

UNITED STATES OF AMERICA  
CENTERS FOR DISEASE CONTROL

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NATIONAL INSTITUTE FOR OCCUPATIONAL  
SAFETY AND HEALTH

+ + + + +

ADVISORY BOARD ON RADIATION AND  
WORKER HEALTH

+ + + + +

67th MEETING

+ + + + +

TUESDAY  
FEBRUARY 9, 2010

+ + + + +

The meeting convened at 9:00 a.m.  
Pacific Standard Time, in the Marriott  
Manhattan Beach, 1400 Parkview Avenue,  
Manhattan Beach, California, James M. Melius,  
Chairman, presiding.

PRESENT:

JAMES M. MELIUS, Chairman  
HENRY ANDERSON, Member  
JOSIE BEACH, Member  
BRADLEY P. CLAWSON, Member  
R. WILLIAM FIELD, Member  
MICHAEL H. GIBSON, Member\*  
MARK GRIFFON, Member  
RICHARD LEMEN, Member  
JAMES E. LOCKEY, Member  
WANDA I. MUNN, Member

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## PRESENT: (CONT.)

JOHN W. POSTON, SR., Member  
 ROBERT W. PRESLEY, Member  
 DAVID B. RICHARDSON, Member\*  
 GENEVIEVE S. ROESSLER, Member  
 PHILLIP SCHOFIELD, Member  
 PAUL L. ZIEMER, Member  
 THEODORE M. KATZ, Designated Federal Official

## REGISTERED AND/OR PUBLIC COMMENT PARTICIPANTS

ADAMS, NANCY, NIOSH Contractor  
 AL-NABULSI, ISAF, DOE  
 ANNO, GEORGE, Public  
 BRADFORD, SHANNON, OCAS  
 BURGOS, ZAIDA, NIOSH  
 CANO, REGINA, DOE  
 CLERICUZIO, KAREN, Public\*  
 CRUZ, RUBEN, CDC  
 DARNELL, PETE, OCAS  
 GLOVER, SAM, OCAS  
 HOWELL, EMILY, HHS  
 HINNEFELD, STU, OCAS  
 HOWARD, JOHN, NIOSH  
 HUGHES, LARA, OCAS  
 FITZGERALD, JOE, SC&A  
 FROWISS, AL, Public  
 FUNK, JOHN, Public\*  
 KLEA, BONNIE, Santa Susana Petitioner  
 KOTSCH, JEFF, DOL  
 LARSON, VERNON, Public  
 LIN, JENNY, HHS  
 MAKHIJANI, ARJUN, SC&A  
 MAURO, JOHN, SC&A  
 MCFEE, MATTHEW, ORAU Team  
 NASH, VIVIAN, Public\*  
 NETON, JIM, OCAS  
 ONEY MOAK, MARCIA, Public  
 PRESLEY, LOUISE  
 PULTE, JANIE, Public\*  
 RABINOWITZ, RANDY, Public  
 RAFKY, MICHAEL, HHS  
 RINGEN, KNUT, CPWR

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## REGISTERED AND/OR PUBLIC COMMENT PARTICIPANTS

ROBERTSON-DEMERS, KATHRYN, SC&A  
RUTHERFORD, LaVON, OCAS  
SCHWERING, CARL, Public  
SCHWERING, LINDA, Public  
SHETRONE, HARRY, Public\*  
SHETRONE, MARY, Public\*  
TURNER, LEROY, OCAS  
WADE, LEW, OCAS  
WALKER, FLOYD, Public\*  
ZEITOUN, ABE, SC&A

\*Participating via telephone

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1 PARTICIPANT: Could be better but  
2 it's okay.

3 MR. KATZ: Could be better but  
4 it's okay. A lot of static?

5 PARTICIPANT: No, just a lot of  
6 echo.

7 MR. KATZ: Okay. We'll try to  
8 work on that as this goes on, improving that  
9 audio quality.

10 Okay. So let me just ask -- one  
11 thing that will improve your audio a little  
12 bit, everyone who's on the phone line, if you  
13 would mute your phones, that'll help a little  
14 bit, and to do that, if you don't have a mute  
15 button on your phone, if you'll just punch \*6,  
16 that'll mute your phone, and then at some  
17 point, if you are a person who needs to  
18 address the Board at the proper time, if you  
19 press \*6 again, that'll take it off mute. And  
20 the other thing I would just ask everyone on  
21 the phone is to please do not put the call on  
22 hold at any point because that'll be very

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1 disruptive for the people here. If you would  
2 just disconnect and call back in, if you need  
3 to leave the call at any point, that would be  
4 great.

5 So we're going to start a little  
6 bit -- with a little bit different order this  
7 time than usual.

8 I'm going to ask Dr. John Howard  
9 if he would make a little -- address the Board  
10 first, and then we'll carry on from there with  
11 the Chairman.

12 DR. HOWARD: Thank you, Ted, and  
13 good morning, ladies and gentlemen of the  
14 Board. It's my pleasure to announce that the  
15 President has designated Dr. Melius as the new  
16 chair of the Board. I'd like to welcome him  
17 to that August position. I'd like to thank  
18 Dr. Ziemer for his years of wonderful,  
19 dedicated and excellent service as chair of  
20 the Board, and hopefully, we will welcome him  
21 to continue service to the Board. Thank you  
22 very much.

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1           I also want to welcome four new  
2 Members of the Board to our first face-to-face  
3 meeting. Thank you all very much for your  
4 service to the Secretary of the Department of  
5 Health and Human Services.

6           I also want to formally notify the  
7 Board that Stuart Hinnefeld has been appointed  
8 as interim director of the NIOSH Office of  
9 Compensation Analysis and Support. NIOSH  
10 plans a national search for a permanent  
11 director for the office in 2010.

12           I also want to thank Larry Elliot  
13 for his service as the founding director of  
14 the Office of Compensation Analysis and  
15 Support.

16           Lastly, I want to inform the  
17 Board, that I have begun a 10-year review --  
18 yes, it's almost 10 years since The Act was  
19 passed -- of our Dose Reconstruction Program,  
20 and I want to actively solicit the input of  
21 the Board as we go through this process.

22           I've asked Dr. Lewis Wade to serve

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1 as executive director of the program review,  
2 and he will brief the Board this morning on  
3 the details of the program review, and how the  
4 Board and claimants and stakeholders, and  
5 other interested parties can participate.

6 I thank you for allowing me these  
7 few minutes. I welcome Dr. Melius in his new  
8 role, thank Dr. Ziemer, welcome all the new  
9 Board Members. Thank you very much.

10 MEMBER ZIEMER: I also asked for,  
11 as a point of personal privilege, to make a  
12 few remarks here at the beginning of the  
13 meeting, actually, before our meeting was  
14 called to order, and I think I'm so used to  
15 signing the registration form, and picking up  
16 the agenda, I have to be careful and not lapse  
17 into that, I think Dr. Melius will remind you,  
18 although that's a good reminder, to start  
19 with.

20 When I was asked to chair the  
21 Board in the fall of 2001, which is over eight  
22 years ago, I would not have guessed that I

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1 would still be involved in the year 2010. As  
2 you know, under the EEOICPA legislation, the  
3 chair is appointed by the President, and I  
4 actually expected the change to occur in the  
5 leadership position over a year ago.

6 But this past Friday, I did  
7 receive a call from the White House,  
8 indicating that Dr. Melius was being appointed  
9 to chair the Board, and the White House also  
10 requested that I continue on the Board and I  
11 have agreed to do so.

12 So now, in sort of parallel with  
13 my position at Purdue, which is professor  
14 emeritus, I'm dubbing myself chairman  
15 emeritus. Of course you recognize emeritus is  
16 Latin for no longer needed.

17 So this morning I do want to  
18 congratulate Dr. Melius on this appointment  
19 and wish him the very best as he leads the  
20 tasks and responsibilities that are before the  
21 Board and before all of us.

22 I contacted him last Friday

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1 afternoon and assured him that I would do  
2 everything I could to make the transition as  
3 smooth as possible.

4 Now, I recognize that this is not  
5 a retirement for me, nor is it an Oscar  
6 performance or something, but I do need to  
7 thank some people, nonetheless. So I want to  
8 take a minute and do that, if you'll indulge  
9 me a couple extra minutes.

10 I do thank the lord that he's  
11 given me the health and stamina, and perhaps  
12 the patience to do this for the past eight-  
13 plus years. I do also want to thank all of  
14 the Board Members, who I consider not only  
15 professional colleagues but personal friends  
16 as well. They are hard-working. They're more  
17 than willing to assist in all aspects of the  
18 work of the Board, and each one has made a  
19 significant contribution to our mission by  
20 actively engaging in Work Groups and  
21 Subcommittees, and all of the Board work, and  
22 I do thank them all for their conscientious

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1 efforts.

2 I might note, the Board, as you  
3 know, has a very challenging role in dealing  
4 both with the science of dose reconstruction  
5 as well as the public policy of dose  
6 reconstruction, and both are important and the  
7 interaction between those two is not always an  
8 easy one.

9 In part, this is due to the fact  
10 that neither the science nor the public policy  
11 are perfect. In fact, neither one can do a  
12 fine job of what we're needing to do by  
13 itself. Both need to work together, in  
14 tandem.

15 And although they cannot perfectly  
16 address these issues, nonetheless, by plying  
17 both in a very responsible way, and in the  
18 fashion that we need to, I believe that we can  
19 meet the objectives of EEOICPA in a manner  
20 that will be fair and equitable to the  
21 claimants.

22 And I hope that each of you on the

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1 Board will continue to give due weight and  
2 consideration to each of these areas, in  
3 dealing with the issues that are before the  
4 Board, due diligence to the science and to the  
5 public policy.

6 I also want to take a minute and  
7 thank those other individuals who've been very  
8 much involved in serving with us, particularly  
9 our designated federal officials. We've had  
10 several, actually starting with Larry Elliot,  
11 and then Lew Wade, and Christine Branch, and  
12 Ted Katz, and all of those individuals have  
13 been so helpful in supporting our activities,  
14 and actually interacting with us and handling  
15 all the details of the work of the Board.

16 I also want to thank the Board's  
17 contractor, SC&A, and I won't name all those  
18 people because I'll likely leave some out, but  
19 they've been so helpful to the Board in  
20 reviewing the dose reconstruction, the Site  
21 Profiles, the SEC Petitions, and all the  
22 related matters that have helped our Board and

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1 our Work Groups, and our Subcommittees carry  
2 out their tasks.

3 And I also want to acknowledge all  
4 the work of the various federal agencies that  
5 have been involved. This includes NIOSH-OCAS,  
6 includes the Department of Labor, the  
7 Department of Energy, of course other parts of  
8 Health and Human Services, and again, I won't  
9 name all those individuals, but the Board  
10 Members know who you are and we all appreciate  
11 you.

12 Now it would be appropriate if I  
13 provided some advice to our new chairman, and  
14 I have three words of advice for him.

15 Dr. Melius, I've observed, over  
16 the years, that invariably people come to the  
17 Board with concerns, mainly about how long  
18 it's taking to get things done, and I've found  
19 that there's really, when it comes down to it,  
20 three possible answers that you can provide,  
21 and I want to tell you what those are, so  
22 you'll have those at the ready.

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1           The first answer is that the  
2 problem is with NIOSH. They're still doing  
3 data captures, and building coworker models,  
4 and conducting evaluations, so the slowness of  
5 a particular issue is due to NIOSH.

6           Now that only works for so long.  
7 So your second approach is to indicate that  
8 the problem is with SC&A. They've identified  
9 an extremely long list of findings. They've  
10 developed a complex resolution matrix that  
11 they are working with the Board to develop and  
12 to resolve. But again, it takes a long time.

13           Well, you can only do those two  
14 for so long, and it finally reverts back to  
15 the Board and you have to tell them the  
16 problem is with the Board.

17           In actual practice, what you want  
18 to tell them is, our Work Groups have come up  
19 and developed a recommendation but it will  
20 take quite a while to prepare for final form,  
21 because it is simply filled with too many  
22 dangling participles.

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1 Well, that's my advice, and I'm  
2 sticking to it.

3 Dr. Melius, I want to turn over  
4 the gavel to you and wish you well.

5 (Applause.)

6 CHAIRMAN MELIUS: Thank you. And  
7 thank you, Dr. Ziemer. We all appreciate your  
8 hard work and dedication over 66 meetings of  
9 this Board, now going on our 67th meeting here  
10 today.

11 We're actually particularly glad  
12 that you are staying on the Board because how  
13 you -- the three answers that you had to the  
14 complaint question are appropriate, cause all  
15 of us Board Members have one answer that we've  
16 used, which is, if you have a complaint about  
17 something taking too long -- I don't know  
18 anything about it -- go ask Ziemer. And we  
19 will be able to continue to use that response.

20 Now I was also considering naming  
21 you head of a special Work Group on grammar,  
22 and maybe we'll consider that later during our

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1 work session on Thursday.

2           Anyway, welcome, everybody. Ted's  
3 got a few housekeeping things he needs to do  
4 and then --

5           MR. KATZ: Yes. One thing I  
6 should have done at the front end of this, and  
7 fell down on the job is check just for the  
8 record, we have almost all of the Board  
9 Members here at the table, but there are two  
10 Board Members who are having to connect  
11 remotely, and I haven't checked to see that  
12 they are in attendance.

13           One of those is David Richardson  
14 who's joining us from France. So David, are  
15 you with us?

16           MEMBER RICHARDSON: Yes, I am,  
17 Ted.

18           MR. KATZ: Good to hear your  
19 voice. And the second is Mr. Mike Gibson who  
20 is in Ohio.

21           MEMBER GIBSON: Yes, Ted. I'm  
22 here.

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1                   MR. KATZ:       Good to hear your  
2                   voice, too. Great. Thank you both. It's all  
3                   yours.

4                   CHAIRMAN MELIUS:    I thought it  
5                   would be helpful, since we have our four new  
6                   Board Members here for their first full  
7                   meeting -- actually, Henry is back, I guess,  
8                   the return. So that if we all sort of, Board  
9                   Members introduce ourselves, but if the new  
10                  Board Members wouldn't mind saying a few words  
11                  of background, so forth, and we welcome you  
12                  all and we'll start with you, Dick.

13                  MEMBER LEMEN:    I'm Dick Lemen. I  
14                  used to be with NIOSH a long, long time ago.  
15                  I started with NIOSH when it actually began in  
16                  1970, and I was the -- ended up as the deputy  
17                  director of the Institute, and for about a  
18                  year, I was the acting director of NIOSH. I  
19                  retired from NIOSH in 1996 and I have taught  
20                  at Emory University in Atlanta for about six  
21                  years and then I retired from that, and I'm  
22                  now semi-retired but still doing some private

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1 consulting. And that's my story and I guess  
2 I'll stick with it.

3 CHAIRMAN MELIUS: Wanda, do you  
4 want to say just a brief -- for the new Board  
5 Members.

6 MEMBER MUNN: I'm Wanda Munn. I  
7 make trouble.

8 (Laughter.)

9 CHAIRMAN MELIUS: Bill.

10 MEMBER FIELD: I'm Bill Field. I'm  
11 a professor in College of Public Health,  
12 University of Iowa. I'm actually in two  
13 departments: in Occupational & Environmental  
14 Health and also in Epidemiology. I've been a  
15 faculty member since 94. Prior to that, I was  
16 a consultant and worked as a health physicist  
17 at University of California, Berkeley. And  
18 it's great to be with the Board. Appreciate  
19 it.

20 CHAIRMAN MELIUS: Okay. Welcome.  
21 Gen.

22 MEMBER ROESSLER: I'm Gen

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1       Roessler.    I've been on the Board since the  
2       very beginning.

3                   CHAIRMAN MELIUS:    Until the end,  
4       right?  Phil.

5                   MEMBER SCHOFIELD:    I'd just like  
6       to welcome the new Board Members, and I think  
7       we'll find the addition of new Members will be  
8       a big help to us.

9                   CHAIRMAN MELIUS:    John.

10                   MEMBER POSTON:     I'm John Poston.  
11       I'm professor of Nuclear Engineering at Texas  
12       A&M University.

13                   CHAIRMAN MELIUS:    Thank you.

14                   Bob.

15                   MEMBER PRESLEY:        I'm Robert  
16       Presley, Board Member.

17                   CHAIRMAN MELIUS:    Brad.  We'll go  
18       down the line.

19                   MEMBER CLAWSON:    I'm Brad Clawson.  
20       I'm also -- I still work in the industry.  
21       I'm a nuclear fuel handler for the Idaho  
22       National Engineering Lab for the last 20

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1 years. I'd also like to take this brief  
2 moment to thank Paul for all the inspiration  
3 that he's given many of us, sometimes a pat on  
4 the back out in the hall, come on, we can all  
5 do this, and I'd like to really tell him that  
6 I appreciate everything that I've learned from  
7 him, and the example that he's set for us.  
8 Thanks.

9 MEMBER BEACH: And good morning.  
10 I'm Josie Beach. I'm also still in the  
11 industry. I'm a nuclear chemical operator out  
12 at Hanford. I also teach respiratory and  
13 hazardous waste to fellow workers, which I'm  
14 happy to still be able to do that, and as Brad  
15 said, thank you, Paul, for helping us in the  
16 last couple years as we began this journey on  
17 the Board.

18 CHAIRMAN MELIUS: Welcome back,  
19 Henry.

20 MEMBER ANDERSON: I'm Henry  
21 Anderson. Just to confuse things, I'm also  
22 known as Andy, so you can address me either as

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1 Andy or Henry and I will respond most of the  
2 time. Currently, I'm the chief medical  
3 officer and state environmental and  
4 occupational disease epidemiologist with the  
5 Wisconsin Division of Public Health. Was a  
6 initial Board Member who then was rotated off,  
7 and I guess rotations are something that  
8 hasn't happened for a while yet since then.  
9 But I'm happy to be back, and the only kind of  
10 interesting thing is, shortly after I left the  
11 Board, I then was appointed the state health  
12 officer in Wisconsin as an activity that I did  
13 for about nine months before we were able to  
14 finally recruit somebody to take a political  
15 appointment job during a recession.

16 So I went back to being state  
17 epidemiologist. I did have an interesting  
18 time on the political side. Thank you.

19 CHAIRMAN MELIUS: Jim.

20 MEMBER LOCKEY: Jim Lockey. I'm at  
21 the University of Cincinnati, pulmonary doc,  
22 and mostly involved with population-based

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1 research.

2 CHAIRMAN MELIUS: Mark.

3 MEMBER GRIFFON: Mark Griffon.

4 I'm a health physicist.

5 CHAIRMAN MELIUS: Okay. Paul, do  
6 you want to thank yourself again?

7 MEMBER ZIEMER: Paul Ziemer,  
8 professor emeritus from Purdue University.

9 CHAIRMAN MELIUS: Mike, can you  
10 hear me on the phone?

11 MEMBER GIBSON: Yes. Yes, I'm  
12 here, Jim.

13 CHAIRMAN MELIUS: Yes. Just want  
14 to introduce yourself briefly?

15 MEMBER GIBSON: Mike Gibson. I am  
16 retired from the Mound facility in Ohio after  
17 22 years of being an electrician. I was  
18 appointed to the Board in 2002 and have  
19 appreciated working with the Board and  
20 claimants and trying to get the just  
21 compensation.

22 CHAIRMAN MELIUS: Okay. And

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1 David, from France, welcome. Do you want to  
2 say a few words?

3 MEMBER RICHARDSON: Yes. I'm  
4 David Richardson. I'm on the faculty at the  
5 University of North Carolina, Chapel Hill, in  
6 the Department of Epidemiology, and I'm  
7 looking forward to working with you. I'm  
8 sorry I'm not there in person but I'll eat  
9 something good for you in France.

10 CHAIRMAN MELIUS: We're sorry  
11 we're not there with you, probably. But  
12 anyway, welcome, everybody, and to our new  
13 Members, and we'll now start with our agenda,  
14 and I think Stu, you're --

15 MR. HINNEFELD: Lew's going first.

16 CHAIRMAN MELIUS: Lew's going  
17 first. Okay.

18 DR. WADE: Thank you. Before I  
19 begin my comments, since I have the  
20 microphone, I'd like to take one minute and  
21 offer my personal thanks to Paul. I got to  
22 sit next to him for several years, and what I

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1 saw was a man not only of great intelligence  
2 but a man of great wisdom, tact, and most of  
3 all, a kind heart in how he dealt with  
4 everyone.

5 So Paul, thank you for what you  
6 brought to us and what you taught me  
7 personally. I do appreciate that.

8 We'll talk a little bit about the  
9 10-year review of the Radiation Dose  
10 Evaluation Program as John has mentioned.

11 NIOSH, under John, has operated  
12 with a series of sort of core values. Among  
13 those core values are things like  
14 accountability, a commitment to excellence,  
15 transparency. One of those things that those  
16 values have coalesced to, in terms of a way of  
17 doing business, is that we've undertaken, in  
18 many cases, an in-depth study of the past, so  
19 that we could decide how to improve our public  
20 service into the future.

21 Anyone who's been involved in  
22 NIOSH, over the last several years, is aware

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1 of the in-depth activity we've undertaken with  
2 the Academies of Science and Medicine to  
3 review the top eight NIOSH research programs,  
4 and those reports are available.

5 Again, we've learned a lot about  
6 ourselves in the past, and we've been able to  
7 apply that to how we can be a better agency  
8 and better serve into the future.

9 In September of 2009, John Howard  
10 decided that such a retrospective 10-year  
11 review of the OCAS Program, the Dose  
12 Reconstruction Program, was appropriate.  
13 Again, that review is to study the past, to  
14 learn lessons from it to apply to the future  
15 so we can do an ever better job.

16 The review will take place in two  
17 phases. The first phase, really data-driven,  
18 an analytical assessment of how the program is  
19 done. This is not the place for subjective  
20 opinions or judgments, but it will be an  
21 attempt to lay a foundation of fact as to the  
22 program's performance.

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1                   These       activities       will       be  
2       undertaken by an array of NIOSH employees and  
3       contractors. I'll share with you who those  
4       folks are in a moment, and it'll proceed along  
5       the lines of five basic topics that I'll also  
6       tell you about in a moment.

7                   That will provide the foundation  
8       to Phase II and in Phase II we'll look at  
9       those reports. Those reports will be looked  
10      at in terms of the information they provide  
11      with an eye towards evaluating NIOSH's  
12      performance relative to the legislative  
13      requirements, the implementing regulations  
14      with an eye towards recommendations for  
15      program improvements.

16                  So again, two phases, the first  
17      phase analytical, the second phase looking at  
18      areas for potential program improvement.

19                  I'll go through the five topics  
20      that I mentioned. The first is to look at the  
21      quality of science practice currently and  
22      throughout the life span of the program. This

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1 is a huge undertaking, if you think about it,  
2 to better focus an individual's ability to  
3 write to this topic. Some specific questions  
4 were developed. Those questions are in the  
5 handouts you have. I also provided for you a  
6 larger-type version of those questions. I  
7 won't read them for you; you're more than  
8 capable of looking at them yourself, but these  
9 questions are designed to draw focus to what,  
10 at this point, we think are the key science  
11 challenges that the program has faced, and an  
12 assessment as to how those science challenges  
13 have been met.

14           Again, I'll say this several times  
15 in my presentation -- should you find that you  
16 would like to offer, the Board would like to  
17 offer improvement, or recommendation or change  
18 to this, please let us know. It's a work in  
19 progress. But we offer you these five  
20 questions as a way of attempting to focus the  
21 science review. And these are those questions  
22 and you have them in a larger font before you

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1 to look at.

2 The second topic is looking at the  
3 timing of the accomplishment of program tasks.

4 Paul mentioned that people will often come  
5 and say it's taking too long. Well, we need  
6 to start to look at that analytically. How  
7 long has it taken? How long did it take in  
8 the beginning? How long is it taking now?  
9 How has the program improved? Those are  
10 things that we need to begin to look at, and  
11 that will take place against the second of the  
12 topics, the timing of program accomplishment.

13 The third, a little bit wordy, but  
14 the appropriateness as determined by the  
15 sufficiency of the supporting basis, and the  
16 consistency of program actions concerning the  
17 qualification of SEC Petition requests,  
18 petition Evaluation Reports, including  
19 amendments and modifications.

20 So this subtopic will look at the  
21 issue of SEC performance.

22 Number four, same thing.

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1 Basically looking at dose reconstruction,  
2 again looking at the appropriateness of the  
3 supporting basis, looking at the consistency  
4 of actions as they've taken place over the  
5 life of the program.

6 These would include things like  
7 the use of over -- and underestimating  
8 techniques, the use of best estimating  
9 techniques, the issuance of program Evaluation  
10 Reports. This is where NIOSH determines that  
11 a sufficient change has taken place and dose  
12 reconstructions need to be redone. We need to  
13 look at how that activity has taken place from  
14 a consistency point of view, from the  
15 soundness of the basis, as well.

16 And the fifth of the topics is  
17 maybe the most difficult, in my opinion, to  
18 quantify, is the quality of timing of services  
19 provided to claimants, petitioners and their  
20 representatives.

21 Anyone who's been around this  
22 Board has heard many issues raised about

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1 whether or not the interests of claimant and  
2 petitioners have been served in a way that is  
3 in their best interest. We need to try to get  
4 a handle on this, and this will be the fifth  
5 of the topics that we're looking at.

6 Now to look at the individuals who  
7 will undertake this activity. The first is  
8 the quality of science. Doug Daniels, the  
9 first name listed, Doug is the lead of the  
10 Occupational Energy Research Program within  
11 NIOSH. He's a very experienced and balanced  
12 health physicist, and he's held in the highest  
13 regard within the Institute, and he'll be  
14 involved in this activity.

15 Friday of last week, I traveled to  
16 Cincinnati and had discussions with Dr. Henry  
17 Spitz, who's a professor of engineering and  
18 the director of the Health Physics Institute  
19 at the University of Cincinnati, and we will  
20 ask Henry to join Doug in undertaking this  
21 most difficult task of assessing the quality  
22 of science.

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1                   The timing task. You know Nancy  
2 Adams, she's been around this Board. She'll  
3 be tasked with assembling the information that  
4 looks at timing from a quantitative point of  
5 view.

6                   Third, on the SEC Petition task, a  
7 wonderful woman by the name of Randy  
8 Rabinowitz, who's a NIOSH contractor, who's  
9 with us, and Randy can stand and be so  
10 identified. Randy brings some unique  
11 credentials to the task. She was counsel to  
12 the House Education and Labor Committee during  
13 the time of the implementation of The Act. So  
14 she was there when it was done. She'll bring  
15 a perspective as to what those intentions  
16 were.

17                   Randy also asked me to mention to  
18 you that she currently is the editor in chief  
19 of a treatise on occupational safety and  
20 health law. By my experience, eminently  
21 qualified to begin to assemble this task with  
22 regard to the SEC Petition.

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1                   Topic four, dose reconstruction.  
2           This is where we have the most questions as to  
3           the individual tasked with this. But that's  
4           me. I will lean heavily upon the work that  
5           this Board has done in terms of reviewing  
6           individual dose reconstructions. You can rest  
7           assured that the fine work you've done will  
8           raise to the top of the preparation of my  
9           report with regard to dose reconstruction.

10                   And then topic five, Denise Brock,  
11           who's known to all of you as a fierce advocate  
12           for claimants and petitioners, will undertake  
13           that task. She'll be ably assisted by Nancy,  
14           as Denise has so much work she's doing, she'll  
15           need some help to carry this on.

16                   But these are the individuals who  
17           will undertake this Phase I, which is the  
18           writing of these factual reports.

19                   We will not limit these authors'  
20           ability to offer opinion, if they like, after  
21           they've done their factual report. The  
22           Appendix will be open to them and their

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1 reports to offer their suggestions or thoughts  
2 as to potential improvements.

3 Phase II will be accomplished by a  
4 team of senior NIOSH leaders, and John Howard  
5 will chair that activity. So they'll be  
6 taking the results of these five factual  
7 studies and rendering them into an opinion as  
8 to how well NIOSH has done in meeting the  
9 intention of The Act, the regulations and  
10 making suggestions for potential improvements  
11 as we move forward.

12 In terms of public involvement, in  
13 fact, the first bullet is now not true. There  
14 is now on the NIOSH website, a page that  
15 describes this review. That page can be  
16 changed if the Board has things to say,  
17 obviously. But we want this to be as  
18 transparent an activity as possible.

19 So all the work that is undertaken  
20 here will be made transparently available on  
21 the website, and we will welcome comments from  
22 the public on any and all of these topics.

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1 I'll be monitoring that website and funneling  
2 the comments to the appropriate authors of  
3 these pieces. You can go to the website,  
4 which is [cdc.gov/niosh](http://cdc.gov/niosh), and you can easily  
5 navigate to the page that will describe this  
6 review. That page will be regularly updated  
7 and people will know what's going on and have  
8 the ability to comment.

9 The NIOSH docket will be used for  
10 the purposes of receipt transparency and  
11 establishing comment deadlines. So again we  
12 want this to be as transparent and open to  
13 review as possible, and we'll do that through  
14 the use of the webpage and the maintenance of  
15 a docket to accept public comment.

16 The Board involvement. Now that's  
17 up to you, obviously, but what we would like  
18 to see as Board involvement is that NIOSH will  
19 present a brief status report at each in-  
20 person Advisory Board meeting, if you want  
21 updates during your telephone calls, and I'll  
22 be available to do that as well.

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1           The Board comments will be welcome  
2           at these meetings. Board and/or individual  
3           comments can always be made to the docket as  
4           you would like.

5           For example, this week, if you  
6           have time, and you want to address yourself to  
7           any of these questions, and make a statement  
8           as a Board, we'll accept that statement, and  
9           I'll tell you, we'll be guided by the kinds of  
10          statements the Board makes. If individuals  
11          want to say something to me, I'll accept that  
12          as a comment.

13          Again, NIOSH will come to the  
14          Board with the Phase I and Phase II drafts  
15          before they're finalized, and ask the Board  
16          for comment on both the factual reports as  
17          well as the reports looking at evaluation and  
18          potential policy movement.

19          Time frame. The dreaded time  
20          frame slide. We'd like to complete Phase I by  
21          July of 2010, Phase II by October of 2010.  
22          I'm under great siege, already, by some of the

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1 authors, saying that July time frame is  
2 questionable. What I want to ensure happens  
3 is that this review is done by the end of the  
4 calendar year.

5 There'll be a little bit of  
6 possible slip. We'll keep you informed. It  
7 seems to me, unless you set an aggressive  
8 deadline, you'll never complete the activity.

9 So those are the time frames we're aiming at.  
10 Stay tuned. We'll see how well we do.

11 My final comment, and John asked  
12 me to make this, is that we'll not suspend our  
13 responsibility to ever improve the program  
14 while this review is ongoing. If there are  
15 things that need to be done, and we feel they  
16 need to be done, we'll do them. If the Board  
17 feels there are things that need to be done,  
18 we don't have to wait until the conclusion of  
19 this review to do that.

20 So we'll focus on the review, but  
21 if situation demands activity, then we'll take  
22 that activity on in the time that best serves

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1 the people that we serve.

2 And those conclude my comments.  
3 I'll certainly answer any questions you might  
4 have now. Again, I thank the Board in advance  
5 for its contribution to what I think is a most  
6 important 10-year retrospective review.

7 CHAIRMAN MELIUS: Okay. Thank  
8 you, Lew. Questions. Josie.

9 MEMBER BEACH: I have just a quick  
10 question. Can we get a copy of your  
11 presentation?

12 DR. WADE: I would hope it's in  
13 your --

14 MEMBER BEACH: I looked. I didn't  
15 see it, unless I just missed it. What's it  
16 under? NIOSH Update. Okay. Thank you.

17 DR. WADE: Yes. It looked like  
18 its Stu's.

19 MEMBER BEACH: And then, also,  
20 will the updates come to us? Will we get  
21 notified of the updates in the usual manner?

22 CHAIRMAN MELIUS: Yes.

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1                   MEMBER BEACH: Thank you.

2                   CHAIRMAN MELIUS: Paul.

3                   MEMBER ZIEMER: Lew, with respect  
4 to the interactions with claimants, and so on,  
5 I believe you indicated that was the one that  
6 Denise Brock was doing -- is she restricted to  
7 focus only on the NIOSH part of that or is she  
8 allowed to stray into the Department of Labor?

9                   The reason I ask that -- you all  
10 know that many of the comments we get here,  
11 these get intertwined, but -- I know there's  
12 some sort of technical boundaries, but it  
13 seems to me that to some extent, we have to  
14 look at that interaction. I wondered how  
15 restricted they will be on that issue.

16                  DR. WADE: Right. I agree, Paul.

17 I think our instructions to Denise will be to  
18 concentrate on the program but not to turn a  
19 deaf ear to things she hears and concerns that  
20 are raised, and we would ask her to chronicle  
21 those and bring those to us as well. And if  
22 you know Denise, you know that she's not going

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1 to turn a deaf ear to anything she hears.

2 MR. KATZ: Before we go on with  
3 more questions, I can hear, there's a lot of  
4 back-talk on the telephone line, and it's  
5 probably making it especially difficult for  
6 other people on the telephone line to hear  
7 this. So please -- everyone on the telephone  
8 line should have their phones muted. Use \*6,  
9 if you don't have a mute button. Thank you.

10 Okay.

11 CHAIRMAN MELIUS: Other questions?

12 (No response.)

13 CHAIRMAN MELIUS: Okay.

14 DR. WADE: Well, I look forward to  
15 chatting with --

16 CHAIRMAN MELIUS: Thank you, Lew.

17 And, Stu, you're up.

18 MR. HINNEFELD: Thank you, Dr.  
19 Melius. Good morning, everyone. For those of  
20 you who are not in the room and can't see the  
21 presentation, my name is Stu Hinnefeld. I'm  
22 the interim director of the Office of

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1 Compensation Analysis and Support. I've, of  
2 course, addressed the Board a number of times  
3 in different capacities. This the first time  
4 in this capacity and I'm looking forward to a  
5 continuing relationship as long as the interim  
6 period lasts.

7           When I told my wife that I'd been  
8 appointed interim director -- and my wife is  
9 like my best friend -- and she's the only one  
10 of my friends who will tolerate my boring work  
11 stories, and even though she does it  
12 grudgingly -- when I told her I was appointed  
13 the interim director of the office, she wasn't  
14 particularly interested in the director part  
15 but she asked about the interim part. You  
16 know, interim. You know, that's sort of like  
17 a set period, like between things, like,  
18 meanwhile, she said. So what's the interim  
19 period? And I said, well, it's in the interim  
20 between when I got the job and when I don't  
21 have the job anymore. So it's kind of like  
22 any other job.

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1           So I'll go ahead and start with  
2           our presentation. This is following, pretty  
3           much, the standard format that this NIOSH  
4           update presentation has provided, has been  
5           done for a number of years.

6           As of December 31st, which was the  
7           last convenient cut-off, end-of-the month cut-  
8           off, I thought that January 31st would be too  
9           close to the date of the meeting to be  
10          prepared, get the slides prepared.

11          As of December 31st, we had almost  
12          31,000 cases referred to us for dose  
13          reconstruction, and well over 26,000 of those,  
14          or some 86 percent, had been returned.

15          MR. KATZ: Stu, can you just hold  
16          a bit. The people on the phone can't hear.  
17          There's a number of audio problems going on at  
18          once, but one is that some people don't have  
19          their phone muted on the telephone line, and  
20          everyone's hearing whatever is being talked  
21          about, to the detriment of everybody else  
22          trying to speak in this Board meeting. \*6,

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1       mute, if someone can hear me out there.

2                   The other thing, let me just -- I  
3       don't know if you can hear me on the phone --  
4       this arrangement is not correct and we're  
5       trying to get it corrected for the audio  
6       system and I can only apologize at this point.

7       They're going to have to get other hardware  
8       in here to correct the situation as it is.

9                   CHAIRMAN MELIUS:    We can go back  
10       on the record now and, Stu, you can continue.

11                   MR.   HINNEFELD:   Thank you, Dr.  
12       Melius.   Starting again, this is the first  
13       slide of the presentation.   As of December  
14       31st, we had received almost 31,000 cases from  
15       the    Department    of    Labor    for    dose  
16       reconstruction and well over 26,000, or some  
17       86 percent of those cases, have been returned  
18       to the Department of Labor in one of three  
19       categories.

20                   A little over 23,000 of them have  
21       been sent with a Dose Reconstruction Report.  
22       Let me go to the bottom number here.   Two-

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1 thousand three-hundred fourteen cases have  
2 been pulled and returned to the Department of  
3 Labor because they appeared in our -- based on  
4 the information we had -- to be compensable  
5 cancers in an SEC class that has been added.  
6 The statutory SECs don't come to us. So these  
7 are cases that came to us, and once the case  
8 was in our hands, the determination was made  
9 that an SEC class should be added, and these  
10 cases were then sent back to Department of  
11 Labor for adjudication without the dose  
12 reconstruction process.

13 And then there are about a  
14 thousand that have been pulled from dose  
15 reconstruction by the Department of Labor, for  
16 a variety of reasons. Some of those were  
17 mistakenly sent, and then there are other  
18 reasons, sometimes, why a case will get pulled  
19 by the Department of Labor. So that's the --  
20 constitutes the total of ones that have been  
21 returned.

22 So that leaves some almost four

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1 thousand, or 12 percent of the cases referred,  
2 that are still at NIOSH for dose  
3 reconstruction, except that of that number,  
4 some 581 cases were administratively closed.

5 Now a case, for anyone who's  
6 listening who doesn't know the administrative  
7 closure process, a case is administratively  
8 closed when the claimant does not sign and  
9 return the OCAS-1 form, and that happens with  
10 some frequency, about 2 percent, it looks  
11 like, for claimants whose dose reconstruction  
12 is not favorable, it doesn't come out with a  
13 favorable outcome. Sometimes they sort of  
14 stop the process or opt out of the process at  
15 that time and don't return to the OCAS-1.

16 And without the OCAS-1, then, we  
17 do not return the case to the Department of  
18 Labor with the dose reconstruction. It's  
19 closed at our offices.

20 A bar chart showing sort of the  
21 breakdown of the current cases. Much of the  
22 information I just mentioned was in here.

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1 This breaks down the cases remaining in our  
2 hands into what we call active and pending. A  
3 pending case is just one where there is some  
4 type of information missing that's preventing  
5 -- but readily retrievable, or retrievable in  
6 fairly short order, that's preventing us from  
7 going forward with that dose reconstruction.

8           And so to make sure the efforts  
9 are focused on the ones that can move forward  
10 today, we take those appended cases and put  
11 them in this other pending category.

12           Of those 3,844 cases that are  
13 still with us, a little over 1,200 of those  
14 cases are in the dose reconstruction process,  
15 meaning some aspect of the work has started.  
16 Some aspect of work after the initial case  
17 development work. The 564 cases I mentioned  
18 earlier -- or I'm sorry, these are not the  
19 ones I mentioned earlier. 564 of those cases  
20 have a initial draft dose reconstruction in  
21 the hands of the claimant, so they have not  
22 provided us with a response yet, on whether

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1 they have any more information to add for us  
2 to consider, and so those are in the hands of  
3 the claimants. There is always some  
4 population of claims in the hands of the  
5 claimants, because we're always sending draft  
6 dose reconstructions to claimants.

7 And there are some 2,000 cases  
8 that are in development stages and so they  
9 haven't -- the dose reconstruction hasn't  
10 started. The development work includes  
11 requesting and receiving exposure history  
12 information that the Department of Energy  
13 might have on the claimant and also conducting  
14 claimant interviews to obtain the interview  
15 information for the claimant.

16 And of these there are some --  
17 those top three numbers total the entire  
18 population and the 1,136 pending cases are  
19 likely spread among those, although a few of  
20 them would be in the initial draft. There may  
21 not be any in the initial draft category, but  
22 they'd be spread between the other two

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1 categories, in all likelihood.

2 Of the 1,136 cases pended in our  
3 offices, here are the top four categories.  
4 There are quite a number of other categories  
5 of pending cases, and so these numbers don't  
6 add up to 1,136. See, they're just the four  
7 categories with the highest number of cases  
8 pended for this reason.

9 One is a non-SEC claim in an SEC  
10 class. In other words, these are claims where  
11 they would have been in the Class except they  
12 don't qualify for compensation for payment,  
13 probably because they don't have one of the  
14 SEC cancers, so dose reconstruction, to the  
15 extent that we can do one, still has to be  
16 done and oftentimes -- or not oftentimes --  
17 but not uncommonly, when we reach the  
18 conclusion that a class needs to be added for  
19 a site, because we've determined that there is  
20 some aspect of the dose that cannot be  
21 reconstructed, we proceed with that action and  
22 that recommendation and bring that

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1 recommendation to the Board, before we sort  
2 out all the details of how much of the dose it  
3 is that we can reconstruct.

4 And so sometimes classes are  
5 added, and we haven't entirely worked out the  
6 DR methodology for the non-SEC cases. So  
7 that's why there's some classes in that  
8 category.

9 There are some 110 cases--again,  
10 this was as of December 31st, that were pended  
11 before final designation of the SEC and these  
12 are cases which are expected to go -- that we  
13 expect will end up in SEC classes, but there  
14 has -- so in other words, we will have reached  
15 a pretty firm conclusion, in our minds, that a  
16 class is going to be added, but the action  
17 would not be taken yet, like this would be  
18 between the time we've completed an Evaluation  
19 Report and the time the Board makes a  
20 recommendation on the basis of that Evaluation  
21 Report.

22 So that's that category. There

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1 are some 55 cases appended for Technical Basis  
2 Document issues, which means there's some  
3 aspect of dose reconstruction methodology  
4 which we have not yet finalized, that we need  
5 to work out in order to complete those claims.

6 And then there are some 33 claims  
7 that are pended because of additional DOE data  
8 requests. This usually occurs when a claim --  
9 we learn, during our processing of the claim,  
10 that the person could have additional  
11 radiation exposure information at other DOE  
12 sites other than the ones identified when the  
13 claim was referred to us and so, when we learn  
14 of that, they may have worked at an additional  
15 site or they may have made frequent visits, or  
16 occasional visits to another site, we will  
17 make supplemental information requests,  
18 exposure history requests, and then we'll  
19 wait.

20 We pend these cases to make sure  
21 we hear a response to that request of DOE,  
22 before proceeding on with the dose

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1 reconstruction.

2           And in terms of outcomes of the  
3 23,000 cases that we've sent back to DOL with  
4 dose reconstruction, some 31 percent of those  
5 cases had a PoC greater than or equal to 50  
6 percent, and 69 percent had PoCs less than 50  
7 percent. And that's a change, I believe, of  
8 one percent since the October presentation. I  
9 believe at that time, it was 32 and 68.

10           This distribution of the PoC  
11 outcomes for dose reconstruction has been a  
12 staple of this presentation for quite some  
13 time. I think it's pretty familiar to all the  
14 -- certainly the Board Members who have been  
15 on the Board for a while.

16           You can see a fairly high number  
17 of quite low PoCs, and then the final bar is  
18 everything above fifty, so it sort of skews --  
19 the right side of the bar chart is all pushed  
20 into one bar. That's why you have that high  
21 bar on the right in the chart, that's because  
22 everything above fifty is put into one chart,

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1 one bar.

2 This is a chart of the program  
3 receipts, and it shows both the new referrals  
4 which are in -- I guess that's blue. One of  
5 the problems with me giving color slides is  
6 I'm color blind, and then the returns which  
7 are in red -- I guess that's red.

8 MEMBER MUNN: No. Red is  
9 received. Blue is returns.

10 MR. HINNEFELD: Yes. Red is the  
11 new ones. Blue is the returns. Actually, red  
12 is total received, I believe. Blue is  
13 returns. So the difference between those two  
14 bar charts is the initials, the one smaller  
15 initial. I think.

16 CHAIRMAN MELIUS: We lost your --

17 MR. HINNEFELD: I lost my slide.

18 The Board Members have the slides.

19 These slides I believe are also in the back  
20 of the room, for anyone who wants to follow  
21 along with the slides. They're also in the  
22 back room.

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1                   These are actually -- this entire  
2 chart is reworked, so I'm getting confused on  
3 the slides. This entire chart is only about  
4 reworks. The red is of them coming in. The  
5 blue is us sending them back to Department of  
6 Labor. So this is strictly about reworkings.

7                   And here is a history one. As I  
8 said, one of the processes in preparing a  
9 claim is to send requests to the Department of  
10 Energy for exposure histories for the  
11 claimant. This is the current history of--or  
12 where we stood on December 31st in terms of  
13 DOE response to those requests.

14                   There were some 189 requests  
15 outstanding. There were about twenty-two of  
16 those, were outstanding longer than 60 days  
17 meaning 60 days have elapsed since the time of  
18 our request and we've not had a response.

19                   To contrast this with the October  
20 presentation, the October presentation, and  
21 that included, I believe, information through  
22 the end of September, there were 304

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1 outstanding requests and eighty of those were  
2 over 60 days old. So you can see in those  
3 three months, the Department of Energy has  
4 emphasized getting those older things back and  
5 being prompt in their responses. And so you  
6 can see a considerable improvement in those  
7 numbers, in that three month period, based on  
8 Department of Energy's emphasis on that  
9 process.

10 Now at least in October, and maybe  
11 before that, Larry announced to the Board our  
12 management objective to improve the timeliness  
13 of the returning dose reconstructions to  
14 claimants, and this management objective, as  
15 you can imagine, kind of shapes all of our  
16 conversations in the office, these days, about  
17 trying to remove any barriers that might  
18 remain to getting this process done.

19 Our objective is to get to the  
20 point where we will complete and have all dose  
21 reconstructions completed within a year of  
22 being sent to us. Or resent to us.

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1           And so we adopted that around June  
2 1st. We realized that that wasn't the  
3 situation on June 1st. We had to have some  
4 implementation period in order to get to that  
5 state, and so we chose a one year  
6 implementation which is proving to be  
7 aggressive but I think attainable.

8           And so our effective date is June  
9 1st. And so we now speak about the pool of  
10 claims, which means the claims that have to be  
11 done by June 1st, and how are we going to get  
12 these claims done in that time frame.

13           The reasons why this was  
14 considered an appropriate time, or even a  
15 doable time for this objective, include the  
16 extent to which we have completed technical  
17 documents for the various sites, and the site  
18 research we have done. Gosh, I guess I kept  
19 up on the computer, so we're on the same page.

20           And so we have done -- of course  
21 we've been researching sites for years, and we  
22 have made a lot of progress toward having

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1 technical approaches in place, have very, very  
2 many of the sites, and the few remaining are  
3 the ones we are trying now very hard to  
4 complete before the due date.

5 We have a strong infrastructure in  
6 place, which just means we've been doing this,  
7 our contractor's been doing this for a while,  
8 and we are a lot more comfortable in our  
9 ability to do the dose reconstructions, and as  
10 problems are encountered in getting things  
11 done, we have more of a suite of opportunities  
12 and actions we've taken in the past, that will  
13 help us solve those problems.

14 We have quite a lot of experience  
15 in doing dose reconstructions, and so we're  
16 more comfortable with that, and that's a more  
17 efficient process. We have SEC petitions and  
18 classes added, and we are continuing to do  
19 that. As we're completing our research, and  
20 we're finding that we cannot obtain enough  
21 information to make dose reconstruction  
22 feasible, we are now finishing out, in our

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1 view, the last of -- the likely last, or the  
2 last of the obvious 83.14s that will come from  
3 this initial round of research. I'm saying  
4 the likely ones because these are the ones  
5 that come from the initial round.

6 It's always possible that we'll  
7 learn something in the future that would cause  
8 us to initiate an 83.14, but it took quite a  
9 number of years, given the number of sites,  
10 and the amount of research that was needed,  
11 just to work through the sites.

12 So we're working out some of the  
13 smaller ones now.

14 Our technical support contract is  
15 in place. You'll recall, we had about two  
16 years worth of extensions on our technical  
17 contract at its end. When we were extending,  
18 you know, in multiple month periods, it's very  
19 difficult to make long-term plans and  
20 accomplish long-term objectives when you're  
21 working with two and three months extensions  
22 on the contract.

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1           So we now have awarded a technical  
2 support contract, replacement contract, and so  
3 we've added a much more stable situation, it  
4 allows for more stable work planning, and our  
5 level of funding is adequate to make this, to  
6 keep the objective.

7           You can always work faster if you  
8 have more money, but we believe what we have  
9 is sufficient to meet this objective.

10           We have here now a bar chart  
11 showing the completion of what we call the  
12 pool, the pool of claims that we must complete  
13 by June 1st. The first slide is for the  
14 initial claims. That means the ones that were  
15 referred to us for the first time and have not  
16 had a dose reconstruction and return. And you  
17 can see at the start, around June, when we  
18 started this objective, there were 2,500 cases  
19 in the pool, initial cases. We're now down to  
20 1,311 after six months. You can do the  
21 arithmetic as well as I do. You can see that  
22 we're not quite halfway there, which of course

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1 doesn't make me entirely comfortable, but  
2 doesn't make me entirely uncomfortable,  
3 because I know there are SECs that we hope to  
4 be added yet, that will remove essentially --  
5 that remove the blocks of claims from dose  
6 reconstructions, the ones that are paid via  
7 the SEC.

8           And we also now are seeing an  
9 acceleration in the dose reconstruction  
10 capability of the contractor, which we had  
11 anticipated would occur about this time, their  
12 resources being diverted, up to now, more on  
13 site research in order to complete either the  
14 research we needed to either reach the  
15 determination that we were going to recommend  
16 an 83.14 class, or that the research we needed  
17 in order to develop a dose reconstruction  
18 methodology.

19           And that research is not completed  
20 but it is partially completed, and so  
21 resources that were being used for that  
22 process can now be moved to the dose

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1 reconstruction process.

2 And so for the last couple of  
3 weeks, and these numbers are not reflected on  
4 the chart because this was run, what I'm  
5 describing now occurred in January. For the  
6 last couple weeks, we have seen an  
7 acceleration in the completion of dose  
8 reconstructions by our contractor.

9 And just for perspective, since  
10 1,311 data is now over a month old, our daily  
11 report this morning indicates that in this  
12 pool of initial cases, the number remaining is  
13 now 610, so -- I believe I screwed that up.  
14 No, I guess that's right. I guess it's 610.  
15 And so there has been quite a lot of  
16 improvement in the last seven or eight weeks.

17 Next is the same bar chart. This  
18 is just for reworked claims. So this is  
19 claims that a dose reconstruction and now were  
20 returned back to us by the Department of Labor  
21 because some new information became known.  
22 Quite often, this is an additional cancer is

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1 identified. It can also be that there was  
2 additional employment identified to the  
3 claimant, that had not been identified to us  
4 earlier.

5 So this is for -- I think I got my  
6 numbers backwards, at some point. Yes. This  
7 number is the one that is 610. The previous  
8 slide -- I knew that was too good to be true -  
9 - the previous slide is 1,013. So on February  
10 8th, the report said there were 1,018  
11 remaining on this chart, and on February 8th,  
12 it said there were 610 remaining on this  
13 chart.

14 You'll see that that's still  
15 something of an acceleration, because these  
16 are moving in roughly 300 number increments  
17 for a three month period, and in slightly more  
18 than one month, we have about a 200 claim  
19 reduction. So you see there is some  
20 acceleration. And for the combined, this is  
21 the same bar chart again. This is just the  
22 combined, the last two bar charts added

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1 together. You can see we've gone from 3,934  
2 to 2,124. Again that's not half, and I would  
3 like to be at half, or lower. However, we are  
4 seeing some acceleration. This number is now  
5 1,623 as of last night.

6 So we've cleared about 500 of  
7 those 2,100 in about five weeks, or maybe six  
8 weeks. So that's an improvement in rate as  
9 well. As of today, there's some 89 sites  
10 represented in this combined total, in the  
11 initial exam reworks, 89 sites represented by  
12 the claims remaining.

13 In October's presentation there  
14 were a hundred and fourteen. So you can see,  
15 some of the sites are being completed  
16 entirely. And you can see our progress on  
17 sites with holds. This would be sites like I  
18 mentioned earlier, where we don't have a dose  
19 reconstruction methodology. There's some  
20 reason why we're holding on, not proceeding  
21 forward with claims from that site. There  
22 were some 33 sites down there with holds, and

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1 by December 31st, we were down to nineteen.  
2 So we're making progress on eliminating those  
3 barriers to dose reconstruction.

4 Now we've defined our consequence  
5 a little bit. If we don't, what happens to  
6 claims that are not done by June 1st, 2010?  
7 Because experience indicates to us that it's  
8 very hard to finish 100 percent of anything by  
9 any specified time. And there could be some  
10 stragglers. We don't think there'll be very  
11 many but there could very well be some  
12 stragglers.

13 And in that instance, we will  
14 critically evaluate each of those cases, and  
15 we'll prepare a memo to the file that  
16 recommends how best to proceed, and the best  
17 way to proceed might be that we know this is  
18 going to be resolved in the next six weeks, or  
19 whatever time period we chose, and so we will  
20 proceed and we'll catch it as we can.

21 Or we might say that this problem  
22 is intractable, and we need some other remedy,

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1 which the other remedy usually available is  
2 some sort of SEC class addition.

3 Another one of our golden-oldie  
4 charts, this is up here every time in this  
5 presentation, it shows the submittal of the  
6 claims to us by the Department of Labor versus  
7 our returns to them, and it also shows our  
8 drafts to claimants in three different colors.

9 So you can see that clearly, in  
10 the early days of the program we started out  
11 with tens of thousands, or about 10,000 cases  
12 behind, and we have been making progress ever  
13 since. Progress has slowed. The slowing of  
14 the progress represented a -- it's actually a  
15 financial consideration.

16 Our funding was kind of set at a  
17 fairly constant level, actually throughout all  
18 of these, several, first three years. As you  
19 can see, we weren't spending very fast during  
20 the early years, and so we had quite a lot of  
21 carryover which we were allowed then to use.  
22 We didn't lose it. As I recall, there's

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1 something apparently in the government called  
2 know your money, which is what we have, and so  
3 we could keep that and carry it forward in  
4 order to accomplish this work.

5 So then we were able to, once we  
6 had the infrastructure in place, we were able  
7 to proceed at quite a rapid pace, and spend at  
8 a level that allowed us to not only spend our  
9 annual allocations but the carryover as well.

10 And then we ran out of the carryover and so  
11 we have to make do with our annual allocation.

12 There's also some adjustment here for a focus  
13 on -- the focus on site research that we've  
14 been doing lately can also affect dose  
15 reconstruction numbers, down here. Now LaVon  
16 Rutherford will give a much more complete  
17 description of this Special Exposure Cohort  
18 status later on. Here's one slide that  
19 describes it.

20 We've received 163 petitions so  
21 far, and we are expecting to present it today.

22 So these are the various statuses, I won't

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1 read the entire chart, the various statuses  
2 before the courts.

3 In terms of additions, we've had  
4 some 51 SEC classes added. The Board of  
5 course has recommended all of those. Twenty-  
6 seven of those, or 53 percent, have been  
7 through the 83.13 process. That's where a  
8 claimant or an interested party initiates the  
9 petition.

10 Twenty-four classes, or 47 percent  
11 of those classes have been through the 83.14  
12 process. That's where we identify, through  
13 our research, that we are not able to feasibly  
14 reconstruct all of the doses, and then we  
15 recruit a petitioner and proceed in that  
16 fashion.

17 This represents classes of workers  
18 from 41 sites and represents a little over  
19 2,300 potential cases. Just a little update  
20 on some program issue, things that have been  
21 discussed and were discussed at the last  
22 meeting.

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1           At the last meeting, there was a  
2 conversation about policy on the use of  
3 classified information, and we're working on  
4 that. That's a little difficult to put  
5 together but we are working on that policy.

6           Something that could likely come  
7 out now, our first approach on this will  
8 always be to try to prepare unclassified  
9 information, either get the information  
10 unclassified, or to write unclassified  
11 material that defines the problems  
12 sufficiently, so that the technical question  
13 can be answered in public. That's always our  
14 first option and what we will attempt to do.

15           There may be instances, though,  
16 when we can't do that. That the determination  
17 of, or the answer to a particular technical  
18 question depends upon the interpretation of  
19 classified materials, classified information,  
20 and so we will develop our policy on how we  
21 hope to do this.

22           It may fall to the Board, I mean,

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1 to do something similar for its own  
2 activities. You know, how would the Board act  
3 in that fashion when presented with this  
4 issue? That is to say, there is a continuing  
5 difference of opinion between NIOSH and the  
6 Board's technical support contractor, and that  
7 opinion is based on varying interpretations of  
8 classified information.

9 How would the Board want to  
10 proceed in that? That might be something that  
11 the Board may want to consider.

12 Also at the last meeting, there  
13 were questions asked about comments made in  
14 the public comment session at Advisory Board  
15 meetings, and are those being recorded, and we  
16 said, well, sure, we can do that. And so we  
17 have prepared tables.

18 These are abbreviated tables, in  
19 order to get them on the slide. But these are  
20 issues raised at the July 27-29th meeting,  
21 where we went through the transcript.  
22 Actually, we had one of our contractors go

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1 through the transcript, identify comments made  
2 in the public comment session, identify the  
3 location in the transcript, so that whoever  
4 wants to see this can go find the full extent  
5 of the discussion, identify the speaker, and  
6 the issue is summarized, is very briefly  
7 summarized here. There's an additional column  
8 in the full spreadsheet that we put together,  
9 that talked about the site affected.

10 So you can see if it's a claim  
11 specific to Hanford or if it's a general  
12 claim. So this is an example, or abbreviated  
13 example of what was prepared for the July 27-  
14 29th meeting.

15 This, by the way, has been shared  
16 with the Board's Working Group on Worker  
17 Outreach, and so I think they are picking up  
18 this particular issue and what to do about  
19 these comments.

20 And then here are comments from  
21 the October 20-22nd meeting, which was held in  
22 Long Island, and that continues on to a second

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1 page.

2                   So I believe we are proceeding  
3 with this, we are summarizing, capturing these  
4 comments from public comment, and we are  
5 working with the Working Group on Worker  
6 Outreach, essentially in terms of dealing with  
7 these, and what to do, ultimately, from these.

8                   A couple remaining program issues.

9                   The last one of course is the program review  
10 that Lew talked about. I won't say any more  
11 about that. And the one previously is  
12 reviewing the uses of surrogate data against  
13 criteria in IG-004.

14                   I recognize that surrogate data is  
15 still being discussed, and there's a Working  
16 Group that is addressing surrogate data, and  
17 there may be advice and guidance from that  
18 Work Group. And certainly we intend to, you  
19 know, behave accordingly when we get the  
20 advice. But at the moment, we have our own  
21 documentation that says, you know, that gives  
22 criteria for using surrogate data.

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1           And so we said, well, that  
2           criteria came along after we had already made  
3           some use of surrogate data. We ought to at  
4           least make sure that those uses of surrogate  
5           data are consistent with the criteria we have.

6           And so we're embarked on that too. We have  
7           some, now, a handful of cases so far, or  
8           examples we have started to analyze, and  
9           decide whether, in fact, these are valid uses,  
10          given the criteria we've put out. And of  
11          course we may do this again if there are  
12          different criteria that come out after the  
13          Work Group's activities.

14                 Well, just in time before my voice  
15                 is gone, I got to the end of my slides. Any  
16                 questions?

17                         CHAIRMAN MELIUS: Yes, Brad?

18                         MEMBER CLAWSON: You've heard me  
19                         mention about this before, but one of the  
20                         things I wanted to bring up to you, when we  
21                         implemented the procedures 10 and 11, data  
22                         retrieval -- and I brought this up to you last

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1 time -- have we been able to make any strides  
2 forward? I read through one of the e-mails  
3 that your OCAS, or ORAU, sent back, that they  
4 don't feel that they have to make a data  
5 retrieval plan.

6 It makes it very difficult for our  
7 contractor, and so forth, to be able to even  
8 know what has been pulled. Now I know the one  
9 site that I'm dealing with has other issues  
10 along with it, being Pantex, but when these  
11 procedures were implemented, this was to make  
12 it more friendly, so that we weren't  
13 bombarding DOE with the same request for the  
14 same documents.

15 And without these data retrieval  
16 plans, we don't know what has been done.

17 MR. HINNEFELD: Well, I think John  
18 Mauro might have a better idea of offering  
19 some information on this. We may have a  
20 different view. What I believe we're doing  
21 now is that we, when we're making a data  
22 capture -- I think we're doing this -- is that

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1 we notify SC&A that we're making a data  
2 request. Now typically these things do -- you  
3 know, these occur in a couple stages. We'll  
4 normally put together a list of keywords,  
5 cause at a lot of these sites, record storage  
6 is electronically stored.

7           You know, they have electronic  
8 databases that kind of tell what kind of  
9 records they have. And they have keywords.  
10 And so you can search those databases on  
11 keywords.

12           So we'll put together a list of  
13 keywords and we will notify SC&A -- I believe  
14 we do this -- notify SC&A that we're going to  
15 send a list of keywords to such and such a  
16 site, and are you doing research there now,  
17 and do you want to add keywords to this list?

18           And so we participate in that way.

19           And then I think, when we're going on a  
20 capture, if I'm not mistaken, we try to notify  
21 SC&A. Now sometimes we may not give them very  
22 much notice but we try to notify SC&A that

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1 we're going to be at such and such a site on a  
2 data capture, and do you want to participate,  
3 or go along for your own purpose.

4 MEMBER CLAWSON: And I understand that,  
5 but as with many times, we'll throw out a  
6 keyword search, these are the things that  
7 we're looking for, but then, when we finally  
8 find the documents that we are provided with,  
9 and so forth, like that, to know what actually  
10 was pulled -- because a lot of times, we'll  
11 throw out a lot of stuff out there, and some  
12 of it'll be fruitful, some of it won't.

13 But what we're getting back to is  
14 the final process of what has actually been  
15 retrieved, and where it's at, and a lot of  
16 times, as a Board Member, when I raise these  
17 questions or I try to find these problems, and  
18 I even use our contractor, SC&A, to be able to  
19 find some of these, the only thing that I get  
20 back is, well, it's on the O: drive, and,  
21 unfortunately, that is not the most user-  
22 friendly system that there is.

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1           I know that we're trying to work  
2 through these issues but there's got to be a  
3 way that we -- per the procedures, I know that  
4 the NIOSH is the point of contact for all of  
5 this, and so forth, but I want to make sure  
6 that we're adequately doing this, because I  
7 have not, I'm not raising it so far, but maybe  
8 John wants to --

9           MR. HINNEFELD:     Well, we're not  
10 the sole point of contact anymore.    I mean,  
11 SC&A has its own point of contact for these  
12 various sites, and, you know, they can make  
13 their own request without going through us.  
14 That's not in place anymore.

15          MEMBER CLAWSON:     Well, when you  
16 make the request, it has to go through your  
17 site, it has to go through your point of  
18 contact, and the point that I'm making on this  
19 is your contractor has to go through your  
20 point of contact so that we know what's going  
21 on.

22                                And I can't bring up the email

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1 right now, but they basically say for active  
2 DOE sites, that they don't have data capture  
3 plans.

4 MR. HINNEFELD: Well, I think that  
5 might be an administrative task, that they  
6 haven't done in every case. I think that's  
7 true. But I can go find out more, and I can  
8 work with John or Joe, and see what else can  
9 be done.

10 Certainly, if you're being told,  
11 well, such and such is on the O: drive, we  
12 could be more forthcoming than that. I mean,  
13 we could identify that more clearly.

14 MEMBER CLAWSON: Yes. And I've  
15 even found out, that in going to Pantex, we  
16 put forth requests, and we were actually -- we  
17 shut down for quite a long period of time till  
18 we got our procedures in line of how we were  
19 going to do it, and with the point of contact  
20 with NIOSH, and we were actually, did not do  
21 any site visits for a while till we got those  
22 procedures in place, so that we could go back

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1 to work.

2 And then we go to certain sites,  
3 and we get down there, and they says, you  
4 know, we just sent that all back to the  
5 repository, why are you guys requesting this  
6 again? And where is it at? And it still--I  
7 think there's some room, that we could work on  
8 this and proceed forward.

9 MR. HINNEFELD: Sure. Absolutely;  
10 absolutely. Well, we need to know about rough  
11 spots like that, so we can work on that.

12 MEMBER CLAWSON: And John -- I'm  
13 sorry. I didn't mean to cut you off.

14 DR. MAURO: Yes. I'd like to add  
15 a couple of points.

16 CHAIRMAN MELIUS: Would you  
17 introduce yourself, John.

18 DR. MAURO: This is John Mauro.  
19 I'm the manager of the SC&A program supporting  
20 the Board. There have been times -- to get a  
21 little philosophical, we, in effect,  
22 independently review the work, and, in

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1 general, with the idea being we're separate.

2           You folks proceed and do your  
3 work, generate your work products. Then we  
4 independently review that work. But we have a  
5 circumstance here where we need to cooperate  
6 in order to not overload DOE with repetitive  
7 requests.

8           So in this particular aspect of  
9 the program, we have to be connected at the  
10 hip. Your point of contact and our point of  
11 contact have to work together as if we're --  
12 and coordinate the definition of the data  
13 capture process, key words.

14           Now we've run into a problem where  
15 you folks have been way out front, you've been  
16 working the problem for a long time, you've  
17 downloaded thousands of documents, and they're  
18 all on the O: drive, and then we're coming  
19 into the picture at some point in the process,  
20 and we're going to need some help navigating  
21 our way through this incredible, vast amount  
22 of material, to understand -- because it's not

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1 always apparent, what those documents are, and  
2 we have our interests.

3 So what I'm getting at is it's  
4 been -- they're not even depending on the  
5 NIOSH point of contact, sometime it's been a  
6 very nicely-integrated activity where it went  
7 well, but there are other cases where that's  
8 not been the case, where we were not really in  
9 the loop, and to some extent, part of the  
10 problem has been because we come into the  
11 process late, when you folks are very mature,  
12 down the line, and we're going to need a lot  
13 of help, working with you folks, to understand  
14 fully the scope of the data capture that's  
15 been accomplished, the keywords that were  
16 performed, so that we could understand the  
17 records, so we could avoid having to go back  
18 to DOE and ask for the same material again.

19 So I think there's -- when it  
20 comes to this part of the program, it's almost  
21 a mind set, where, when we come to data  
22 capture, we've got to be a lot more closely

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1 linked together.

2 MR. HINNEFELD: Well, we'll work  
3 on that, then. It sounds like something we  
4 need to work on.

5 DR. MAURO: Right. And I just  
6 found you an email, and this is from ORAU team  
7 manager.

8 No data capture plans were  
9 developed for certain sites. Data capture  
10 plans typically are not developed for an  
11 active DOE facility. All documents currently  
12 available for this site have been processed,  
13 they're on the O: drive, and now are available  
14 on the SRDB. All interviews are processed and  
15 on the O: drive.

16 And this is what we've got, and I  
17 just -- there's something still lacking there,  
18 Stu, is what I wanted to bring to --

19 MR. HINNEFELD: Okay. It sounds  
20 like there's maybe some clarity and linking  
21 what's with the O: drive with what questions  
22 were asked, essentially.

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1 MEMBER CLAWSON: Right. Okay.

2 Thank you.

3 MR. HINNEFELD: Something like  
4 that.

5 MEMBER CLAWSON: Yes.

6 MR. HINNEFELD: I'll see what we  
7 can do. That's all I can say.

8 MEMBER CLAWSON: Yes.

9 CHAIRMAN MELIUS: Bob.

10 MEMBER PRESLEY: This is Bob  
11 Presley. Steve, are we still having trouble  
12 with the same two or three sites, that we have  
13 been all along, about getting data from those  
14 sites? Or are the sites that we've been  
15 having problems with been a little bit better?

16 MR. HINNEFELD: Are you talking  
17 about individual exposure information?

18 MEMBER PRESLEY: That, plus some  
19 of the other data that you all are going  
20 after.

21 MR. HINNEFELD: Well, for  
22 individual exposure information, the sites

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1 that were kind of slow are way caught up --  
2 they're caught up quite a lot.

3 MEMBER PRESLEY: Have they been  
4 better now?

5 MR. HINNEFELD: Yes.

6 MEMBER PRESLEY: Okay.

7 MR. HINNEFELD: Site research is a  
8 little hard to give a consistent story about  
9 because site research changes kind a -- the  
10 sites we're researching change from place to  
11 place.

12 MEMBER PRESLEY: Yes.

13 MR. HINNEFELD: Any given time,  
14 we're probably researching some sites that are  
15 not as easy to get information out of as  
16 others, but I don't know that there's a real  
17 long-standing -- nothing on the sites really  
18 come to mind as being terribly long-standing.

19 MEMBER PRESLEY: Well, most of the  
20 problems were with the individual doses.

21 MR. HINNEFELD: Yes. Individual  
22 histories -- there was one grouping of sites

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1 that was kind a problematic for a while, and  
2 they're really catching up.

3 MEMBER PRESLEY: All right. Thank  
4 you.

5 CHAIRMAN MELIUS: Phil.

6 MEMBER SCHOFIELD: Phil Schofield  
7 here. I've got a quick question for you, Stu.  
8 The site research database is a nightmare for  
9 pulling information. Is there anybody working  
10 on that, making it so you can go in and do a  
11 search, word search?

12 MR. HINNEFELD: I think so. I  
13 need to find out some more information and  
14 talk to you about that later.

15 MEMBER SCHOFIELD: Okay. Thank  
16 you.

17 MR. HINNEFELD: It may require  
18 sort of a user's -- meaning people who are  
19 using it, user's requirements thing put  
20 together, so that the people, that data people  
21 can kind a figure out how can we make this  
22 thing work to satisfy the users. It may

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1 require some effort like that. But I'll talk  
2 to you later on.

3 MEMBER SCHOFIELD: I appreciate  
4 that.

5 CHAIRMAN MELIUS: Any other  
6 questions for Stu?

7 (No response.)

8 CHAIRMAN MELIUS: Okay. Thank  
9 you, Stu, and we'll move on to OSHA. Excuse  
10 me, OSHA. DOL. Didn't mean to insult you  
11 Jeff.

12 MR. KOTSCH: Thank you.

13 Good morning. I'm Jeff Kotsch  
14 with Department of Labor. This will be the  
15 update for the -- well, for the last few  
16 months. The initial part is somewhat  
17 redundant of previous presentations, but  
18 hopefully there are a few new people in the  
19 audience, and maybe on the phone, that haven't  
20 heard all of this, so we'll go through it  
21 again quickly.

22 The Act has two parts that we're

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1 involved with. Part B, which became effective  
2 on July 31st, 2001, which is the part that  
3 NIOSH is involved in. It's primarily related  
4 to cancers but also includes chronic beryllium  
5 disease, silicosis, the RECA portion.

6 And most of these slides, at least  
7 initially, are from January 25th, 2010. We've  
8 had 69,975 cases, or 102,856 claims that have  
9 been filed. Again, just as my standard aside,  
10 for cases where there are survivors, there  
11 could be one or more survivors, and so in  
12 those cases you have more claimants than you  
13 have cases, essentially.

14 So that's why the number of claims  
15 is always higher.

16 31,218 cases have been referred to  
17 NIOSH for dose reconstruction. Again, these  
18 numbers will differ a little bit from Stu's  
19 because I think he captured data a little bit  
20 -- at the end of last year, and we went a  
21 little further into January.

22 The other portion of the program

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1 that we deal with is the Part E program, which  
2 became effective on October 28th, 2004, for  
3 the Department of Labor. This was, formerly ,  
4 the Part D program, which was administered by  
5 the Department of Energy.

6 60,219 cases have been filed,  
7 that's 85,209 claims, and over 25,000 cases  
8 were initially transferred from the old Part D  
9 program. And this is just the general  
10 breakdown of the compensation as of, again,  
11 the 25th of January. \$5.4 billion have been  
12 paid in total compensation. \$3.16 billion of  
13 that is Part B. \$1.83 billion is Part E, and  
14 \$433 million is in medical payments.

15 As far as the paid cases under The  
16 Act, 56,465 payees in 42,067 Part B and E  
17 cases. 39,004 Part B payees and 25,504 cases,  
18 and 17,461 Part E cases and a little--16,563  
19 cases. So Part B is about 61 -- Part B is  
20 about 61 percent. Part E is about 39 percent.

21 A quick overview of Part B.  
22 Again, this is the radiation-induced cancers,

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1 includes the Special Exposure Cohort, chronic  
2 beryllium disease and beryllium sensitivity,  
3 silicosis for the miners, and at the Nevada  
4 Test Site and the Alaska Test Site, at  
5 Amchitka, and the supplement for the RECA  
6 Section 5 uranium workers. That's the  
7 supplement to the Department of Justice's  
8 program.

9 Just a quick -- you can read most  
10 of this. Part B, who's eligible. The DOE  
11 employee, the contractors, the subcontractors  
12 for DOE, the atomic weapons employers, the  
13 beryllium vendors. The listing of the  
14 survivors there of deceased workers, and the  
15 RECA Section 5 uranium workers.

16 There is presumptive coverage for  
17 workers with the 22 specified cancers for the  
18 Special Exposure Cohort Sites. Those are the  
19 statutory cancers at the four legislated  
20 facilities, the three gaseous diffusion plants  
21 plus Amchitka, and as of February 3rd, 2010,  
22 51 classes have been added. I guess Stu's

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1 gone over that.

2 As far a quick overview of the  
3 benefits for Part B. We pay a lump-sum  
4 payment of \$150,000, medical benefits for  
5 covered conditions for surviving workers, and  
6 medical treatment and monitoring, but only for  
7 beryllium sensitivity.

8 Just a breakdown of the Part B  
9 final decisions. On the left, 27,265 final  
10 decisions approved. On the right, 20,716  
11 final decisions denied. The other bars, the  
12 yellow bars, 605 survivors who are not  
13 eligible for the -- cases were not eligible.

14 A little over 14,500, where the  
15 Probability of Causation is less than 50  
16 percent, and a little over 5,500 with medical  
17 information insufficient to support claim.

18 Those are the breakdowns for the  
19 denied final decisions.

20 Quickly, an overview of Part E.  
21 Created in 2004 to replace the old Part D  
22 program. It's a federal entitlement like the

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1 Part D program. This one pays a lump sum, and  
2 a lump-sum payment up to \$250,000, which is  
3 generally on top of the Part B payment, plus -  
4 - and in addition includes medical benefits  
5 for the accepted conditions.

6 Again, these are all the toxic  
7 exposure conditions from employment at only  
8 DOE facilities. So it covers DOE contractors  
9 and subcontractors. It does not include AWE  
10 sites or the beryllium vendor workers.

11 And the survivor list for deceased  
12 workers is a little different than the  
13 previous under Part B. It's not as expansive  
14 per the statute.

15 Part B includes impairment. It  
16 includes a determination of the percent of  
17 permanent whole body, whole person impairment  
18 due to covered illness. It uses the AMA's  
19 guide for the evaluation of permanent  
20 impairment, which is the fifth edition, there  
21 is a more current edition but we still are  
22 using the fifth edition, and awards

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1 essentially 25,000 for each percentage point  
2 of impairment.

3 It also addresses, in Part E, wage  
4 loss. There needs to be medical evidence  
5 showing decreased capacity to work, and  
6 there's the formulas for the employee  
7 compensation for wage loss.

8 For Part E, the final decisions,  
9 again, on the left is the bar for the final  
10 decisions approved. That's 22,603. And on  
11 the right, 18,933. Those numbers are as of  
12 January 25th. The two breakdowns for the  
13 denied, a little over 1,500 for cancers --  
14 with PFCs less than 50 percent, and a little  
15 over 13,000 for insufficient medical  
16 information to support the claim.

17 A quick overview of the NIOSH  
18 referral status. 31,218 cases were referred  
19 to NIOSH for dose reconstruction. Again, this  
20 is January 25th. Twenty-six thousand five-  
21 hundred forty-two returned, that are currently  
22 at DOL. Twenty-three thousand ninety-eight

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1 with dose reconstructions, and a little under  
2 3,500 without dose reconstructions, ones that  
3 were pulled back.

4           There were 46,076 cases that are  
5 currently at NIOSH, a little over 2,900 are  
6 initial referrals to NIOSH, and a little over  
7 1,700 are reworks or returns. The primary  
8 driver for anyone who hasn't heard this  
9 before, as far as reworks, is basically new  
10 evidence, whatever's changed to the dose  
11 reconstruction that requires it to be  
12 reworked, and generally it's the  
13 identification of a new cancer or cancers, or  
14 identification of additional unemployment,  
15 things that were not addressed in the previous  
16 dose reconstruction.

17           New SEC-related cases. There have  
18 been 3,071 cases withdrawn from NIOSH for  
19 review; 2,681 final decisions have been  
20 issued, with 2,594 final approvals. And then  
21 these are the internal placements of the cases  
22 currently at DOL. There's 35 with recommended

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1 decisions, but no final decisions.

2 That means they're in the portion  
3 of our program with the Final Adjudication  
4 Branch, the FAB. There are 87 cases pending.

5 That means they're being held for additional  
6 information, and 268 cases were closed.

7 Those numbers are as of January  
8 21st. So 87 percent, for the SEC cases, now  
9 have final decisions.

10 The NIOSH dose reconstruction case  
11 status. We are showing 23,098 cases returned  
12 by NIOSH with the dose reconstruction, and  
13 21,024 of those cases now at final decisions.

14 That's 66 percent. And final approvals are  
15 34 percent. Of that 21,024 cases with dose  
16 reconstruction and a final decision, 7,055 had  
17 final approvals with PoCs greater than 50  
18 percent, 13,962 had final denials with  
19 obviously a PoC less than 50 percent.

20 Just a quick slide on the Part B  
21 cancer cases with final decisions to accept.  
22 A little over 6,700 dose reconstruction cases

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1 have been accepted, to the amount of \$597.5  
2 million in compensation. The accepted SEC  
3 cases are 10,115, with \$1.5 billion in  
4 compensation. Cases accepted based on SEC  
5 status and a PoC greater than 50 are 326, for  
6 \$40.6 million. Those would be also included  
7 DRs that were done, dose reconstructions that  
8 were done for medical benefits in the  
9 supplement to the SEC cancers.

10 So the totals -- all accepted SEC  
11 and dose reconstructed cases were 17,170 for  
12 \$2.5 billion in compensation.

13 This is just a monthly, for the  
14 last year, roughly, of Part B cases sent to  
15 NIOSH. Usually it runs in the low 300,  
16 sometimes in the mid 200's. There's been a  
17 slight uptick. I don't know that that has any  
18 relevance. In December of 2009, it was 310  
19 cases sent to NIOSH. Nationwide, the new Part  
20 B cases that we, at DOL, have received. The  
21 last, December 2009, it was 405. It's tailing  
22 up slightly but it's generally averaging the

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1 mid 300's.

2 We identified the top four work  
3 sites that were generating new Part B cases,  
4 and they're covered on the next four slides.  
5 The first one is Hanford, and there's the  
6 distribution there. Again, it's -- you know,  
7 it's probably in the mid 40's, generally. It  
8 ticked up a little bit in the last couple  
9 months.

10 Y-12, new Part B cases, generally  
11 running in the -- I don't know, 40's and 50's.

12 It was 50 in December. Savannah River. The  
13 new Part B cases -- there are the monthly  
14 numbers, running, you know, generally in the  
15 mid 30's. And the Oak Ridge gaseous diffusion  
16 plant at K-25, probably running more in the  
17 mid 20 to upper 20 range. Twenty-six for  
18 December 2009.

19 And this is just the presentation  
20 of the percentage of the new Part B DOE cases  
21 received monthly by Department of Labor.

22 Generally, it runs in the low 90

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1 percent. November 2009 was 92. December was  
2 87, and then this is the converse of that, the  
3 AWE cases received monthly, which was 8  
4 percent in November of last year, and 13  
5 percent in December.

6 This is the general breakdown for  
7 selected sites, sites that will be discussed  
8 during the meeting this week. The Hanford  
9 Site, you see the numbers, the cases, and the  
10 claims numbers for each of those sites.  
11 Hanford, 10,461 cases. Hanford, DOE sites are  
12 both Part B and D. So we have a little over  
13 2,000 cases returned by NIOSH with dose  
14 reconstructions, a little less than 3,800 with  
15 final Part B decisions, a little over 2,000  
16 with Part D approvals, 1923 Part E approvals,  
17 and total compensation and medical bill  
18 payments for Hanford of \$436.3 million.

19 Lawrence Livermore, a little under  
20 2,500 cases, again Part B and E. 455 dose  
21 reconstructions returned by NIOSH. Nine-  
22 hundred twenty Part B final decisions, and 534

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1 Part B approvals. Four-hundred seventy-seven  
2 Part E approvals, and that's \$110 million in  
3 total compensation and medical bills.

4 Santa Susana, Area IV, 827 cases,  
5 197 dose reconstructions, 262 final Part B  
6 decisions, 78 approvals, 90 Part E approvals,  
7 and \$20.1 million in total compensation.

8 Again, those numbers are as of  
9 January 25th. Canoga Avenue, 616 cases. We  
10 have 32 Part B approvals, 43 Part D approvals,  
11 and total compensation of \$8.5 million.

12 Lawrence Berkeley, 628 cases, 226  
13 final decision, Part B, 76 approvals for B, 86  
14 for E, \$17.5 million in total compensation.

15 General Electric-Evendale. Yes. I  
16 think that's Evendale, Ohio. Five-hundred  
17 eighty-nine Part B and E cases. One-hundred  
18 fifteen final Part B decisions, 33 Part -- I'm  
19 sorry. Yes. Final decisions for Part B were  
20 115. Thirty-three approvals for B, 50 for E,  
21 \$9.2 million total compensation.

22 Blockson Chemical, there were 215

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1 cases, Part B only. This is an AWE site. 139  
2 final Part B decisions, 54 Part B approvals  
3 and 8.2 in total compensation.

4 Chapman Valve, 218 cases, Part B  
5 again only, 149 final Part B decisions, 44  
6 Part B approvals, \$6.6 million compensation.

7 United Nuclear Corporation, 152  
8 cases, 86 Part B final decisions, 42 Part B  
9 approvals, and \$5.2 million.

10 Hangar 481 at Kirkland Air Force  
11 Base, six cases, Part B only, four final  
12 decisions, zero approvals -- \$2,625 in  
13 medical bills.

14 Nevada Test Site, 6,365 Part B and  
15 E cases, 2,316 Part B decisions, final  
16 decisions, 970 Part B approvals, 1,024 Part E  
17 approvals and total compensation was \$233.9  
18 million.

19 Westinghouse Electric is  
20 Bloomfield, New Jersey. Fourteen cases, Part  
21 B only. It's an AWE-7, Part B decisions,  
22 approvals was \$600,000. And that's just the

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1 pie chart for the Part B cases filed.

2 The other, the 38 percent other  
3 is, again, the silicosis, chronic beryllium  
4 disease portion of the program. RECA is 11  
5 percent for the cases referred. SEC cases  
6 never sent to NIOSH, nine percent. SEC cases  
7 referred to NIOSH, seven, and referred to  
8 NIOSH, 35 percent.

9 And I just want to give a quick  
10 update on what we'll be doing over the next  
11 month, I guess, for two of the new SEC classes  
12 that will be implemented.

13 The other ones are smaller and are  
14 generally covered on a case by case basis with  
15 the actual letters to the affected people.  
16 But there will be town hall meetings for both  
17 Brookhaven -- these are proposed dates but  
18 hopefully they'll be pretty firm. Town hall  
19 meetings on March 3rd, and there are the  
20 times. Traveling resource center at the same  
21 time, and the reference to our bulletin that  
22 addresses how we're handling the SEC cases for

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1 that site. That's Bulletin 10-03.

2 For Hanford, the town hall  
3 meetings on March 16th, March 17th, travel  
4 resource center, both those days for the times  
5 listed, and the bulletin that addresses that  
6 site is on our website, gave the citation  
7 there, and that bulletin is 10-04. And that's  
8 it.

9 CHAIRMAN MELIUS: Okay. Thank  
10 you, Jeff. Questions.

11 Mark.

12 MEMBER GRIFFON: Just to follow up  
13 on a question I've asked the last couple  
14 meetings. The Rocky Flats, the interpretation  
15 of the Class language. I think you were  
16 looking into that, and I just wanted to know  
17 the status. I'm sure others are interested.

18 MR. KOTSCH: Yes. I traveled to  
19 Denver and met with Martha Ruttenber on  
20 January 13th with a couple hour discussion on  
21 the Rocky Flats worker database. She needed  
22 to get me some further information, which she

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1 did get me, finally, on February 2nd. So  
2 we're looking at that.

3 MEMBER GRIFFON: Okay. So it's  
4 still being reviewed; okay.

5 MR. KOTSCH: Yes. I mean the  
6 intent is -- yes, we're still reviewing that,  
7 to see whether that database would be helpful  
8 in us putting people in the Class.

9 MEMBER GRIFFON: Okay.

10 CHAIRMAN MELIUS: Any other  
11 questions for Jeff?

12 (No response.)

13 CHAIRMAN MELIUS: Okay. It's time  
14 for a break. We're actually running ahead of  
15 schedule by 20 minutes. We'll start again at  
16 11:15.

17 (Whereupon, the above-entitled  
18 matter went off the record at 10:42 a.m. and  
19 resumed at 11:15 a.m.)

20 MR. KATZ: While we're getting  
21 seated, someone on the phone, would you let us  
22 know if you can hear us. I don't think

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1 they're live yet. The phone is not live yet.

2 Okay. Someone on the phone line,  
3 would you let us know if you can hear us,  
4 clearly.

5 PARTICIPANT: Yes. I'm here. I  
6 can hear you.

7 MR. KATZ: Okay. Thanks. And let  
8 me just remind the speakers, or say for the  
9 first time to the speakers, please,  
10 particularly the presenters, speak -- but  
11 everyone on the Board as well -- try to speak  
12 into your mike, because when you look away, it  
13 makes it difficult for the folks on the phone.

14 Thank you.

15 MR. LEWIS: All right. Thank you,  
16 Dr. Melius. My name is Greg Lewis. I'm with  
17 the DOE. I'm the program manager for the  
18 EEOICPA program, and before I go ahead and  
19 give the presentation, I just wanted to  
20 express my regrets.

21 Glenn Podonsky, the chief health  
22 safety and security officer had planned to be

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1 here to address the Board, and all of you  
2 today, but due to the big snowstorm back in  
3 Washington, he was unable to make it. The  
4 same goes for Dr. Worthington and Regina Cano.

5 They had also tried to make it, once they  
6 realized he couldn't, and flights were hard to  
7 come by after what they were calling the  
8 "snowpocalypse" back in Washington. So  
9 anyway, I'm going to give the presentation,  
10 and I also wanted to focus on -- you know, one  
11 of the big reasons Glenn wanted to be here  
12 today, to speak with you all, is the work he's  
13 been doing to respond to some concerns that  
14 had been raised at the last Board meeting and  
15 the previous Board meeting as well. There had  
16 been some concerns about workers that may not  
17 want to be part of the interview process for  
18 the SEC research, you know, efforts by NIOSH  
19 and SC&A, due to fears of reprisal or  
20 retaliation from sites.

21 And so there had been a request  
22 for DOE to send a memo, or some type of

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1 written confirmation that we support these  
2 interviews, and there will be no reprisal,  
3 and, you know, for the last few months, since,  
4 you know, both the last Board meetings, Glenn  
5 has been working hard to get that  
6 accomplished, make sure everyone -- you know,  
7 to get a memo released from the highest levels  
8 of DOE, you need the proper sign-offs, and  
9 everyone needs to make sure that they're on  
10 Board.

11 So he was able to do that and that  
12 memo was released as of last week, and I  
13 believe the Board all has copies, and there  
14 are some copies on the back table as well.

15 And then in addition to the memo,  
16 Glenn personally met with the deputy  
17 secretary, and the three under secretaries in  
18 charge of the major program offices, to stress  
19 his concern about this issue, emphasize the  
20 importance of this memo, and make sure that it  
21 was distributed within their organizations to  
22 the right levels of management.

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1           So he was, you know, excited to be  
2 here, to talk to you about that, and  
3 unfortunately was unable to make it.

4           And then also just because I  
5 haven't, you know, met some of you Board  
6 Members before, I do look forward to working  
7 with the new Board Members. You know, we're  
8 glad to help you in any way we can, and also  
9 look forward to working with Dr. Melius in his  
10 new role as chair, and also want to thank Dr.  
11 Ziemer for the work he's done. It's always  
12 been a pleasure to work with him, and we  
13 really appreciate what he's done.

14           So on to the presentation. I'm  
15 just going to talk to you about, you know, our  
16 role, and some of the things we're doing here  
17 at DOE.

18           Our core mandate is to work on  
19 behalf of the program claimants, to ensure  
20 that all available worker and facility records  
21 and data are provided to DOL, NIOSH and the  
22 Advisory Board. And I guess I could add "in a

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1 timely manner." So we do try to do that to  
2 the extent possible, and that's what we focus  
3 on every day at DOE.

4 We have three major  
5 responsibilities. We respond to individual  
6 requests for records. We provide support and  
7 assistance to DOL, NIOSH, and other groups, on  
8 large-scale records research efforts, such as  
9 the SEC evaluations and research in that  
10 regard. And then we conduct research on  
11 issues related to covered-facility  
12 designations.

13 For individual requests, we  
14 process three major types of request.  
15 Employment verification from DOL, of which we  
16 respond to about 6,500 per year. Requests for  
17 dose records from NIOSH. We respond to about  
18 three thousand per year. And what we call  
19 document acquisition requests, or DARs, from  
20 the Department of Labor, which we respond to  
21 about 6,500 a year, and those are requests for  
22 additional exposure information like medical

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1 records and industrial hygiene records, things  
2 of that nature.

3           And this gives you an idea of the  
4 total number of individual requests we respond  
5 to each year. In fiscal year 2008, we  
6 responded to 16,800, and in fiscal year 2009,  
7 it was about 15,900. It looks like the total  
8 is going down somewhat, but, you know, we're  
9 still not sure if that's an ongoing trend or  
10 that was just a fluctuation from year to year.

11           And then, you know, we also would  
12 like to point out, in terms of our workload,  
13 certainly we wouldn't say that it went down in  
14 2009 because we were actually working with  
15 what we think are more large-scale records  
16 research projects, particularly related to the  
17 SECs.

18           And so on that note, I'll talk  
19 about some of the SEC research we've  
20 supported. There are ten sites there. We  
21 certainly support more than ten sites,  
22 especially some of the smaller sites, but

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1 these are the ones that we've had a more major  
2 involvement within the last few months or over  
3 the last year. So I'm going to give some  
4 stats and information on a few of these, not  
5 all, in the interest of time, and I'll go  
6 through these fairly fast, but if there are  
7 questions, please don't hesitate to raise  
8 them.

9 At Hanford, we produced  
10 approximately a million pages for review.  
11 These are from boxes and documents. Nearly  
12 8,000 documents were reviewed by Hanford for  
13 classification and Privacy Act information.  
14 We hosted numerous on-site visits,  
15 approximately once a month over the last year  
16 and a half, I would say.

17 We facilitated tours of a number  
18 of facilities, as you can see there, and I  
19 know at one particular facility, we actually  
20 had people trained and suited up to go into  
21 some specific areas based on their requests.

22 So, you know, we've done quite a

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1 bit as far as facilitating tours.

2 We've also provided them, you  
3 know, the researchers, with a dedicated  
4 workspace and equipment to conduct their work.

5 At Savannah River, we've hosted 12  
6 NIOSH site visits, two site visits for Members  
7 of the Advisory Board. We conducted document  
8 reviews on over 3,500 documents, or 268,000  
9 pages of information, and at this point we've  
10 completed security reviews on almost all  
11 documents. There may be a few stragglers out  
12 there.

13 And now at Mound, we've most  
14 recently been facilitating meetings for  
15 members of NIOSH, the Advisory Board and the  
16 contractors. We also had DOE classification  
17 experts available for spot reviews of notes  
18 and to provide general information on areas of  
19 concern.

20 We're also in the next month  
21 facilitating a secure meeting space for Mound  
22 discussions, where Members of the Board, their

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1 contractor, NIOSH, can meet and discuss  
2 classified information in a secure location.

3 At Brookhaven, we've hosted over  
4 six data capture visits, we've identified  
5 hundreds of boxes, and made them available at  
6 on- and off-site record storage locations.  
7 We've also arranged for subject matter experts  
8 to be available to talk with NIOSH and SC&A  
9 researchers, and we facilitated a site tour in  
10 conjunction with the last Advisory Board  
11 meeting.

12 At Pantex, we continue to  
13 facilitate worker interviews and some document  
14 reviews, although it seems to be mostly worker  
15 interviews at this point. The next interview  
16 visit is planned for a March time frame, and  
17 we're also working to set up a second tour for  
18 more specific areas of interest for NIOSH and  
19 the Board.

20 And I want to talk about some  
21 recent initiatives related to SEC research and  
22 what you, the Board, are doing.

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1           Since the October meeting, we've  
2           been working with each of the EEOICPA POCs and  
3           site managers, to emphasize cooperation with  
4           NIOSH and DOL. We've coordinated with senior  
5           management to send out the memo that you have  
6           in front of you, and that I discussed at the  
7           beginning. This memo is focusing on our  
8           support for worker interviews.

9           We're encouraging workers to  
10          participate in these interviews. It's  
11          obviously at their discretion, but we're  
12          encouraging them to do so, if they'd like to,  
13          and we also want to make sure that they can  
14          participate in these interviews without fear  
15          of reprisal or adverse consequences, if they  
16          do so.

17          So, again, this is something that  
18          Mr. Podonsky has been focusing on in the last  
19          couple months, trying to get this memo out.

20          And then also, you know, releasing  
21          the memo we felt was the first step, not the  
22          final step in our efforts to make sure workers

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1 feel comfortable interviewing.

2 We've also, as I said, Glenn, Mr.  
3 Podonsky has spoken personally with the deputy  
4 secretary and the three under secretaries. My  
5 office has sent this information, this memo,  
6 out to each of the EEOICPA POCs, or the people  
7 that manage the process at each site. We've  
8 also made it available online. We've provided  
9 it to NIOSH. We're encouraging our POCs to  
10 provide this note to people participating in  
11 interviews, so, you know, to make sure that  
12 they're aware that this is out there, if  
13 they're not already so.

14 And then, you know, I think, you  
15 know, we're just going to continue to focus on  
16 that, make sure the word is out. So, you  
17 know, if anyone hears concerns, or if there  
18 are any concerns from Board Members or  
19 claimants, or advocates, please bring them to  
20 our attention because this is a significant  
21 priority for us.

22 As far as document reviews, since

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1       October of 2009, so since around the last  
2       Board meeting, we've had 86 documents  
3       submitted for classification review. Now this  
4       is for a headquarters classification review,  
5       so this is 86 final reports or documents  
6       submitted to headquarters for classification  
7       review, and the average turnaround was  
8       approximately eight working days.

9               So typically, by the next week, or  
10       within two weeks, we'd have that document back  
11       to the requester.

12               In certain cases where an  
13       expedited review was necessary, DOE has  
14       returned documents in two days, if necessary.

15       So now moving on to the third major  
16       responsibility DOE has, is the covered  
17       facility database and facility designations.

18               We maintain a database of over 300  
19       facilities covered under EEOICPA. This  
20       includes DOE facilities, atomic weapons  
21       employers, and beryllium vendors.

22               We have a dedicated research team,

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1 that we've worked with the DOE Office of  
2 Legacy Management to subcontract with us, and  
3 they provide DOE with AEC, Atomic Energy  
4 Commission era records management experience.

5 They have five staff, average of 20 years  
6 each of records management and research  
7 experience. They have extensive contacts in  
8 the DOE network, so if we're researching  
9 information related to, you know, a lab, an  
10 active facility, a closure site, they know who  
11 to contact, where to go for records, and how  
12 to identify the proper, you know, response for  
13 NIOSH.

14 And they're also, you know,  
15 trained in records management practices,  
16 including how the Federal Records Centers work  
17 and National Archives work, so they can  
18 identify and locate information in those  
19 sources as well.

20 These are a few -- we're  
21 researching many sites at any given time, but  
22 three of the major sites that, you know, we're

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1 conducting research on right now, are the  
2 Comparative Animal Research Laboratory or the  
3 CARL facility. That's in Oak Ridge,  
4 Tennessee. The St. Louis Small Arms Plant,  
5 St. Louis, Missouri. And the GE plant in  
6 Vallecitos, California.

7 I'm going to talk about a couple  
8 of general initiatives that we've been  
9 undertaking in the past couple months. We've  
10 been holding weekly conference calls with  
11 members of NIOSH and its contractors, to  
12 ensure that these groups are receiving  
13 information and support they need from both  
14 DOE headquarters and the DOE sites, and where,  
15 you know, issues and problems are identified,  
16 we take steps to correct that.

17 We've identified subject matter  
18 experts to participate and contribute to the  
19 NIOSH Advisory Board Working Groups and  
20 conference calls, if necessary. We don't  
21 always have experts on, but they're always  
22 available, if requested, and sometimes they do

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1 participate based on need.

2 We're working with the DOE chief  
3 information officer's office to revise  
4 contracting provisions and our acquisition  
5 guide, to ensure that DOE has the right to  
6 access and maintain ownership of records.

7 This is particularly relevant to  
8 subcontractors who, depending on how their  
9 contract is structured, may or may not have to  
10 provide DOE copies of records when they leave  
11 the site. So we do everything we can to  
12 obtain those records and we're taking steps,  
13 right now, to make sure that at all levels we  
14 are retaining the records that are important  
15 for this program in years to come.

16 Another initiative is with the set  
17 of records originally held by the Los Alamos  
18 Medical Center. We've been working  
19 cooperatively with the medical center, to take  
20 custody of a set of records that were created  
21 before 1964, when the medical center was a  
22 part of the Los Alamos Site. So those records

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1 probably should have remained with DOE, for  
2 whatever reason in 1964 they did not, and  
3 we're taking steps to recapture them and make  
4 sure they're available for, you know,  
5 claimants' EEOICPA program, and also for NIOSH  
6 researchers, if, you know, the need arises.

7           And we've also launched an  
8 aggressive DOE-wide outreach and awareness  
9 campaign focused on current and former  
10 workers.       This slide here shows three  
11 informational pamphlets that we've put  
12 together.     The links below them show how to  
13 access them but they're on our DOE EEOICPA  
14 website.     They provide general information  
15 about the EEOICPA program as well as the  
16 Former Worker Medical Screening Program which,  
17 you know, screens former workers, and, you  
18 know, when necessary, or when possible, they  
19 will feed them into the EEOICPA process or  
20 refer them to the Department of Labor.   And  
21 then also our 10 CFR 851 rule which is focused  
22 on worker safety and health, and which

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1 obviously is relevant to current workers.

2 As I said, we've launched an  
3 aggressive outreach campaign. DOE  
4 headquarters initiated a joint outreach task  
5 force that included DOE, DOL, NIOSH, the DOL  
6 ombudsman, the NIOSH ombudsman, as well as the  
7 DOE Former Worker Medical Screening Programs.

8 The goal of this Work Group is to  
9 create and produce outreach efforts,  
10 coordinate and improve outreach efforts  
11 between the agencies. Generally, all of these  
12 groups, in one form or another, are trying to  
13 reach roughly the same population and we're  
14 hoping to pool efforts, combine resources, and  
15 in the end, enable us to, you know, reach more  
16 people that could benefit from one or all of  
17 these programs.

18 To that end, we held 18 town hall  
19 meetings near the communities of nine DOE  
20 sites, and if you would like information on  
21 upcoming events and locations, you can, you  
22 know, go to that link below, and, you know,

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1 there's a copy of this presentation on the  
2 back table and it'll talk about our upcoming  
3 efforts.

4 Another main focus of our outreach  
5 efforts is our DOE EEOICPA site POCs. These  
6 are the folks that manage the EEOICPA process  
7 at the sites. These folks are very active in  
8 their work, not only, you know, processing  
9 records requests, and helping these large-  
10 scale records research efforts, but they also  
11 attend local public meetings, even schedule  
12 local public meetings in some cases.

13 They set up site visits and tours  
14 for the DOL resource center staffs, and other  
15 groups, including the Board and some of the  
16 SC&A and NIOSH researchers. They work with  
17 DOL and NIOSH to facilitate interviews with  
18 current and former workers. This includes  
19 identifying former workers, even attempting to  
20 contact them or provide contact information  
21 for workers that have separated from the  
22 facility.

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1           And they also provide site  
2 experts, when needed, to participate and  
3 contribute to the Advisory Board Working Group  
4 and conference calls.

5           They are an on-site source of  
6 EEOICPA information workers, they often speak  
7 with workers, and in fact are sometimes a  
8 primary source, if the worker is aware of them  
9 or knows them in their daily work existence.  
10 So many times, they may go to our site EEOICPA  
11 personnel before going to the DOL resource  
12 center, which, you know, is not always the  
13 correct way to go. Sometimes we refer them to  
14 a resource center but we will do everything we  
15 can to help them and provide them with the  
16 information they're looking for.

17           I just wanted to mention the  
18 Former Worker Medical Screening Program, for  
19 those of you who may be here, that know  
20 people, or you yourself may be eligible for  
21 this program. The mission of the program is  
22 to identify and notify former workers at risk

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1 for occupational disease and offer them  
2 medical screening that can eventually lead to  
3 treatment.

4 The program now serves all former  
5 workers from all DOE sites and locations close  
6 to their residence, and that's actually, there  
7 are certain on-site facilities, or, you know,  
8 we have certain contractors that are set up  
9 close to large, major DOE facilities. But we  
10 also have a National Supplemental Screening  
11 Program that can arrange for a screening at  
12 any location throughout the U.S.

13 So more information can be found  
14 at that link. The local screening programs  
15 for Livermore and Berkeley and Sandia  
16 Livermore, I don't know how truly local they  
17 are, it's up in the Bay Area, but the  
18 screening program for that area is Boston  
19 University and UC-San Francisco. The  
20 principal investigator is Dr. Lew Pepper and  
21 there's a contact number there.

22 Dr. Pepper will also begin

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1 screening former workers from ETEC, or the  
2 Santa Susana Field Lab as of October 2010. So  
3 they're already taking steps to set up their  
4 operation here, and contract with local  
5 medical providers, and such, but they're not  
6 planning to start until October.

7 So currently, screening is  
8 conducted by the National Supplemental  
9 Screening Program. The principal investigator  
10 is Dr. Donna Cragle and the local outreach  
11 number is listed there. And that is all I  
12 have. So questions?

13 CHAIRMAN MELIUS: Thank you.  
14 Brad.

15 MEMBER CLAWSON: Yes, Greg, I'd  
16 like to personally thank you. I know you're  
17 working on my tour. I know that the sites,  
18 some of the sites that I have are quite  
19 difficult to be able to deal with, and they  
20 have a lot of national security issues, and so  
21 forth. So I know that it is a difficult  
22 issue.

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1                   But one thing that I would like to  
2                   be able to ask you is, at these sites, when we  
3                   have documents pulled, and they're of a  
4                   classified nature, and so forth, is there any  
5                   way, at that site, that we can have them held,  
6                   say, in a box for us, or something like that,  
7                   so that we're not trying to re-pull these  
8                   every time, because that creates a problem for  
9                   NIOSH and also for SC&A.

10                   MR. LEWIS:        To the specific  
11                   question, I'm not, I can't absolutely commit  
12                   that we can hold these documents, especially  
13                   given the different sites and their  
14                   requirements. I do think that's a reasonable  
15                   request, though. I'm sure that we can honor  
16                   that in certain places, and hopefully we can  
17                   come to an arrangement where we can make sure  
18                   the documents you need will be available. If  
19                   we need to re-pull them, we can do that.  
20                   We'll just have to make sure that we have a  
21                   list or know exactly what documents they are,  
22                   so we can make sure that they're available,

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1 you know, when you're on site.

2 MEMBER CLAWSON: With the data  
3 capture plan, you heard of my issues with that  
4 earlier, and I guess I wanted to see what your  
5 feelings are on -- what you've seen from your  
6 side, because I know that all of us are  
7 dealing with different issues. And I'm just  
8 wondering what your feelings -- if you have  
9 anything to say, or --

10 MR. LEWIS: I mean, first, I would  
11 say we do appreciate, you know, having data  
12 capture plans. We've requested them some time  
13 ago and I think we've made great progress. So  
14 on our end, it really helps, when we have a  
15 clearly defined set of information and goals  
16 for each visit, and, you know, the SEC effort,  
17 as a whole, at least to the extent that you  
18 can do so at any given time.

19 I realize these plans build upon  
20 themselves as you discover more information.

21 We have found that there has been  
22 a bit of a disparity between certain sites.

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1 Some data capture plans are more extensive  
2 than others. The better the plan is, the more  
3 it helps us. So any efforts that, you know,  
4 both NIOSH and the SC&A group can make to make  
5 these plans as complete as possible, is  
6 certainly appreciated by DOE.

7 It not only helps us prepare for  
8 visits and make sure that the visit is  
9 productive as possible, but it also helps down  
10 the line, when either the same group, or  
11 another group of researchers, whether that be  
12 SC&A or NIOSH, comes in on the back end.  
13 They'll be able to know what was requested,  
14 what was reviewed, what was pulled and what  
15 was copied, so we'll make sure not to  
16 duplicate effort and we'll also be able to  
17 pull, you know, certain sets of documents, if  
18 one group wants to, you know, review a certain  
19 set of information again, or in a more  
20 comprehensive manner.

21 MEMBER CLAWSON: And I appreciate  
22 that. You know, you were talking to us about

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1 document turnaround and you were shooting for  
2 the eighth day, and I just want you to know  
3 that it was six months for worker interview  
4 notes that we've had from Pantex and we're  
5 still waiting for them.

6 MR. LEWIS: You know --

7 MEMBER CLAWSON: And Greg, I'll  
8 tell you why this is important. Because we're  
9 held up at a standstill.

10 MR. LEWIS: You know, and I should  
11 have clarified my comments while I was doing  
12 the presentation. But that two to eight  
13 working days is accurate, but it's with  
14 respect to headquarters reviews, and typically  
15 at headquarters we review final documents, or  
16 certain documents where the site is having  
17 issues of problems reviewing it. So it's  
18 somewhat of a smaller subset that comes to  
19 headquarters for review.

20 And we have really worked on that  
21 process over the last year. We have it down  
22 to about two to eight days, and, you know,

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1 we're very confident in that process.

2 But at the sites, it's a little  
3 bit trickier in terms of document reviews and  
4 we realize that's something that we need to  
5 work on and continue to work on.

6 Certain sites, especially the  
7 larger sites with larger SEC research  
8 projects, such as Savannah River and Hanford,  
9 we've come up with Comprehensive Plans on how  
10 we're going to review information.

11 I mean, we've reviewed thousands  
12 of pages, hundreds of documents, and these  
13 aren't, you know, final reports, that may be  
14 20 to 80 pages. I mean, these can be 300, 400  
15 page documents. So it creates quite a  
16 challenge out at the site.

17 For some of the sites, you know,  
18 where we've had a large amount in front of us,  
19 we've come up with a Comprehensive Plan, hired  
20 additional staff or subcontractors to do it,  
21 and we made sure to do it in a reasonable time  
22 frame. Some of the sites with smaller-scale

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1 requests, the response time has varied, and  
2 that's certainly something that we need to  
3 focus on and we will be working on cause  
4 that's, you know, as I said, the headquarters  
5 process is -- you know, we feel very confident  
6 and we're working with the field sites to  
7 improve, you know, some of their process.

8 MEMBER CLAWSON: And I understand  
9 that. And one of the things about these  
10 worker interview notes that are critical is  
11 once they've passed that, we have to be able  
12 to take them back to the interviewees and  
13 establish, to make sure that what they said  
14 was correct and that they agree with.

15 And we have many of the  
16 petitioners, many of the people, so forth, are  
17 still wondering -- they think their notes have  
18 been lost and so forth. So this is a critical  
19 thing.

20 But I'd also like to thank you for  
21 taking us to DOE with the classification  
22 officer back there, because that made our

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1 ability out at Pantex a lot easier to be able  
2 to deal with, and it also gives Pantex a point  
3 of contact that they can, when they have  
4 questions, and I think that was a very good  
5 thought. But I just -- this issue at these  
6 sites, I hope that -- I hope we keep pressing  
7 forward with the tour and I hope we can work  
8 on the document return, and also with the  
9 request on this. Thank you.

10 CHAIRMAN MELIUS: Dr. Ziemer.

11 MEMBER ZIEMER: Thank you, Greg.

12 I certainly want to acknowledge the excellent  
13 work DOE's done, particularly in the past  
14 couple years under Mr. Podonsky and Dr.  
15 Worthington, and we really appreciate that.

16 I wanted to note for the record  
17 one thing that you didn't mention, but  
18 sometimes the agencies, they're almost too  
19 modest. On January 21st, the DOE folks helped  
20 facilitate a meeting that had been requested  
21 by the Alliance of Nuclear Workers Advocacy  
22 Group, or ANWAG, and that meeting took place

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1 at DOE. The Department of Labor was in  
2 attendance, NIOSH, of course DOE itself, and  
3 the ANWAG people. I was there on behalf of  
4 the Board, and a number of our Board Members  
5 were there by phone lines.

6 But I think just for the record,  
7 we want to acknowledge the efforts that DOE  
8 went through to simply facilitate a meeting of  
9 that type, which was unusual. So we thank you  
10 for that as well.

11 MR. LEWIS: And thank you for  
12 mentioning that, Dr. Ziemer. I would like to  
13 express our appreciation for ANWAG and NIOSH  
14 and DOL for participating. We think we had a  
15 good discussion and came out with some  
16 positive action items. So we really  
17 appreciate the opportunity to talk with the  
18 various groups.

19 CHAIRMAN MELIUS: I'd also like to  
20 thank DOE for your memo on retaliation and  
21 issues. I actually had agreed to speak at a  
22 meeting in Nashville with Glenn, so I could

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1 remind him of his commitment to do this. Now  
2 I will see whether I will go to Nashville for  
3 that meeting. But I do appreciate, again, I  
4 think it's very helpful to have that kind of a  
5 piece of paper for the workers there. Given  
6 sensitivities and past problems at these  
7 sites, I think it will provide, you know, some  
8 reassurance about, you know, retaliation. So  
9 I really do thank you for doing that. We  
10 expect it to take some time within your  
11 bureaucracy. So I actually don't think you  
12 did too bad. I just wanted to assure it was  
13 going to get done. But it did. So anyway,  
14 thank you, and thank Glenn for getting that  
15 done.

16 I want to follow up on Brad's  
17 concerns, though, with Pantex, and I've spoken  
18 about this before at meetings.

19 I get very concerned, when we have  
20 a site like Pantex, which is a very sensitive  
21 site in terms of classification, and so forth,  
22 how we're going to be able to deal with that

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1 in a timely and fair fashion to the  
2 petitioners, if it's taking six months to  
3 clear worker interview information, to be able  
4 -- I mean, which seems to me to be a  
5 relatively straightforward type document.

6 I don't know the details of what  
7 were in these interviews, or anything,  
8 obviously, but I really think we either need  
9 to put adequate resources in there -- I'm glad  
10 that NIOSH is developing a plan to deal with  
11 the classification issue in terms of the  
12 program. But hearing dates like, you know,  
13 six months to clear -- over six months,  
14 really, cause we still don't even know when  
15 we're going to get them back. I get very  
16 concerned, and that really is not fair to the  
17 petitioners, or our ability to address these  
18 requests in a timely fashion.

19 So I would hope that to the  
20 extent, if it's a resource issue, that we, you  
21 know, try to address that from the DOE level.

22 If it's an issue of the nature of

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1 the information, those interviews, then I  
2 think we need to rethink again how we're going  
3 to approach these particular sites where,  
4 again, so much sensitivity about  
5 classification and whether it's appropriate to  
6 move forward in the way we're trying to move  
7 forward at that site. So I just pass that  
8 along.

9 MR. LEWIS: Yes, and I appreciate  
10 your concerns. I'm not familiar with the  
11 exact nature of this request, or, you know,  
12 what the issue is. I do believe, in working  
13 with them in the past, there was some  
14 confusion on what was requested, or, you know,  
15 how it was supposed to be provided. Again, I  
16 don't know the details but I believe there was  
17 some confusion on that end of it.

18 And one thing I do want to  
19 mention, I believe, in talking with SC&A, they  
20 are going to be coming up with some kind of  
21 tracking system for the requests made to the  
22 field, which actually we appreciate, and I

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1 believe that will help them as well as us, you  
2 know, make sure that, you know, we know what  
3 has been submitted, and when, so we can follow  
4 up in a timely manner. So we are continuing  
5 to work to improve our process, and we think  
6 that that may be, you know, one thing that  
7 will assist both us and SC&A in our efforts.

8 CHAIRMAN MELIUS: Okay. Thank  
9 you. Any more questions for DOE?

10 (No response.)

11 CHAIRMAN MELIUS: If not, we will  
12 break for lunch. We will return at 1:30. And  
13 this afternoon we're dealing with a number of  
14 petitions and possibly petitioners, so we're  
15 going to try to keep pretty tight to that  
16 schedule, at least in terms of when we start  
17 some of the presentations, and so forth.

18 So be back here promptly at 1:30  
19 and note that we will need to follow through,  
20 and then we also have a public comment period  
21 at the end of the day.

22 So do you want to give the usual

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1 reminder, Ted.

2 MR. KATZ: Well, so I'll give the  
3 reminder for public comment, just in advance  
4 of it, but that's at 4:30, begins at 4:30.

5 CHAIRMAN MELIUS: And people need  
6 to sign up.

7 MR. KATZ: And just for people on  
8 the phone to recognize too. For that public  
9 comment session, it will begin at 4:30 but it  
10 will end at 6:00, or when the public comments  
11 end. If the public comments end early, then  
12 the public comment session will end earlier.

13 CHAIRMAN MELIUS: Okay. See you  
14 all at 1:30.

15 (Whereupon, the above-entitled  
16 matter went off the record at 11:50 a.m. and  
17 resumed at 1:34 p.m.)

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1 be focused on issues that are somewhat  
2 overarching, not the specific, site-specific  
3 type analyses that we do for, you know, all  
4 these various 300 sites that we're doing  
5 research on. But over a period of like the  
6 last seven or eight years, a number of  
7 overarching issues have been identified, and  
8 from time to time, I update the Board on the  
9 status of where we are with those issues.

10 At the October meeting, I'm going  
11 to present this slide again, which is even  
12 more than keeping a list. We have developed  
13 some science goals by fiscal year, and these  
14 represent the ones that we've selected to  
15 specifically target this fiscal year, to make  
16 sure that we keep our eye on them, they don't  
17 drop off the table, and we make some  
18 definitive progress.

19 The ones that are listed here are  
20 the chronic lymphocytic leukemia model. We  
21 hope to propose that to the Secretary by the  
22 end of second quarter this fiscal year.

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1           This one, the second one's been on  
2           the agenda for quite some time now. But it's  
3           the issue, some formal NIOSH documentation on  
4           ingestion, oral-nasal breathing of thoriated  
5           welding rods. These are three scientific  
6           issues that were identified through the SC&A  
7           review, the Board's review process.

8           We have come to a formal  
9           conclusion within NIOSH on our position on  
10          this, but as of yet, we have not formally  
11          documented that in what will most likely be a  
12          Technical Information Bulletin.

13          The third bullet item here is to  
14          issue an OCAS-sponsored review paper on dose  
15          and dose-rate effectiveness factor. We've  
16          worked on this very hard with our, SENES Oak  
17          Ridge, our contractor that does most of our  
18          risk-modeling efforts, and, in fact, that  
19          review paper is undergoing scientific peer  
20          review at the current time.

21          And the fourth item is a published  
22          review paper on the radiogenicity of cancer as

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1 it relates to compensation programs. This  
2 stems from an analysis that we did at the  
3 request of Congress, to evaluate the cancers,  
4 the nonpresumptive cancers, and make a  
5 recommendation as to which if any cancers that  
6 are not on the current list should be added.

7 And I received confirmation that  
8 the report that we issued was finally received  
9 by the Senate Appropriations Committee in  
10 December. So that has made its way to  
11 Congress and is in their hands now.

12 But what I'd like to talk about  
13 today are the two top issues, which is the  
14 chronic lymphocytic leukemia model and the  
15 documentation on ingestion.

16 If you remember, the ingestion  
17 issue has been lingering for some time now,  
18 and one of the key issues had to do with how  
19 we would predict the amount of surface  
20 contamination available at a facility. In  
21 particular, this is relevant to atomic weapons  
22 employer facilities. Surface contamination

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1 measurements are sparse. We have very few  
2 measurements that were taken during the AWE  
3 operations.

4 Yet, the data that we do have show  
5 that there is an empirical relationship  
6 between the air concentration measured at some  
7 of these facilities and the amount of  
8 contaminations on the surface.

9 One does have to keep in mind,  
10 though, that of course the amount that's on  
11 the surface is directly related to how long  
12 that operation has been in existence. In  
13 other words, the longer the operation runs,  
14 the more there's time for surface  
15 contamination to accumulate.

16 So to predict the surface  
17 contamination values, it was key -- and this  
18 is used in our OCAS TIB-0009 -- that's  
19 Technical Information Bulletin 9 -- that you  
20 have to know what the settling velocity of the  
21 particulates are. That's a key factor in  
22 developing this model.

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1           And this issue has been the  
2 subject of some debate between the Advisory  
3 Board Working Group and SC&A and NIOSH. And  
4 I'd like to talk a little bit more about how I  
5 think we've come to some conclusion on that  
6 settling velocity issue.

7           There's a simple equation here.  
8 It just depicts the relationship between the  
9 surface contamination that's available for  
10 ingestion anywhere in a plant, as a function  
11 of the concentration in the air in picocuries  
12 per cubic meter, and the settling velocity in  
13 meters per second, and if you throw a time in  
14 there, you can get the surface contamination,  
15 picocuries per square meter.

16           This is for a situation where  
17 there's no removal mechanism. That is, it  
18 just keeps accumulating indefinitely. Of  
19 course if you have some removal mechanism, if  
20 you put a removal rate in there, you know, the  
21 equation by some removal rate, you can come up  
22 with some sort of equilibrium value that one

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1 could assume. But that's the subject of  
2 another discussion.

3 Just suffice to say that this is  
4 the equation that's used in TIB-0009 to  
5 predict surface contamination.

6 This slide I've shown before, but  
7 this just shows the empirical relationship of  
8 surface contamination as a function of air  
9 concentration measured at -- I think it's only  
10 maybe two or three facilities, we were able to  
11 collect this data, and I point out that this  
12 is a log-log graph, so things tend to look  
13 pretty linear on log-log graphs.

14 I think the point is that even  
15 though this looks halfway decent, one needs to  
16 know the amount of time that the surface  
17 contamination accumulated to develop that  
18 relationship. And the key to that, to  
19 determine the concentration, again is this  
20 settling velocity issue.

21 Again, TIB-0009, which is the  
22 fundamental basis for the ingestion, that we

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1 use for atomic weapons employer facilities,  
2 assumes a terminal settlement velocity of what  
3 I've listed here as .00075 meters per second.

4 I think that's somewhere around a 10th of a  
5 centimeter per second.

6 That value had been under some  
7 discussion between SC&A and NIOSH as to its  
8 validity. So we had a unique opportunity, as  
9 part of a TBD-6000 review--that's the generic  
10 model for uranium, prediction of uranium doses  
11 at uranium facilities -- we had an opportunity  
12 to, I wouldn't call it validate, but somewhat  
13 verify that that number is a good number to be  
14 used.

15 And the way we went about this is  
16 to look at the settling plate data collected  
17 at the Hanford mount facility in the late  
18 1940's. This comes out of a very nice  
19 document written by Adley, Gill and Scott, who  
20 collected data over a time period from, I  
21 think 1947 to '52, in a uranium facility, an  
22 operational uranium facility at Hanford, that

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1 did a number of uranium processing operations.

2 They were melting uranium,  
3 casting, straightening rods, grinding -- sort  
4 of the gamut of what you'd expect at one of  
5 these atomic weapons employer facilities.

6 So what they did was they put out  
7 13 plates around the plant during the winter  
8 and summer months, and collected the amount of  
9 uranium that actually deposited on those  
10 plates. These were one foot diameter plates,  
11 approximately four inches deep, with  
12 essentially a piece of Whatman filter paper on  
13 top.

14 They allowed those to remain out  
15 there for, I think about four months each,  
16 during the winter and summer, and they  
17 measured, as I report here, the amount of  
18 uranium that's deposited on those plates per  
19 square foot per day. So you have a settling  
20 rate of the uranium coming out of the air at  
21 this plant over an extended period of time.

22 For our purposes, uranium per

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1 square foot per day wasn't very good. So we  
2 ended up converting that to uranium per square  
3 meter per second, but the math is sort of a  
4 straightforward conversion.

5 The unique thing about this  
6 calculation, though, is we also had known air  
7 concentrations in the plant at the same time.

8 So you combine these settling rate  
9 measurements with the known air content  
10 concentration measurements that were taken in  
11 micrograms per cubic meter, you can get an  
12 estimate of the settling rate of the uranium  
13 in the plant in meters per second.

14 So, in other words, we can now  
15 have an empirical way to determine if this  
16 .00075 meters per second value is appropriate  
17 for use in atomic weapons employer facilities.

18 Now I'll just cut to the chase  
19 here and present a brief slide of the results,  
20 and the solid black line that you see is that  
21 exact value I just talked about, the .00075  
22 meters per second settling rate, and the solid

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1 circles are the actual measure, or calculated  
2 settling rate values for those plates that  
3 were put out in the plant during the winter  
4 and summer months.

5 As you can see, all the values are  
6 below, except for one, the value that's used  
7 in TIB-0009, and I think the median value, if  
8 you took the median value of all those solid  
9 black dots, is somewhere around a factor of  
10 three lower than the value in TIB-0009. The  
11 95th percentile, somewhat coincidentally,  
12 matches pretty close to what we've used in  
13 TIB-0009.

14 So what we think we have here is a  
15 pretty good empirical verification, that what  
16 we're using in TIB-0009 to estimate the  
17 settling rate, and that is used to estimate  
18 the potential ingestion values in plants, is a  
19 pretty decent value.

20 Okay. Shifting gears into chronic  
21 lymphocytic leukemia, I talked about this last  
22 time, that we received comments, and the slide

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1 says five subject matter experts. It should  
2 be four. We received the comments from the  
3 four subject matter experts. We've addressed  
4 all those comments. We now have a 22-page  
5 report that discusses our opinion on the  
6 comments that were rendered, and we've ended  
7 up with a final model.

8 The final model, after reviewing  
9 all the comments, still relies on a current,  
10 the IREP model, for lymphoma in multiple  
11 myeloma, that's what we're going to be using,  
12 or recommending to use as the model for  
13 chronic lymphocytic leukemia. But as a result  
14 of the subject matter expert review comments,  
15 we have changed the midpoint of the latency  
16 function from 15 to 10 years.

17 So, in other words, the middle  
18 value -- with all of our cancer models,  
19 there's some adjustment for latency. That is,  
20 if you develop cancer within one month after  
21 exposure, you adjust the risk model downward,  
22 so that you infer less risk than if it were

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1 like a longer period, post exposure.

2 So based on the comments we  
3 received from at least two of the reviewers,  
4 we felt it was appropriate to move that  
5 latency period down to 10 years. So there'll  
6 be very little risk conferred at very short  
7 times exposure.

8 Maximum risk would be at about 15  
9 years, post exposure, and the middle, as  
10 suggested here, would be at about 10.

11 We're very close -- the science is  
12 complete on this. We're done, we've got the  
13 package done, we've got the review comments  
14 addressed. So we're working now with a  
15 transmittal package to the Secretary, that we  
16 hope to get out very shortly. I'm working  
17 with staff from OGC as well as staff in the  
18 OD's office at NIOSH. They're assisting me in  
19 preparing the, sort of the ins and outs of the  
20 formality of getting this package out the door  
21 and getting it up the chain.

22 Okay. And lastly, I just want to

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1 touch on something that we present  
2 occasionally. I think it was about a year and  
3 a half ago, that we talked about this.

4 But that's what are the  
5 compensation rates experienced -- what's the  
6 compensation rates by NIOSH cancer model that  
7 we're seeing at the current time? I think  
8 August 2008 was the last time we updated this.

9 The most recent analysis is through January  
10 11, 2010, and it's based on significantly more  
11 cases.

12 I think the last time, we had  
13 about 12,000 cases. This time, we've analyzed  
14 almost 21,000 cases. We only selected cases,  
15 though, where we received notice from  
16 Department of Labor that a final compensation  
17 decision has been made.

18 In other words, we didn't look at  
19 cases where we did a dose reconstruction and  
20 sent it over to Labor. We made sure that we  
21 got feedback from Labor, that the compensation  
22 decision has been filed and adjudicated.

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1           We have our usual caveats here,  
2           that these rates may not be predictive of  
3           future results. There's various reasons why a  
4           snapshot in time can go up and down. In the  
5           beginning of the program, we were concerned  
6           about how the efficiency process might affect  
7           that. Now there may be some issues related to  
8           how we're processing the legacy claims, the  
9           ones that Stu talked about earlier.

10           There may be a reason that those  
11           may have a lower compensation rate than  
12           others. And there's also the effect of -- how  
13           the effect of special exposure -- removing  
14           cases with special, that go into Special  
15           Exposure Cohort out of the pool, how that  
16           actually reflects those numbers.

17           Unless otherwise noted, we're  
18           trying to also just show the rates for claims  
19           with only one reported primary cancer. And in  
20           some cases, the reported rates are based on a  
21           small number of cancers.

22           Now I have a couple summary slides

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1 that highlight the top 15 or so. At the back  
2 table, and you should have in your packets  
3 also an Excel spreadsheet that has all 32  
4 cancer models reported.

5 But briefly, the highlights here  
6 are that lung cancer still remains the most  
7 highly-compensated cancer in this program, at  
8 around 70 percent. That's by and large, in my  
9 opinion, a function of the inhalation of alpha  
10 emitting radionuclides in the DOE complex.  
11 They deliver a very high dose per unit intake.

12 And in particular, the bioassay  
13 programs aren't particularly very sensitive,  
14 so the missed dose, the dose that could have  
15 been received and not detected by the  
16 monitoring program, which we assume to be  
17 delivered to the claimant, drives up the dose  
18 considerably.

19 Also not surprisingly, in the top  
20 of the category are leukemias. That just  
21 reflects, in my opinion, the radiogenicity of  
22 leukemia. It's a fairly radiogenic disease.

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1 Low doses can get you over the 50th percentile  
2 pretty quickly.

3 Interestingly, basal cell  
4 carcinoma still stays fairly high on the list,  
5 it's at almost 60 percent compensation rate,  
6 and that is the cancer that we reported to,  
7 and our report to Congress suggested that  
8 basal cell carcinoma is a radiogenic cancer  
9 that could be considered for inclusion in the  
10 Special Exposure Cohort.

11 And then going down the line,  
12 liver cancer you see is on there. Again, I  
13 think liver has a fairly low dose threshold  
14 for compensation, as well as the fact that it  
15 is an organ that does accumulate the  
16 radionuclides of interest in the DOE complex,  
17 that is, plutonium, in particular, but  
18 uranium, to some extent as well.

19 So if you inhale uranium,  
20 plutonium, it could deliver a fairly  
21 significant dose.

22 The bottom slide, the bottom one

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1 on this slide, lymphoma, is up around 30  
2 percent. We saw that jump the last time,  
3 because if you remember, we changed the way we  
4 calculated the dose for lymphomas, and we now  
5 assume, in many of these instances, that the  
6 dose was delivered to the lymph nodes in the  
7 tracheal bronchial tree, which drives the dose  
8 up pretty high, resulting in a fairly high  
9 compensation rate for that particular cancer.

10 And the next slide just continues  
11 on down through the rest of them. Nothing  
12 very surprising here. The patterns stay  
13 fairly representative. When you get down to  
14 like the 11 percent value for eye cancers, I  
15 think that's only four cases of eye cancer out  
16 of 36, or something like that.

17 Getting down to a little more  
18 rough numbers here, of the single primary  
19 cancers, the compensation rate is still up,  
20 very close to 30 percent. If you look at  
21 cases with multiple primary cancers, as you'd  
22 expect, the rate increases to around 40

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1 percent, and the total for all claims, as of  
2 this date, is 32.5 percent.

3 Finally, I just listed some of the  
4 cases, some of the claims where the  
5 compensation rates are pretty low. Ovary  
6 cancer still has zero compensated cases, and  
7 that's out of a total of 56 total cases.  
8 Female genitalia, the same way. I think  
9 there's one nervous system cancer that's been  
10 compensated thus far, a brain cancer, and  
11 rectum and non-melanoma are still fairly low  
12 as well.

13 That concludes my formal remarks.  
14 I'd be happy to answer any questions, if  
15 there are any.

16 Dr. Anderson.

17 MEMBER ANDERSON: Yes. I'm  
18 interested in the settled dust issue. I would  
19 think in these facilities, there's quite a bit  
20 of air mixing, air movement, so the air  
21 measurements throughout a fairly large room  
22 may be pretty constant. But oftentimes you'll

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1 see settled dust would pile up in certain  
2 areas where you have eddies, and things, and  
3 especially with something like uranium that's  
4 quite heavy.

5 When they set out those disks, it  
6 looks like you treated each of them as an  
7 independent sample?

8 DR. NETON: Yes.

9 MEMBER ANDERSON: Were some of  
10 them in the same room, so that you could look  
11 at, is the settled dust, the amount of dust in  
12 one area different than in another, and  
13 therefore, if a worker were in kind of a quiet  
14 area, they would get more settled than in  
15 somebody where either there's a lot more  
16 movement, or heat, and swirling air?

17 DR. NETON: It's a good question.

18 These were distributed fairly widely  
19 throughout this plant area, including, I  
20 think, office locations, as well as right on  
21 top of process equipment, you know, near some  
22 of the grinding operations. So they were

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1 fairly well-distributed and thought about.  
2 And you can see the values do vary.

3 The settling rates stay fairly  
4 constant. What I didn't show you is the  
5 actual amount of material that actually  
6 collected on the filters themselves, and that  
7 was quite variable.

8 Like very near the process  
9 equipment, you'll see a high concentration of  
10 -- a higher amount of material deposited than  
11 for the offices. But if you normalize that,  
12 using the air concentrations that were there,  
13 you can get the settling rate, and that's what  
14 we're trying to get a handle on.

15 MEMBER ANDERSON: And for the  
16 filters, once it falls on them, do they stick?

17 DR. NETON: Yes.

18 MEMBER ANDERSON: I mean, if it's  
19 a "hot" particle, it's more apt to stick, and  
20 if it's a very fine particle, somebody walks  
21 by and they could blow it off after four  
22 months.

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1 DR. NETON: Well, these were  
2 twelve -- the way they're described in the  
3 report, they were 12-inch diameter, 4 inches  
4 deep. So they weren't just flat plates. They  
5 did have a 4-inch lip on them. I suspect that  
6 one could come up with some mechanism to have  
7 some removal, but it doesn't seem like it  
8 would be a large percentage.

9 MEMBER ANDERSON: So the  
10 correlation with the air measurements, were  
11 there more than one air measurement and --

12 DR. NETON: Yes. There were air  
13 measurements throughout --

14 MEMBER ANDERSON: Were air  
15 measurements done where the plates were, or  
16 were they --

17 DR. NETON: Yes; yes. These are  
18 throughout the plant. There were a number of  
19 -- there were time-weighted average air  
20 measurements that were used.

21 MEMBER SCHOFIELD: Were some of  
22 these -- when they did these studies, did they

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1 do it where they're doing different types of  
2 processes, so that particles --

3 DR. NETON: Yes. That was  
4 actually the key. The purpose of the study  
5 was to look at these various processes, to see  
6 how much was settling out at these various  
7 operations. It was a pretty good mixture of  
8 activities, very much like you'd see at a  
9 number of our AWE facilities that are  
10 reconstructing -- rod straightening, grinding,  
11 burnout, crucible burnout area, melting  
12 uranium. You know, the whole gamut of what  
13 you'd expect -- or a large amount of the whole  
14 gamut of what you'd expect at one of these AWE  
15 facilities.

16 It's a very nice study. I was  
17 impressed with it. Well put together.

18 Bill.

19 MEMBER FIELD: Bill Field. I have  
20 a question along the same lines. I guess my  
21 question is what are the effect of particle  
22 size air flow and humidity on deposition

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1 rates. I think it'd be interesting to vary  
2 the deposition rates, or vary those  
3 parameters, and see what effect it may have.

4

5 DR. NETON: Yes. Well, you have a  
6 little bit of that by looking at the -- they  
7 did the winter and summer months, where the  
8 winter, when the building was more closed up  
9 versus summer months, and honestly, you didn't  
10 see that big a difference in the settling  
11 rates between those two. I think it was  
12 within a factor of two of each other which for  
13 those purposes --

14 MEMBER FIELD: I guess you'd expect the  
15 air flow and humidity to be the big factors  
16 working there. And then another question I  
17 had, which is I think just very interesting,  
18 in general, as far as its radiogenicity.

19 What are you listing as the target  
20 organ?

21 DR. NETON: Well, I've given a  
22 presentation on this in the past, and that was

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1 probably one of our biggest challenges in  
2 this. The risk model itself turned out not to  
3 be that -- well, you can argue about the risk  
4 model itself, but we're using the existing  
5 model with an extended latency.

6 The target organ itself -- you  
7 know, when we started this, naively, we were  
8 thinking bone marrow, and that's not really  
9 the case.

10 We commissioned a full review by  
11 experts on this, and we're ending up with a  
12 weighted model versus -- based on the  
13 proportionality of where these lymphocytes are  
14 in the body at any given time, and then you  
15 weight the dose based on that.

16 It's somewhat of a departure from  
17 what we've done for current lymphomas, which  
18 is to assume that it's all in the tracheal-  
19 bronchial lymph nodes. That gives you massive  
20 doses. Well, in some instances large doses,  
21 because if you inhale any kind of uranium or  
22 plutonium, the dose in those lymph nodes is

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1 large.

2                   So we are adopting this  
3 proportional model based on, like I said, the  
4 distribution of the lymphocytes.

5                   Now there is a lot of uncertainty  
6 with that, and we're incorporating uncertainty  
7 distributions into those models, and it's  
8 currently undergoing external peer review by a  
9 noted internal dosimetrist, is all I can say  
10 right now.

11                   MEMBER FIELD: One of the reasons  
12 I asked that, I'm not sure if you were there,  
13 but about two years ago, NCI had that special  
14 meeting on CLL, and in the room were probably  
15 the world's leading experts on CLL, and no one  
16 could come to an agreement on what the target  
17 organ was, so --

18                   DR. NETON: Yes.

19                   MEMBER FIELD: -- you know, I'm  
20 not surprised. I think the way the model --

21                   DR. NETON: Yes, and, in fact, I  
22 think that meeting was, at least in part,

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1 cosponsored by NIOSH at the time. That was  
2 one of our research program's interests.

3           Interestingly, if you look at the  
4 Hiroshima-Nagasaki analyses for the risk  
5 models for lymphomas, usually the red bone  
6 marrow dose in the dosimetry. Now it doesn't  
7 make that big a difference in that situation,  
8 because it's an external exposure, so the dose  
9 to the red bone marrow versus some other organ  
10 is not that -- just different.

11           In this particular situation,  
12 though, when we're dealing with a lot of  
13 internal exposure, you're absolutely right.  
14 It's a difficult issue.

15           Paul.

16           MEMBER ZIEMER:       Jim, you've  
17 indicated, though, what the priorities are for  
18 this year. I wonder if it would be helpful,  
19 particular for new Members, to remind us of  
20 what else is on the list "coming down the  
21 pike" later in terms of science issues. Off  
22 the top of your head -- I maybe caught you

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1 perhaps off-guard -- but some idea of what  
2 else is on the list might be of help.

3 DR. NETON: Yes. It'd be  
4 difficult to reconstruct off the top of my  
5 head, but they fall in two general categories.

6 One is the risk model issue, such as the CLL,  
7 and the other is the dose reconstruction-  
8 related issues. In the dose reconstruction  
9 areas, there aren't that many additional  
10 issues remaining.

11 We've sort of either decided that  
12 they become site-specific issues very quickly,  
13 like we were concerned, at one point, about  
14 people who didn't wear their badges, and could  
15 there be a generic way to correct for that  
16 when you're dose reconstructions for coworker  
17 modeling?

18 And the answer is no, you can't.  
19 You have to look at every site specifically  
20 and evaluate it on its own merits. So those  
21 kind of issues have fallen off the table.

22 It's the "cheat sheet."

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1                   MEMBER ZIEMER:    Not sure of the  
2                   amount --

3                   DR. NETON:       Actually, these are  
4                   very similar to what I just talked about.  In  
5                   the risk model area, we have a lot of issues  
6                   that were on the table.  We've got the BEIR  
7                   VII analyses that we're looking at, how does  
8                   BEIR VII weigh into our risk models?  Age at  
9                   exposure from an epidemiologic perspective has  
10                  been hanging out there.

11                  We've dealt with the smoking  
12                  issue.  We've corrected the IREP -- or we've  
13                  modified the IREP model to adjust for the new  
14                  smoking adjustment that was done by the RERF.

15                  Which other ones are out there?  We did  
16                  exposure --

17                  CHAIRMAN MELIUS:   Perhaps at our  
18                  next meeting, you can give that.

19                  DR. NETON:       Yes.  And if you like,  
20                  I can distribute that more encompassing list  
21                  via email to the Board, in general, just so  
22                  they could have a copy of it.

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1                   CHAIRMAN MELIUS:       I do really  
2 think it would be good to talk about that --

3                   DR. NETON:     I probably should have  
4 done that. I apologize.

5                   CHAIRMAN MELIUS:    We'll give you a  
6 little more time, the next meeting also.

7                   DR. NETON:        Thanks.        Okay.  
8 Thanks.

9                   CHAIRMAN MELIUS:    Henry, you had  
10 one?

11                  MEMBER ANDERSON:    Just quickly.  
12 So how do you go about setting the priority?  
13 I mean, you can have a "laundry list" length  
14 and there's always exciting things to do  
15 research on. But how do you go about setting  
16 the -- you know, how did these five get to the  
17 top?

18                  DR. NETON:        That's a good  
19 question.        There's always competing and  
20 conflicting demands, and these are above and  
21 beyond the site-specific issues that we're  
22 dealing with on a constant basis.

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1           Partly, that they've been on the  
2 list for quite some time, and partly because  
3 they affect some real cases. I think the  
4 chronic lymphocytic leukemia model is a good  
5 example of that. We've been working on this  
6 for a long time, but we've had to -- it was a  
7 terribly difficult scientific analysis to be  
8 done.

9           First, we had to determine, it  
10 wasn't radiogenic or not. We said yes, we  
11 believe it is. Can there be a risk model  
12 done? Yes. Can we do a dose reconstruction?  
13 Is there a way to do dose reconstructions  
14 based on what we know about it?

15           So I think that one has been on  
16 there for quite some time, and I think --

17           MEMBER ANDERSON: That was there  
18 before I left --

19           DR. NETON: Yes. that's been on  
20 there. Then the other ones --

21           CHAIRMAN MELIUS: We decided to  
22 hold it until you came back.

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1                   MEMBER ANDERSON: Right. Exactly.

2                   DR. NETON: The other ones, like  
3 the ingestion model, it affects more than just  
4 ingestion. As it turns out, that the residual  
5 contamination that's at these sites, after the  
6 operation stopped, are affected by this  
7 settling velocity and the surface  
8 contamination issues that we estimate, because  
9 once they stop operations, the materials there  
10 on the floor, or on the surfaces, you need to  
11 know how much was there.

12                   That would then affect how much  
13 you would inhale based on resuspension, would  
14 affect your external exposure model. So I  
15 guess we picked the ones that seemed to have  
16 the biggest potential for affecting the claims  
17 and the cases at the time, plus the fact that  
18 these have been on the table for quite some  
19 time. They need to go off.

20                   CHAIRMAN MELIUS: And I have one  
21 brief question. The ingestion model, so forth  
22 -- that's still before the Procedures

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1 Subcommittee? I couldn't quite understand in  
2 the presentation --

3 DR. NETON: Yes.

4 CHAIRMAN MELIUS: -- where that  
5 was in terms of resolution.

6 DR. NETON: Well, this one piece I  
7 presented, I believe, I think we've got fairly  
8 substantial agreement with SC&A on this one  
9 piece, and this was sort of a good piece to  
10 get put away and agreed upon.

11 The remaining issue has to do with  
12 how much of a surface area a person ingests  
13 per day, and I think that we end up -- at the  
14 end of the day, we will end up agreeing to  
15 disagree with SC&A on that point.

16 That is, we are using a value that  
17 is based out of the RESRAD models that are out  
18 there. SC&A believes the value is slightly  
19 larger than we're using, and that's where that  
20 issue remains.

21 CHAIRMAN MELIUS: Tune in, I  
22 guess.

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1 DR. NETON: Yes.

2 CHAIRMAN MELIUS: Okay. Thank  
3 you, Jim. We are moving on. We have a  
4 presentation on an SEC 84.14 petition.  
5 Lawrence Livermore. And Sam Glover, I believe  
6 you're --

7 MR. KATZ: Okay. While Sam's  
8 coming up, just for the record, when the Board  
9 has Members that have conflicts with  
10 particular sites for the SEC petition  
11 discussions, they leave the table, and let the  
12 record note that Dr. Poston is leaving the  
13 table. Thank you.

14 CHAIRMAN MELIUS: And we won't  
15 forget you, John. We'll retrieve you later.

16 DR. GLOVER: All right. Thank  
17 you, Dr. Melius. If this seems familiar to  
18 many of the Board Members, it's because it is.  
19 Livermore, I was -- I presented this a couple  
20 years ago, and we're actually going to present  
21 an 83.14, kind of an added -- an addendum to  
22 what we presented two years ago.

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1           So this is an 83.14. It means it  
2 was submitted by NIOSH. It's submitted by a  
3 New York claimant whose dose reconstruction  
4 could not be completed by NIOSH. The claimant  
5 was employed at Lawrence Livermore during the  
6 DOE operational period, and obviously, as I  
7 said, this is an 83.14 versus an 83.13, which  
8 many of you Members will become very familiar  
9 with.

10           Essentially, an 83.14 is something  
11 that we have initiated. It's a NIOSH-  
12 initiated SEC.

13           Just a little bit of background on  
14 Livermore. From 1942 to 1950, it was a Navy  
15 facility. AEC, the Atomic Energy Commission,  
16 began using the property in 1950 and the AEC  
17 took ownership in 1951. Previously known as  
18 the University of California Radiation  
19 Laboratory at Livermore, and later as Lawrence  
20 Radiation Laboratory at Livermore.

21           Another just a real quick map.  
22 Here we have the Livermore Site, and then we

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1 also have the Livermore 300 area, Site 300.  
2 Obviously near Livermore, California, and the  
3 300 area is located fairly close. That's  
4 typically where they did a lot of the  
5 explosives testing.

6 That didn't work nearly as well as  
7 I thought it would.

8 All right. The original mission  
9 was thermonuclear weapon development. In  
10 1957, Livermore had a diversified activity  
11 including nuclear propulsion, fusion research,  
12 atomic vapor laser isotope separation, the  
13 Atlas Program, charged- particle beam and  
14 laser research.

15 So this is where we get to the --  
16 you've seen it before, to some degree.

17 In December 2008, NIOSH presented  
18 its Evaluation Report for SEC-00092. This was  
19 also an 83.14. It was based on an  
20 infeasibility to reconstruct internal dose  
21 from fission and activation products.

22 Classes added to the SEC effective

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1 April 2nd, 2008. That doesn't seem to jibe.  
2 Maybe it was two -- anyway. April 2nd, 2008 -  
3 - but my math doesn't work here.

4 But what we said is that the  
5 employees of the DOE facility, its predecessor  
6 agencies, who were monitored for radiation  
7 exposure -- this was the first time Department  
8 of Labor, they asked us to look at our  
9 language about -- we usually used "who were  
10 monitored" or "should have been monitored,"  
11 and this is our first time that we actually  
12 had -- we tried to use some different language  
13 to assist them, and fell in this class. That  
14 the site was from 1950 through 1973, December  
15 31st, 1973. We worked an aggregate of at  
16 least 250 days.

17 So associated SEC class was  
18 designated by HHS, included only those  
19 employees who were monitored for radiation  
20 exposure while working at LLNL. Its class  
21 description was based on NIOSH's determination  
22 that all workers with potential for radiation

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1 exposure during the proposed SEC Class time  
2 were included in the external dose monitoring  
3 program, and that unmonitored workers had no  
4 potential for radiation exposure.

5 So NIOSH has determined, through  
6 the course of ongoing dose reconstruction,  
7 several issues which impact the previous  
8 Class. That monitoring records are not always  
9 complete for LLNL employees, the workers who  
10 may have been exposed to fission and  
11 activation products.

12 The existence or non-existence of  
13 Livermore monitoring records is not always an  
14 accurate indicator of potential radiation  
15 exposure during this time frame. In light of  
16 this, NIOSH is recommending a more broadly  
17 defined SEC Class.

18 NIOSH does not have access to  
19 sufficient personnel monitoring, workplace  
20 monitoring, or source term data to estimate  
21 potential internal exposures to fission and  
22 activation products, potentially received at

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1 Lawrence Livermore National Laboratory during  
2 the period January 1st, 1950 through December  
3 31, 1973.

4 NIOSH finds that it is not  
5 feasible to estimate, with sufficient  
6 accuracy, internal exposures to fission and  
7 activation products, resulting doses for the  
8 Class of employees covered by this evaluation.

9 Health endangerment is required. Evidence  
10 reviewed in this evaluation indicates that  
11 some workers in the Class may have accumulated  
12 chronic radiation exposures through intakes of  
13 fission and activation products.

14 Consequently, NIOSH is specifying  
15 that the health may have been endangered for  
16 those workers covered by this evaluation who  
17 were employed for a number of work days,  
18 aggregating at least 250 work days, within the  
19 parameters established for this Class, or in  
20 combination with work days within the  
21 parameters established for one or more other  
22 Classes with SEC.

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1           The feasibility of partial dose  
2 reconstructions. NIOSH found that it is not  
3 possible to completely reconstruct dose for  
4 the proposed Class. NIOSH intends to use any  
5 internal and external monitoring data that may  
6 become available in individual claims.

7           And that can be interpreted using  
8 existing NIOSH dose reconstruction processes  
9 and procedures. Therefore, dose  
10 reconstructions for individuals employed at  
11 LNL, during the period from January 1, 1950  
12 through December 31st, 1973, but who do not  
13 qualify for inclusion in the SEC, may be using  
14 these data, as appropriate.

15           So our recommendation is for the  
16 period January 1, 1950 through December 31st,  
17 1973, NIOSH finds that radiation dose  
18 estimates cannot be reconstructed for  
19 compensation purposes. So the feasibility for  
20 this period is no, with a health endangerment  
21 of yes.

22           So this essentially restates our

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1 proposed Class Definition.

2 CHAIRMAN MELIUS: Okay.

3 DR. GLOVER: Thank you very much.

4 CHAIRMAN MELIUS: Thank you, Sam.

5 Do we have a petitioner that is  
6 going to speak?

7 MR. KATZ: Possibly. So do we  
8 have a petitioner online, on the phone, for  
9 Lawrence Livermore National Lab?

10 (No response.)

11 CHAIRMAN MELIUS: Okay. Then do  
12 any of the Board Members have questions?

13 MEMBER BEACH: I just have a  
14 clarifying question. What happens to SEC-  
15 00092? It's Navy 314. Does it get absorbed?  
16 It looks identical. I'm just a little  
17 confused.

18 MR. RUTHERFORD: Actually, the  
19 SEC-00092, the original one, is actually  
20 encompassed into this new one now. So what we  
21 did was we recognized that the Class wasn't  
22 being implemented, could be implemented the

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1 way we had intended, and so we went back, did  
2 an 83.14 to modify, broaden that Class  
3 Definition to ensure that we didn't miss  
4 anyone.

5 MEMBER BEACH: So basically you  
6 changed the Class Definition. That's it.

7 MR. RUTHERFORD: That's exactly  
8 what we did, but we did it in the way that the  
9 SEC rule allows us to do it, and that was to  
10 do an 83.14.

11 MEMBER BEACH: Thank you.

12 CHAIRMAN MELIUS: How did you --  
13 I'm curious, or interested, more than just for  
14 this particular petition. How was this -- how  
15 did you discover that this Class Definition  
16 was not working? Cause you should not -- you  
17 should only be seeing non-SEC cancers;  
18 correct?

19 DR. GLOVER: That's correct. But  
20 some of the work titles, to lead forth, we  
21 clearly were having -- there were people who  
22 had monitoring, that we did not have

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1 monitoring records for. They were Class  
2 titles that would have been on site, doing  
3 work, and with the understanding that a 100  
4 percent of the people would have had  
5 monitoring at the time, if they were on site.

6 That wasn't always the case. It  
7 changed during different time frames. So we  
8 became better aware of different periods,  
9 where they did or did not monitor, supposedly  
10 everybody. It was clear we weren't getting  
11 all the records for some people.

12 CHAIRMAN MELIUS: Okay. So you  
13 found out, though, doing the non-SEC cancers.  
14 Would that be correct? So I guess my then  
15 question would be, there were probably a  
16 number of people that could have applied  
17 through the SEC route. Are we missing anybody  
18 that would -- that might apply to DOL, that  
19 might not have come over to NIOSH, for some  
20 reason, for dose -- or can we identify all the  
21 people that may have been rejected before this  
22 was discovered, I guess is my question?

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1                   MR. RUTHERFORD: I can kind a go  
2 through our process, what happens. When we  
3 send the claims back to the Department of  
4 Labor, the Department of Labor makes their  
5 determination as to whether they fit into the  
6 Class. So they would have been looking for  
7 monitoring records for those individuals, and  
8 then, when those claims come back to us for  
9 dose reconstruction, part of that process is  
10 we will, you know, not only look for  
11 monitoring records for individuals, even  
12 though we wouldn't expect monitoring records,  
13 we'd also look at job titles and such, and  
14 other information about that, for doing dose  
15 reconstruction.

16                   And in this case, as we were  
17 reviewing claims that came back, we recognized  
18 not only -- and if I remember correct, correct  
19 me if I'm wrong, Sam -- that if an  
20 individual's monitored and his dose is zero,  
21 they do not always indicate a record in his  
22 file. Am I correct?

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1 DR. GLOVER: That is correct.

2 MR. RUTHERFORD: And because of  
3 that, Department of Labor may not have -- they  
4 would not have known if the individual was  
5 monitored or not. We recognized this after  
6 the fact, and part of our process was to  
7 correct that problem.

8 CHAIRMAN MELIUS: Then my other  
9 question would be why could you not have used  
10 a definition of "monitored or should have been  
11 monitored"?

12 MR. RUTHERFORD: Okay. If you  
13 remember, a while back, we were using  
14 monitored or should have been monitored, and  
15 then the Department of Labor, over a period of  
16 time, determined that monitored or should have  
17 been monitored was hard for them to implement  
18 as well, because that lent subjectivity to it.

19 And so after that, we went to this  
20 -- we got rid of monitored or should have been  
21 monitored, and went to the "all employees"  
22 situation. Even though the statutory SECs

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1 identify monitored or should have been  
2 monitored. Even though that in order for the  
3 Department of Labor to implement this, it was  
4 easier for us to go to the "all employees."

5 And you're taking away my whole  
6 presentation for Thursday here!

7 (Laughter.)

8 CHAIRMAN MELIUS: Well, you should  
9 have gone first. Cause my next question I  
10 think is the obvious one, and maybe you can  
11 defer it till tomorrow, but is what about all  
12 the other Classes we've defined with "should  
13 have been monitored"?

14 MR. RUTHERFORD: And that is --

15 CHAIRMAN MELIUS: Are we going to  
16 go back?

17 MR. RUTHERFORD: We actually are  
18 going back and we are looking at all those,  
19 and part of my presentation on Thursday will  
20 be to discuss our approach. We did an  
21 internal assessment on how we define Classes,  
22 over time, from the beginning of our first SEC

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1 Class to the end. We've looked at how that  
2 has changed and we have noticed there has been  
3 changed, obviously.

4 We started out, if you remember  
5 back to Mallinckrodt, we did uranium  
6 enrichment division, and, you know, as part of  
7 our Class Definition. Then we went "monitored  
8 or should have been monitored." We got rid of  
9 that. We had building-specific SECs. And so  
10 we went back and we've looked at that, and so  
11 we've got a path forward and I'll talk a  
12 little bit about that Thursday.

13 CHAIRMAN MELIUS: Okay. I'll save  
14 my other questions until then. I don't want  
15 you to, you know, not have anything to answer.

16 Yes, Josie?

17 MEMBER BEACH: I actually have  
18 another questions for Sam. Why did you stop  
19 at seventy-three? Did the petition only go up  
20 to 73, or I wasn't able to find that, readily.

21 DR. GLOVER: Most of it would be  
22 in the previous 83.14 that we wrote. The

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1 other was not an 83.13. It was an 83.14. And  
2 we believe after that time period, that the  
3 radiation procedures, then the whole body  
4 counting facility was adequate to do dose  
5 reconstruction. Essentially, we're revising  
6 an existing SEC Class.

7 MEMBER BEACH: I believe the first  
8 one was the exact same date.

9 DR. GLOVER: It was exactly the  
10 same dates.

11 MEMBER BEACH: But I do know the  
12 testing went on for several years.

13 DR. GLOVER: Oh, we'd gone through  
14 1992 with the actual testing.

15 MEMBER BEACH: Right; okay.

16 CHAIRMAN MELIUS: Paul.

17 MEMBER ZIEMER: Actually, my  
18 question was the same one as your final one,  
19 but since you called on me -- I didn't put my  
20 flag down -- but let me do a slight follow-up.  
21 Maybe LaVon will be covering this.

22 But under this new definition,

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1 doesn't that open the door for compensation of  
2 individuals who have no access to the  
3 restricted areas, as opposed to the "monitored  
4 or should have been monitored approach,"  
5 realizing it may be hard for Labor to  
6 administer, but a difficulty in administering  
7 -- is that our criteria?

8 DR. GLOVER: In this case -- I'll  
9 speak to Livermore but you may speak for -- at  
10 Livermore, once you had access to a facility,  
11 you had a security badge, and you essentially  
12 had access to the Livermore. They didn't have  
13 significant access controls, once you were  
14 inside. So you could certainly reach -- he  
15 may speak to other site-specific problems --  
16 but at this facility, when you were issued a  
17 badge, you gained access to the site. You had  
18 broad-scale access.

19 MEMBER ZIEMER: Which then says  
20 you should have been monitored.

21 MR. RUTHERFORD: Now on the global  
22 issue of the -- how you define the Class, one

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1 of the parts, one of the things we have to do  
2 is we have to submit the Class definition to  
3 Department of Labor, to ensure that they can  
4 administer the Class, as written.

5 And, you know, at this time, when  
6 we submitted the "monitored," you know, they  
7 thought they could. But recognize that, you  
8 know, sometimes DOL may not even recognize  
9 that they can't administer the Class, as  
10 written. In this case, it was us. We're the  
11 ones that recognized that not all individuals  
12 are going to have a record that they were  
13 monitored, and because of that, they would be  
14 missed and in this situation.

15 And I think that we've got other  
16 ones that are coming up. Whenever we send a  
17 Class Definition to the Department of Labor,  
18 and we tell them a specific building, if they  
19 come back and tell us, well, you know, we  
20 can't put people in that building, then, in  
21 order for them to administer that Class, we  
22 broaden that Class Definition to allow them a

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1 method to administer that Class.

2 CHAIRMAN MELIUS: But  
3 hypothetically, with this particular  
4 situation, if it were monitored, or should  
5 have been monitored, would it be in effect the  
6 same as the definition you're proposing?

7 MR. RUTHERFORD: Yes, and I would  
8 have to ask Department of Labor to explain why  
9 "monitored or should have been monitored"  
10 didn't work, because I was -- you know, that's  
11 what we used for a while, but Department of  
12 Labor decided they didn't like that, and, you  
13 know, we just wanted to get the Classes  
14 through, so --

15 CHAIRMAN MELIUS: Jeff, are you  
16 here on Thursday, if we --

17 MR. KOTSCH: Yes.

18 CHAIRMAN MELIUS: I mean, I don't  
19 think it matters here. At least personally,  
20 that's my viewpoint, that it matters here, but  
21 I think in the broader sense, I think we need  
22 to come to some better understanding of this,

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1       which we talk about -- for those of you that  
2       are new to the Board, this is an issue of how  
3       to do the Class Definitions, and make them  
4       practical and workable, is something we've  
5       wrestled with, on and off, for many years, and  
6       keep -- you know -- it's difficult.

7                        Any other comments?

8                        Bob. Yes?

9                        MEMBER     PRESLEY:            Sam, you  
10                      mentioned that if they had a badge, that they  
11                      had access to the site. If you didn't have a  
12                      Q, or at least one of the immediate lower-  
13                      level badges, if you were uncleared, there was  
14                      a tremendous amount of sites out there you  
15                      couldn't go into, because that's where they  
16                      did the Classified work.

17                      So just having a badge would not  
18                      put you in any building out there.

19                      DR. GLOVER:     The issue is that  
20                      Livermore couldn't people in places. If you  
21                      asked Livermore what building they would have  
22                      worked in -- I agree with you -- you couldn't

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1 maybe go to all -- and certainly the Q  
2 clearance, who or what may have -- you know,  
3 what type of security credential they had.  
4 But Livermore cannot put them in a particular  
5 building, if we would try to associate --  
6 cause our initial 83.14 was building specific,  
7 and they just couldn't do it. That just  
8 wasn't something that was a path forward.

9 CHAIRMAN MELIUS: Phil.

10 MEMBER SCHOFIELD: Yes. Within  
11 the people were red-badged, uncleared people  
12 who were brought in, for various reasons, to  
13 some of these areas that were secured and  
14 Classified. And you would like to think there  
15 was always good documentation, these people  
16 having been there, but I don't really think,  
17 when you go back and look, a lot of that  
18 documentation is probably missing.

19 And so it is potentially, that  
20 some of these people were brought into some of  
21 these areas, and spent some time there.

22 CHAIRMAN MELIUS: Any further

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1 questions? Comments?

2 MEMBER RICHARDSON: Yes. This is  
3 Dave Richardson. I've got --

4 CHAIRMAN MELIUS: Anybody have one  
5 to make a, at least a preliminary motion on  
6 how we handle this particular one?

7 I'm sorry.

8 MR. RICHARDSON: Hello.

9 CHAIRMAN MELIUS: Yes. Hi.

10 MEMBER RICHARDSON: Hi. So one  
11 question is at what point do they --

12 CHAIRMAN MELIUS: Can you identify  
13 yourself, please.

14 MEMBER RICHARDSON: -- offer  
15 dosimeters into the security badges? Or did  
16 they not?

17 CHAIRMAN MELIUS: Could you please  
18 identify yourself.

19 MEMBER RICHARDSON: David  
20 Richardson.

21 CHAIRMAN MELIUS: Just for the  
22 court reporter. That was for the record.

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1 Okay, Dave.

2 DR. GLOVER: I'm sorry. I didn't  
3 catch the question.

4 CHAIRMAN MELIUS: I'm sorry. I  
5 interrupted. Could you repeat your question,  
6 David.

7 MEMBER RICHARDSON: Yes. You were  
8 drawing several distinctions, and one of them  
9 was the contention that for these workers, the  
10 distinction between should have been  
11 monitored, and including everybody, regardless  
12 of monitoring status, is inconsequential.

13 So my first question is: Did they  
14 ever institute sitewide monitoring? That is,  
15 did the security badge have a dosimeter  
16 incorporated into it?

17 DR. GLOVER: It's actually fairly  
18 complicated, because University of California,  
19 when you get into the University of California  
20 system, if you were at UC-Berkeley, you could  
21 enter the Livermore complex with your badge.  
22 Your security credential could get you on

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1 site. You could have different levels of --  
2 so it has changed a lot, over time. We're  
3 talking about some of the early years. So it  
4 can be a very complex situation when you're  
5 talking about try to identify via security  
6 badge or the exact badging.

7 And also we have an issue with  
8 what materials we get as a function of our  
9 current status. We don't get the monitoring  
10 records for some of these people, even though  
11 they were monitored, if they had a zero on  
12 their badge, which would indicate a presence  
13 on the facility, that they were in a badge  
14 status, we don't always -- we don't get that  
15 for everybody. So that's a deficiency we're  
16 trying to correct.

17 MEMBER RICHARDSON: When you're  
18 saying they got a zero, you mean if they were  
19 monitored, they were issued a personal  
20 dosimeter, and the reading was below a  
21 detection limit, and a zero was recorded, you  
22 don't receive those records. Is that the

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1 issue?

2 DR. GLOVER: Yes; that's true.

3 MEMBER RICHARDSON: Is that just  
4 an issue of recording or is that that there  
5 are proprietary reasons between the State of  
6 California and the DOE?

7 DR. GLOVER: No. This was how  
8 they implemented their database. They chose  
9 not to record it.

10 MEMBER RICHARDSON: So it's just a  
11 recording issue. It's not that you don't have  
12 access to some information?

13 DR. GLOVER: Yes; that's correct.

14 MEMBER RICHARDSON: Okay. Another  
15 question was you said that records are not  
16 complete for some workers, and, to me, that  
17 could mean two things. That one could be that  
18 episodically, as you're saying, somebody,  
19 during one badging cycle has a zero and you  
20 don't receive a record for that, and yet you  
21 would -- over their work history, it's  
22 possible that they -- you do have some

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1 information. The other way that information  
2 could be not complete would be that some  
3 workers are completely missing dosimetry  
4 information altogether.

5 DR. GLOVER: In this case -- I'm  
6 sorry. I was going to say in this case, it's  
7 because they could not be placed in the  
8 facility. They're missing -- they were  
9 clearly a worker who would have been  
10 monitored. Their only job function could have  
11 been at the facility, they were a machinist or  
12 whatever, and they have no monitoring records  
13 in periods where they should have had a 100  
14 percent of monitoring at Livermore.

15 So it's the latter, where you have  
16 no monitoring, which it causes our Class -- if  
17 we had the other monitoring records, we would  
18 have placed them on the facility and then it  
19 would have just dealt with an incomplete  
20 record. In this case, it's not providing a  
21 record of evidence that they were monitored,  
22 which we're trying to correct here.

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1                   MEMBER RICHARDSON:   And you think  
2                   that's arising -- why?   It's still not clear  
3                   to me.   Was your explanation entirely that  
4                   these are zero -- that these are -- there are  
5                   no dosimetry records?

6                   DR. GLOVER:   I don't know --

7                   MEMBER RICHARDSON:   Or is it that  
8                   you're missing -- that there's some place  
9                   there are boxes of dosimetry records that you  
10                  don't have access to?   Because we've had --  
11                  I've experienced both of those before.

12                  You know, the people have found  
13                  lost records, for example.

14                  MR. RUTHERFORD:   Dr. Richardson,  
15                  this is LaVon Rutherford.   I believe the fact  
16                  is, is that whenever they were below the  
17                  detection limit, they were just not recorded,  
18                  and so we do not get that recording for those  
19                  individuals.   That's the only evidence we have  
20                  right now.

21                  We don't have any other evidence  
22                  of lost records in that manner.

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1                   MEMBER RICHARDSON:   And you don't  
2   have -- and this was systematically.  So even  
3   going back to dosimetry log books, there's not  
4   some place they haven't recorded, that they  
5   ran that dosimeter?

6                   MR.       RUTHERFORD:           And    the  
7   difficulty here, though, I mean, even if you  
8   go back into dosimetry log books, and you're  
9   implementing a Class here -- remember, we're  
10  asking the Department of Labor to implement  
11  this Class, and we would have to ask the  
12  Department of Labor to go back and look at log  
13  book records to make determination as to  
14  individuals fitting into the Class, or not,  
15  and --

16                   MEMBER RICHARDSON:  Yes.

17                   MR.       RUTHERFORD:   That's where the  
18  difficulty is.

19                   MEMBER RICHARDSON:   Well, but I  
20  mean, you know, that's not an impossibility --  
21  I mean, cause what you're proposing instead is  
22  that all librarians, cafeteria workers,

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1 everybody gets entered in that Class because  
2 Department of Labor doesn't want to go into  
3 the quarterly log books.

4 MR. RUTHERFORD: If those  
5 quarterly log books exist. Well, I can't  
6 speak for the Department of Labor but I can  
7 tell you that is a monumental task.

8 MEMBER RICHARDSON: Yes. I  
9 understand.

10 CHAIRMAN MELIUS: Any other --

11 MEMBER RICHARDSON: Thank you.  
12 That helps me understand the meaning of the  
13 gaps.

14 CHAIRMAN MELIUS: Any other  
15 questions or comments?

16 (No response.)

17 CHAIRMAN MELIUS: We need a  
18 motion. It's a preliminary motion because we  
19 haven't got -- we need to do a final one on  
20 Thursday, I believe. But we will entertain a  
21 preliminary one, since you volunteered.

22 MEMBER ANDERSON: Without knowing

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1 exactly what you need, I would say we put -- I  
2 would propose that we would adopt the -- or  
3 accept the change in the Class Definition.

4 PARTICIPANT: Second.

5 MEMBER ANDERSON: As proposed.

6 CHAIRMAN MELIUS: Any discussion?

7 (No response.)

8 CHAIRMAN MELIUS: All in favor say  
9 aye.

10 (Chorus of ayes.)

11 CHAIRMAN MELIUS: Opposed?

12 Abstain? Good.

13 MEMBER ANDERSON: Do I need to do  
14 anything more?

15 CHAIRMAN MELIUS: Not yet but  
16 we'll be thinking about that.

17 MEMBER ANDERSON: Okay. Wednesday  
18 night, I have to write something.

19 CHAIRMAN MELIUS: Yes. Do you  
20 want to do a roll call, or --

21 MR. KATZ: I think we've always  
22 had a tradition of doing this by roll call,

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1       though it sounded unanimous to me.   But let's  
2       just do that for tradition's sake.

3               Anderson.

4               MEMBER ANDERSON:   Yes.

5               MR. KATZ:   Beach.

6               MEMBER BEACH:   Yes.

7               MR. KATZ:   Clawson.

8               MEMBER CLAWSON:   Yes.

9               MR. KATZ:   Field.

10              MEMBER FIELD:   Yes.

11              MR. KATZ:   Gibson.

12              MEMBER GIBSON:   Yes.

13              MR. KATZ:   Griffon.

14              MEMBER GRIFFON:   Yes.

15              MR. KATZ:   Lemen.

16              MEMBER LEMEN:   Yes.

17              MR. KATZ:   Lockey.

18              MEMBER LOCKEY:   Yes.

19              MR. KATZ:   Melius.

20              CHAIRMAN MELIUS:   Yes.

21              MR. KATZ:   Munn.

22              MEMBER MUNN:   Yes.

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1 MR. KATZ: Poston. Oh, I'm sorry.

2 Poston is abstained.

3 MR. KATZ: Presley.

4 MEMBER PRESLEY: Yes.

5 MR. KATZ: Richardson.

6 MEMBER RICHARDSON: Yes.

7 MR. KATZ: Roessler.

8 MEMBER ROESSLER: Yes.

9 MR. KATZ: Schofield?

10 MEMBER SCHOFIELD: Yes.

11 MR. KATZ: And Ziemer.

12 MEMBER ZIEMER: Yes.

13 MR. KATZ: It's unanimous.

14 CHAIRMAN MELIUS: Okay. For those  
15 of you who are new on the Board, we usually  
16 get a volunteer. It used to me. I  
17 occasionally get Jim Lockey and others to do  
18 it -- to write the formal letter that goes to  
19 the Secretary, that includes the rationale for  
20 our approval, or our recommendation, and so  
21 we'll figure that out before Thursday.

22 This one's actually easy cause

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1 it's copying the old letter off the website;  
2 one minor change. But anyway, we'll figure  
3 that out.

4 And welcome back Dr. Poston.

5 Our next petition, Santa Susana.  
6 Lara. Okay, Lara.

7 DR. HUGHES: Thank you, Dr.  
8 Melius. Good afternoon. I'm here to present  
9 on behalf of NIOSH, an SEC petitioner  
10 evaluation for Area IV of the Santa Susana  
11 Field Laboratory. This is a petition that was  
12 submitted to NIOSH under paragraph 18-14, by a  
13 petitioner whose dose could not be  
14 reconstructed by NIOSH, and this petition  
15 evaluation also considered a Class of worker  
16 similar to the petitioner, as given by the  
17 rule. This petition was received by a  
18 petitioner for whom NIOSH was unable to obtain  
19 sufficient information to complete a dose  
20 reconstruction for the existing claim.

21 Therefore, on November 19th --  
22 actually, two claimants in this case were

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1 notified that a dose reconstruction could not  
2 be completed, and Special Exposure Cohort  
3 Petition form was solicited from the  
4 petitioners, and NIOSH actually received two  
5 petitions for this one.

6 They were submitted to NIOSH on  
7 November 27th and December 7th, respectively,  
8 of last year.

9 The evaluation process is a two-  
10 prong test that consists of a feasibility  
11 determination, whether or not dose  
12 reconstruction is feasible, followed by a  
13 health endangerment determination.

14 As you know, there's already an  
15 existing SEC Class for Area IV Santa Susana  
16 Field Laboratory. This Class was added to the  
17 SEC effective July 18 of last year, and it  
18 encompasses all employees of the Department of  
19 Energy, its predecessor agencies, DOE  
20 contractors, subcontractors, who worked in any  
21 area of Area IV of the Santa Susana Field  
22 Laboratory for a number of work days,

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1 aggregating at least 250 days from January  
2 1st, 1955 through December 31st, 1958.

3 Now the rationale for recommending  
4 an additional Class is that, as you know, the  
5 Santa Susana Work Group has been active, and  
6 NIOSH has been actively pursuing data capture  
7 at this site, and doing additional research  
8 into the monitoring situation of the site.

9 And what we have found is that  
10 there was a significant unmonitored worker  
11 population at this site, that had a potential  
12 for exposure, and for this reason, in such  
13 cases what NIOSH does is develop coworker  
14 models to assign doses to unmonitored workers.

15 The reason these unmonitored workers had an  
16 exposure potential was that there were limited  
17 access restrictions in Area IV. When the  
18 worker was located in Area IV, they could  
19 enter any building. And there were also  
20 several incidents at the site where releases  
21 were not very well documented, that could have  
22 posed an exposure potential to workers.

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1                   Now fortunately, the site actually  
2                   had databases that contained the entirety of  
3                   the monitoring data, and that is what NIOSH  
4                   uses to construct these coworker models.  
5                   Unfortunately, these, upon further analysis of  
6                   this database, NIOSH found that prior to 1965,  
7                   this database contained missing positive data  
8                   points. This is for internal data.

9                   And the way this was presented in  
10                  the databases was that there was just a plus  
11                  sign entered instead of the actual bioassay  
12                  result, and NIOSH has been unable, during our  
13                  data captures, to find any values that would  
14                  go with these entries. So the data that is  
15                  available is not suitable to develop a  
16                  internal coworker dose model for these years,  
17                  ranging from 1959 through 1964, which is the  
18                  NIOSH-proposed Class in this case.

19                  Very briefly, the site history.  
20                  Santa Susana Field Laboratory consists of a  
21                  2,800 acre site located in the Simi Hills,  
22                  Ventura County, appropriately 30 miles

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1 northwest of Los Angeles, and the site is  
2 divided into four administrative and  
3 operational areas, Area I through IV.

4 The DOE nuclear operations were  
5 limited to the Area IV, and this is what is  
6 currently the covered part of the site. Under  
7 this program, Area IV was established in 1953.

8 It was established and being developed. In  
9 1955, it started nuclear operation, and the  
10 company that was operating it was called  
11 Atomics International. There is also a part  
12 of the site, the larger part, Areas I through  
13 III, and part of Area IV, that did rocket  
14 testing under a company named Rocketdyne,  
15 which both, Atomics International and  
16 Rocketdyne were owned by a parent company,  
17 North American Aviation.

18 Those two entities merged in '84  
19 and became part of Rockwell International, and  
20 currently, the site is owned by Boeing since  
21 1966.

22 The site operations consisted of

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1 nuclear reactor development. That went on  
2 from 1955 through 1980. Overall, about ten  
3 experimental reactor types were developed and  
4 operated, in addition to several criticality  
5 test facilities.

6 In addition, there were nuclear  
7 support operations, anything from reactor fuel  
8 manufacturing, reactor disassembly,  
9 radioactive source production, fuel  
10 reprocessing experimentations, and preparation  
11 of waste for disposal.

12 Additionally, there were some non-  
13 nuclear operations that were related to  
14 activities such as liquid metal technology  
15 development. The information that is  
16 available for NIOSH dose reconstruction  
17 consists of the technical information  
18 bulletins and Site Profile information, case  
19 files that are available in the NIOSH  
20 database, and the NIOSH site research  
21 database, which is the collective database for  
22 all information that NIOSH has collected on

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1 the site.

2 The information was gathered  
3 through data capture visits to the site Area  
4 IV. I think there were four or five site  
5 visits in the last two years. Also NIOSH  
6 looked at the records available at the Federal  
7 Records Center in San Bruno as well as DOE and  
8 NRC electronic databases, and also contacted  
9 the State of California for information.

10 Additionally, any documentation  
11 that was submitted by the petitioners in the  
12 form of affidavits or documents were reviewed.

13 Several interviews with former Area IV  
14 workers were conducted. The Comprehensive  
15 Epidemiologic Data Resource Database was  
16 consulted as well as scientific publications.

17 Now the site did have internal  
18 monitoring data, starting in 1958, in form of  
19 urine bioassay that was available for, of  
20 course, alpha, gross beta emitters, some  
21 uranium mixed fission products, in rare cases,  
22 plutonium, thorium and polonium. I say in rare

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1 cases. For the early years and later years,  
2 they had a much more comprehensive internal  
3 dosimetry program.

4 Now the internal monitoring  
5 program at the site was limited to radiation  
6 workers working with unencapsulated material,  
7 and this was a judgement call made by the  
8 health physics department, and overall, the  
9 database that I have mentioned, contained over  
10 100,000 internal data points that are  
11 available for internal monitoring, in the  
12 years between 1959 and 1999.

13 Again, NIOSH has determined that  
14 this radionuclide intake potential existed for  
15 unmonitored workers at the site, workers that  
16 were not part of the internal program, and  
17 therefore NIOSH is developing, is currently in  
18 the process of developing a coworker model.

19 However, the bioassay database  
20 received from the site contains missing  
21 positive data up to the year 1955, and  
22 therefore NIOSH is unable to bound internal

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1 doses for coworker, in form of a coworker  
2 model before the year 1965.

3 By 1965, and after, the internal  
4 database is complete and sufficient to  
5 construct a coworker model.

6 The external monitoring situation  
7 is better. Data is available for all years of  
8 site operation at the site. Again, the  
9 external monitoring was assigned based on job  
10 exposure potential. The form of external  
11 monitoring was in the form of beta-gamma, a  
12 pocket or pencil dosimeters, film dosimeters,  
13 or TLD, depending on what year you look at.  
14 Neutrons were monitored using NTA film, and  
15 overall, 4,665 individuals were enrolled in  
16 the external dosimetry program between the  
17 years of 1955 and 1999.

18 And NIOSH was able to use the data  
19 that is available in the form of a database to  
20 develop a coworker model to assess doses to  
21 unmonitored workers, and this has been  
22 published in the Technical Information

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1 Bulletin 77.

2 In conclusion, NIOSH lacks  
3 sufficient monitoring process or source  
4 information for various nuclear research  
5 operations in order to estimate internal  
6 radiation doses to Area IV Santa Susana Field  
7 Laboratory employees for the period of January  
8 1st, 1959 through December 31st, 1964, and  
9 NIOSH believes that it has sufficient data to  
10 reconstruct external doses to all workers at  
11 the site.

12 NIOSH will use individual personal  
13 monitoring data for partial dose  
14 reconstructions as appropriate.

15 NIOSH has also determined that it  
16 is not feasible to estimate internal radiation  
17 doses with sufficient accuracy, and that the  
18 health of the covered employees may have been  
19 endangered.

20 The evidence indicates that  
21 workers in the Class may have accumulated  
22 intakes of uranium, mixed fission products,

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1 and other radionuclides during the period from  
2 January 1st, 1959 through December 31st, 1964.

3 And therefore, in summary, NIOSH  
4 proposes that from the year 1958 through 1964,  
5 internal radiation dose reconstruction for all  
6 radionuclides is not feasible. However, dose  
7 reconstruction is feasible from 1965 through  
8 the present, and external dose reconstructions  
9 is also feasible.

10 So in conclusion, the proposed  
11 Class Definition is all employees of the  
12 Department of Energy, its predecessor  
13 agencies, and contractor and subcontractors,  
14 who worked in any area of Area IV of the Santa  
15 Susana Field Laboratory from January 1st, 1959  
16 through December 31st, 1964, for a number of  
17 work days, aggregating at least 250 work days,  
18 occurring either solely under this employment  
19 or in combination with work days with the  
20 parameters established for one or more other  
21 Classes of employees included in the Special  
22 Exposure Cohort.

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1                   And again, NIOSH recommends that  
2                   for the period January 1st, 1959 through  
3                   December 31st, 1964, radiation doses cannot be  
4                   reconstructed for compensation purposes, and  
5                   that concludes my presentation.

6                   CHAIRMAN MELIUS:       Okay.       Thank  
7                   you, Lara. Why don't we hear from the  
8                   petitioners. Then we can ask questions, and  
9                   gather information. I actually believe the  
10                  petitioner for the -- if I understand it  
11                  right, from what Ted told me -- the 83.14  
12                  petitioner is not going to speak. But there  
13                  is another active petition there that dealt  
14                  with the earlier time period, and other time  
15                  periods, and so we will hear from that one. A  
16                  bit confusing. And then we'll ask questions,  
17                  I think after.

18                  MS. KLEA:       Good afternoon. I'm  
19                  Bonnie Klea, petitioner for the Santa Susana  
20                  Field Lab, and thank you, everyone, for coming  
21                  back to Southern California. It's really  
22                  interesting for me to be here before the

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1 Board, and to see how it works. Thank you for  
2 everyone who helped work on the Santa Susana  
3 petition.

4 I have some visuals that I'm going  
5 to pass around for you to look at, and then  
6 I'm going to discuss them. As you know, we  
7 had a sodium reactor that failed, and this is  
8 one of its kind. In June of 1959, there's a  
9 picture of the sodium reactor and the story  
10 about how it reached a record steam heat,  
11 never before reached, and what people didn't  
12 know, in July of that year, it was diagnosed  
13 as having a third of the fuel rods melted.  
14 That was our meltdown.

15 Here is another picture, and it  
16 shows the workers trying to diagnose the  
17 situation with the SRE. They knew they had a  
18 big, big problem and they didn't know yet  
19 exactly what happened.

20 You can see they're laying on top  
21 of the reactor without a respirator. They put  
22 down sheets of plastic and when the plastic

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1 would get really contaminated, they'd throw it  
2 away.

3 So it shows you how lax the  
4 protection was. So I'll just pass that  
5 around. Also I have something to pass around.

6 Now you have a copy of this in the handout I  
7 gave you. It's behind my comments. And you  
8 can ignore my comments because I've already  
9 changed them. But this shows how small the  
10 DOE area was.

11 And this used to be all of  
12 Rocketdyne and Area IV, where this is Area IV  
13 today, you can see in 1956, that it was just a  
14 smidgen of that area. So we had existing  
15 Rocketdyne workers who were already there. We  
16 had maintenance people and firemen who did  
17 support services and they can't get paid  
18 because they're listed as being in Area III.

19 So if you want to pass that  
20 around, it shows you the site today which is  
21 just another visual of that. It shows in 1956  
22 and you have a copy of that.

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1           Also you have a visual on your  
2 table of SNAP-10A. Now I don't know if you  
3 knew that Santa Susana sent a reactor into  
4 space, it was SNAP-10A and it was launched by  
5 the Rocketdyne engine. So we had the  
6 Rocketdyne workers and the Atomics  
7 International workers working side by side,  
8 yet we are not able to get the Rocketdyne  
9 workers compensated. They either are short a  
10 few days, or there are big problems. And one  
11 is the boundaries, and one is we had  
12 Rocketdyne and we had Atomics International  
13 workers.

14           So now I have my notes and they're  
15 a mess, so bear with me.

16           Anyway, Atomics International  
17 consisted of four sites, Santa Susana, Canoga,  
18 Downey and De Soto, and they were all covered  
19 under one monitoring program, and we had the  
20 workers rotating constantly. So many of them  
21 won't get paid if only SEC is passed for Santa  
22 Susana. We need De Soto and we need Canoga

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1 and Downey.

2 We need those SECs passed also  
3 because we had one monitoring program, because  
4 some of the firemen worked six months on and  
5 six months off.

6 We had ten experimental reactors  
7 at Santa Susana, four suffering very serious  
8 problems. In March of 1959, AE6 had a large  
9 failure and exposure to every worker in the  
10 building, and they had to open the doors to  
11 help lower the readings inside the building,  
12 and so then after that, it was a lesson. They  
13 wrote procedures that they had to wear full  
14 protective gear inside the building.

15 In July of 1959, the SRE was  
16 diagnosed as having a very large meltdown.  
17 Thirteen out of 43 fuel rods had complete and  
18 total melting and it's documented. You can  
19 look it up on the internet. We were on the  
20 History Channel.

21 And I'm working very closely with  
22 a man who was there and he actually took the

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1 picture of the workers laying down on the  
2 reactor, and his story was that they knew  
3 something bad had happened. After you read  
4 that story about reaching a level never  
5 attained before -- they had melted the fuel  
6 rods -- and he said, you know, the management  
7 were pacing and were nervous, and then they  
8 found out that all the workers that were there  
9 at that time had to go home for two weeks.  
10 They had maximum exposure.

11 And what they did is they rounded  
12 up all the workers who were in the Rocketdyne  
13 Site and brought them in. They did not have  
14 security clearance but they had to go behind  
15 the reactor, bypass the guard gate and come in  
16 and help.

17 When the workers were done with  
18 their two weeks, they came back and they  
19 observed that behind the reactor, the building  
20 had been cleaned out. All the files, log  
21 books, clothes, desks, chairs--everything was  
22 laying out back. And that's also where they

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1 put the plastic sheeting. When it got hot,  
2 they threw it out back.

3 Then the SNAP-10ER in 1964. It  
4 ran for 64 and 65. When they shut it down, 80  
5 percent of the fuel rods had cracked cladding  
6 and a large tritium plume was suspected to  
7 have been released at that time. Later, in  
8 1968, SNAP-10DR failed. They had 72 fuel rods  
9 that had cracked cladding.

10 So my data show that we have a  
11 lack of internal monitoring that's been  
12 recognized by Boeing, EPA, in the DOE Tiger  
13 Team report through the whole work history,  
14 not just stopping at 64 or 65. Boeing stated,  
15 in 1997, that the UCLA worker study was  
16 unreliable because there was a lack of  
17 internal monitoring records.

18 EPA and DOE wrote their criticisms  
19 in 1989. These findings dispute NIOSH's  
20 opinion that, after 64, they had adequate  
21 records to do dose reconstruction.

22 The workers from the SRE told me

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1 that they had to relinquish their badges, and  
2 because it was so hot, they were put in a lead  
3 safe while the workers were--this is the story  
4 of many of the workers on other projects also.

5 They did not wear their badges because they  
6 did not want to have to go on leave, lose  
7 their job because of overexposure.

8 Also SC&A found poor quality of  
9 the monitoring data, and the workers  
10 testified--I already told you that they had to  
11 remove their badges. We also have missing  
12 records.

13 Now NIOSH also states that Area  
14 IV, and other areas were separate and  
15 distinct. Now I don't know if I would  
16 consider this separate and distinct.

17 If you see that little map I gave  
18 you, this was only the DOE area. The rest of  
19 it was already occupied by the Rocketdyne  
20 workers. Is across the road separate and  
21 distinct? I don't think so.

22 Also I have written testimony from

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1 workers in Area I, that they had fallout of  
2 the sodium during the 1959 accident, and the  
3 company had to pay to repaint their car. So I  
4 know it went far and wide.

5 Now this is the community's  
6 reservoir, drinking water reservoir and I know  
7 I've pointed this out before. But it was  
8 closed in 1969, and we have records that the  
9 radiation measurements in that reservoir were  
10 six times higher than the water that was being  
11 piped in.

12 We also had a big problem of work  
13 areas. We have the support staff already  
14 here. The firemen and the maintenance workers  
15 worked in Area IV. We're having a very hard  
16 time to get them compensated because the whole  
17 hill was developed and staffed by NASA, DoD,  
18 and Navy workers, and I know that it's been  
19 difficult to distinguish who worked for which  
20 agency.

21 Then also I think I mentioned that  
22 Boeing said that the worker locations were not

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1 noted in their records. They had a code. So  
2 many projects required that Rocketdyne and DOE  
3 workers work side by side and one of them is  
4 that SNAP reactor which I mentioned. It was a  
5 small reactor and needed the rocket engines to  
6 propel it.

7 Also I would like to ask the Board  
8 that my petition be evaluated after 65. I've  
9 only had an evaluation through 65 and I think  
10 that the evidence shows that, even through the  
11 period of 88 and the residual clean-up period,  
12 that there were still poor records and  
13 exposures. Okay. Poor monitoring records,  
14 poor internal monitoring.

15 And so I would like to ask that my  
16 petition be evaluated again for the later  
17 years. I think I've covered everything. Does  
18 anyone have any questions?

19 CHAIRMAN MELIUS: Any questions?

20 Yes, Brad.

21 MEMBER CLAWSON: How did they  
22 distinguish the boundaries between the DOE

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1 facilities and the other Rocketdyne? Did they  
2 have fences? Was it plexiglass?

3 MS. KLEA: No. No fences, and if  
4 you asked the workers what area they worked  
5 in, they would say, what are you talking  
6 about? They had no idea, which area they  
7 worked in. You know, even the nuclear  
8 workers, they didn't know exactly, and if you  
9 look at that little--at some of the stuff I  
10 passed around, you know, this was just a  
11 little tiny area and then gradually the  
12 reactors spread and they built next to Area  
13 III Rocketdyne workers, and no one knew  
14 boundaries. I don't even know when the  
15 boundaries changed after that little portion  
16 in 1956 was identified.

17 We are missing an awful lot of  
18 information, a tremendous amount, but we still  
19 have a few workers who were there at that  
20 time, and they've given a wealth of  
21 information. So that is a good question: When  
22 did those boundaries change? And I'm working

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1 with EPA, and I have for ten years, and they  
2 have, under a lawsuit, have been getting new  
3 information from Boeing and we are currently  
4 doing a new site assessment for residual--or  
5 not residual radiation--we're looking at  
6 background and it's in a huge cleanup right  
7 now.

8 So it's really under a magnifying  
9 glass, right now, with EPA, and hopefully  
10 we'll have more information about the  
11 background, and to know, really, what's there  
12 that shouldn't be there, that was manmade and  
13 not natural.

14 MEMBER CLAWSON: Thank you.

15 CHAIRMAN MELIUS: Dr. Ziemer.

16 MEMBER ZIEMER: I'm trying to  
17 understand--and this might be a question for  
18 NIOSH staff and, perhaps partially, Department  
19 of Labor as well, but aside from the boundary  
20 issue, there clearly must have been support  
21 staff who--maybe firemen and others--who  
22 worked in all the areas, including Area IV.

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1 But under our present Classification, or under  
2 the newly proposed one, how are such people  
3 treated?

4 For example, on the 250-day issue,  
5 is that weighted for the amount of time they  
6 would have spent, under the current  
7 definitions, in Area IV? Or if they were  
8 employed by the Agency for 250 days, is that  
9 distinction made? This may have been covered  
10 before but I just don't remember how that's  
11 handled.

12 MR. RUTHERFORD: I think it's a  
13 department--this is LaVon Rutherford.

14 MEMBER ZIEMER: I know it's a  
15 Department of Labor issue, but I'm trying to  
16 get a feel for--because it also carries over  
17 into the Class Definition of--is it only  
18 people who had an assignment to Area IV, or  
19 anyone who worked there part of the time?

20 CHAIRMAN MELIUS: Jeffrey.

21 MR. KOTSCH: Jeff Kotsch,  
22 Department of Labor. As in most cases, it

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1 would be case by case. It would have been a  
2 determination to determine if the records  
3 indicated that there were days of employment  
4 in Area IV. That's to the best that we could.

5 MS. KLEA: I'd like to make a  
6 comment. The claims that I've been reviewing  
7 show no work location is known. They have all  
8 of the 50s and early 60s for individual  
9 workers with no worker location. So instead  
10 of assuming they were in Area IV, they assumed  
11 they weren't.

12 MEMBER ZIEMER: You're talking  
13 about the support workers--

14 MS. KLEA: Yes.

15 MEMBER ZIEMER: --other than  
16 people who were actually assigned to Area IV?

17 MS. KLEA: Yes, especially the  
18 maintenance workers, which you know they do  
19 the dirtiest--

20 MEMBER ZIEMER: Understand.  
21 Right, right.

22 MS. KLEA: They're the ones that

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1 are being hurt the worst. They were already  
2 there and they served the whole hill. They  
3 have no work locations, it's just a blank,  
4 and--

5 MEMBER ZIEMER: Right. That's  
6 what I was trying to understand, if there is  
7 in fact a way that Department of Labor, other  
8 than perhaps individual records of--or  
9 interviews or whatever, whether that would be  
10 established in some way. I suppose it would  
11 be unreasonable to think they spent 100  
12 percent of their time in Area IV, but if you  
13 can't identify it, maybe you have to assume  
14 that.

15 MS. KLEA: No, and I don't know of  
16 any maintenance worker or fireman who's alive.

17 All the firemen families--the firemen died of  
18 glioblastoma, and that's a big issue that I'm  
19 hoping gets resolved when we tie in the De  
20 Soto facility, because they were moving around  
21 to all the facilities. So that is the big  
22 problem, is where did they work, and I have

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1 just dozens of claims where there's a big  
2 blank space. They may have ended up maybe in  
3 64-65 in Area IV, but every time period from  
4 the 50s, before that is a blank space.

5 CHAIRMAN MELIUS: Jeff, do you  
6 have other comments to say or you're just  
7 waiting --

8 MR. KOTSCH: No, I mean that --

9 CHAIRMAN MELIUS: Okay.  
10 Josie.

11 MEMBER BEACH: I know we do have a  
12 petition for Canoga--

13 MS. KLEA: Canoga.

14 MEMBER BEACH: Do we have a  
15 petition currently for De Soto? I haven't  
16 seen one, or don't remember.

17 MS. KLEA: I understand it's in  
18 the works.

19 MR. RUTHERFORD: We are working  
20 right now on 83.14s for De Soto and Downey.

21 MEMBER BEACH: Thank you..

22 MS. KLEA: Thank you on behalf of

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1 the workers.

2 CHAIRMAN MELIUS: Phil first and  
3 then I have a question.

4 MEMBER SCHOFIELD: I've just got  
5 one quick question. In the records research,  
6 have they been able to go into the badging, to  
7 see how many of these people were badged for  
8 multiple areas? I mean, if they're going to  
9 try and define Area IV, or which area, some  
10 people would have been badged, obviously, for  
11 all areas.

12 MS. KLEA: I don't know how that  
13 worked, and I don't know if SC&A's been able  
14 to uncover that information. From what I  
15 found out, it was very loose up there. I  
16 mean, I had a Q clearance when I worked in  
17 Area IV but I had no restrictions. You know,  
18 I was just given a car by the Agency, driving  
19 around, delivering paychecks, doing anything.

20 And there were no restrictions and of course,  
21 as a secretary, I didn't know what they were  
22 doing and I was not trained to beware of this

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1 sign or that sign. So it was loose.

2 CHAIRMAN MELIUS: We also have a  
3 Work Group on the Santa Susana Site, and then  
4 also I believe ongoing activity from SC&A. So  
5 it might be helpful, because this is somewhat  
6 confusing even to those of us who've been on  
7 the Board a long time and you've raised some  
8 good questions about how we pull all this  
9 together in here.

10 MS. KLEA: Difficult.

11 CHAIRMAN MELIUS: Mike Gibson is  
12 the Chair. Are you still on the phone, Mike?

13 MEMBER GIBSON: Yes, Mr. Chairman,  
14 and if I could comment. You know, when I  
15 toured the site, it is just one big site and  
16 there's no, really, distinguishing anything  
17 that lets you know if you're in Area I, II,  
18 III or IV. Just our tour guide had to tell  
19 us, you know, now we're entering Area IV. But  
20 there were clearly contaminated areas outside  
21 of Area IV. I asked a question, how could  
22 they determine when workers, who may have

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1 primarily been assigned to other areas, were  
2 transferred to Area IV and they had no answer.

3 So, you know, while I appreciate  
4 NIOSH expanding its Class somewhat, I  
5 personally believe we just really have a lot  
6 more work to do, and look at some of the areas  
7 outside of Area IV.

8 CHAIRMAN MELIUS: Okay.

9 MS. KLEA: Thank you, Mike.

10 CHAIRMAN MELIUS: John, do you  
11 want to say anything about the current status  
12 of SC&A activities?

13 DR. MAURO: This is John Mauro  
14 with SC&A. SC&A reviewed, originally, the  
15 Site Profile, and then of course we requested  
16 to review the Evaluation Report with respect  
17 to Area IV. We identified a list of issues.  
18 With respect to the SEC, I recollect one issue  
19 in particular but there may be more and what I  
20 could add to is that one of our major concerns  
21 was, at the time, the bioassay data appeared  
22 to be limited beyond--and it was after 1958,

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1 which was the original boundary, we were  
2 concerned that the bioassay data was still  
3 quite limited, well into the 1960s.

4 We also, I recall, had some  
5 concerns about the definition, in terms of  
6 when we reviewed the Site Profile and the ER;  
7 were we dealing only with Area IV, or are we  
8 dealing with other areas related to that.

9 And I believe during the process,  
10 it became clear that our concerns at that  
11 time, that we were dealing--SC&A was dealing  
12 with, was Area IV. So, unfortunately, our  
13 point of contact that led this effort, Greg  
14 Beronja, is not here today to perhaps give a  
15 little bit more detail, but a summary of all  
16 of our findings regarding both our Site  
17 Profile Review, and our Evaluation Report  
18 review, should be available on the Web. I  
19 haven't looked at it in some time.

20 CHAIRMAN MELIUS: LaVon. Go  
21 ahead.

22 MR. RUTHERFORD: Yes. I just

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1 wanted to point out our responsibility is to  
2 evaluate what is considered the designated  
3 facility under the DOE facility database and  
4 so that is Area IV. The Department of Labor  
5 makes that determination for DOE sites and  
6 that's what we evaluated.

7 Now during our process, if we  
8 uncover information that we think may--that  
9 Department of Labor needs to look at, or  
10 Department of Energy needs to look at because  
11 of potential changes in covered periods,  
12 covered activities, we provide that to  
13 Department of Labor, Department of Energy but  
14 our evaluation process solely looked at Area  
15 IV.

16 CHAIRMAN MELIUS: And at least  
17 according to what's on the website, the  
18 original petition was Area IV, because that's  
19 all you can really petition. That's all it  
20 designated and so forth. But the original  
21 petition went for a longer period of time, it  
22 went to the present and --

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1 MS. KLEA: Right.

2 CHAIRMAN MELIUS: --so I think the  
3 other--I guess this 83.14 makes up part of  
4 the--extends time, and for reasons I don't  
5 completely understand, NIOSH prefers to handle  
6 these situations with an 83.14, even though  
7 there's an active petition, 83.13 petition,  
8 that covers the area.

9 Maybe after a few more times I'll  
10 understand it. But there's still a longer  
11 time period, potentially, that is under  
12 consideration by the Work Group, and I don't  
13 know if NIOSH, or findings from SC&A would --  
14 and from the Work Group -- would come up with  
15 a recommendation concerning that time period,  
16 because I think that's still open to question.

17 MS. KLEA: Well, I requested that  
18 it be through the DOE period, and through the  
19 residual cleanup period, and to this day, I  
20 don't really know why it was only evaluated  
21 through 1965. We have not been able to get a  
22 real, what I could understand, answer to that.

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1                   MR. RUTHERFORD:     This is LaVon  
2 Rutherford.     The petition was qualified up  
3 through 1965 on the basis of a lack of  
4 monitoring data. We only qualified up to that  
5 period because after that period, we had  
6 indication, and we had monitoring data that  
7 was--we had monitoring data.     So we only  
8 qualified up through 1965.

9                   So our evaluation focused from the  
10 beginning up through 1965.     It did not go  
11 beyond that.

12                  CHAIRMAN MELIUS:     Any other  
13 questions or comments?     And I didn't mean to  
14 leave out Lara either.     I can't see you behind  
15 the poster.     Are there questions for her,  
16 also, now that we can see her?

17                  MEMBER RICHARDSON:    This is David  
18 Richardson again.

19                  CHAIRMAN MELIUS:     Okay.     Thank  
20 you.     Go ahead, David.

21                  MEMBER RICHARDSON:    I guess I had  
22 one observation about the comment, that when

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1 NIOSH identifies information about--it would  
2 pass it on to the Department of Labor. It  
3 would seem to me that the determination that  
4 there's insufficient access controls to Area  
5 IV becomes one of those pieces of information  
6 that you would want to pass on to DOL.  
7 Because I mean, it seems like this is getting  
8 to the rationale for expanding this SEC, is  
9 that there are people moving in and out of  
10 Area IV from other areas and they're  
11 unmonitored. So you took the next step of  
12 trying to develop a coworker model for them  
13 and then you found that the dosimetry data,  
14 even for those people who are monitored, was  
15 inadequate to be able to do a quantitative  
16 dose reconstruction.

17 So the first step is kind of--it's  
18 overlapping with this issue of what are the  
19 boundaries, or what's the definition of Area  
20 IV, is that you have--there aren't really  
21 access controls in place to determine who's  
22 going in and out.

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1           And that led you to the second  
2           problem of identifying that the dosimetry  
3           records have gaps, even for those people who  
4           were monitored.

5           I mean, is that my understanding  
6           of the history of this?

7           DR. HUGHES:    The NIOSH evaluation  
8           only focuses on Area IV, so lacking access  
9           controls, that I was talking specific to this  
10          petition, actually related to buildings within  
11          Area IV that we had workers such as clerical  
12          workers, secretaries, who were able to get  
13          into reactor buildings for various purposes.

14          The NIOSH evaluation did not  
15          really focus on any of the other three areas  
16          at the site.

17          MEMBER RICHARDSON:        But the  
18          general issue of the lack of access controls I  
19          was taking to be part of this conversation  
20          that people were having that for many workers,  
21          there's not a clear boundary between Area IV  
22          and other areas.

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1 DR. HUGHES: That is probably  
2 correct.

3 MEMBER RICHARDSON: And I had a  
4 question about the report. I think it's  
5 Section 5.2 that describes the database  
6 record, and you really focused on  
7 characterizing the number of urinalysis  
8 records and the number for which there's an  
9 indication of a positive result without a  
10 quantitative dose associated with it, just for  
11 the years 1963 and 1964.

12 And why is that? Why were those  
13 years chosen? Are they the most complete?  
14 The least complete? Because, really, the  
15 issue here, I thought, was dealing with a span  
16 of years up to 1964 and I was wondering if you  
17 could just give us a little bit more  
18 information about how the dosimetry records  
19 look, evolving up to that point.

20 DR. HUGHES: Internal dosimetry  
21 records in the database that is currently  
22 available to NIOSH started in 1960. We know

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1 that the bioassay program started in 1958.  
2 However, this database that was used for an  
3 epidemiological study in years past only  
4 contains data starting in 1960.

5 NIOSH spent considerable time  
6 looking at all the data contained in this  
7 database and found that up to 1964, there were  
8 occasions where a positive result was only  
9 marked with a plus sign instead of a value,  
10 and we have been unable to obtain the value  
11 that goes with this indicator that there was a  
12 positive result.

13 And I think the majority of those  
14 missing results are in the years 1963 and  
15 1964, and I think we're looking at something  
16 like 130 missing results. Now that's not a  
17 very large number, but we know that those were  
18 all positive values, and it would be  
19 problematic to develop a bounding coworker  
20 model using this data, knowing that positive  
21 results are missing.

22 CHAIRMAN MELIUS: Is that clear,

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1 David?

2 MEMBER RICHARDSON: I guess I was  
3 wondering, you know, because there was the  
4 question posed; why are we stopping at 1965,  
5 or I guess starting at 1965 and considering  
6 that the data from that point forward are  
7 complete.

8 And so one of the things was the  
9 response that from that point on, the internal  
10 monitoring records are, you know, we have  
11 complete data for, I think, or they're  
12 adequate to do a characterization of  
13 individual doses.

14 DR. HUGHES: That is correct.

15 MEMBER RICHARDSON: You know, if  
16 you look just at the value that you gave us,  
17 1963 and 1964, there's 1,100 urinalysis  
18 records in 63, and these are quarterly  
19 records, so that's maybe 275 workers who are  
20 monitored. And then in 1964, there's 1,400  
21 urinalysis records, which implies about 350  
22 workers on a quarterly monitoring schedule.

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1                   And so I'm wondering; what did it  
2                   look like in 62, 61, 60? Is the reason you  
3                   don't have more positive results there that  
4                   there's, you know, very few workers monitored?

5                   And how is it trending towards 1965? When  
6                   you're drawing this boundary there, and saying  
7                   that now it's complete, you know, I don't  
8                   really have much of a sense for how the  
9                   coverage is--what this trending is in  
10                  coverage.

11                  DR. HUGHES:        NIOSH is still  
12                  working on the coworker model. I really  
13                  cannot give you specifics on the data.

14                  MEMBER RICHARDSON: I mean, just a  
15                  30-percent change in the number of monitored  
16                  workers is pretty substantial.

17                  DR. HUGHES:    What we know is that  
18                  the internal monitoring, starting in 1958,  
19                  took a while to ramp up and if you look at the  
20                  site operations, the reactor development and  
21                  nuclear activities sort of peaked in 1964, 65.

22                  And post-1965, they started to decline as

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1 some of these experimental reactors were  
2 decommissioned or shut down and taken apart.

3 So you can sort a see that the  
4 internal data somewhat reflects the activity  
5 at the site. At the time when activity was  
6 ramping up, you see an increase in the number  
7 of data points and as the activities decline  
8 somewhat, you see a decrease in the number of  
9 internal data points. But I really don't have  
10 any specifics with me right now as to the  
11 exact numbers.

12 MEMBER RICHARDSON: Okay. Thank  
13 you.

14 CHAIRMAN MELIUS: Jim.

15 MEMBER LOCKEY: I was wondering,  
16 you said in 64, there was missing data: people  
17 that would have been positive, right?  
18 Therefore, you couldn't put an upper bound on  
19 it: 63, 64?

20 DR. HUGHES: It's from 1960 to  
21 1964, I believe.

22 MEMBER LOCKEY: There was missing

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1 data, correct?

2 DR. HUGHES: They're missing in  
3 the sense that this database that we have,  
4 only indicated a plus sign instead of a  
5 positive value. Now, it is conceivable that  
6 some of this data still exists in some files  
7 at the site but it is not possible for us to  
8 take this database and find the record that  
9 goes with it.

10 MEMBER LOCKEY: And in 65, that no  
11 longer existed as that was --

12 DR. HUGHES: That is correct.

13 MEMBER RICHARDSON: Can you tell  
14 us anything about the chain of custody of that  
15 epidemiologic data file that you have. Is  
16 that something that John Boice keypunched or  
17 is it an electronic transfer of records?

18 DR. HUGHES: John Boice was the  
19 principal investigator of the study.

20 MEMBER RICHARDSON: Did they  
21 create the file, or was it something that was  
22 given to them?

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1 DR. HUGHES: I think there was a  
2 team of researchers associated with ORAU that  
3 went out and scanned every single--what they  
4 believed to be every single--bioassay and  
5 external monitoring record. The database that  
6 was given to NIOSH was received directly from  
7 the site, from Boeing and it was created  
8 during the study.

9 CHAIRMAN MELIUS: Any other  
10 questions? Dick.

11 MEMBER LEMEN: I have one but it  
12 may be because I'm new and don't understand  
13 all of this. But on your presentation, Dr.  
14 Hughes, you talked about the internal  
15 monitoring being done on unencapsulated  
16 material, workers working with unencapsulated  
17 material.

18 What about people working with  
19 capsulated material? Are you assuming that  
20 they're not exposed at all, and in future, if  
21 they don't fit into the Special Exposure  
22 Cohort, and they come back at some point in

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1 time, are you going to say you can't do a dose  
2 reconstruction or what's going to happen to  
3 those people?

4 DR. HUGHES: Those people, I  
5 believe, would receive a partial dose  
6 reconstruction based on available data, if  
7 it's a non-SEC. And if it's an SEC.

8 CHAIRMAN MELIUS: Where would they  
9 get the data, I guess?

10 MR. HINNEFELD: This is Stu  
11 Hinnefeld from OCAS, and I think the situation  
12 you're talking about is, we won't be able to  
13 tell people who worked with capsulated  
14 material from unencapsulated material.

15 MEMBER LEMEN: That's what I was  
16 wondering.

17 MR. HINNEFELD: So every one that  
18 we get, we would do a dose reconstruction. If  
19 we could do a dose reconstruction, we would do  
20 a dose reconstruction: use their monitoring  
21 data or a coworker's set, monitoring set. Now  
22 this is for, like, 65 and later.

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1                   MEMBER LEMEN:       That's what I'm  
2                   talking about, 65 and later. You'd treat them  
3                   the same, in other words?

4                   MR. HINNEFELD:   Correct; yes.

5                   MEMBER LEMEN:   Thank you.

6                   CHAIRMAN MELIUS:       This is a  
7                   question, I believe, for LaVon but make sure I  
8                   understand, that--maybe Lara also--but  
9                   presumably, if we approve 83.14, that would  
10                  take all of the parts of the original 83.13  
11                  petition would then be addressed in terms--  
12                  because you only qualified that through 1965?

13                  MR. RUTHERFORD:   That's correct.  
14                  I believe --

15                  CHAIRMAN MELIUS:   To 65, I guess.

16                  MR. RUTHERFORD:   Yes. Is there  
17                  any period at all, Dr. Hughes, at all, that we  
18                  qualified, that we didn't--would not be  
19                  encompassed in this SEC?

20                  (No response.)

21                  MR. RUTHERFORD:   I believe that is  
22                  correct. I will say that.

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1 DR. HUGHES: Yes.

2 MR. RUTHERFORD: I believe that's  
3 correct.

4 CHAIRMAN MELIUS: Okay.

5 MS. KLEA: Could I make a comment?

6 CHAIRMAN MELIUS: Yes.

7 MS. KLEA: We're missing year  
8 1965. My petition was qualified through 1965.

9 CHAIRMAN MELIUS: That was why I  
10 was asking--

11 MR. RUTHERFORD: I couldn't  
12 remember. That's why I was asking Dr. Hughes,  
13 and I believe Ms. Klea is correct, that it is  
14 through 1965. So that would leave out 1965.

15 CHAIRMAN MELIUS: So 1965, still  
16 in question for that petition. The  
17 petitioners, other people have concerns.  
18 Post-65, there would need to be a new  
19 petition. Well, post-65--after 65, then it'd  
20 require a new petition. For 1966, it would  
21 require a new petition be qualified. That's  
22 correct.

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1                   MR. RUTHERFORD:   And I would like  
2                   to point out, though, that there is always a  
3                   possibility that the Work Group, during its  
4                   reviews for Site Profile reviews and such  
5                   could come up with issues that would force us  
6                   into looking at an 83.14, as well.

7                   MS. KLEA:    Could I make a comment?

8                   CHAIRMAN MELIUS:   Yes.   So, again,  
9                   I wanted to get it just on the record, that  
10                  the Site Profile review ongoing is looking at  
11                  issues beyond 65 and so is also looking at the  
12                  site.

13                  As to extending beyond Area IV, in  
14                  terms -- is an issue for Department of Labor,  
15                  really, and should the Work Group or NIOSH  
16                  have information, that can be submitted to the  
17                  Department of Labor.   I just wanted, until I  
18                  get the context for what we're looking at,  
19                  because it is confusing.

20                  MS. KLEA:    Well, you mentioned  
21                  Site Profile and that just brought up another  
22                  thought.   The Site Profile does not reflect

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1 any of these accidents, exposures. It really  
2 does need to be updated.

3 CHAIRMAN MELIUS: Yes, and we  
4 would expect that the, as part of the Site  
5 Profile review for the conduct of that, which  
6 should be an ongoing review from SC&A, and  
7 interact with NIOSH, would include outreach  
8 to, you know, to you and other people that  
9 have information that would be helpful on  
10 that. Very well. Okay. So I think we're  
11 back to the issue before us, is this 83.14  
12 petition, and Evaluation Report from NIOSH.

13 Anybody have any more questions on  
14 that?

15 (No response.)

16 CHAIRMAN MELIUS: If not, could we  
17 have a preliminary--

18 MEMBER BEACH: I do. I was going  
19 to bring it up during discussion, but I am  
20 still not a 100 percent clear on how they're  
21 going to handle workers that came into the  
22 site that weren't badged for the sites. I

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1 know Jeff spoke, but I'm still not a 100  
2 percent clear.

3 It feels to me like the burden is  
4 on the workers to prove they were in those  
5 sites, not--so I'm not clear on what actually  
6 is going to happen for the firefighters, the  
7 maintenance workers. There's a whole list of  
8 people that are not going to be covered under  
9 this SEC, from my way of thinking. So I do  
10 have an issue with that.

11 MEMBER GRIFFON: Yes. I mean, I  
12 think in the definition they're covered. It's  
13 just the implementation that I'm concerned  
14 about, like you, Josie. I mean, I think it  
15 says all employees who could have worked in  
16 any area of Area IV.

17 But how do you determine who could  
18 have gone in and out? That's the problem.

19 MEMBER BEACH: They were badged in  
20 other sites, I, II or III, and they worked in  
21 IV. Those are the people I'm concerned about.

22 MEMBER MUNN: But that is clearly

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1 a Labor issue. It's a Department of Labor  
2 issue. It's not our issue.

3 MEMBER BEACH: I understand that  
4 but --

5 MEMBER GRIFFON: We shouldn't just  
6 push it down the road.

7 MEMBER MUNN: No, no.

8 MEMBER GRIFFON: Yes, right.

9 MEMBER BEACH: If we pass this, I  
10 just don't want that to be left.

11 CHAIRMAN MELIUS: Well, I believe  
12 what we've done before, if my memory is  
13 correct, from having written a lot of these  
14 letters, is that when we've had an issue like  
15 that, we've drawn attention to it in our  
16 letter to the Secretary. So at least we're on  
17 record as pointing out that there's this  
18 issue, and that care needs to be taken in the  
19 implementation of the Class by the Department  
20 of Labor and I think Department of Labor at  
21 least understood that.

22 I don't know if we have a way of

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1 really measuring compliance, but I think it's  
2 at least helpful. We've identified an issue  
3 like that, that we think will be important,  
4 but again, if we don't have an alternative  
5 Class Definition, which I can't think of off  
6 the top of my head, that would address that in  
7 some sort of practical way for Department of  
8 Labor, I don't know if there's anything more  
9 that we can do other than draw attention to  
10 it. I think we think it's important.

11 Brad.

12 MEMBER CLAWSON: Yes. Jim, one of  
13 my questions was when we task SC&A to go in  
14 and look at, are they just looking at Area IV  
15 as their Site Profile? And I'm not on the  
16 Work Group, but the issue that I see is that  
17 they have the burn pits. They had everything  
18 and such close proximity to everything. I'm  
19 just wondering how this Site Profile is going  
20 to be -- because when we task them to only  
21 look at this, this is al --you know. But I'm  
22 sure that we--it was spread a long ways. I

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1 know those radiation boundaries hold all that  
2 back but I'm pretty sure some got out.

3 CHAIRMAN MELIUS: But I think  
4 that--yes?

5 MEMBER CLAWSON: It's a question  
6 to me of, you know, we're asking SC&A to  
7 evaluate that but all they can evaluate is  
8 just what we request them.

9 CHAIRMAN MELIUS: Well, all we can  
10 address, really, is the designated facility  
11 and the designated facility is Area IV. And  
12 again, if we find information that we think,  
13 which we may very well have but we're hearing  
14 it today, and have heard before, then I think  
15 it behooves us to take action and to make sure  
16 that that information gets communicated to the  
17 Department of Labor.

18 MEMBER BEACH: Well and, Jim, just  
19 to answer that, I am on the Santa Susana Work  
20 Group, and I believe that's part of our  
21 matrix. Some of those areas that Brad had  
22 mentioned. It's just been a long time since

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1 we've met, but I'm pretty sure we covered some  
2 of that.

3 CHAIRMAN MELIUS: I would  
4 certainly urge that that Work Group meet  
5 again, and sort of--let's get up to date on  
6 where we are with these issues, and so forth,  
7 that we really haven't had much--that one of  
8 our other problems with these 83.14s, sort of  
9 come as a surprise to us too, a little bit, in  
10 terms of timing. So until you see them, you  
11 don't know exactly what's going to be coming  
12 out. But I think we can be proactive on those  
13 issues and we may very well have information  
14 that may be useful in terms of looking at what  
15 is the facility.

16 Comments or questions? Yes,  
17 Wanda. I'm sorry.

18 MEMBER MUNN: I'm just prepared to  
19 make the motion.

20 MEMBER GRIFFON: I just want to  
21 follow up on one--David Richardson's question  
22 on the 63-64 data. Do we have --I've been

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1 looking while David was asking that question,  
2 I sort of had the same question running  
3 through my mind, but I was trying to look on  
4 the O: drive for the database that we have  
5 available, and I'm looking at what I believe  
6 is the research file database, which has some  
7 sort of estimated internal doses. It doesn't  
8 have urinalysis data. And if I do a sort on  
9 those: 63, 64, 65, 66, I'm getting a very  
10 similar number of workers for each one of  
11 those years.

12 So I'm obviously not looking at  
13 the right database. I'm wondering if we have  
14 the urinalysis database, and if so, if it's  
15 been put on the O: drive.

16 DR. HUGHES: Yes, we do and I  
17 believe it has been put on the O: drive also  
18 for SC&A to review. I know specifically that  
19 they asked me earlier, this year, last year,  
20 to put it there. If you want, I can point you  
21 to it during the break, if I can find it.

22 MEMBER GRIFFON: I'd appreciate

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1 that, yes, because I do think that's an  
2 important question, if we're really --

3 DR. HUGHES: No, the database I'm  
4 talking of contains actual bioassay results.  
5 There's also this spreadsheet that contains  
6 the dose values, which is something that was  
7 compiled by the investigators of the study but  
8 is obviously not something NIOSH would use.

9 MEMBER GRIFFON: Right, okay. I  
10 guess that's the spreadsheet, I'm saying, and  
11 then there was the Access database but it  
12 looked like a database --

13 DR. HUGHES: Yes, that would be--  
14 it's an Access database. I'm sorry.

15 MEMBER GRIFFON: But this database  
16 that I saw looks like it just tracks where the  
17 different records are, the hard copies of  
18 records and things.

19 DR. HUGHES: Okay. You're  
20 probably looking at something different. I can  
21 show you later.

22 MEMBER GRIFFON: All right. But I

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1 mean, I think, before we make a motion, I  
2 think this might be an important point. That,  
3 you know, what is that distinction that we're  
4 making here, from 63 to 64, 65? How did the  
5 data change and what's the basis for that cut-  
6 off? Maybe I just need to hear it again.  
7 What's the basis for that cut-off?

8 DR. HUGHES: The main issue was--  
9 when we looked at this database, there were  
10 instances where positive data was only  
11 indicated by a plus sign versus the actual  
12 result and I believe we're looking at about  
13 130 or 140 instances where this happened in  
14 this database that contains over 100,000  
15 results. And the NIOSH contractor has gone  
16 through this database, has looked at every  
17 single page of this database and has  
18 determined--or has looked and that this  
19 occurrence where positive values were  
20 indicated by a plus sign only happened up to  
21 1964, including 1964.

22 However, in 1965, all entries in

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1 this database would be consisting of an actual  
2 numerical value associated with the unit, that  
3 can be used for an internal coworker model  
4 versus a plus sign.

5 MEMBER GRIFFON: All right.  
6 That's good.

7 CHAIRMAN MELIUS: Are we ready--  
8 yes, Stu?

9 MR. HINNEFELD: I just wanted to  
10 make one comment. When it comes time in the  
11 discussion about whether to, you know, design  
12 a motion now or not, is that if you agree with  
13 our recommendation that it's not feasible to  
14 reconstruct the doses through 1964, a possible  
15 course of action is to essentially agree with  
16 that, and withhold judgment on any later  
17 period.

18 And what that allows to happen is  
19 for the people who are covered in this period  
20 that goes to 1964 and who would be paid by  
21 this SEC, that allows those claims to move  
22 forward and become adjudicated.

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1                   So it's just a suggestion about a  
2 possible course that the Board might consider.

3                   CHAIRMAN MELIUS:       Yes.       Okay.  
4 Wanda, you have the floor.

5                   MEMBER       MUNN:               With       the  
6 understanding that we were approaching this in  
7 the manner just described by Mr. Hinnefeld, I  
8 am prepared to move that we recommend to the  
9 Secretary that the proposed Class Definition  
10 presented to us by Dr. Hughes in this  
11 presentation, covering all Area IV Santa  
12 Susana Field Laboratory workers from January  
13 1, 1959 through December 31, 1964, be  
14 accepted.

15                  CHAIRMAN MELIUS:       Do I hear a  
16 second to that?

17                  MEMBER SCHOFIELD:   Second.

18                  CHAIRMAN MELIUS:       Phil seconded.  
19 Further discussion? Yes, Jim?

20                  MEMBER       LOCKEY:            I have one  
21 question. I mean, maybe you said this. Were  
22 individuals who worked in other areas outside

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1 the Area IV, were they also DOE employees?

2 MEMBER GIBSON: They were  
3 Rocketdyne.

4 MEMBER MUNN: Rocketdyne.

5 MEMBER LOCKEY: They would have  
6 been Rocketdyne. So they were not--in other  
7 words, people who weren't assigned to Area IV,  
8 but could go in and out of Area IV, were not  
9 DOE employees; correct?

10 DR. HUGHES: I'm not sure they  
11 were actual DOE employees because--

12 MEMBER LOCKEY: I'm sorry?

13 DR. HUGHES: The site was operated  
14 by a company named North American Aviation,  
15 which was a contractor with DOE. The entity  
16 that did nuclear work was called Atomics  
17 International, which was a subunit or a  
18 division of North American Aviation and it was  
19 between North American Aviation and DOE, or  
20 AEC back then, that this contract existed to  
21 do this nuclear work.

22 MEMBER LOCKEY: All right. So

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1 anybody who's a contractor who went in and out  
2 potentially could be covered by this  
3 definition?

4 MEMBER MUNN: Yes. It says so in  
5 the Definition. Otherwise, we have no  
6 authority in any case.

7 MEMBER GIBSON: The problem is the  
8 lack of records of people going in and out of  
9 Area IV, not who they were employed by.

10 MEMBER GRIFFON: Mike, you have to  
11 repeat that.

12 CHAIRMAN MELIUS: You have to say--  
13 --we can't hear you, Mike.

14 MEMBER GIBSON: The problem I see  
15 is that it's not who employed the people; it's  
16 the lack of records to demonstrate when they  
17 were in and out of Area IV and assigned to  
18 Area IV.

19 CHAIRMAN MELIUS: Yes. It's an  
20 implementation issue. I think that you have  
21 to have some connection to DOE to--yes.  
22 Right. Okay. Ted.

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1 MR. KATZ: Okay. A roll call  
2 vote.  
3 Dr. Ziemer.  
4 MEMBER ZIEMER: Yes.  
5 MR. KATZ: Mr. Schofield.  
6 MEMBER SCHOFIELD: Yes.  
7 MR. KATZ: Dr. Roessler.  
8 MEMBER ROESSLER: Yes.  
9 MR. KATZ: Dr. Richardson.  
10 MEMBER RICHARDSON: Yes.  
11 MR. KATZ: Mr. Presley.  
12 MEMBER PRESLEY: Yes.  
13 MR. KATZ: Dr. Poston?  
14 MEMBER POSTON: Yes.  
15 MR. KATZ: Ms. Munn.  
16 MEMBER MUNN: Yes.  
17 MR. KATZ: Dr. Melius.  
18 CHAIRMAN MELIUS: Yes.  
19 MR. KATZ: Dr. Lockey.  
20 MEMBER LOCKEY: Yes.  
21 MR. KATZ: Dr. Lemen.  
22 MEMBER LEMEN: Yes.

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1 MR. KATZ: Mr. Griffon.

2 MEMBER GRIFFON: Yes.

3 MR. KATZ: Mr. Gibson.

4 MEMBER GIBSON: Yes.

5 MR. KATZ: Dr. Field.

6 MEMBER FIELD: Yes.

7 MR. KATZ: Mr. Clawson.

8 MEMBER CLAWSON: Yes.

9 MR. KATZ: Ms. Beach.

10 MEMBER BEACH: Yes.

11 MR. KATZ: Dr. Anderson.

12 MEMBER ANDERSON: Yes.

13 MR. KATZ: That's unanimous in  
14 favor.

15 CHAIRMAN MELIUS: I need to know  
16 what the Board's preference are. We don't  
17 have a break scheduled until 4:30, 4:15.  
18 Would you rather just keep going? We do have  
19 a public comment. Or would you like to take a  
20 break.

21 We'll take a break. Fifteen  
22 minutes.

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1                   (Whereupon, the above-entitled  
2 matter went off the record at 3:38 p.m. and  
3 resumed at 3:55 p.m.)

4                   CHAIRMAN MELIUS: Okay. Why don't  
5 we get started. Our stragglers will make it  
6 back. And, Lara, we'll hear from you again.  
7 Thank you.

8                   DR. HUGHES: Thank you, Dr.  
9 Melius. This is the presentation by NIOSH for  
10 the Canoga Avenue Facility. This facility is  
11 also located in this area. It is located in  
12 the community of Canoga Park, Los Angeles  
13 County, California, and it's located about 25  
14 miles northwest of downtown LA. From 1955  
15 through 1960, the Atomic Energy Commission  
16 then founded research in--at this facility in  
17 a building that was called the Vanowen  
18 Building. It was named after the street it  
19 was situated at or on, and is also known as  
20 Building 38.

21                   The parent company for this  
22 contract with the Atomic Energy Commission was

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1 called North American Aviation and this  
2 company had a division called Atomics  
3 International, which was the division that  
4 engaged in nuclear research.

5 The nature of the research was  
6 fuel development and nuclear reactor design  
7 and since the companies are the same, you can  
8 probably guess that these operations were  
9 closely related to operations at Area IV of  
10 the Santa Susana Field Laboratory.

11 The Atomics International  
12 headquarters was actually located at the  
13 Canoga Avenue facility although, starting in  
14 1955, did operations at Santa Susana Area IV  
15 as well.

16 In 1960, the operations of Atomics  
17 International moved to a different facility  
18 which is called the De Soto facility which is  
19 also located in the area and the Canoga Avenue  
20 facility continued to be operated under the  
21 Rocketdyne division of North American  
22 Aviation.

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1                   Essentially, the facility was  
2 solely devoted to rocket engine research and  
3 did no more nuclear research. Therefore,  
4 currently, the DOE covered period is 1955  
5 through 1960.

6                   Here is a photograph of the Canoga  
7 Avenue facility and the building you see in  
8 the circle was the division that was Atomics  
9 International, that was devoted to nuclear  
10 research versus the remainder of the  
11 facilities was engaging in rocket-engine  
12 research. This photograph dates from  
13 approximately 1960.

14                   The site operations nuclear  
15 reactor development; those reactors were  
16 small, aqueous-fuel test reactors that used  
17 uranyl sulphate that was up 93 percent  
18 enriched. During those five years, two  
19 different reactor types were developed, the  
20 L47 and the L77 reactor. They were operated  
21 at five- and ten-watt maximum, and they  
22 operated, I believe, the L47 for about 10

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1 months, and the L77 for about 21 months in the  
2 years 57 through 1960.

3 In addition, the facility did  
4 nuclear research and development such as  
5 uranium fuel reprocessing experiments, nuclear  
6 fuel development for various experimental  
7 reactors, and chemistry applications.

8 The petition for the site was  
9 received by NIOSH on July 27, 2009 under  
10 paragraph 83.13. It's Petition Number 00151.

11 On October 15, 2009, NIOSH issued a  
12 professional judgment that the petition  
13 qualifies based on unavailability of personnel  
14 monitoring data.

15 The Federal Register notice was  
16 published October 30th, and January 25th,  
17 2010--I'm sorry, this is a typo--NIOSH issued  
18 an Evaluation Report, and copies were sent to  
19 the Advisory Board and to the petitioner.

20 The petitioner requested NIOSH  
21 evaluate the following Class Definition: all  
22 workers employed by North American Aviation

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1 who worked in any areas, in any job capacity  
2 at the Canoga Avenue facility, Los Angeles,  
3 California, from January 1st, 1955 through  
4 December 31st, 1960--and this is also the  
5 Class NIOSH evaluated.

6 Now the NIOSH-recommended Class is  
7 all employees of the Department of Energy, its  
8 predecessor agencies, its contractors and  
9 subcontractors who worked in the Vanowen  
10 Building at the Canoga Avenue facility in Los  
11 Angeles, California, from January 1st, 1955  
12 through December 31st, 1960 for a number of  
13 workdays aggregating at least 250 workdays,  
14 occurring either solely under this employment  
15 or in combination with workdays within the  
16 parameters established for one or more other  
17 Classes of employees in the SEC.

18 Now NIOSH has decided, based on  
19 the current available research, to limit the  
20 proposed Class because at this facility two  
21 different divisions existed, Atomics  
22 International and Rocketdyne, and based on the

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1 records, the AEC operations were only  
2 conducted by Atomics International and limited  
3 to one building of the facility, which is the  
4 Vanowen Building.

5           There are no indications that the  
6 Rocketdyne division did any nuclear activities  
7 or research. We interviewed four former  
8 employees of the Atomics International  
9 division for this petition and they all were  
10 unanimous in indicating that the nuclear  
11 workers had different color ID badges from the  
12 Rocketdyne workers, and that the access to the  
13 nuclear operations in the Vanowen Building was  
14 restricted to Atomics International workers,  
15 and that the nuclear operations also had some  
16 form of guard that had limited access except  
17 for Atomics International workers.

18           The sources of available  
19 information that NIOSH evaluated for the  
20 petition consists of the Technical Information  
21 Bulletins, the case files in the NIOSH  
22 database and the site research database. Data

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1 capture efforts at the site consisted of  
2 visits to Area IV of Santa Susana Field  
3 Laboratory. The Canoga Avenue facility; the  
4 building does not exist anymore and the  
5 records are stored at Area IV.

6 The Health and Safety records are  
7 stored at Area IV. They are essentially the  
8 same as for Area IV Santa Susana Field  
9 Laboratory.

10 They also looked at records at the  
11 Federal Records Center in San Bruno, the  
12 electronic databases of DOE and NRC,  
13 scientific publications, the State of  
14 California records, documents and affidavits  
15 provided by the petitioner and interviews with  
16 four former employees and the current medical  
17 director of Area IV of Santa Susana Field  
18 Laboratory.

19 The former employees were  
20 employees that worked at the Canoga Avenue  
21 facility during the covered period.

22 Currently, NIOSH has, as of

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1 December 22nd, 2009--this is the data  
2 presented in the Evaluation Report. There are  
3 158 cases which meet the evaluated Class  
4 Definition. NIOSH has completed dose  
5 reconstruction for 113 of these. Some claims  
6 contained internal dosimetry information which  
7 consists of uranium analysis between 1958 and  
8 1960, and also there were 33 cases of external  
9 dosimetry information.

10 The internal exposure potential  
11 for workers at this site are a result of  
12 research and development involving such  
13 activities as reactor design and operation,  
14 fuel development for experimental reactors,  
15 fuel reprocessing experiments and  
16 radiochemistry experiments.

17 The external exposure potential at  
18 the site existed as a result from hot cave  
19 operations involving uranium fuel reprocessing  
20 experiment, production of experimental nuclear  
21 fuel, uranium handling, and the operation of  
22 two small nuclear reactors. The availability

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1 of internal dosimetry data at the site is  
2 limited. It is in the same, about essentially  
3 as Area IV of the Santa Susana Field  
4 Laboratory, as it was essentially one and the  
5 same program that covered both sites.

6 And as with Area IV, the data  
7 indicated that a routine but limited bioassay  
8 program started in 1958, and again, this was  
9 limited to employees that would handle  
10 unencapsulated radioactive material.

11 This term unencapsulated is  
12 actually, I believe, from a health physics  
13 manual-type document that was collected at the  
14 site that stated the intent of the health  
15 physics program and which workers would be  
16 covered.

17 The initial data, internal  
18 monitoring data, was limited to gross alpha  
19 and beta analyses and isotopic analyses were  
20 done where it was required to be necessary.

21 NIOSH has determined that the  
22 availability bioassay, air and area monitoring

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1 information is insufficiently comprehensive to  
2 bound the doses for occupational internal  
3 exposures at the site.

4 The external dosimetry data--  
5 again, it's essentially the same data pool as  
6 for Area IV. Workers in the Vanowen Building  
7 monitored for external exposures using two-  
8 element film badges, finger badges, if needed,  
9 and the badge exchange was a routine monthly  
10 exchange that could occur more frequently if a  
11 high-exposure job was done by the worker.

12 The external data has been found  
13 suitable for partial dose reconstruction.

14 The petition basis that were  
15 identified by the petitioner was the  
16 similarity of the monitoring program between  
17 Area IV of Santa Susana Field Laboratory and  
18 the Canoga Avenue facility. The insufficiency  
19 of the personnel monitoring program prior to  
20 1958, as outlined in the SEC Evaluation Report  
21 for Area IV, Santa Susana Field Laboratory.  
22 This would be Petition Number 93.

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1           And therefore an insufficiency of  
2           personnel monitoring data to do dose  
3           reconstruction. The NIOSH evaluation found  
4           that, indeed, the monitoring program at Canoga  
5           Avenue facility was similar to Area IV of  
6           Santa Susana Field Laboratory in that it was  
7           the same oversight of the program and of the  
8           monitoring data: insufficient to bound all  
9           internal doses.

10           Again, the evaluation process is a  
11           two-pronged test. A determination of  
12           feasibility, a determination followed by a  
13           health endangerment determination. As for  
14           feasibility, NIOSH found that the available  
15           monitoring records, process description and  
16           source term data are insufficient to complete  
17           dose reconstructions for the proposed Class of  
18           employees and NIOSH currently lacks access to  
19           sufficient monitoring source term data and  
20           process information to estimate the complete  
21           internal and external doses to members of the  
22           Class.

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1                   Therefore the NIOSH-proposed Class  
2 Definition is all employees of the Department  
3 of Energy, its predecessor agencies, its  
4 contractors, subcontractors, who worked in the  
5 Vanowen Building at the Canoga Avenue  
6 facility, Los Angeles, California, from  
7 January 1st, 1955 through December 31st, 1960,  
8 for a number of workdays aggregating at least  
9 250 workdays, occurring either solely under  
10 this employment or in combination with  
11 workdays within the parameters established for  
12 one or more Classes of employees in the SEC.

13                   As for health endangerment, NIOSH  
14 has determined that it is not feasible to  
15 complete dose reconstructions with sufficient  
16 accuracy for the Canoga Avenue facility  
17 Vanowen Building, and that the health of the  
18 employees covered might have been endangered.

19                   The evidence reviewed indicates  
20 that workers in the Class may have received  
21 chronic internal and external exposure from  
22 various research and development activities at

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1 the Canoga Avenue facility under contract with  
2 AEC or DOE.

3 In summary, NIOSH has determined  
4 that dose reconstruction is not feasible for  
5 internal doses for all radionuclides for  
6 workers who had occupational exposures in the  
7 Vanowen Building. NIOSH has concluded that  
8 dose reconstruction is feasible for all  
9 internal and external radionuclides internally  
10 for workers who would not have worked in the  
11 Vanowen Building who were rocket engine  
12 workers. NIOSH thinks that it is feasible to  
13 reconstruct doses used in environmental data,  
14 and external dose reconstruction is feasible  
15 for all years at the site.

16 And that concludes my  
17 presentation.

18 CHAIRMAN MELIUS: Okay. Thank  
19 you. Do we have any questions for Lara,  
20 before we hear from the petitioner?

21 Yes, Jim.

22 MEMBER LOCKEY: Maybe I just

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1 didn't quite understand. What's the  
2 difference between a non-Vanowen Building and  
3 a--what's the difference? I don't understand  
4 that.

5 DR. HUGHES: This is a fairly  
6 large site consisting of multiple buildings.

7 MEMBER LOCKEY: So put the map up  
8 for me, would you, so I have a better  
9 understanding.

10 DR. HUGHES: Okay. The circled  
11 building.

12 MEMBER LOCKEY: Yes.

13 DR. HUGHES: That's the--it's  
14 called the Vanowen Building. That's what we  
15 call it in the report. This is the building  
16 that has the headquarters of the division,  
17 Atomics International, which is the entity  
18 that had the AEC contract at the site.

19 MEMBER LOCKEY: So where is the  
20 non-Vanowen buildings--

21 DR. HUGHES: The remainder of the  
22 site, where the arrows are pointing, just

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1 anything else would be Rocketdyne, division of  
2 North American Aviation. This is an entity  
3 that did not do nuclear work. The nuclear  
4 operations were a small off-spin, initially,  
5 of this company who was mainly engaged in  
6 rockets and in research.

7 MEMBER MUNN: And there was  
8 restricted access in that Vanowen Building?

9 DR. HUGHES: Based on the  
10 information we received from interviewing  
11 workers who worked there during the covered  
12 area, yes.

13 MEMBER LOCKEY: I guess let me  
14 follow up. So the Rocketdyne division  
15 employees were also DOE employees? Or  
16 contractors, subcontractors at this facility?

17 DR. HUGHES: I'm not sure how DOE  
18 would Classify it. The contract existed  
19 between the company that was called North  
20 American Aviation and the AEC and what North  
21 American Aviation did was spin off two  
22 divisions. One was called Rocketdyne, which

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1 did rocket engine research, and the other--  
2 with the start of this company doing nuclear  
3 research, they founded a division that they  
4 called Atomics International, which was the  
5 entity that did the nuclear research at the  
6 site and this headquarters of this division  
7 was located in this building that is called  
8 the Vanowen Building.

9 CHAIRMAN MELIUS: Josie first and  
10 then Paul.

11 MEMBER BEACH: Did you monitor for  
12 neutrons?

13 DR. HUGHES: They did NTA film.

14 MEMBER BEACH: So they were all  
15 workers. There's a statement on page 28 that  
16 said that neutron potential was minimal and so  
17 that--they did not monitor for neutrons. But  
18 then I see on slide 11 that you have 33 cases  
19 with external dosimetry. And then I look at  
20 the back, on page 31, and it talks about  
21 partial doses, and you might include any that  
22 may not be fully developed.

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1           I guess I'm a little confused on  
2           the neutron monitoring associated with this  
3           site.

4           DR. HUGHES:   Generally, they did  
5           monitor for neutrons using NTA film.   Not  
6           every worker who worked at the site would have  
7           been monitored for neutrons.

8           MEMBER BEACH:   Okay.   So then the  
9           statement on page 28 that says you did not  
10          monitor is incorrect or--and you don't have to  
11          answer me now.   I know you don't have that in  
12          front of you but it's just a concern I have on  
13          the external monitoring--

14          DR. HUGHES:   Right.

15          MEMBER BEACH:   --and if you can  
16          actually reconstruct those for that.

17          CHAIRMAN MELIUS:   Okay, Paul.

18          MEMBER ZIEMER:   Well,   I wasn't  
19          going to ask this but I will follow up.  
20          Neutrons aren't mentioned as being part of the  
21          dose reconstruction, feasible, in the last  
22          chart.

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1                   MEMBER BEACH:    But they're in the  
2    Evaluation Report.

3                   MEMBER ZIEMER:   But they're in the  
4    report.    So that's a question.    But I guess  
5    I'm a little confused about why you would be  
6    doing dose reconstruction outside the building  
7    if only the building is eligible.    It says it-  
8    -

9                   MEMBER BEACH:    It doesn't make  
10   sense.

11                  DR. HUGHES:    Currently, the--  
12   no.    The Department of Labor covers the entire  
13   site.    So we received claims for the entire  
14   site, whether they be Rocketdyne workers,  
15   workers who worked on rocket engines versus  
16   workers who worked on nuclear activities.  
17   NIOSH has determined that the problem with the  
18   dose reconstruction is the occupational  
19   internal monitoring.    There is environmental  
20   monitoring available at this site.    Dose  
21   reconstruction would--the occupational dose  
22   would be assigned to workers who worked, who

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1 were nuclear workers who worked on the nuclear  
2 operations. A worker who just was on the site  
3 but did not work on nuclear operations would  
4 receive an ambient or environmental dose,  
5 which can be reconstructed based on available  
6 data.

7 MEMBER ZIEMER: Okay. So you  
8 would assign an internal dose as well for  
9 those. Is that what you're saying?

10 DR. HUGHES: An internal dose  
11 would be assigned based on area monitoring.

12 MEMBER ZIEMER: Okay. Thanks.

13 MEMBER GRIFFON: And the external  
14 for them would be assigned based on what?  
15 Some coworker--well, I'll just leave it at  
16 that.

17 DR. HUGHES: Yes, it could be a  
18 case-by-case thing, I believe.

19 MEMBER GRIFFON: A case-by-case  
20 thing? I don't understand. They weren't  
21 badged because they weren't allowed in this  
22 building.

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1 DR. HUGHES: No, it would be  
2 ambient.

3 MEMBER GRIFFON: Just an ambient  
4 model.

5 MR. RUTHERFORD: We would use  
6 ambient environmental data, I mean, for  
7 external as well.

8 MEMBER GRIFFON: Okay. So, not a  
9 coworker model, an ambient model.

10 MEMBER BEACH: Can I ask a follow-  
11 up?

12 CHAIRMAN MELIUS: Yes.

13 MEMBER BEACH: What do you have  
14 for ambient external monitoring?

15 DR. HUGHES: Currently, the  
16 approach is under revision. We just collected  
17 some data. There's area monitoring data in  
18 the form of--I'd have to go back and look.  
19 Air data.

20 MEMBER BEACH: So that's a  
21 revision. And then I understand the Site  
22 Profile is also under revision at this time?

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1 DR. HUGHES: The entire Site  
2 Profile is under revision for the site, based  
3 on all the findings that were found during the  
4 SEC research, essentially, since the TBD was  
5 written before that.

6 MEMBER GRIFFON: I mean, I think  
7 maybe what Josie's leading toward, too, is,  
8 you know, we always have this rule of, you  
9 know, show us how you're going to do something  
10 if you're going to do it. So for the other--  
11 I'm not saying it would impact our decision  
12 today, but certainly those people outside the  
13 fence, so to speak, or outside this one,  
14 Vanowen Building, whatever. I think we'd want  
15 to see how--you know, what models, what data  
16 you're using to do the environmental dose and  
17 do the external ambient dose.

18 MEMBER MUNN: When we get to  
19 them; we're not to them.

20 MEMBER GRIFFON: Well, they're  
21 under--they're covered employees; right? So I  
22 mean--

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1                   MEMBER MUNN:     No, only the people  
2     who worked in the Vanowen Building.

3                   MEMBER GRIFFON:   Is not the whole  
4     site covered by DOL?  I mean, that's my point.

5                   DR. HUGHES:     It's covered under  
6     this program.  That is correct.  But NIOSH  
7     only recommends adding an SEC--

8                   MEMBER GRIFFON:     But NIOSH is  
9     recommending that.  But I'm saying that, you  
10    know, in our review, we might consider that  
11    other area later.

12                  DR. HUGHES:    Yes.

13                  MEMBER GRIFFON:  Right.

14                  CHAIRMAN MELIUS:  Can we hear from  
15    the petitioner who, I believe, is here.

16                  MEMBER RICHARDSON:  Hi.  This is  
17    David Richardson.  Could I ask a question?

18                  CHAIRMAN MELIUS:     Sure.     I'm  
19    sorry, Dave.  Yes.

20                  MEMBER RICHARDSON:     Has NIOSH  
21    demonstrated that they can discriminate  
22    between workers in the Vanowen Building?  I

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1 mean, I know that they've -- there's testimony  
2 that they wore different badges and that there  
3 was a guard at the gate but given the existing  
4 records, have they been able to demonstrate  
5 that they can discriminate between these types  
6 of workers?

7                   And as kind of a follow-on to  
8 that; you've got Table 4.1 of the number of  
9 claims from the Canoga facility. Are you able  
10 to break that table out into two columns and  
11 report to us the number that are Vanowen-  
12 Building claimants and those that are not?

13                   MR. RUTHERFORD: I'll answer that.  
14 This is LaVon Rutherford. Now during our  
15 review, we felt that we could identify Vanowen  
16 claimants. Okay. We felt that we could  
17 identify the individuals based on who they  
18 worked for and the information in the claim  
19 file, who was part of the Vanowen Building.

20                   However, I will point out that we  
21 recently received a letter from Department of  
22 Labor on implementing the existing Class

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1 Definition, and in their ability to implement  
2 that Class Definition as defined by the  
3 Vanowen Building, they indicated they do have  
4 some difficulties.

5 So I wanted to point that out.  
6 And the reason that there's some--normally,  
7 what would happen--normally, what we do is we  
8 send our letter to Department of Labor and ask  
9 them to ensure that they can administer the  
10 Class.

11 In this case, we wanted to get the  
12 report--because we're in Los Angeles, we  
13 wanted to be able to present the Canoga  
14 evaluation at this site. So we issued the  
15 Evaluation Report prior to getting Department  
16 of Labor's response back on the 28th.

17 Then Department of Labor's  
18 response, and I don't want to speak for the  
19 Department of Labor, but since they sent an  
20 official letter to us, I can say that they did  
21 indicate in their letter that they do  
22 sometimes have difficulty putting workers in

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1 the Vanowen Building.

2 CHAIRMAN MELIUS: Let's hear from  
3 the petitioner and then we'll come back to  
4 some of these issues.

5 MR. LARSON: I'm the petitioner  
6 for the Vanowen facility.

7 CHAIRMAN MELIUS: Could you  
8 introduce yourself by name?

9 MR. LARSON: Vernon Larson.

10 CHAIRMAN MELIUS: Thank you.

11 MR. LARSON: Yes, sir. And I have  
12 some considerably different views on the  
13 facility and the operation than you may have  
14 heard from others, and I think there's a vast  
15 misconception there as to just how the  
16 corporation operated. I started out as a  
17 junior engineer and ended up as a director.  
18 So I kind a saw the company from all different  
19 levels, when you could walk past the guard and  
20 he would open the door for you and when you  
21 left, he says, who the hell are you. You  
22 know, that was --excuse me for that. Excuse

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1 me.

2 But as I said, I wrote the  
3 petition and I wrote the petition for all  
4 North American Aviation employees that worked  
5 at any area in the DOE, Federal Register-  
6 defined Canoga Avenue facility.

7 I do not agree that the position  
8 taken in the evaluation of employees -- the  
9 Evaluation Report -- that some employees at  
10 Canoga will be included in the cohort and some  
11 will not be.

12 And I also strongly, strongly  
13 object to the suggestion that was put up, made  
14 by NIOSH -- they didn't recommend it but they  
15 said it might come up -- that the petition  
16 would be split going ahead with some in the  
17 Vanowen Building and leave the others until  
18 later. I think that will essentially void the  
19 petition.

20 I was challenged by NIOSH in the  
21 pre-evaluation telephone interview. They  
22 asked whether I had written the petition for a

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1 single person, for all North American people,  
2 all the North American employees at that  
3 facility, and I stated to them very strongly,  
4 as I do now, I wrote it for all the employees  
5 at the Canoga Avenue facility.

6 I carefully defined the Canoga  
7 Avenue facility in my petition. Excuse me. I  
8 need to get a drink of water.

9 It would be disingenuous, now, on  
10 my part, to say, okay, let's go ahead with  
11 Vanowen and forget the rest. Again, I say it  
12 would disenfranchise those people, and I would  
13 disagree with that.

14 Several years ago, at a meeting in  
15 Simi Valley, Peter Turek, then the head of the  
16 DOE EEOIC program, handed out charts of  
17 Canoga, Santa Susana and De Soto, and certain  
18 buildings were marked with yellow and that  
19 implied that those buildings were covered.  
20 Then later, I guess about a year, a year and a  
21 quarter ago or something like that, I learned,  
22 I think through DOL, first, that this had been

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1 changed and now these three individual  
2 facilities were all identified as facilities  
3 and they were put in the Federal Register in  
4 June or something like that.

5 That's when I began the petition.

6 The petition Evaluation Report, and some of  
7 the comments that you've made, seem to imply  
8 that the Vanowen Building and AI, which was in  
9 that building, and Rocketdyne, which was in  
10 the main building and the other buildings,  
11 were autonomous and basically separate  
12 entities. This is the farthest thing from the  
13 actual truth that one can say.

14 This was not the case, and that's  
15 what I'm going to talk about most of the time,  
16 because I believe that is the influence,  
17 strongly the outcome of this petition, this  
18 idea that these were separate, never the twain  
19 shall meet type things.

20 First, North American Aviation  
21 corporate offices ran all of the company.  
22 They selected who was going to be the division

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1 president and if he didn't shape up, he was  
2 gone. The shaping up means he did what  
3 corporate wanted.

4 They selected the division vice  
5 presidents. They selected the chief engineer.

6 They selected the head of who's going to run  
7 the shop. They approved all the top-level,  
8 executive-level, and then mid-level salary  
9 increases.

10 They controlled what programs this  
11 division should bid on unless it was a very,  
12 very small program. What new business  
13 ventures the company could go--what area it  
14 could go into. One division could not bid  
15 against another, for example.

16 They moved programs around. I had  
17 a program taken away from me one time. I  
18 happened to boast about it at a management  
19 club meeting, and the next thing I know they  
20 say that belongs over there. Bye-bye. And so  
21 did two of my great guys.

22 North American was the name on

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1 every contract. You talk about did AEC  
2 contract with AI or ETEC or Rocketdyne? No.  
3 They contracted with North American Aviation.

4 That was the name on every contract. Once  
5 North American got the contract, they could  
6 put it any way they wanted and they did  
7 sometimes.

8 I'm sure you probably don't know  
9 that we had a vast test facility up above  
10 Reno. It was great to go up there because  
11 you'd stay at the Sparks and you could see  
12 Tina and Bertha there, the big elephants that  
13 paraded around on the stage. I made that trip  
14 once.

15 Now think about this. There was  
16 no legal staff at the division level. So how  
17 can you be a division if you don't even have a  
18 legal staff? The contracts went up to  
19 corporate to get the fine print on and  
20 everything else. There was one shop union for  
21 all divisions, and the corporation did the  
22 bargaining. There was one transportation unit

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1 too.

2 The corporation did all the  
3 building leasing. I believe this is true but  
4 I can't absolutely say it is but it may clear  
5 up some of your problems.

6 When Boeing bought these  
7 divisions, when Boeing bought them, they  
8 bought division records. They didn't get  
9 corporate records. You know, you say, well, I  
10 can't understand some of this stuff. There  
11 were people there whose job it was just to  
12 make sure of that.

13 They controlled the IRD funds, the  
14 IR&D funds. You know what they are?  
15 Independent research and development. And the  
16 burden that each division, so-called division,  
17 had.

18 And IR&D was a really big deal  
19 because that sponsored most of the independent  
20 work that divisions would want to go. Much of  
21 AI's reactor work was IR&D and much of  
22 Rocketdyne's rocket engine research was.

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1           The corporate set the pay scales.

2           They approved the raises. They moved people  
3 around at will. AI's, I think it was second,  
4 might have been third, president, came from  
5 Rocketdyne. He didn't really want to go -- I  
6 knew him -- but he went.

7           And Rocketdyne had four presidents  
8 that came from other divisions. One time, the  
9 corporate just switched. They took our  
10 president and sent him to Autonetics, they  
11 took the RNX president and brought him up to  
12 Rocketdyne. You know. ETEC was run by a  
13 Rocketdyne guy. The guy came from Rocketdyne.

14          People went back and forth between Rocketdyne  
15 and AI all the time. They would transfer one  
16 place, go there for a year. I knew quite a  
17 few people that did that.

18          The corporation wanted the  
19 divisions to work together and they took  
20 actions to enforce this.

21          Here's a picture of the -- do you  
22 have a pointer? Or I can just go up there.

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1 Shall I just go up there?

2 This is the AI building. This is  
3 a different perspective. The other one, the  
4 picture was turned around. And this is  
5 Rocketdyne. The first thing you can notice is  
6 that Rocketdyne was a little bit bigger than  
7 AI, about three times. This was also a  
8 Rocketdyne -- it was called the engineering  
9 annex there.

10 Originally, when they set up, they  
11 had a cafeteria here and one over here, and I  
12 remember, I wanted to check out the new  
13 secretaries at AI. I went over there the  
14 first day it opened. No guard stopped me  
15 either.

16 This is the entrance here. This  
17 was Owens Avenue and, originally, this was the  
18 main entrance here, and this here was where  
19 all the delivery trucks had to come in, here,  
20 and these were loading docks for AI and these  
21 for Rocketdyne. Everything that went to Santa  
22 Susana -- except it was a contractor building

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1 a facility--had to go to these loading docks  
2 because the union would only permit their  
3 trucks -- excuse me, not their trucks -- their  
4 drivers to drive up the private road -- it was  
5 private then--to Santa Susana.

6 This was all open. There's a  
7 fence that ran from here over along this  
8 street. There was a big gate here, and then  
9 it came over, wrapped around this and then the  
10 buildings where the gate--here was a big major  
11 gate. People could get in from this parking  
12 lot. That's a big parking lot.

13 This was the front office here,  
14 and if you were an executive or high-level  
15 manager, you could go in there. There was no  
16 guard there, just the secretary with a push-  
17 button to open the door and you could take  
18 visitors in.

19 Then this was a main gate, people  
20 could come in from here and here. This area  
21 here was all open. Around 58 or so, they  
22 built another building in here and took the

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1 cafeterias out, and put this as one cafeteria.

2 The gate across here, this was really the  
3 main gate. There weren't any terrorists  
4 around then and weekends or something, they'd  
5 have two guards or something. You know, it  
6 wasn't--nobody really had all those secrets  
7 either.

8 Here's another view of just AI.  
9 Whoops. That's wrong. I got that wrong here.  
10 It's not a very good picture.

11 MEMBER BEACH: It's upside down.

12 MR. LARSON: That's the way it is,  
13 yes. I don't see very well without my  
14 glasses. Okay. Here is the--oh. Excuse me.

15 Here's--I didn't get a picture, or a photo of  
16 one of these because it wasn't that big, but  
17 I'll send it around. It's kind of  
18 interesting.

19 Here was the plant on March 22nd,  
20 55. AI moved in in October and Rocketdyne  
21 moved in in November and this was the  
22 building. I'll send these around, if you

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1 would like. And this is the other picture  
2 that I showed, I'll show again, but there's a  
3 real, much better, clearer view of it.

4 And this is one here I'd like to  
5 have you look at very closely, because you can  
6 see here, this is their high-security fence  
7 here. It was made in sections so they could  
8 take it in on weekends so no one would steal  
9 it.

10 This is the main entrance, right  
11 here, right here, and this is a car pulled up,  
12 probably delivering pizzas. Years later, I  
13 had an office in here, right in there and a  
14 couple--one of my--two of my good friends in  
15 57 married secretaries that worked over here.  
16 They never had a problem with access.

17 Now one of the things--let me go  
18 back to this. One of the things you have to  
19 realize, and it's clear when you think about  
20 it--there we go--all the people that started  
21 this, all the people that came and started  
22 this, these buildings filled up fast, you can

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1 see all the cars there--they were from Downey.

2 They had worked together for Downey, some of  
3 them for years. They were in the same stress  
4 shops, the same test labs, and they got split  
5 by the corporation and said you're going to  
6 out here to the hinterlands. This was way out  
7 in the sticks then. You're going to go out  
8 here to the hinterlands and you're going to  
9 start up this Atomic International operation  
10 and this Rocketdyne one, and we've given you  
11 these famous names.

12 Rocketdyne hated their name, at  
13 first. They thought it was kind a like a  
14 cartoon thing. Autonetics. They got this  
15 name. What in the hell is an Autonetics? You  
16 know. But now AI, everybody thought they had  
17 a pretty good name.

18 There was no fence in here to  
19 protect AI from those bad Rocketdyne people.  
20 There was no fences in here. There was a  
21 fence across here. There was a fence here--or  
22 excuse me--it went up like this, because the

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1 people in this building went in right here.  
2 And there was a gate here. Most of the trucks  
3 came back here. Employees could drop off and  
4 get in.

5 You could just go into the company  
6 through the loading docks along here. And  
7 here was the main entrance to AI. We didn't  
8 even use barbed wire.

9 Everything got locked up at night.  
10 There was a key--these buildings had key  
11 locks and the top executives got the locks. I  
12 once had to work and one boss gave me a key  
13 and got in some trouble for that. That was in  
14 the early 50s.

15 But that's how it worked then.  
16 There wasn't a lot of things. A North  
17 American badge would let you in anywhere, if  
18 you had a North American badge. Originally,  
19 the badges were these pin-on things with a  
20 wire, and then shortly--I don't remember the  
21 year; I've tried to figure it out--we got  
22 picture badges. And everybody got the same,

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1 basically the same kind of badge.

2 There wasn't a problem getting in.

3 If you were wandering around somewhere, of  
4 course a guard, or even anyone else, would ask  
5 you, what are you doing here. You know. It's  
6 just like any place else. You know. What are  
7 you doing? You aren't supposed to be here.  
8 Or you aren't--and there were lots and lots of  
9 locked rooms.

10 The biggest thing they kept locked  
11 up was in the tool cribs, because there are  
12 all these tools and stuff. There were a lot  
13 of other locked rooms. The rooms over here,  
14 AI, they had hot stuff in them, the labs.  
15 They were all locked. They were either--most  
16 of those had a old-fashioned mechanical push-  
17 button lock, and so the people that were  
18 supposed to go in, they'd go in and push the  
19 buttons and go in there, and if someone  
20 knocked on the door, they'd look and see who  
21 it was and if they didn't know him, they  
22 didn't think he should be there, then they

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1 didn't bring him in. It's just the normal way  
2 you did business here. There wasn't anything  
3 special about that.

4 Here's the way the badges looked.

5 I have one. After I retired, I went back to  
6 work to an agency shop and I worked for the  
7 corporation and the first job assignment I had  
8 was down at the Strategic Defense Center. So  
9 this has Rockwell International. The ones in  
10 55 would have had North American Aviation.  
11 And then it has the division. I worked at the  
12 Strategic Defense Center. It's got a picture  
13 of me--everybody had a different picture--and  
14 it had my name, and I didn't have a title so  
15 they just -- the company I was working through  
16 as an agency was Martec.

17 And it's got this green line  
18 through it. Now that designated your  
19 clearance. And that's true, that was  
20 different. Different people. If people had a  
21 Q clearance, they had a different color bar.  
22 If they had a confidential clearance, they had

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1 a different kind of bar. And there were some  
2 strange bars, that you'd ask him, what's that  
3 and he says, I can't tell you.

4 In fact, we all objected to this  
5 because we'd been lectured so long before we  
6 got these badges that you couldn't tell anyone  
7 what your security level was. You know, that  
8 was a violation. You couldn't go and tell  
9 anyone. And then they put it on your badge.  
10 So anyway, that's my comment on, yes, they had  
11 special badges at AI, and that kept the  
12 Rocketdyne people out, and this fence over  
13 here did, too. It isn't on this one.  
14 Somebody stole it or something.

15 But this was all open. You could-  
16 -this was great here because if you didn't--if  
17 your wife or somebody was dropping you off,  
18 you didn't have to park. There was some  
19 restricted parking in here--this was--and then  
20 over in here. This was restricted. But all  
21 the rest--if you were in a car pool, you  
22 parked and it might be a couple of Rocketdynes

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1 and an AI person and they'd park here and  
2 they'd go in this way. You know, it's just  
3 the normal way things worked.

4 But, you know, if you were  
5 wandering around, and no matter what badge you  
6 had, somebody would say, what are you doing  
7 here. That's just a natural thing. And I  
8 said there were a lot of locked rooms.

9 Now AI at Vanowen was quite an  
10 active site. They were kind of the  
11 corporation's darling, because in 55, nuclear  
12 stuff was going to do everything. They were  
13 going to make new Panama Canals with nuclear  
14 things and they were working on an airplane  
15 engine, a jet. Yes. I tried to get on that  
16 job. They said, no way, says, young engineers  
17 just out of college do not tell us where we're  
18 going to put you.

19 Those of you who flew in here, how  
20 would you like to have flown into LAX, and all  
21 those airplanes around, you had four reactors-  
22 -

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1 (Laughter.)

2 But they were one of the  
3 corporation's hot items. Now one of the things  
4 they were working on, and this was at this  
5 site, was this. This is an ad they ran in the  
6 paper. It was a reactor. I can't read that  
7 very well. Here's a copy of it, if anyone  
8 wants to read it. There you go.

9 But this was a reactor, and it was  
10 for sale for \$55,000. Now that's about 12  
11 Cadillacs then, and so that's about three-  
12 quarters of a million dollars, and they were  
13 trying to sell it to universities, things like  
14 that, and my best recollection, and I'm not  
15 too sure on this, is they sold about ten of  
16 these.

17 So how many people--how many  
18 people--you sell ten of those. What you have  
19 to--how many tribes of people from colleges  
20 and universities could pony up that much money  
21 and come out and see it and buy one of those  
22 for three quarters of a million dollars in

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1 1957 or 58?

2                   There's a lot of people came. It  
3 took a lot of people to come to get ten sold.

4       And what happened to all those people? They  
5 all came in here. The reactors were way over  
6 here. They went down the main aisle here then  
7 they went across here and they went in and  
8 looked at the reactors for a while.

9                   So AI was not that sterile, just  
10 wasn't that sterile. But there wasn't really a  
11 lot of reason to be. Rocketdyne, one time--  
12 and we had all this--we were making the  
13 engines for the Atlas, the Thor, every one of  
14 these programs.       Every intercontinental  
15 ballistic missile. It was the missile race  
16 era.

17                   We were in a program one time,  
18 they had the AIAA, the American Institute of  
19 Aeronautics and Astronautics, had a big  
20 meeting in Los Angeles and we had 20 busloads,  
21 50 to 60 on a bus, that went up to Santa  
22 Susana, drove all around the area and stopped

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1 and saw an engine fire. We had seven firings.

2 My boss was very active in that, so I was  
3 offered the opportunity of being a tour guide  
4 on one of the buses and that was really fun  
5 because the group I got, we had a horizontal  
6 test firing. The engine was--there was a big  
7 canyon. We had one horizontal test down  
8 there. It was kind of a stupid thing.

9 And they ran this engine. They  
10 had a pyrotechnic slug as a starter, you know,  
11 a great big firecracker in there then they  
12 shot the propellant in and they had very  
13 accurate timing, and they kicked the--here we  
14 were, a whole bunch of people sitting on this  
15 side of the canyon, and what's coming across  
16 there? This great big burning mass of a  
17 firecracker. Everybody turned and ran. It  
18 only got about halfway across the canyon, then  
19 it dropped down.

20 But it was kind of an exciting  
21 thing. All enjoyed it. I did, anyway. So  
22 yes, we had security, but those people had no

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1 clearance. They were just people who signed  
2 up to go to the meeting, and for, I don't  
3 know, some small amount, they got the bus ride  
4 up there and a chicken dinner or something  
5 like that. Then they went down.

6 So, I mean, there weren't--there  
7 was a nuclear--excuse me--radiation hazards in  
8 here, but they weren't--we weren't making any  
9 bombs. Besides that, by then you could see how  
10 to make a bomb and I took a Class at UCLA and  
11 one of the instructors was from here, and we  
12 learned how to calculate how much--I don't  
13 remember, it was too many years ago.

14 Now North American did a lot to  
15 include interchange at all levels. Although  
16 the core people came from Downey, the company  
17 was hiring like mad in every division. They  
18 had more contracts than they could handle.  
19 You can see from the cars there, there is a  
20 lot of people. There's parking all along the  
21 street and everything else.

22 And one of the things they did,

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1 what they'd learned from their World War II  
2 activities, when they had these shops all over  
3 the United States, you know, building  
4 airplanes is that they needed to have events  
5 and things for the company.

6 So they sponsored all kinds of  
7 clubs and other events to advance the  
8 corporation's image and get the people  
9 together. So there were a lot of clubs and  
10 they were for everybody here and at Santa  
11 Susana. We had a ski club and we could really  
12 offer good deals because we had money. You  
13 could go up to Mammoth for two days, get two  
14 dinners, two nights lodging, two breakfasts,  
15 two days of ski tickets for eighteen dollars.  
16 You know?

17 And they had a rockhound club, a  
18 bridge club, a hiking club. There were golf  
19 outings. There were trips open to every--it  
20 was very much subsidized and in the summer,  
21 they had softball leagues. In the winter,  
22 bowling was popular then. The corporation

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1 bought Lou Costello -- Bud Abbott and Lou  
2 Costello -- they bought his ranch that was out  
3 in this area of the San Fernando Valley. So  
4 about ten acres, maybe more, and they turned  
5 this into a rec center. They had a swimming  
6 pool. They had picnic areas. They built it  
7 up quite big over the years. But even at the  
8 very beginning, when they bought it, it was a  
9 great place.

10           The biggest club they had was the  
11 management club. Now you think about it,  
12 you're all thinking, boy, that would be  
13 boring. But if you'd been able to come to  
14 this management club, you would have come  
15 every month. It cost you virtually nothing,  
16 maybe a couple dollars. You got a prime rib,  
17 a steak or a lobster dinner or something else  
18 like that. It was at the best restaurant in  
19 the valley, San Fernando Valley. It was at  
20 the Sportsmen's Lodge. They had this huge  
21 room that they could fit in maybe 400, 500  
22 people there, and most of the time they'd be

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1 bringing out extra tables.

2 You had a social hour. You had to  
3 pay for your drinks, although sometimes you'd  
4 get one ticket for that. You'd get this great  
5 dinner, you'd get a short speech--unlike what  
6 I'm giving--a short one. And then there would  
7 be Hollywood entertainment. It wasn't the A  
8 list; but it was the B list. You know, we'd  
9 have--I don't know how far back you'd go.

10 But we had Rosemarie once. I  
11 think we had Howard Keel and people like that.

12 They'd give a--they'd have magicians and all  
13 kinds of other things. And then the big event  
14 came. Then they would have the big event and  
15 that was big.

16 They had this raffle, and you'd  
17 get a few tickets with your lunch--or your  
18 dinner ticket. A color TV then cost about  
19 \$600. So that's maybe about what, seven  
20 thousand now, or something like that. And  
21 somebody would win that every time. I once  
22 won a set of golf clubs. That's the best I

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1 ever did. But back to the people. These were  
2 all the managers from the different divisions.  
3 They'd sit together. People would know each  
4 other. They'd been friends at Downey, or the  
5 new people that came in, they would know--  
6 people--the company wanted to get people to  
7 know each other together, because they'd  
8 learned from World War II that the plants that  
9 did this, they were more productive, less  
10 absenteeism.

11 All these benefits came to the  
12 company from having the people not be leery of  
13 each other, or--but to be friends. At least  
14 know each other and see what to do. And that  
15 had a big impact on how the company operated.

16 There were a lot of common  
17 operations at this facility. Common  
18 operations. And there was one master print  
19 shop. Offset printing and ditto machines.  
20 You remember ditto machines? Ditto machines  
21 were the norm and offset printing was  
22 expensive. That took a lot. You had to have

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1 these big cameras with arc lights and  
2 everything. So the main print shop is over  
3 here. Now I'm not saying Atomics  
4 International didn't have some ditto machines.

5 That was where the main print shop was.  
6 There was one medical center. They had one  
7 fire truck. The guards would rotate around.

8 North American was a very strong  
9 union shop. The unions here and the unions  
10 here, they were all the same union. I think  
11 it was mentioned before, we had a scheduled  
12 bus service that would pick up people at  
13 different places around here and then take  
14 them up to Santa Susana. This was something  
15 they did for everyone. I think it was  
16 mentioned in the other petition.

17 For a while, we had a single steno  
18 pool, but that was short-lived. And we had  
19 one photo lab, one movie lab, one credit union  
20 and for a while we even had one company store  
21 where you could buy products the company made  
22 at other divisions. Everything--every movable

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1 machine, from a typewriter to a lathe to a  
2 milling machine or something had one label on  
3 it: North American Aviation. It had their  
4 property control on it and divisions were not  
5 independent.

6 I covered this. Now let me--

7 CHAIRMAN MELIUS: Mr. Larson,  
8 could you sort of wrap up a little bit cause  
9 this is taking a lot of time and we need to  
10 focus on the main points.

11 MR. LARSON: I thought they all  
12 were main.

13 CHAIRMAN MELIUS: Well, somehow,  
14 the ski club I don't think was main.

15 MR. LARSON: How much time--well,  
16 it really was. The two guys that got married,  
17 that worked over here, that married the  
18 secretaries over here, they were in the ski  
19 club. Okay. I'll try. I'm sorry. I was  
20 told that I had either 15 minutes or to take  
21 as much time as I like, by NIOSH. So blame  
22 them, not me.

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1           Okay. This is something that you  
2 probably would be interested in here. The  
3 time cards in employee locations. They had a  
4 very strict time card policy. You'd put your  
5 charge number on the card that you worked on  
6 and who you worked--and that job only. There  
7 were no exceptions. We actually had time card  
8 monitors. People would come around in the  
9 morning and check that out.

10           Now the policy meant that you  
11 could go to any division. You could be sent  
12 to any division. Excuse me. You could be  
13 sent and work on their project. And there was  
14 no record? No. Yes. It was on the time card.

15           But the boss would have to sign the time card  
16 and then you could work on it. You didn't  
17 have to be a Rocketdyne or an AI or an  
18 Autonetics division person. You could go down  
19 to Downey, and work for a day or two days or  
20 whatever they wanted.

21           So there wasn't any restriction  
22 and there's no records of that that I know of,

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1 unless you could get all the timecard records.

2 Where they would be, I have no idea.

3 I had a project engineer that was  
4 on loan to one of my groups for about two and  
5 a half years, and he didn't really want to  
6 transfer, and I didn't really want to transfer  
7 him in. We had a good relationship going.  
8 And so he was in AI, on the books as an AI,  
9 and he worked in my group for two and a half  
10 years.

11 The same went on in the shop. Now  
12 employee locations were something else, and  
13 for that, I have something that you'd be  
14 interested in. This is from the Morgenstern  
15 report that the company contracted for at  
16 UCLA, and I hope you can read it. I'll read  
17 it to you.

18 Personnel records provided us with  
19 personal identification and information on the  
20 employment history, including the assigned  
21 division or department, location, code, job  
22 title and pay type, salary, and professional

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1 management, et cetera. In addition, the  
2 Remark field was there, indicates laid off.  
3 We received no information that would allow us  
4 to interpret department codes and functions  
5 consistently over time with codes dating back  
6 to 1950 and 60 being essentially problematic.

7 Workload location codes for  
8 Susana, De Soto, and Canoga facilities of  
9 Rocketdyne and AI were very crude and did not  
10 reflect actual work sites but rather timeclock  
11 locations. But people didn't have timeclocks.

12 This was all a carryover from World War II.

13 For example, at Santa Susana Field  
14 Lab, the only code used on personnel card  
15 indexes prior to 1960 was an S, implying Santa  
16 Susana. From about 1960 to 71, 31 two-letter  
17 codes were used to specify Santa Susana  
18 buildings.

19 After 1970, they were replaced by  
20 35 letter codes. However, at Santa Susana  
21 there were 400 buildings. That there is not--  
22 was not a way of tracing people, and it

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1 doesn't exist. People can get reassigned, or  
2 anything like that.

3 Now I have another thing I want to  
4 go into. There was a statement that there was  
5 no AEC work except at Vanowen. I personally  
6 know of one rather significant effort. When I  
7 started work at Rocketdyne, in the main  
8 building at Canoga, in November 55, my work  
9 location was in the center of the engineering  
10 bullpen. About 40 feet away was a room with  
11 double doors, pushbutton lock. The room was  
12 about 20 by 30. Desks were about ten.

13 The personnel in that area had a  
14 program with Los Alamos. I don't know the  
15 contractual arrangements. The program was  
16 called NERVA. This program was directed  
17 toward a nuclear reactor-powered rocket engine  
18 and thought to be for a large new missile, to  
19 deliver a very large nuclear bomb, and they  
20 talked about the bomb being made up at  
21 Lawrence Livermore then, which I'm sure you  
22 all are aware of.

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1           I think there may have been other  
2 names for this. I knew Los Alamos was very  
3 much involved because most all the people went  
4 there. Some stayed for weeks at a time. I  
5 worked in that program. The unit secretary  
6 kept a box of film badges in a locked filing  
7 cabinet.

8           They were given out based on the  
9 supervisor's direction and collected at the  
10 end of the day.

11           I remember the badges clearly  
12 because they were heavy. They had a safety  
13 pin clasp--were supposed to wear them pinned  
14 to your shirt. We had to wear a suit and tie  
15 to work and the problem: they would ruin your  
16 shirt by the end of the day if it got caught.

17           Even then, it'd leave big holes on it. My  
18 involvement was as an extra hand for tests in  
19 the lab and checking hardware.

20           In the fall of 1958--and it's  
21 possible I'm off by a year, 59--a big team of  
22 about 70, maybe more, was set up to wrap up

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1 all the work in the program, get it done and  
2 to prepare for a bid on a follow-on.

3 Personnel from the team came from  
4 Rocketdyne, AI, and Downey, and some corporate  
5 people were there. I had written a lot of  
6 reports by that time, and somehow NASA had  
7 gotten into the act. They'd just been formed.

8 So I was assigned to this team. My specialty  
9 was mission analysis, and I was called on to  
10 write up a big section on missions, planetary  
11 missions, to go in the report in case NASA was  
12 going to have some major thing.

13 This section was unClassified. I  
14 have a copy with me. The team worked six days  
15 a week over--I don't have to put the picture  
16 up--over in the Vanowen Building in the front.

17 They had an area set up and we lost the  
18 program. That was the outcome. I lost a whole  
19 year of--or week of skiing on that. I won't go  
20 into that.

21 Many of the people on that team  
22 left the company. They went to the winning

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1 contractors. In the 60s, a unit was formed in  
2 Vanowen which was called Nucleonics, made up  
3 of Rocketdyne and AI people. They were trying  
4 to get subcontracts from the winners.

5 Then, in 98 or 99, there was a big  
6 effort, you may have heard of it, with NASA  
7 trying to get--and others, not just NASA--  
8 trying to get some new interplanetary programs  
9 started, and I was invited to Los Alamos for a  
10 big three-day conference on it, and they  
11 presented all these papers and everything.  
12 But even though we paid to get the transcripts  
13 and videos, they said their security wouldn't  
14 let them out.

15 So I put--this was not in the  
16 petition, but there are many--I'm sure if you  
17 dig in, there are other examples of AEC work  
18 that were done there.

19 Now the other thing about AEC  
20 work--and I'll try and make this real short--  
21 is this is the Rocketdyne. This is Rocketdyne  
22 shop. Rocketdyne was three times as big as

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1 AI, always was, made a lot more money too.  
2 And this is AI and a lot of this was taken up  
3 with the hot labs and stuff like that.

4           They had this whole shop over  
5 there. So when hardware was needed and they  
6 didn't have the capability here, what do you  
7 think happened? They walked across this 40  
8 feet here, talked with a friend they knew over  
9 there and got the piece made. Rocketdyne had  
10 immense fabrication, manufacturing facilities.

11 They were the premier in drilling because we  
12 made all those injectors. They had brazing  
13 capabilities. They had all kinds of milling  
14 machines and everything.

15           And again, there didn't have to be  
16 a record for that because they just charged  
17 hours in the shop. You could bring it over  
18 and get a planning ticket to get it done. And  
19 the same thing with engineering. Engineering,  
20 we probably had four times more. This was all  
21 an engineering building. Then they built a  
22 two-story one here.

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1                   If AI needed help on some thermal,  
2           or hydro, or something engineering, not  
3           nuclear--but one of those, to get a project  
4           done, they could borrow a person. And this  
5           happened a lot. This wasn't just once in a  
6           while. This happened a lot.

7                   Did upper management object?  
8           Absolutely not. Now one thing I want to say  
9           that I had in the petition, and it was really  
10          not addressed, and that is the move to De  
11          Soto--this is the De Soto facility here. They  
12          moved out of that one building and this is the  
13          complex at De Soto. Now this wasn't all built  
14          overnight. This and this was, I remember, the  
15          first two buildings. They moved over that,  
16          moved over that. This was the manufacturing  
17          facility, this great big facility here.

18                   This was the--excuse me. This  
19          building here, this was the administrative  
20          one. This was an engineering building. This  
21          was labs. This was engineering or desk,  
22          office space.

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1                   They moved over there in a period  
2 of 18 months. They started in mid-58 and they-  
3 -excuse me--mid-59, and they got over there,  
4 finished at the end of 60. So for 18 months,  
5 they were moving out of here, and Rocketdyne  
6 was moving in as fast as they could because  
7 Rocketdyne had people stashed all over the San  
8 Fernando Valley in office space.

9                   I asked about, was there ever a  
10 clean-up done. Over the 18 months, were they  
11 exposed to radiation? There was nothing in  
12 the petition that responded to that. There  
13 was nothing.

14                   CHAIRMAN MELIUS:     Can you wrap  
15 this up?

16                   MR. LARSON:     Yes. So my view is  
17 that I have a list of, I think ten or twelve  
18 items that were in the petition, that they  
19 were not addressed and this is it. I won't go  
20 through it. But what the petition did address  
21 is it took out three of the items and says we  
22 agree with them, so let's go ahead. But I do

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1 not believe the--anything, any knowledge  
2 existed as to the integrated relationships of  
3 AI and Rocketdyne here, and that this colored  
4 the outcome.

5 And so my position is that we  
6 should not go ahead with a petition just for  
7 the AI people. It is completely counter to  
8 what you're doing in the Santa Susana Area IV.

9 Why it's limited only to the people inside,  
10 and why they--it's a mile--excuse me. This is  
11 about two-tenths of a mile. I think that's  
12 about four-tenths. The Area IV is about a  
13 mile long, right now, on the last chart I  
14 looked at.

15 This is all tightly packed  
16 together, and yet the petition says just cover  
17 this and forget the rest. I can't agree with  
18 that. I think it's an invalid petition if it  
19 goes that way. Think of it this way. Think  
20 of it this way.

21 If North American had not come up  
22 with the AI and the Rocketdyne names, and if

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1 North American had just built this facility  
2 and had just taken that surplus from Downey  
3 out, in the way of people, and put them in  
4 here, we wouldn't be here talking about this.

5 Because that's what they did.  
6 They took all those, overflow of people out at  
7 Downey--they had no more land there, they had  
8 all the buildings they could put on the site  
9 and they brought them out here and they put  
10 them in this building and this building. They  
11 built up units down at Downey.

12 And then they had a huge hiring  
13 binge, and that's what resulted. But they're  
14 all the same. It's that simple.

15 CHAIRMAN MELIUS: Okay. Thank  
16 you.

17 MR. LARSON: Sorry to take so  
18 long.

19 CHAIRMAN MELIUS: That's okay.  
20 It's helpful information. Thank you. Does  
21 anybody on the Board have any questions for  
22 Mr. Larson?

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1 MR. LARSON: Pardon?

2 CHAIRMAN MELIUS: I'm asking if  
3 anybody here has any questions.

4 (No response.)

5 CHAIRMAN MELIUS: If not, we need  
6 to come to some -- I don't know, Jeff, if you  
7 had any comments, or information you can  
8 provide us about the Department of Labor  
9 letter regarding the Class Definition?

10 MS. CREASE: Hello.

11 CHAIRMAN MELIUS: Who's on the  
12 phone and has a question?

13 MS. CREASE: Yes. This is Mary  
14 Crease and my husband Harry worked there for  
15 many, many years. And now I'm 91 years old  
16 and I'm without finances much and I miss him  
17 so much and he died of cancer, which I feel  
18 was back down to Rockwell and I can't talk too  
19 much about it but I do appreciate all your  
20 hard work and I appreciate what you're doing  
21 and I just hope that things will come up to  
22 help me out in some way or form. And I thank

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1 you very much. Thanks for your time, and I'm  
2 very interested in the procedures. Thank you.  
3 Bye.

4 CHAIRMAN MELIUS: Thank you.

5 Okay, Jeff?

6 MR. KOTSCH: Jeff Kotsch,  
7 Department of Labor. Yes. Checking with the  
8 Seattle office as far as the Canoga facility,  
9 we occasionally do have issues with putting  
10 people in--but again, we always do these  
11 things on a case-by-case basis. But we do get  
12 things from the corporate verifier that allow  
13 us, sometimes, to place people in Vanowen.

14 CHAIRMAN MELIUS: So you're just  
15 not sure on this? Or I mean, I guess I'm  
16 trying to --

17 MR. KOTSCH: All I'm saying is  
18 that we don't--the Seattle office has said  
19 that sometimes they have difficulty putting  
20 into Vanowen. But other times they get  
21 information from the corporate verifier that  
22 can place people in that building.

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1                   CHAIRMAN MELIUS:   Okay.

2                   MR. KOTSCH:   It's like at a number  
3                   of--well, at other facilities, occasionally we  
4                   have problems like that too, you know, where  
5                   we can't--like in Iowa--where we can't put  
6                   people in certain places sometimes.

7                   CHAIRMAN MELIUS:   Okay.   Thanks,  
8                   Jeff. I appreciate that. I think we're--I'm  
9                   sorry, we're not at the public comment period  
10                  yet. We'll get to that in a second.

11                  PARTICIPANT:   Can I--

12                  CHAIRMAN MELIUS:   No, thank you.  
13                  You'll have a chance later, because we need to  
14                  come to some plan to move forward on this, on  
15                  that, which I think is--I don't think there's  
16                  much we can do right now, given the issue on  
17                  the Class Definition and I think we have to  
18                  postpone until the next meeting, until we do.

19                  Josie?

20                  MEMBER BEACH:   Is it possible to  
21                  ask the Santa Susana Work Group to take this  
22                  up or are we even beyond that yet?

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1                   CHAIRMAN MELIUS:    I was thinking  
2                   that's one possibility, in terms of follow-up.  
3                   I'm not sure what we're assigning--and also  
4                   there's, I think there's the question of  
5                   whether we need to have SC&A look into this,  
6                   and what part of it.  But I'm not sure until  
7                   NIOSH and DOL have had some discussion.  We  
8                   already heard from Mr. Larson.  We may hear  
9                   from others in the public comment period  
10                  tonight or tomorrow about this issue.

11                  Stu?

12                  MR. HINNEFELD:       This is Stu  
13                  Hinnefeld from OCAS.  I think, based on what  
14                  we hear here, and what we've heard just  
15                  recently from the Department of Labor, I think  
16                  we will be doing additional evaluation of our  
17                  work and our conclusion regardless of actions  
18                  taken today.

19                  CHAIRMAN MELIUS:    Okay.

20                  MR. HINNEFELD:       So I think there  
21                  will be some additional work and a report on  
22                  our part back to the Advisory Board prior to

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1 the next meeting. We'll submit it to the  
2 Advisory Board prior to your next meeting.

3 CHAIRMAN MELIUS: Okay. Thanks,  
4 Stu. Henry?

5 MEMBER ANDERSON: Do we have any  
6 idea when the Site Profile will be revised?

7 CHAIRMAN MELIUS: There is no Site  
8 profile for this --

9 MEMBER ANDERSON: Well, in the  
10 support document --

11 CHAIRMAN MELIUS: Is there? There  
12 is one?

13 MEMBER ANDERSON: It says there's  
14 going to be one. That it's being revised.

15 CHAIRMAN MELIUS: Okay. I  
16 apologize.

17 MR. HINNEFELD: Stu Hinnefeld from  
18 OCAS again. The Site Profile addresses all  
19 the ETEC sites. So that's Area IV and then  
20 the three other sites, as well. So the Site  
21 Profile addressed them. And I don't have a  
22 deadline on that revision, but understand that

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1 that revision, logically, has to follow after  
2 a decision about feasibility of dose  
3 reconstruction and what aspects are feasible  
4 in dose reconstruction.

5 And so that will be downstream and  
6 the revision of the Site Profile is informed  
7 by the SEC, as opposed to having that revision  
8 inform the SEC.

9 CHAIRMAN MELIUS: Okay.

10 MEMBER ANDERSON: Because I was  
11 looking at it; it also says you're going to  
12 develop a methodology for bounding, but you  
13 haven't done that yet and I was wondering--and  
14 that'll be in the profile--

15 MR. HINNEFELD: That'll be part of  
16 the additional evaluation of this process, and  
17 then whatever--if that is successful, if you  
18 agree with what we conclude at that time, that  
19 would form the basis of the Site Profile then.

20 MEMBER ANDERSON: But you've  
21 determined that you can do a dose  
22 reconstruction, but you don't have a

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1 methodology?

2 MR. HINNEFELD: Well, we came to  
3 this meeting feeling that we could. We have  
4 learned additional information from the  
5 Department of Labor just recently and in this  
6 discussion today, that causes us to feel like,  
7 at the very least, we need to reconsider--we  
8 need to consider our evaluation. I'm not  
9 saying we'll change the evaluation. We need  
10 to consider, based on the information provided  
11 today.

12 CHAIRMAN MELIUS: Okay. Paul then  
13 Wanda.

14 MEMBER ZIEMER: Well, I was simply  
15 going to ask whether or not this is another  
16 one of these cases where it would be  
17 beneficial for claimants to at least have this  
18 part of the SEC established, even though there  
19 could be additions or additional modifications  
20 later. It's kind of a question maybe NIOSH  
21 might give us some guidance on.

22 MR. HINNEFELD: Well, as a logical

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1 matter, it would be beneficial to those people  
2 who are placed in Vanowen, who are, you know,  
3 clearly in Vanowen- that would probably be  
4 Atomics International employees who have SEC  
5 cancers -- it would be beneficial to them to  
6 have the Class, as we recommended today with  
7 the understanding that we're still going to  
8 reevaluate the remainder and do that. The  
9 petitioner, I don't believe, is in favor of  
10 that, but it would be advantageous to that  
11 subgroup of the Canoga claimants.

12 CHAIRMAN MELIUS: I guess the  
13 problem I would see with that is that we then  
14 could be in the position of revising this in  
15 the near future, potentially because DOL was  
16 having trouble with the Class Definition and I  
17 think--I guess I'm a little leery of, when  
18 they're on record opposing or raising--I  
19 shouldn't say opposing--raising concerns about  
20 a Class Definition, that we at least try to  
21 get some dialogue and get it right.

22 I mean, I think this was--you were

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1 rushing to get this done in time for this--

2 MR. HINNEFELD: Yes. We wanted to  
3 deliver it here. We wanted to deliver it  
4 when--

5 CHAIRMAN MELIUS: And we  
6 understand that and I think it's been  
7 valuable. But at the same time, I think I  
8 would say maybe we can have an update at the  
9 next Board call meeting, not waiting until the  
10 next--

11 MR. HINNEFELD: Yes, that would be  
12 advantageous.

13 CHAIRMAN MELIUS: Then we can make  
14 a determination and we'd still be able, at  
15 that time, if it's appropriate to move forward  
16 with it. The current recommendation: we're  
17 trying to figure out some other way, let's see  
18 where we stand there at that time.

19 Wanda.

20 MEMBER MUNN: A proposal for our  
21 immediate--would it not be wise for us to  
22 table this at this moment with the expectation

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1 that we will take it up day after tomorrow  
2 during our Board work time during which time  
3 both NIOSH and the Board will have an  
4 opportunity to consider what actions we really  
5 would prefer to have taken as we attempt to  
6 take a step back and take another look at the  
7 entire Santa Susana issue, whether we want to  
8 have the Work Group undertake some specific  
9 activity and when we might be able to do that.

10 CHAIRMAN MELIUS: We can certainly  
11 consider that during the Board work time--the  
12 question of an SC&A or other--or Work Group  
13 involvement or we could wait until we get a  
14 report back at the next Board call meeting and  
15 I think we can consider that.

16 I would like to try to at least  
17 reach some conclusion, why--you know, the  
18 petitioner Mr. Larson is here as well as  
19 others, and rather than having them come back  
20 in two days or something, to hear--and I think  
21 we--I think the general sentiment is it's not  
22 officially tabled because we don't really have

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1 a motion but would be to not move forward on  
2 this at all in terms of approving or  
3 disapproving until the next meeting.

4 MEMBER GIBSON: Dr. Melius.

5 CHAIRMAN MELIUS: Yes, Mike.

6 MEMBER GIBSON: This is Mike. I  
7 just have one question. NIOSH had told me  
8 that probably the soonest we could have a  
9 meaningful Santa Susana Work Group meeting  
10 would be April. Given this additional  
11 information tonight, I would just like to know  
12 if they think that it's going to delay that  
13 meeting or if we can, you know, have a meeting  
14 and get some movement here.

15 MR. HINNEFELD: This is Stu  
16 Hinnefeld again from OCAS. I think, Mike,  
17 that we should be able to stay on that April  
18 meeting. I mean, the Santa Susana portion of  
19 the work. Although there is some commonality  
20 of resources working on these sites. I would  
21 think we should be able to stay on schedule  
22 for the date we indicated earlier, we could

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1 support a Santa Susana meeting.

2 CHAIRMAN MELIUS: Okay and, Mike,  
3 our Board call is scheduled at the end of  
4 March so we will have an update from them,  
5 from NIOSH, on the petition by then, before  
6 your April meeting. But as Wanda suggests, we  
7 can also talk about the Work Group involvement  
8 a little bit more on Thursday when we do the  
9 Work Group updates. Okay.

10 I would also--for the petitioner,  
11 Mr. Larson, I think we will--NIOSH will keep  
12 in contact with you and we will keep you up to  
13 date on, involved in activity and may have  
14 more questions and need more information from  
15 you. So we appreciate your efforts today.  
16 Okay.

17 Public comment period.

18 MR. KATZ: Before we start public  
19 comment, I just want to correct something for  
20 the record. I should not be making little  
21 slip-ups but sleep deprivation. When we  
22 recorded the vote for Lawrence Livermore, I

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1 used the term for Dr. Poston that he  
2 abstained, but he recused. Of course he had  
3 actually left the table. So we had 15 Board  
4 Members who voted in favor and there was one  
5 recusal. But I want to correct that for the  
6 record.

7 CHAIRMAN MELIUS: Okay.

8 Public comment period. I  
9 apologize to those that have been waiting.

10 The first person we have--yes?

11 MR. KATZ: Before we start, let me  
12 just explain the ground rules with respect to  
13 redaction policy, as we do always before we  
14 start these public comment sessions.

15 That is just for you to know, you  
16 who will comment, that there's a complete  
17 transcript being made, verbatim transcript, so  
18 your comments will be included in their  
19 entirety in the transcript which goes up on  
20 the Web and is available to the public.

21 So everything you say about  
22 yourself, personally, and so on, will be

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1       there.       But if you discuss other third  
2       parties, information about third parties  
3       that's personal, will be redacted. So you  
4       just need to know that. And the full  
5       explanation of this policy of the room, for  
6       those of you in the room, and for those of you  
7       on the phone call, it's on the OCAS website,  
8       in the Board section on OCAS website.

9                       So that's it. I just want to let  
10       you know that.

11                      CHAIRMAN MELIUS:     And I need to  
12       let you know two more things. One is that  
13       there is a 10-minute limit on any comments and  
14       secondly, we go in the order that people  
15       signed up and so I will call people and in the  
16       order that we have here.

17                      And we have, I believe six or  
18       seven people signed up, depending on how we  
19       interpret the sign-up sheet.

20                      And I don't know--the first person  
21       I have on my list is Bonnie Klea, and I don't  
22       know if that's--

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1 MS. KLEA: I just wanted to say  
2 thank you again. I'm so excited on behalf of  
3 all the Santa Susana workers and hope you have  
4 a lovely time here in southern California.  
5 Thank you.

6 CHAIRMAN MELIUS: Okay. Thanks.  
7 Okay. We're having a little trouble with the  
8 second name, even with three pair of eyes.  
9 We're not sure if it's a George Anno or --

10 MR. ANNO: Anno.

11 CHAIRMAN MELIUS: Anno. Okay.

12 MR. ANNO: Okay. Once again, I'm  
13 George Anno. A-N-N-O.

14 CHAIRMAN MELIUS: Okay.

15 MR. ANNO: And I'm going to--yes--  
16 I'm going to try to talk about my--like I'm a  
17 petitioner, and I got kind of booted out of  
18 the SEC because I had testicular cancer, and I  
19 don't understand why that's not included on  
20 there. It's probably because BEIR VII doesn't  
21 quite give it the treatment that ovarian does.

22 So that's okay. I'm going to go

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1 back and talk about my experience at Atomics  
2 International, and Santa Susana, the lab.

3 I'm going to do it quickly and I'm  
4 not going to take you down memory lane. Here  
5 we go. I was at--I was employed by Atomics  
6 International from 1957 to 1959, and I did  
7 work at both the Canoga facility and also  
8 Santa Susana. I guess that's Area IV. When I  
9 first petitioned here, I made a list of the  
10 things that I did, and I thought it was--I  
11 made, sort of make it very comprehensive, so  
12 somebody that's doing dose reconstruction, or  
13 whatever. I've done dose reconstruction  
14 myself, so I know what, I know what they're  
15 going through, what you'll have to go through.

16 Okay. First of all, let me cover,  
17 first, my--well, apparently NIOSH doesn't  
18 realize, or somehow this didn't come through,  
19 that I was not employed by SSFL. Of course  
20 I'm not. I was employed by Atomics  
21 International but I took the bus up, oh, maybe  
22 one to two-and-a-half days, or something like

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1 that, alternatively, every week.

2 Sometimes I drove up from Pacific  
3 Palisades in Santa Monica area. But what I  
4 want to say is I did write down all the--it  
5 says describe the work and duties you did.  
6 Okay. Basically, I did radiation engineering,  
7 health physics, that sort of thing. Now I was  
8 at the sodium reactor facility experiment  
9 quite a bit, did a lot of monitoring there,  
10 did smearing, did monitoring clothes,  
11 monitoring areas, all that sort a thing.

12 And I also did--I'll just give an  
13 example. The fuel elements, when they change  
14 them, there's a guide on the end and it's  
15 stainless steel and that damn thing really  
16 gets hot. So they told me, okay, George,  
17 you've got to design a shielding cast for this  
18 because we're going to dump it in the ocean.  
19 I was going to, it turns out.

20 So anyways, those are the kind a  
21 things that I did there. I was exposed to  
22 radiation here and there and that kind a

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1 thing, beta-gamma, probably not much neutron.

2 I can't say that because I think they did a  
3 pretty good, damn good deal shielding the SRE.

4 The next thing I did is I visited  
5 the kinetic water boiler reactor, the cube,  
6 quite frequently, monitoring around, making  
7 sure things were okay there, and there wasn't  
8 spraying radiation around, or leaks, et  
9 cetera. The other category was I was at the  
10 SNAP environmental test facility. In fact, I  
11 wrote the hazards report for that and did a  
12 lot of calculations of what happens if the  
13 stuff goes to the valley? What happens if the  
14 wind's in this direction? What happens if you  
15 have inversions, et cetera? That's the kind  
16 of stuff I was doing.

17 Now I also did a lot of radiation  
18 shielding for all the wastes that they were  
19 gathering up, and what I did is--what we did  
20 was we put those in 55-gallon drums, put a  
21 lumen in the drum, pack whatever you need to  
22 pack around it, sometimes lead but mostly

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1 concrete, iron concrete, that sort a thing.

2 So I did a lot of monitoring on  
3 the outside of these drums. And then we took  
4 them to Port Hueneme in trucks and we took  
5 UCLA's and a lot of other people's stuff there  
6 too, because we put them on a barge, an ocean-  
7 going tug, and on the other side of San  
8 Nicolas Island, which is 1,000 fathoms down,  
9 we dumped it. Can't do that anymore.

10 So I supervised that kind a thing  
11 quite a bit, and then at Canoga, there was  
12 uranyl sulphate loading criticality experiment  
13 that I participated in. And it was enriched,  
14 I think, uranyl sulphate. So everybody was  
15 kind of--we were in a fish bowl, basically,  
16 and everybody was watching us--you know. So  
17 we stayed there for quite a while, you know,  
18 and just poured it, watched it, plotted it,  
19 report it, watched it, you know. So I don't--  
20 I'm pretty sure I had a film badge. I don't  
21 know if I had a neutron badge on. But that's  
22 the kind of thing that I was doing at these

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1 two facilities, at the SSFL and also at  
2 Canoga.

3 So I just want to make sure that  
4 whoever does dose reconstruction has some kind  
5 of a concept, some kind of a gestalt of what I  
6 did, because they will need that.

7 I've done these dose  
8 reconstructions for accidents, for the AEC,  
9 earlier in my life. But at the time it was  
10 the AEC and so forth. So anyways, I wanted to  
11 try to make sure that this propagates through  
12 to whoever is going to do dose reconstruction,  
13 because I do understand that the film badges  
14 and the monitoring ain't no good. I mean,  
15 there's not much reliability here. So what's  
16 the alternative?

17 You've got to do some modeling.  
18 You've got to do some reasonable assumptions.

19 You've got to, you know, do something that's  
20 reasonable, one over r squared--whatever you  
21 do.

22 And I just want to make sure that

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1 those things propagate to whoever is going to  
2 do the dose reconstruction, because when I  
3 went in and visited the NIOSH people that's  
4 been represented this morning, it wasn't clear  
5 that this information was even propagated  
6 through different people to NIOSH, and so  
7 forth.

8 So I'm trying to make this real  
9 simple and try to say that I have--the data  
10 that I have--of course I was there, you know,  
11 what is it? Fifty-two or three years ago. So,  
12 you know, the old gray matter gets a little  
13 bit solid.

14 But that's what I can try to  
15 supply, and I have, and I'd like to see that  
16 propagate through. But now, when you ask me  
17 things about, well, how long did you do this?

18 How long did you do -- how the hell am I  
19 going to remember that, and count the minutes  
20 up, and even the hours? You know, I know I  
21 went up there during the day, and I was up  
22 there for about six hours and went back home.

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1       You know, that sort a thing.

2                   So this is only some guidance,  
3       that I realize that some guy doing dose  
4       reconstruction that does not have the  
5       experimental records, the data, so to speak,  
6       will have to make estimates on, and they'll  
7       have to do--they'll have to do the causality,  
8       probably, calculations. I've done those too.

9                   Now the other thing is I don't  
10       quite understand why testicular cancer was not  
11       included in the ovarian. Somebody who is a  
12       radiobiologist maybe can tell me this.  
13       They're both haploid cells. So, you know,  
14       it's a reasonable thing to do that, but it was  
15       not included on the SEC list. Anyways.

16                   I'm not going to bore you with any  
17       more. That's it.

18                   CHAIRMAN MELIUS:   Okay. Thank you  
19       very much, Mr. Anno.

20                   MR. ANNO:    Sure.

21                   CHAIRMAN MELIUS:   Our next person  
22       is Al Frowiss. Appreciate your patience, Mr.

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1 Frowiss.

2 MR. FROWISS: Thank you. I'll  
3 make my comments very brief. A lot of what I  
4 was going to say has been said eloquently, but  
5 I do claims. I've done several hundred of  
6 them: SEC claims, mostly. And recently, a few  
7 months ago, I started focusing on Santa Susana  
8 Area IV because the SEC was approved. And I  
9 have 30 or 40 claims, and I'm discovering a  
10 real rat's nest in terms of records.

11 It's not my experience with other  
12 SEC facilities, but it's certainly here, the  
13 corporate verifier doesn't have very good  
14 records. And a lot of the--from a claimant's  
15 perspective, and I represent a bunch of them,  
16 will get responses from Boeing through  
17 Department of Labor, that says Santa Susana  
18 facility unknown area.

19 Or Canoga, period. Not Canoga,  
20 Vanowen, but just Canoga. And so in many  
21 aspects of this kind of work, I see the term,  
22 claimant-favorable decisions are made.

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1           In the case of Santa Susana, the  
2           technical bulletin that deals with that,  
3           Technical Bulletin 9-14--I realize that's a  
4           Labor issue rather than your board issue--but  
5           it's very specific, and it says the claim  
6           examiner has to find that they were in Area  
7           IV, period.

8           Or as in other SEC facilities, it  
9           says that the claim examiner has the latitude  
10          to decide, you know, based--that if it's not  
11          identified exactly where he was, that they can  
12          assume that he was in a SEC area. So there's  
13          a disparity between things like Hanford, where  
14          Bulletin 8-33 describes how to deal with  
15          operational support personnel, for example,  
16          like firemen, nurses, maintenance people, et  
17          cetera. There's no such language in the  
18          bulletins describing Santa Susana Area IV.

19          So the claims examiners in Seattle  
20          tell me that their hands are tied on Area IV  
21          claims, unless they're precise, you know, in  
22          the corporate verification.

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1           So there's a problem that maybe  
2           you can mention to Department of Labor. On  
3           the Canoga thing, the only thing I could add  
4           beyond Mr. Larson's comments, is that I've  
5           been told by some of my claimants that the  
6           library existed in the Vanowen Building, and  
7           all the--all the people went into the library.

8           So whether they were Rocketdyne  
9           employees, or anything else. So there's--the  
10          tight security that was discussed by NIOSH  
11          doesn't--didn't apparently seem to exist.  
12          Thank you.

13                   CHAIRMAN MELIUS: Thank you, Mr.  
14          Frowiss. Mr. Larson, you're next on the list  
15          but I believe you've already--

16                   MR. LARSON: Yes. I agree with  
17          him. I forgot that. They had a great  
18          library. There was none at Rocketdyne at that  
19          time.

20                   CHAIRMAN MELIUS: Okay. Marcia  
21          Oney Moak?

22                   MS. ONEY MOAK: I am going to

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1 decline.

2 CHAIRMAN MELIUS: Fine. Okay.  
3 Carl Schwering?

4 MR. SCHWERING: Mine's short. My  
5 name is Carl. I want to thank you all for  
6 your efforts and work on our behalf, and I'm a  
7 former employee of all of them, and facilities  
8 at -- I worked at De Soto, Santa Susana,  
9 Vanowen facility, and however, I have been  
10 diagnosed with colon cancer, lung disease and  
11 am waiting for some other claims to be taken  
12 into consideration. Thank you.

13 CHAIRMAN MELIUS: Okay. Thank  
14 you.

15 Do we have anybody on the phone  
16 that --

17 MR. SHETRONE: Yes.

18 CHAIRMAN MELIUS: Can you please  
19 identify yourself for public comment?

20 MR. SHETRONE: Yes. This is Harry  
21 Shetrone. I'd like to speak, if I could.

22 CHAIRMAN MELIUS: Yes.

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1 MR. SHETRONE: Hello?

2 CHAIRMAN MELIUS: Yes, go ahead.

3 MR. SHETRONE: My father died on  
4 the operating table with cancer of the  
5 esophagus, and we've been -- I've been helping  
6 my stepmother with the claim. It was so  
7 frustrating with the missing information. He  
8 went to work for North American Aviation in  
9 1950 -- 48. Worked for 26 years. He was 36  
10 when he started in 62. The first seven years,  
11 he -- his vocation was no more specific than  
12 Santa Susana Field Laboratory, area unknown.

13 Unfortunately, missing the first--  
14 didn't cover the ultimate 28 months where they  
15 did record him working in Area IV. He was in  
16 maintenance and construction and had been a  
17 supervisor and lead man. So he worked,  
18 really, all over the area.

19 But I think your work has resolved  
20 the problem, I hope, and I want to thank the  
21 scientists and the researchers for continuing  
22 to research, investigate and evaluate the

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1 risks to the employees of Santa Susana Field  
2 Laboratory. We appreciate your work. Thank  
3 you so much.

4 CHAIRMAN MELIUS: Thank you.

5 MR. KATZ: Thank you, Mr.  
6 Shetrone. Would you just, would you mind just  
7 spelling your last name for us.

8 MR. SHETRONE: S-H-E-T-R-O-N-E.

9 MR. KATZ: Thank you very much.

10 CHAIRMAN MELIUS: Thank you.

11 MR. SHETRONE: You're welcome.

12 CHAIRMAN MELIUS: Anybody else on  
13 the phone wish to speak?

14 MS. NASH: Yes, I do.

15 CHAIRMAN MELIUS: Please identify  
16 yourself.

17 MS. NASH: My name is Vivian Nash  
18 and my husband worked for Rocketdyne/Canoga,  
19 from 1956 through 62. He died in 1963 from  
20 Hodgkin's disease, and what I want to know is  
21 why not Hodgkin's is on the list of those  
22 cancers that are acceptable and that's what I

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1 wanted to ask.

2 CHAIRMAN MELIUS: Well, the list  
3 is what's prescribed in the legislation we're  
4 working from. So it was put together when the  
5 legislation was passed several years ago. But  
6 that's how, why it's limited.

7 MS. NASH: Okay.

8 CHAIRMAN MELIUS: Is there anybody  
9 else on the phone that would like to speak?

10 MS. CLERICUZIO: I would.

11 MS. PULTE: Yes.

12 CHAIRMAN MELIUS: Okay.

13 MS. CLERICUZIO: Who's going to go  
14 first?

15 CHAIRMAN MELIUS: I can't pick  
16 over the phone, so --

17 MS. PULTE: Go ahead.

18 MS. CLERICUZIO: All right. How  
19 about me? My name is Karen Clericuzio and I'm  
20 representing [identifying information  
21 redacted] who worked in Area IV at Santa  
22 Susana. I want to thank the Board very much

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1 for passing the Special Exposure Cohort, and I  
2 also want to thank Bonnie Klea for  
3 representing us so very well for so very long  
4 and I'm done.

5 CHAIRMAN MELIUS: Okay. Thank  
6 you. And the other person who wanted to  
7 speak?

8 MS. PULTE: Yes. My name is Janie  
9 Pulte and I, too, just wanted to thank all you  
10 people for all of the work that you have done  
11 in getting things going here and hopefully  
12 it'll clear up a lot for us. And also I'd  
13 like to thank Bonnie. She's been helping me,  
14 as well. My husband worked on the hill from  
15 54 to 84, and he passed away in 02 from  
16 leukemia, and so it's been a hard road. And  
17 I'll be glad to see this all come to closure.  
18 But again, thank you so much for all your  
19 work.

20 CHAIRMAN MELIUS: Okay. Thank  
21 you. Anybody else on the phone that would  
22 like to make --

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1                   MS. NASH:     This is Vivian Nash  
2                   again. I just wanted to thank Bonnie Klea for  
3                   all her hard work for us. I do appreciate it.

4                   CHAIRMAN MELIUS:     Okay.     Thank  
5                   you. Anybody else?

6                   MR. FUNK:     Yes. This is John Funk  
7                   in Las Vegas.

8                   CHAIRMAN MELIUS:     Could you--John  
9                   Funk?     Okay. I thought I recognized the  
10                  voice. Go ahead, Mr. Funk.

11                  MR. FUNK:     Yes. This may not be  
12                  an issue for the Board, but then again it may  
13                  be. The Part E, any inheritance of it to the  
14                  spouse and the children, is not on parity with  
15                  Part B. Is there anything going to be done  
16                  about this, because as you know, you know,  
17                  it's been like eight years we've been going  
18                  through this process, and probably one third  
19                  of our people have passed away. Now in all  
20                  fairness, I think that the Part E should be  
21                  comparable to the Part B.

22                  And I don't know where we go with

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1 this, but I'd kind of like to see somebody  
2 look into the possibility of getting the Part  
3 E on parity with the Part B as far as the  
4 inheritance is concerned.

5 CHAIRMAN MELIUS: I believe, Mr.  
6 Funk, that that's also a legislative issue,  
7 when they did the amendments that changed the  
8 program from DOE to DOL, may even have been  
9 preexisting in the original legislation, but  
10 it does not have the same benefits available  
11 for survivors as they do in Part B, so it's a  
12 legislative issue. I know Congress has talked  
13 about holding hearings on the legislation at  
14 some point, and so maybe it's something that  
15 would be considered in that context.

16 MR. FUNK: Okay. There was one  
17 other issue. I believe I might have--I'm not  
18 sure what I heard--but Dr. Wade--hasn't he  
19 asked for a review of the past 10 years, of  
20 what's taken place on the dose  
21 reconstructions? And he asked for input from  
22 the outside, too, from the claimants, as well.

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1 CHAIRMAN MELIUS: Yes.

2 MR. FUNK: Is that correct?

3 CHAIRMAN MELIUS: That's correct.

4 And they set up a place on the website for  
5 doing that, and we'll be doing outreach also.

6 That review is just getting underway, just  
7 announced, and it will be going on for the  
8 next several months. But there will be  
9 opportunity for your input and for others.

10 MR. FUNK: Okay. I'd like to  
11 participate in that if I could because I can  
12 sum it all up in one word and that was  
13 outreach.

14 CHAIRMAN MELIUS: Okay. That is  
15 one of the components of the review, one of  
16 the five areas that they're going to be  
17 following up on. Thank you.

18 MR. FUNK: That's all for me,  
19 then.

20 Anybody else on the phone that  
21 would like to make public comment?

22 MS. CARR: I would like to.

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1                   CHAIRMAN MELIUS:     Okay.     Please  
2     identify yourself.

3                   MS. CARR:     My name is Wendy Carr  
4     and I'm talking on behalf of my father, Vern  
5     Bergett, who was a fireman for 44 years.     He  
6     started with Atomics International and then  
7     continued all the way through to Boeing.     And  
8     I'm just frustrated that it's taken this long  
9     to get any kind of compensation at all for my  
10    mom.

11                   There's so many gray areas that I  
12    don't understand.     You know, he didn't work a  
13    full year at Santa Susana so he can't get  
14    compensated there.     Although I have--you know,  
15    we've got letters of commendation for him  
16    putting our uranium fires at Canoga in 67, but  
17    on his employment it shows that he worked at  
18    De Soto.     So I mean the firemen worked -- they  
19    traveled everywhere.

20                   So, for me, there's just so many  
21    gray areas, that how do you base where his  
22    employment was?     These are the men who were

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1 actually disposing of these chemicals. You  
2 know, they had them do it at night. They had  
3 to do it at night, so that the clouds couldn't  
4 be seen. It just seems frustrating that, you  
5 know, these men were the ones that were  
6 handling the chemicals the most, you know, and  
7 asked to dispose of them without so much as  
8 even a mask or an apron.

9 My husband wears more than that to  
10 kill the bugs at our house. You know, it  
11 seems like the firemen have kind of just been  
12 left by the wayside. They don't fall into any  
13 particular category.

14 Is there something we can do to  
15 look into that or--

16 CHAIRMAN MELIUS: That is one of  
17 the--I can't speak to a particular case, but  
18 it is one of the issues that was raised at our  
19 board meeting earlier today and about people  
20 in those kinds of groups that may or may not  
21 be covered--as easily identified as belonging  
22 to a particular facility or something working

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1       there. I would also add that people working  
2       at more than one facility, that the amount of  
3       time does accumulate, and--

4                   MS. CARR: Well, I spoke to my mom  
5       today and she said he started in 59 at Santa  
6       Susana but they have him down working there  
7       six months and then De Soto--she said they  
8       often called him in to go to Santa Susana, you  
9       know, for a week here, or a week there, but  
10      there's--you know, there's no documentation.  
11      So, you know, it kind a feels like they're  
12      kind a screwed. You know, my dad died of  
13      glioblastoma, a rare form of brain cancer, in  
14      2003.

15                   CHAIRMAN MELIUS: That is one of  
16      the issues, general issues, that we wanted to  
17      bring to the attention and will be covered in  
18      our communications on this site. So it may be  
19      helpful.

20                   MS. CARR: So you're looking into  
21      it?

22                   CHAIRMAN MELIUS: Yes.

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1 MS. CARR: Okay.

2 CHAIRMAN MELIUS: Thank you.

3 MS. CARR: Thank you.

4 CHAIRMAN MELIUS: Anybody else  
5 have--

6 MS. NASH: I have one more  
7 question. This is Vivian Nash again. What  
8 can we do to change the legislation? Where  
9 can we go? Who do we write to?

10 CHAIRMAN MELIUS: We're laughing a  
11 little bit here because that's not really  
12 something we can comment directly on. We're  
13 an advisory board that's involved in the  
14 implementation of the legislation. I think  
15 through a more general political process would  
16 have to be involved. Sorry, we are not really  
17 in a position to comment on that.

18 MS. NASH: Okay.

19 CHAIRMAN MELIUS: Bonnie has a  
20 comment.

21 MS. KLEA: I would just like to say  
22 that Wendy's father, who was a fireman, will

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1 be compensated as soon as we get the De Soto  
2 petition finished, because he was six months  
3 there and six months on the hill. Also, I'd  
4 like to tell you a quick little story about  
5 [identifying information redacted].

6 I met [identifying information  
7 redacted] last summer. Her husband died of  
8 leukemia at a young age, left her with three  
9 babies. She had to move back to Utah to have  
10 her family help her take care of the children  
11 and raise them.

12 She called me last week, sobbing.  
13 She was just crying her heart out and she  
14 said she just got a phone call from the  
15 Department of Labor and they wanted her bank  
16 account number; she was going to get paid and  
17 so I'm assuming she was under the first Class.

18 So that's what we're here for and that's what  
19 we need to focus on. And for [identifying  
20 information redacted], thank you.

21 CHAIRMAN MELIUS: Okay. Anybody  
22 else in the audience that would like to make

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1 public comments that might not have had an  
2 opportunity to sign up, or--

3 MS. SHETRONE: Yes. I would like  
4 to comment or ask a question.

5 CHAIRMAN MELIUS: Okay.

6 MS. SHETRONE: My name is Mary  
7 Shetrone.

8 CHAIRMAN MELIUS: Okay.

9 MS. SHETRONE: Hello?

10 CHAIRMAN MELIUS: Yes, we're here.  
11 Go ahead.

12 MS. SHETRONE: Okay. My husband  
13 died of cancer and from working at Rockwell  
14 quite a few years and I'm now 91 years old.  
15 He's gone and I keep getting letters saying  
16 that they aren't going to do anything about  
17 it.

18 What do I do now? Is there any  
19 alternative that I can go to?

20 CHAIRMAN MELIUS: What letters have  
21 you been getting? Has a claim been filed or--

22 MS. SHETRONE: From the Department

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1 of Labor.

2 CHAIRMAN MELIUS: If you can give  
3 us some contact information, we'll get  
4 somebody from NIOSH or the Department of Labor  
5 to call you individually and follow up. We're  
6 having trouble understanding the situation  
7 and--

8 MS. KLEA: Mary's one of mine and  
9 she'll be paid as soon as this passes.

10 CHAIRMAN MELIUS: Okay.

11 MS. KLEA: So I told her son,  
12 who's Harry Shetrone, he called in earlier, I  
13 said give it 30 days. It's in Congress and  
14 then just wait for that phone call. So for  
15 Mary, thank you for your vote today.

16 CHAIRMAN MELIUS: Thank you.

17 MS. SHETRONE: I appreciate all of  
18 your work. You've done a great job and I do  
19 appreciate it and I hope that this may help  
20 all of us. Thank you.

21 CHAIRMAN MELIUS: Okay. Our best  
22 to you, also. Any other comments or questions?

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1 (No response.)

2 CHAIRMAN MELIUS: If not, we will  
3 close--

4 MR. WALKER: Yes. I'd like to  
5 make a statement.

6 CHAIRMAN MELIUS: Go ahead.

7 MR. WALKER: My name is Floyd  
8 Walker. My [identifying information  
9 redacted], [identifying information redacted],  
10 worked on the hill during the time of the  
11 meltdown, and luckily, so far he hasn't had  
12 any cancer. He has a lot of breathing  
13 problems and stuff. He's also filed a claim  
14 and hasn't been paid off or anything. He  
15 knows exactly which way the wind was blowing  
16 the day that it happened and it was blowing  
17 right toward the Canoga Park area. I worked  
18 at Rocketdyne from 1956 to 68. I worked in a  
19 machine shop there. I guess it's Building 1,  
20 right across from the Vanowen Building.

21 I contracted bladder cancer in  
22 1990, which was a bad situation. I had to

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1 have my bladder taken out--and the whole  
2 situation--which I wouldn't want nobody to go  
3 through. My [identifying information  
4 redacted] worked there also. He contracted  
5 bladder cancer. As you know, there was a lot  
6 of bladder cancer around the area. Now that  
7 we've found out, it's real high and the rates  
8 around the Rocketdyne and Canoga Park area,  
9 and probably also the hill.

10 My [identifying information  
11 redacted] had a [identifying information  
12 redacted]--also [identifying information  
13 redacted] were high around there also.  
14 There's paperwork on that. But birth defects,  
15 and there's ten kids in our family, and I had  
16 a boy with birth defects and we both worked  
17 there through the covered years.

18 I filed a claim and he didn't, So  
19 far, I haven't been paid off. I've been  
20 turned down a couple different times.

21 I didn't work in the Vanowen  
22 Building. I was in and out of the Vanowen

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1 Building and I don't know they specify and  
2 they talked about so much inside the Vanowen  
3 Building. I understand that there's possibly-  
4 -that there was some kind a nuclear accident  
5 in the Vanowen Building and if you get nuclear  
6 stuff, it goes all through the air.

7           So what they've done--there, for a  
8 while there, they was just covering the  
9 Vanowen Building and all of a sudden, they  
10 covered the whole facility, which is kind a  
11 strange to me. And I can't figure that part  
12 out. I thought--I'm just like the other  
13 fellow that got up and spoke for quite a while  
14 there. He talked about how the whole thing  
15 should be covered, not just one part of it.

16           And I guess that's my statement  
17 that I want to make, that it's definitely too  
18 damn hard to get paid off. I don't know why  
19 they won't pay people off that got sick  
20 working there. There's no other bladder  
21 cancer in our family at all. Me and my  
22 [identifying information redacted] both worked

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1       there.    We both got bladder cancer.    Out of  
2       ten of us kids, we both had kids with birth  
3       defects.

4                    Why can't I get paid?    You know.  
5       that's my question.    That's my statement.  
6       Thank you.

7                    CHAIRMAN MELIUS:    Thank you, and  
8       that situation is under--

9                    MR. WALKER:    I also would like to  
10       thank Bonnie Klea for being an activist on  
11       this. I appreciate what you guys are doing.  
12       Try to get Canoga Park covered through NIOSH,  
13       because I think it definitely needs to be  
14       covered, because I do believe there's  
15       radioactivity there just as there was--the  
16       same as there was on the hill, if not more.  
17       Thank you for your patience and thank you for  
18       the meeting you have. I've been listening to  
19       the whole thing and it's really been good.

20                    CHAIRMAN MELIUS:    Thank you.  
21       Anybody else on the phone that has--would like  
22       to make public comments?

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1 (No response.)

2 CHAIRMAN MELIUS: Hearing none, I  
3 think we'll close the public comment session  
4 today. We will be reconvening tomorrow morning  
5 at nine o'clock, I believe. Nine a.m.

6 (Whereupon, the above-entitled  
7 matter went off the record at 5:51 p.m.)

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