CT Scans Soon Available to Hanford Workers

Lung cancer is responsible for more deaths than any other cancer. But it may not have to be.

About 160,000 people in the United States die of lung cancer each year. Construction workers who were employed at DOE sites have a higher risk of dying from lung cancer because of exposure to asbestos, silica, and other agents - even if they were smokers.

Under current medical practices, only 15 of every 100 people diagnosed with lung cancer survive at least five years. But, if lung cancer is found and treated early, before it has spread to lymph nodes or other organs, this five-year survival rate increases by as much as 80%. New medical guidelines about the use of low-dose computerized tomography (CT scan) aim to achieve such results by detecting early lung cancers.

BTMed is expanding its Early Lung Cancer Detection Program (ELCD) to eligible former Hanford construction workers who are over the age of 50, worked at the site for at least 5 years, and have a history of smoking and occupational exposures to known lung cancer risk factors, such as asbestos, radiation and beryllium. There are some exceptions to these criteria. BTMed pays for a CT scan and the evaluation of the scan but does not pay for any recommended treatment or travel.

The Hanford ELCD Program has been developed in cooperation with the Seattle Cancer Care Alliance and its affiliates (University of Washington School of Medicine, Fred Hutchison Cancer Research Center, and Kadlec Medical Center).

BTMed Surpasses Screening Goal for 2012, Looks Ahead to 2013

BTMed continues to provide FREE screenings to former construction workers from twenty-seven (27) DOE sites. Participants are eligible for an initial screening, and then a re-screening every three years. To date, BTMed has provided more than 27,000 screenings and have found almost 50,000 conditions for which we have recommended participants seek follow-up care for. Results from tests for the most common work-related conditions found are in the table.

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Number Tested</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung X-Ray</td>
<td>23,131</td>
<td>18.2</td>
</tr>
<tr>
<td>Pulmonary Function (breathing test)</td>
<td>22,940</td>
<td>40.3</td>
</tr>
<tr>
<td>Beryllium blood test</td>
<td>20,866</td>
<td>1.2</td>
</tr>
<tr>
<td>Hearing test</td>
<td>16,023</td>
<td>57.6</td>
</tr>
</tbody>
</table>
Former Savannah River Site Worker Continues to Reach Out

Having worked on multiple Department of Energy sites over his lifetime, Gordon Rowe spends his days helping fellow workers.

Gordon Rowe has heard all the jokes about glowing in the dark.

Still, this Augusta, Georgia IBEW Local 1579 member knows that during the 16 years he worked at the Department of Energy’s Savannah River Site and the Portsmouth Gaseous Diffusion Plant, he was working around very dangerous materials. And like most other construction workers, his work took him all across the site. “I did a little bit of everything out there since I was brought in for general electric work,” Rowe explains.

Having worked on two DOE sites, Rowe knows well that health hazards surrounded the work of nuclear weapons production so when he heard about the Building Trades National Medical Screening Program offering free medical screenings, he became one of its very first participants. “Any construction worker who was on a Department of Energy site that involved nuclear weapons needs a screening – even if you worked just one day,” says Rowe. “I keep getting myself checked as soon as I become eligible every three years.”

Rowe has reason to continue monitoring his health, having developed a serious health condition himself. After three dogged years of working to prove his DOE employment, he was compensated for his condition under the Department of Labor’s EEOICPA. And although his health problems persist, so does Gordon. He presently runs BTMed’s Savannah River Site outreach office, conducting work history interviews for former Savannah River Site construction workers and helping them through the program to make sure they get their health examined. “I do this work because of the work I once did. I was affected. A lot of us were. And this is the program that now saves our lives.”

For information about BTMed at Savannah River Site, contact Gordon on Tuesdays and Fridays at 706-722-7272

COPD Study Continues - We need to know...

COPD constitutes the fourth leading cause of death in the United States.

Construction workers have a high risk of COPD because of a lot of exposure to fumes, dust, gases and vapors on the job. We need to know more about what causes COPD so we can prevent it in the future. That’s why BTMed is participating in one of the largest studies ever of occupational COPD.

COPD is short for chronic obstructive pulmonary disease. People who develop COPD find it harder to breathe because of chronic bronchitis and emphysema. The condition constitutes the fourth leading cause of death in the United States.

BTMed staff is conducting phone interviews with BTMed participants to find out more about COPD. Leading researchers at Duke University are responsible for this study. It is funded by a grant from the National Institute for Occupational Safety and Health (NIOSH). It’s for the good of construction workers.

If you are called for an interview, we strongly encourage you to participate!

Gordon Rowe, left, with his Savannah River Site Outreach Office co-worker, Charles Jernigan. Both worked on Savannah River Site as members of IBEW Local 1579.
Hearing Loss Caused by Solvents Exposure
May be Compensated through EEOICPA

Background

Almost 60% of BTMed participants have hearing loss. Common symptoms include muffled/distorted hearing and difficulty making out speech. Hearing loss is sometimes accompanied by tinnitus, a persistent ringing or buzzing in the ears.

Primary Causes of Hearing Loss

Sensorineural hearing loss is the more common type of hearing loss and occurs as a result of occupational and non-occupational hazards. It’s generally caused by damage to the hair cells lining the inner ear and the surrounding nerves that carry sound to the brain.

Chronic exposure to noise is the leading cause of sensorineural hearing loss in an occupational setting. Hearing loss among DOE workers due to excessive exposure to loud noises is often made worse by age-related hearing loss and non-occupational exposure to noise.

Solvents and Hearing Loss

Solvents are common ingredients in paints, cleaners, varnishes, lacquers, adhesives, glues, and degreasing agents, and their use has been documented throughout the DOE complex in a variety of operations. Workers are exposed through inhalation and skin absorption. Certain solvents can cause organ damage, cancer and nerve damage.

In the 1990s, a series of scientific studies found that frequent exposure to some solvents can cause hearing loss among workers.

Energy Employees Occupational Illness Compensation Program Act (EEOICPA)

Part E of EEOICPA states that, “hearing loss (sensorineural) can be compensable under Part E if such loss arises as a result of exposure to one or more of specified solvents.”

Workers may qualify if they are diagnosed with sensorineural hearing loss in both ears and worked in a specific job title with specific solvents for a period of ten consecutive years prior to 1990. See the table for details.

Regardless of your current hearing loss or compensation status, it is important to always protect yourself from exposure to loud noises and solvents both inside and outside of the workplace.

The DOL recognizes the following solvents as causing hearing loss:
- Toluene
- Styrene
- Xylene
- Trichlorethylene
- Methyl Ethyl Ketone
- Methyl Isobutyl Ketone
- Ethyl Benzene

The DOL recognize the following job categories, when held for a period of at least ten consecutive years prior to 1990, as qualifying for compensation:
- Boilermaker
- Chemical Operator
- Chemist
- Electrician/Electrical Maintenance/Lineman
- Electroplater/Electroplating Technician
- Garage/Auto/Equipment Mechanic
- Guard/Security Officer/Security Patrol Officer (i.e. firearm cleaning activities)
- Instrument Mechanic/Instrument Technician
- Janitor
- Laboratory Analyst/Aide
- Laboratory Technician/Technologist
- Lubricator
- Machinist
- Maintenance Mechanic
- Millwright
- Operator (most any kind)
- Painter
- Pipefitter
- Printer/Reproduction Clerk
- Refrigeration Mechanic/HVAC Mechanic
- Sheet Metal Worker
- Utility Operator

Hearing loss can be discovered by examination of the ears and audiometry. Not everyone with a diagnosis of hearing loss will qualify if they file a claim. Be sure to take this fact sheet to your doctor if you have any questions.

Contact the Department of Labor (DOL) for details on EEOICPA, 1-866-888-3322.

Contact BTMed if you have questions about medical screening, 1-800-866-9663.
On a Friday afternoon that seemed like any other, Larry Buckner did something simply because he believed it was a good idea. That good idea may have saved his life.

After working on and off at the Department of Energy’s Oak Ridge Reservation for fifteen years, Buckner received a letter from the Building Trades National Medical Screening Program (BTMed) inviting him for a free medical exam. Even though he felt healthy, he participated. “I didn’t know what I’d been exposed to,” said Buckner. “BTMed’s exam was very thorough. I’d encourage all workers to get one no matter how long they been out on a site.” His results came back; Buckner was as healthy as he felt.

Two years later, he received another letter from BTMed, this time inviting him for a free CT Scan. The study, launched in 2011, offered 100 high-risk Oak Ridge workers a low-dose CT scan. And even though he still felt healthy, Buckner again decided to participate simply because it was a good idea. His results came back; Buckner wasn’t as healthy as he felt. The CT scan had detected cancer.

Diagnosed with esophageal cancer and a non-cancerous tumor that will require kidney removal, Buckner explained that he “didn’t have any symptoms. If it wasn’t for getting scanned, I wouldn’t have known about it. Not at all.” And that was the part that made him wonder just who was watching over him.

Now undergoing chemotherapy before he is to receive radiation treatment, Buckner battles through the very demanding and exhausting treatment that he prays will save his life. “I don’t know how far down the road I would’ve found out about my cancer had it not been for that scan,” he reflected in a grave voice of a man imagining that his future could have been worse. “By then, it may have been too late.”

And in the weight of his words, Buckner shows that he no longer believes getting his health examined was simply a good idea. It was a necessary one.

On his porch, Buckner finds peaceful moments amidst his daily battle.

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