Miller, Diane M.

From:

Sent:

To: Subject:

Friday, February 22, 2002 11:39 AM

NIOCINDOCKET@CDC.GOV

Dose Reconstruction Comments



To: the Department of Health and Human Services,

I very much appreciate your re-opening for comments on the methods for cancer radiation dose reconstruction under the EEOIC. I have grave doubts about such an effort. Please see page 3 of the attachment for my comments specifically on dose reconstruction. The attachment is a letter I recently sent to Mr. Helsig of the Department of Labor in response to his request for an employment history.

I worked 24 years at Oak Ridge National Laboratory and had offices in many different areas of ORNL. The DOL are addressing my breast cancer of 1979. I added a new concern in that letter; i.e., I believe I have been exposed to beryllium. I have asked for further information from them about testing to discover a possible sensitivity. Apparently a new facility for such is to open soon in Oak Ridge. The letter also discusses the reasons for my belief and requests help in obtaining further testing.

Sincerely,

D. J. Helsing, Claims Examiner
U.S. Department of Labor
Employment Standards Administration
Division of Energy Employees' Compensation
214 N Hogan St., Suite 910, Jacksonville, FL 32202
February 14, 2002

Dear Mr. Helsing,

I am responding to your recent letter of 01/16/02 requesting confirmation of my employment history. The dates you have quoted are correct. In error, I listed 1973 (my re-employment date) at the Oak Ridge office. My employers had kindly lumped all my years of employment together in order that I would receive eligible benefits for my entire work time. 1973 was then the effective start time. I have detailed my work history below to the best of my ability. It seems to me very complicated. I apologize for the length but I believe this is necessary.

Work History 1960-64

My employment in the 60s (during which I was perfectly healthy) was in a laboratory in a former Y-12 processing Building (9207). I used tritium to study the life cycles of microscopic organisms. I kept a lab going and did the necessary photography for the research. I also participated in experiments isolating salamander chromosomes and breaking them with X-rays.

1964-85

From 1964 until returning to work at ORNL in 1976, I had been a housewife. I went back to work first as consultant, then as a part-time employee until going full-time again in 1985. From 1976 until 1985, I was an office worker doing database searches, keywording and indexing, writing abstracts and environmentally-related articles. In those years, I first worked in a trailer behind Bldg. 2001, in various offices converted from Environmental Sciences laboratories in Bldg. 2001, in Bldg. 1505, returning later to Bldg. 2001.

1980-88

I developed arthritis of the knees, hands, wrist, shoulders, neck, back, and legs as well as recurrent whole body aches and pains, carpal tunnel and tendonitis surgeries, and neuroma surgery of the foot. I also had recurring staph infections. This was termed "a mild case of Job's syndrome."

1988-94

I moved into the MSRE Bldg. (7503) in to write technical reports concerning the surveys conducted by the Measurement Applications and Development Group (MAD). I soon developed daily, serious, unexplained and unrelenting headaches that left me feeling very nauseous, dizzy, and with a distinct "brain fog" (the pain would lessen to some extent only as the day wore on). I am eternally grateful to my supervisors overlooking my errors and slowness during those years. A dozen or so other occupants of the building shared the same symptoms I suffered.

I was there full-time for six years. The first office that I occupied shared an east wall with the high-bay and was the location of the highest radiation levels in anyone's office at the time (about 45 microR/h I believe). I soon moved across the hall into an office with a west wall of windows, which I occasionally opened. Around the corner outside was the radioactive charcoal bed in which they discovered the plug of U-233 that formed the basis of concern for the potential criticality which precipitated our lockout. There had also been (unknown until the lockout and further analyis) a fuel leak directly under one of the shield plugs in the high bay area frequented by office workers. Hydrogen fluoride releases undoubtedly occurred. (The U²³³ fuel had "bred" itself and, over the years, flowed out of its fuel tanks into the piping outside and beneath the building.)

After working full-time in Building 7503 for three years, I developed severe chronic fatigue, diffuse muscle pain, immuno-deficiency with anergy and positive Rai cell immune complexes. My RA and ANA tests were repeatedly negative. Also, I had sporadic episodes of glucose intolerance and leukocytosis, high autoimmune complexes, and toxic encephalopathy of unknown causation.

During those years, I also traveled with the MAD group and assisted at times in the survey work. I did some of this for the surface characterization of the Y-12 site, the Elza Gate Oak Ridge area, at the Naveodtechcen in Waldorf, Maryland, and homes in Cannonsburg, Pennsylvania (outdoors only). I traveled to Grand Junction, Colorado to assist for a week at a time (5 or more times) with their documentation.

1992-93

In 1992, I had my silicone implants removed, believing it possible that they were causing my problems. There was no noticeable change. I was hospitalized with an intractable diarrhea and high white blood cell count (cause never diagnosed) that resolved only after weeks of experimentation (on my own) with probiotics. Previous to the diarrhea and hospitalization, I had also experienced a week-long episode of tremendous whole body pain and high fever such that I could not move from my bed (none of this latter incident is documented because I was in Canada.)

In 1993, I received 100% Oxygen for over an hour to begin recovery at Methodist Medical Center. Blood samples showed extremely toxic amounts of methoxyhemoglobin. after a toxic exposure in my workplace. The toxic agent was not identified. However, immediately previous to that, I had been nowhere but my office and my first stop was at the house next door to mine because an R.N. lived there. The nurse immediately observed many clinical symptoms of illness and I was aware of having great difficulty breathing, staying upright, and driving. I was barely able to function. This (and the migraines) had been a recurring problem for me since 1990 although this is the only time I sought immediate help.

1995

I and a fellow employee gathered a large amount of information on the history of the MSRE and the escape of the highly radioactive fuel leading up to the lockout. The document (ORNL/54-58, Parts I and II) was published by the Division's directorship in 1995 and is available in the Director's files at ORNL. You might be interested in consulting it. It appears that requested re-furbishing funds to upgrade the reactor and install a fluorine monitor along with many other upgrades were continually denied to the SFMP division over all the many years since the reactor had been "mothballed" in 1969.

We found, for instance, that prior to the lockout, several contamination events had occurred but the occupants were not notified. Alarms were turned off by office employees. They were told by the operators that the alarms were too sensitive; thus, they suggested the occupants do so themselves. In other words, checks to determine the reason for the alarms repeatedly sounding were not carried

out.

I volunteered in 1995 for a lung scan to serve as a data point for female upper body detection parameters. I was acceptable as a candidate because I had not had a KNOWN radiation exposure. Because of several outliers in the data (mine was the only **high** one, others were consider too low) the data was reconfigured to bring everyone into a more normal range. I understand that this is often acceptable. Still, with my history, I am suspicious. My reading was **still higher** after the re-analysis. I have a copy of this report should you want it.

1994-02

I am concerned about the breast cancer; however, I believe I have reason to be more concerned about the continuing development of a chronic breathing problem (under control for the moment with daily Singulaire, Pulmicort, and Albuterol). The cause has never been specifically diagnosed. However, upon chelation, beryllium was found in both my blood and urine. I have had the LPT test done once. The results were negative; however, I understand that it may take several tests and a lung lavage to determine sensitivity, especially if one's immune system has been impacted as has mine. I was shown to have the CD4/CD8 ratio reverse to that in AIDS. Apparently, the cause is now deemed to be radiogenic (as is breast cancer in general). Tons of beryllium (be) had been stored for many years in the reactor building along with the fuel salts. Much of that Be turned up missing during a recent inventory.

I will seek testing at the new beryllium testing facility in Oak Ridge when it is completed unless you can suggest a method for my obtaining multiple tests sooner.

Dose Reconstruction

Not incidentally, I cannot believe that it is possible to reconstruct my dose(s) or other ORHL employees, for that matter. It has only been within the last couple of weeks that the AAAHC has finally found that ORNL Medical Division could pass its accreditation. Previous to this recent notice, they were strongly criticized for inadequate documentation, particularly in the area of exposures. I also have known that there have been problems for years with the dosimetry (as related to me by professionals).

1999-02

In 1999 I instituted a lawsuit against DOE based on evidence gathered in the MSRE document, claiming negligence on their part for never having performed either SARs or SERs for the MSRE during those years (1969 to 1994). The lawsuit was dismissed in 2001 on grounds of the court's lack of jurisdiction. I am, however, continuing to research several regulatory issues regarding DOE responsibilities and authority toward safety and health.

Thanking you for your attention,

Phone No: