Mr. Frederick now works alongside the congressionally confirmed head of OSHA, the Assistant Secretary of Labor, Douglas



*Deputy Assistant Secretary of
Labor, James Frederick*

Park to implement and enforce safe working conditions for the majority of the US workforce. Previously, Mr. Frederick served as the WHPP project co-director from 2005 through 2017, as part of his role as the USW Assistant Director of Health Safety and Environment. Since joining OSHA, Mr. Frederick has been instrumental in establishing two emergency temporary standards (ETS) for protecting workers during the COVID-19 pandemic. Mr. Frederick brings over 25 years of experience advocating for worker health and safety through policy, organizing, investigating and training to his crucial role in the federal government. The WHPP group was pleased to hear from Mr. Frederick on how OSHA was assisting in the nation's COVID-19 response during a short presentation at our 2021 annual meeting.

New Director for the DOE Office of Health and Safety for the Office of Environment, Health and Safety

In December 2020, following the retirement of the previous director, Patricia Worthington, PhD, the DOE officially named Kevin Dressman as the new Director of the Office of Health and Safety for the DOE's Environment, Health, Safety and Security Office. In this role, Mr. Dressman oversees the DOE Former Worker Medical Screening Program (FWP) and is responsible for directing worker safety and health requirements for all current DOE operations. Mr. Dressman addressed WHPP staff during our 2021 annual meeting and confirmed his Office's commitment to providing continued support for WHPP and noted that our program will receive full funding for medical screening for the 2022 budget year. Mr. Dressman brings over 30 years of leadership in the occupational health and safety field to his new position, including previous DOE director positions in both nuclear and non-nuclear health and safety protection, as well as in classified information security enforcement.



*Kevin Dressman, Department
of Energy, Director of the
Office of Health and Safety*

STAYING UP TO DATE ON GENERAL VACCINATIONS SHOULD REMAIN A PRIORITY



The global pandemic has reinforced the need to take important preventive measures to protect our health. Vaccines are a highly effective, yet simple, primary preventive measure – prevent-

disease before it occurs. Most of us are well aware of the importance of COVID-19 vaccines to help prevent or reduce the severity of disease; however, it is important to remember the other recommended vaccines for adults that have proven to be safe and effective in fighting disease and saving lives.

The immune system is a complex network of organs, cells, and proteins that work together to help fight infections and other diseases. A weak or weakened immune

system can make an individual more vulnerable to infection. The immune system declines as we age, making older individuals more susceptible to infection. Certain chronic health conditions-- such as asthma, diabetes, heart, or lung disease-- can impair the immune system and also put people at higher risk of severe illness. Furthermore, the use of alcohol and tobacco dampens immune responses, making it more challenging for the immune system to overcome certain diseases.

Vaccines work by stimulating and “training” the immune system to recognize and fight viruses and bacteria. Vaccinations, alongside a healthy lifestyle (good nutrition, fitness, sleep, and stress reduction, to name a few examples), are crucial in assisting the immune system in fighting many common diseases.

The Centers for Disease Control and Prevention (CDC) has noted that the pandemic has delayed routine vaccination for many adults. In the box below, we have highlighted the main non-COVID vaccines that are recommended in the U.S. for adults.

Be sure to discuss the conditions and vaccines below with your doctor to make sure you are up to date:

◆ **Influenza:**

The influenza vaccine is meant to address the virus (“the flu”), which circulates annually from fall to spring. The flu causes tens of thousands of deaths, hundreds of thousands of hospitalizations, and millions of illnesses every year. The virus usually causes respiratory illness, but individuals can exhibit a wide range of signs and symptoms. The flu shot is known to reduce hospitalizations and death from the flu and is recommended for everyone six months and older. Getting the yearly flu shot, by the end of October, is optimal.

◆ **Pneumococcal disease:**

Causing nearly 150,000 hospitalizations yearly, pneumococcal disease presents most commonly as a lung infection (pneumonia), which can affect the ears (otitis), sinuses (sinusitis), bloodstream (bacteremia), and lining of the brain/spinal cord (meningitis). Current recommendations include receiving one or more of three different types of vaccines, starting at age 65—discuss with your physician which of these vaccines is right for you and when to take them.

◆ **Shingles:**

Shingles is a reactivation of the virus that causes chickenpox in an individual’s past. Shingles causes a painful rash that usually appears in a pattern on one part of the face/body. The most common complication from

shingles is a condition called ‘post-herpetic neuralgia,’ a type of chronic nerve pain, which can be severely debilitating. The shingles vaccine consists of a one-time series of two doses, two to six months apart, starting at age 50.

◆ **Tetanus and Pertussis:**

We are exposed to bacteria that causes tetanus through various environmental exposures, such as a puncture or contaminated wound, burns, or crush injuries. Tetanus is not passed from person to person. Pertussis, caused by a contagious bacteria, also known as ‘whooping cough,’ is transmitted person to person through coughs and sneezes and can cause serious illnesses in all ages, especially babies. The Tdap vaccine protects against both tetanus and pertussis, and should be administered every 10 years.

◆ **Hepatitis B:**

The Advisory Committee on Immunization Practices (ACIP) within the CDC recently updated recommendations on the hepatitis B vaccine, which is now recommended routinely for individuals age 19 to 59 to prevent hepatitis B, a blood-borne and sexually transmitted disease that can lead to liver disease.

Other vaccinations may be recommended due to health conditions - ask your primary provider for guidance.

References: Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). Adult Immunization Schedule by Vaccine and Age Group | CDC

EEOCIP UPDATES *(Continued from Page 1)*

In December 2021, DOL announced that patients approved for accepted conditions can use telemedicine for routine care related to those conditions without prior authorization. These exams would not be a substitute for physical examinations when required by law or regulation. If deemed necessary, the physician can also bill, without prior approval, for a registered nurse or physician’s assistant in the home during telemedicine appointment.

Advisory Board on Toxic Substances & Worker Health

DOL’s Advisory Board on Toxic Substances and Worker Health held two online public meetings in 2021 due to COVID-19. Members include board chair and WHPP project director Steven Markowitz, M.D., DrPH, and Jim Key of WHPP.

For the latest updates, visit:

www.dol.gov/agencies/owcp/about/AdvisoryBoard

REMEMBERING JAMES “HARB” HARBISON

The past year has been of great difficulty for so many, and we are saddened to report that James Harbison of Paducah, Kentucky passed away September 13, 2021, after a brief illness. Mr. Harbison, or as many of us knew him, simply as “Harb,” was an integral member of WHPP since the very beginning of the program in 1999.

Following 30 years of service at the



James Harbison, 1941-2021

Paducah Gaseous Diffusion Plant (PGDP), “Harb” continued serving his fellow employees as a local WHPP outreach coordinator right up until just days before his death. Mr. Harbison played a key role in ensuring over 3,500 Paducah GDP workers had their WHPP medical screenings and helped hundreds of sick co-workers navigate the complexities of workers’ compensation.

TRIBUTES AND REFLECTIONS:

James “Harb” Harbison was well known and respected from his work at the PGDP and had vast knowledge of its operations and the people who worked there. One thing he always liked to say is, “I never met many people I didn’t like, there are just a bunch of good people.” I’ve lost a great friend and we’ve all lost an invaluable member of our PGDP community, who along with Fred Buckley, worked there from the start. I miss both greatly.
-Barry Anderson, WHPP Coordinator

“I knew ‘Mr. Harb’ for years, as we both worked in the same areas within the plant. He was always smiling and willing to give anyone a word of encouragement. His life both professionally and personally was a display of total love for his family, co-workers and people in general. WHPP has lost a very valuable advocate in helping our co-workers, who will never be adequately replaced.”
-Jim Key, Former USW Local 550 VP

“I worked with ‘Mr. Harb’ on shift at the PGDP for a number of years. His outgoing personality and knowledge of the plant, led him to be a very valuable asset to the WHPP team. Every day that Harb was at the union hall, there was always a former worker who showed up to meet with him. He will be sorely missed.”

-Donna Steele, Former USW Local 550 President

I worked on WHPP with “Harb” for over 20 years. Harb was always ready, willing and able to help with any issue that arose. Harb frequently called me on behalf of WHPP participants, to get answers on their eligibility for the program or their screening results; his concern for them was always apparent. What was most endearing about Harb was his upbeat approach to life. He always put a positive spin on things, even when he was faced with hardship. Harb was taken from us too soon.

-Amy Manowitz, ELCD/WHPP Administrative Director

MEET THE WHPP STAFF – SANDIE MEDINA

Sandie Medina worked at the Nevada Test Site (NTS) for 25 years, from 1970 until 1995. As the clerical supervisor of Area 12, she worked with hundreds of fellow NTS workers, telling us, “We were like a family up there.” Because Area 12 was the site of underground nuclear testing, it was located in a remote part of the NTS, about a 250 miles round trip bus ride from Las Vegas, which meant she frequently stayed overnight in test site lodging.

Sandie witnessed some of the risks of working at the NTS first hand. In fact, she was present during the Baneberry underground test in 1970, in which an incident occurred that ultimately caused a major airborne radiation release. “I remember my chair rocked from one end of my desk to the other,” she said. Fortunately, she and her fellow workers were safely evacuated from the area.

Sandie’s extensive experience at the NTS made her a natural fit in helping Dr. Lewis Pepper first establish the medical screening program for NTS workers, in September 1996, through Boston University and years later with Queens College, when NTS screening joined the



Sandie Medina, NTS
WHPP Coordinator

Worker Health Protection Program (WHPP) in 2010.

As an Outreach Coordinator for WHPP, Sandie spends countless hours doing phone interviews, booking medical exams, and advising and assisting people with EEOICPA claims. Before the COVID-19 pandemic, she looked forward to community events where she informed the public about the program, “I really miss seeing people face to face, you don’t get that on the phone.”

Sandie has been a member of Laborer’s International Union of North America Local 872 in Las Vegas since 1998 and has worked on their Retirees Council since 2006.

“My experience at the Test Site with these workers led me to get to know their families and their children, many who are now adults with their own families. Often several generations of families have worked or continue to work at the NTS. I find it rewarding when introducing former workers to the benefits they qualify for and to book them for medical screening that can be lifesaving.”

US PREVENTIVE HEALTH SERVICES TASK FORCE UPDATES LUNG CANCER SCREENING GUIDELINES

Lung cancer kills more than 130,000 in the U.S. annually, making it the leading cause of cancer death. But revised national low-dose CT (LDCT) scanning guidelines established by the US Preventive Services Task Force (USPSTF) promises to help reduce the death toll of lung cancer.



The USPSTF is an independent, volunteer panel of medical experts who review peer-reviewed evidence to make recommendations on screening. Guidance is based on both the strength of evidence and a weighing of the test's risks versus benefits. Screening methods recommended by the USPSTF are then covered by private insurance and Medicaid/Medicare.

In 2013, the USPSTF first recommended lung cancer screening with LDCT in those aged 55 to 80 with at least a 30 pack-year smoking history (either current smokers or former smokers who quit within the last 15 years). When these guidelines were issued, there was only one large study on the benefits of lung cancer screening (the National Cancer Institute's National Lung Screening Trial) and the USPSTF guidelines were mainly derived from the population screened in this study. Recently, the

USPSTF reviewed new evidence, including the large Dutch-Belgian lung screening trial (NELSON) and determined the age of enrollment for lung cancer screening should be reduced to 50 from 55 and minimum pack-years reduced to 20 from 30. (Pack-years= # packs per day times # years smoked.) Under the revised 2021 USPSTF guidelines, it is estimated that an additional 6.5 million individuals will be eligible for screening, which may save an additional 10-20,000 lives annually. Also, the revised

guidelines may help address inequalities in who benefits from screening. For example, research shows that women and African Americans tend to develop lung cancer younger and with less smoking history, and the new guidelines will help to correct this disparity.

Despite the improved guidelines, the USPSTF could have done more to expand the criteria and save lives. For example, the USPSTF left in place the 15 years since quit criteria, yet risk of smoking is well-established far beyond 15 years. Also, the new guidelines do not address other lung cancer risks, such as work and environmental exposures to lung carcinogens, family history, and COPD.

(Continued on Pg. 7)

CATCHING UP WITH A SURVIVOR 7 YEARS AFTER ELCD FOUND HIS LUNG CANCER

ELCD Program Coordinator Amaka Onyekelu-Eze recently sat down to talk with Larry Williams, a WHPP ELCD participant diagnosed with early (Stage 1) lung cancer in 2015. Larry worked at K-25 from 1973 to 2012 as an instrument mechanic, including in the centrifuge in the barrier plant, where he recalls exposures to several lung carcinogens including radiation, nickel, and welding fumes.

Larry was among the first WHPP ELCD participants in 2001, on the now retired mobile unit that traveled between the three gaseous diffusion plants. He re-enrolled, in 2011, when he had the opportunity to continue with WHPP ELCD. This turned out to be a life-saving move – as one of the lung nodules detected in the GDP ELCD Program had changed. Then, closely following changes in this suspicious nodule over the next four years, in 2015, the ELCD medical director recommended a diagnostic work-up. After follow-up tests confirmed the diagnosis, his Stage 1 cancer was surgically removed and, as a result, he is alive today and eager to share his story.

"I tell fellow DOE workers who haven't contacted the WHPP ELCD Program -- you guys worked up there, and where we worked, we have seen all kinds of junk. I tell them my situation. If it wasn't for WHPP, I wouldn't be here today. I had no symptoms --nothing--- and they caught my lung cancer. I would have never known that I had cancer. Use the program while it is there!" – Larry Williams, K25

Amaka asked what he and his wife do to enjoy their spare time. "Back in the day," Larry and his wife, Lila, liked to ride motorcycles! These days, they enjoy less risky activities, such as gardening, and going to church. They are big fans of cruises, and this winter enjoyed a cruise to Aruba and Curacao.

Larry closed by saying, "If it weren't for the WHPP ELCD Program, I never would have known I had lung cancer because I had no symptoms. We really do appreciate the WHPP ELCD Program. My wife participated in the Program too!"

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. **Early detection is key.** When lung cancer is found in an early stage, treatment is more effective, and survival is greatly improved. As of March 30, 2022, the WHPP ELCD Program has detected over 200 primary lung cancers, with the majority (71%) discovered in the early stages. Without screening, only 16% of lung cancers are usually found in the early stages.

We encourage you to **call the WHPP ELCD Office toll-free at 1-866-228-7226** to see if you are eligible for ongoing low-dose CT scanning through this program.

The CT scan procedure is painless and only takes a few minutes. It may save your life!

THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) ADDRESSES COVID-19 AND HEAT EXPOSURE; FACES OBSTACLES IN THE U.S. SUPREME COURT

The Occupational Safety Health Administration (OSHA) recently introduced initiatives to protect workers from COVID-19 and heat exposure. OSHA is the federal agency tasked with ensuring that private employers provide a safe and healthy workplace. The recent initiatives included two emergency temporary standards (ETS) requiring COVID-19 protections and a proposed rule to address heat exposure.

In June 2021, OSHA adopted a Healthcare ETS, which aimed to protect healthcare workers against COVID-19. This ETS required medical facilities to follow disinfection guidelines, install physical barriers, provide workers personal protective equipment, and ensure proper ventilation. Although the Healthcare ETS expired, OSHA is working on efforts to make elements of the Healthcare ETS permanent. In the meantime, healthcare employers are encouraged to implement the provisions of the ETS and OSHA will enforce its general duty clause and general health and safety standards.

In a sweeping effort to protect workers and inhibit the spread of COVID-19, in November 2021, OSHA implemented another ETS to mandate all private businesses with over 100 employees require proof of COVID-19 vaccinations or weekly testing for workers. This “vaccine or test” mandate was one of the nation’s plans to control the spread of COVID-19, with an estimated 84.2 million workers initially subject to the mandate.

The “vaccine or test” ETS met industry resistance and the U.S. Supreme Court heard the opposition; the ETS was blocked in a 6-3 ruling. Despite OSHA issuing the ETS under emergency powers granted by Congress, the court felt that OSHA had overstepped its authority because the ETS was so vast that it should fall to Congress to legislate. However, in a separate vote, an ex-

ception for requiring proof of vaccination or testing of workers at medical facilities that receive Medicare/Medicaid payments was upheld. Fortunately, many businesses continue to voluntarily follow the ETS guidelines to protect workers, customers, and communities.

OSHA has also increased its work on preventing heat-related illness, with a focus on the impact of climate change. Thousands of workers are sickened by heat exposures each year in the U.S., and dozens die. Thus, OSHA issued an Advance Notice of Proposed Rulemaking for Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings in October 2021. This first step in creating a standard will now allow OSHA to gather different perspectives and technical expertise on topics such as heat stress, thresholds, heat acclimatization and exposure monitoring.

Furthermore, OSHA will increase current enforcement of their heat-related illness prevention campaign on days when the risk of heat-related illness is at its greatest (heat exceeding 80°F). Employers are encouraged to implement proactive intervention methods by providing regular water breaks, rest, shade, and training workers on how to identify common symptoms of heat-related illness. Lastly, OSHA established a National Emphasis Program (NEP) on heat inspections, which targets high-risk industries and focuses agency resources on heat inspections. OSHA plans to build on the NEP by forming a National Advisory Committee on Occupational Safety and Health Injury and Illness Prevention Work Group to develop a better understanding of the challenges of heat exposure and identify the best practices to protect workers from heat-related illnesses.

WHPP RESUMES SCREENING *(Continued from page 1)*

We thank our participants who postponed their examinations due to possible COVID-19 exposure or symptoms within fourteen days of their scheduled exams, which has been key to minimizing the risk of transmission among other participants and clinic staff. In fact, to date, we have not had a single known instance of participant-to-participant or medical provider-to-participant COVID-19 transmission.

UPDATED LUNG CANCER GUIDELINES *(Continued from page 6)*

Since the WHPP ELCD Program offers lung cancer screenings to eligible participants through DOE funding, we are not restricted to following the USPSTF guidelines required for reimbursement. Instead, the WHPP ELCD Program follows the guidelines from various medical groups that have also weighed the LDCT screening evidence and advocate a broader approach. For example, the National Comprehensive Cancer Network (NCCN) guidelines support screening those who quit smoking more than 15 years ago. Also, the NCCN

WHPP continues to monitor the pandemic and follow emerging guidance to inform program operations. We deeply appreciate the understanding and flexibility of our participants and medical providers over the past two-plus years and pledge to continue to work on behalf of our participants to keep WHPP running as safely as possible.

(and WHPP ELCD) historically supported screening workers with at least a 20 pack-year smoking history.

Participation in LDCT screening among eligible WHPP participants has been consistently high and adherence to recommended annual screening is excellent. However, outside of WHPP, this is not the case, where just 14% of eligible individuals enroll in LDCT screening. Hopefully, LDCT screening will soon be adopted like other proven screening methods, such as mammography and colonoscopy, and in turn, the early detection of lung cancer will increase, saving lives.



WORKER HEALTH PROTECTION PROGRAM (WHPP)
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“I worked at K-25 for about 28 years. This program really helped me. They found I had asbestosis and helped identify a cancer. For all the workers who were exposed, this program is very important.”
-Ronnie Wallace, Former K-25 GDP Worker

**HAVE YOU HAD YOUR 3-YEAR FOLLOW-UP
 RESCREEN EXAM?
 HAVE YOU MOVED?
 NEED MORE INFORMATION?**



Call or Email Us Today!

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WHPP HealthWatch

Issue 20 Summer 2022

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