

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

+ + + + +

73rd MEETING

+ + + + +

TUESDAY,
NOVEMBER 16, 2010

+ + + + +

The meeting convened at 8:15 a.m.,
Mountain Standard Time, in the Hilton Santa
Fe, 100 Sandoval Street, Santa Fe, NM, 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
JOHN W. POSTON, SR., Member
ROBERT W. PRESLEY, Member

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PRESENT: (CONT.)

DAVID B. RICHARDSON, Member
 GENEVIEVE S. ROESSLER, Member
 PHILLIP SCHOFIELD, Member
 PAUL L. ZIEMER, Member
 TED KATZ, Designated Federal Official

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1 P-R-O-C-E-E-D-I-N-G-S

2 8:15 a.m.

3 CHAIRMAN MELIUS: Okay. Why don't
4 we get started? My name is Jim Melius and
5 welcome to this, the 73rd Meeting of the
6 Advisory Board on Radiation Health. I think
7 we were in Santa Fe once. I can't remember.
8 It has been a while. We've been in
9 Albuquerque recently. We move our meetings
10 around.

11 And let me start by turning over
12 to our executive secretary, Ted Katz, who will
13 remind us of a bunch of stuff.

14 MR. KATZ: Thank you. Good
15 morning, everybody. Welcome, Board Members
16 and members of the public, staff, folks here
17 in Santa Fe, Las Alamos and other sites as
18 well as people on the phone, I hope, from
19 around the country.

20 So just a few things to note for
21 Board Members. First, with your mikes,
22 please, take care to speak into your mikes,

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1 especially for the people on the phone, so
2 they can hear. You have a button on your mike
3 and if you pull it forward, it's on. If you
4 push it back, it's off. So if you are not
5 being heard, that may be the issue.

6 Also, I handed out the papers on
7 the 14 set of dose reconstructions which the
8 Board will be selecting this afternoon, Blue
9 Paper. Please, be careful with that paper,
10 it's got Privacy Act information on it and
11 turn it back in to me at the end of the
12 meeting. But, please, don't leave it about.

13 And I'll just note for the record,
14 too, we have full Board attendance in the
15 room, which is the first time we have managed
16 to achieve that. Oh, actually, Dr. Lockey is
17 not here, but I know he is here in the hotel.

18 So anyway, it's nice to have everyone here in
19 person.

20 So for folks on the phone, let me
21 ask that you -- first, if I could get someone
22 on the phone? Hold on one second. Jeremy,

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1 can you just give them a mike? Thanks.

2 Someone on the phone just let me
3 know that you can hear us clearly. Anybody?

4 PHONE PARTICIPANT: Loud and
5 clear, Ted.

6 MR. KATZ: Great. And you can
7 hear us clearly?

8 PHONE PARTICIPANT: Very, very
9 good.

10 MR. KATZ: Super. Okay. Then let
11 me ask people on the phone, please, mute your
12 phones except when we have public comment
13 sessions or SEC sessions where there is an
14 opportunity for petitioner comment. If you
15 don't have a mute button on your phone, press
16 *6, that will mute your phone. If you want to
17 take it off of mute to address the Board, you
18 press *6 again. But, please, keep your phones
19 on mute, because otherwise it's pretty
20 disruptive, especially for people trying to
21 listen from other places in the country.

22 And also, don't put the call on

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1 hold at any point, because that is disruptive
2 for everyone on the phone, in particular.
3 Just hang up and dial back in if you need to
4 leave the phone at some point.

5 And otherwise, the agenda is
6 yours, Dr. Melius.

7 CHAIRMAN MELIUS: Okay. And I'll
8 note for the record that Dr. Lockey has joined
9 us now.

10 And I will also note for those in
11 the audience that we have a public comment
12 period scheduled at the end of the afternoon
13 today starting around 5:30, depending on how
14 our agenda goes. And so we will be taking
15 public comment there, though we will be
16 hearing from some of the petitioners as we
17 discuss specific petitions during the day.

18 One more comment.

19 MR. KATZ: There is one more note.
20 Please, sign in if you would like to comment
21 during the public comment session and you are
22 here, present, please, sign in. There is a

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1 book out front at the desk in the hallway.
2 So, please, sign in to comment. Thanks.

3 CHAIRMAN MELIUS: And we will
4 start and our first agenda item is a NIOSH
5 Program Update and Program Evaluation Update.

6 I believe Stu Hinnefeld is leading off. Stu?

7 MR. HINNEFELD: Well, good
8 morning, everyone. It's not snowing in
9 Cincinnati. I wasn't quite ready for this
10 morning.

11 So I'm here to give our status
12 update of current activities on the program.
13 In terms of program news, I didn't think of a
14 whole lot of stuff to include in program news
15 this time.

16 But I did want to mention that the
17 Senate passed, once again this year, a
18 resolution to set aside a National Day of
19 Remembrance for those workers who worked on
20 the Manhattan Project and following the
21 Manhattan Project for the Department of Energy
22 in working on the nuclear defense of the

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1 country. That day was October 30th of this
2 year.

3 And there were a variety of
4 ceremonies around the country commemorating
5 that at various times. So we did put on our
6 website, a page on our website, acknowledging
7 the day and the service of the employees to
8 the country who participated in this program
9 and have participated and continue to
10 participate in this program or in the nuclear
11 weapons defense of the country.

12 Moving on to our kind of
13 statistical account for how things are going
14 with the program, this status was updated as
15 of the end of October. And as of that point,
16 you can see we are closing in very close to
17 33,000 cases having been referred for dose
18 reconstruction.

19 And that's almost exactly 600
20 cases more than the last time I addressed you,
21 which was three months earlier. So we were
22 eerily close to 200 a month over that period,

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1 which has been sort of a long-term trend or
2 long-term average of new initial claims for
3 years now.

4 We are closing the gap on the
5 unworked, you know, shortening the stack in
6 the in-box a little bit as time goes on. Some
7 91,000 cases have now been returned or 91
8 percent of the cases have been returned to the
9 Department of Labor, that's up a couple
10 percent from three months ago.

11 You can see that the bulk went
12 with a dose reconstruction report and then a
13 couple categories of cases being pulled. The
14 bottom number, the 2,793 number of cases were
15 pulled for SEC that either have the potential
16 to be an SEC Class that has been added or
17 maybe already have been.

18 So seven percent of the cases
19 remain with us and then two percent of the
20 cases have been administratively closed. That
21 certainly happens when the claimant opts out
22 of the process and that's usually at OCAS-1

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1 stage, they decline to return the OCAS-1,
2 because does reconstruction, in many cases
3 because dose reconstruction didn't come up
4 with a favorable outcome and they essentially
5 opt out.

6 Anyone whose case has been closed
7 can reopen it either by sending us an OCAS-1
8 and we will reopen the case and send it to the
9 Department of Labor or if they provide
10 additional information relevant to their dose
11 reconstruction that we didn't have ahead of
12 time, we would reopen the case and rework the
13 dose reconstruction in that case.

14 So it says closed, but closed
15 isn't really closed and locked or anything.

16 And this is just a pie chart
17 showing the previous information in a graphic
18 form and the large group or the largest piece,
19 of course, by far being the ones that are
20 complete.

21 Really, the work that is remaining
22 are just the final two categories, the cases

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1 active and the cases pending. And those are
2 the two little slices of the pie, closest to
3 12:00 and on the 11:00 side. I would tell you
4 what colors those were, but I can't tell what
5 colors those are. So you will have to figure
6 that out on your own.

7 Of the active cases, these are
8 some 2,400 cases still with us. 49 are in the
9 dose reconstruction process and that's sort of
10 an administrative accounting or process
11 accounting step that we keep track of. That
12 means it is the responsibility of a dose
13 reconstructor, someone who does the dose
14 reconstruction has that case in their inbox.

15 There are quite a number of cases
16 when this was counted that were in the hands
17 of claimants waiting for an OCAS-1 to be
18 returned or for additional information if they
19 had information that we didn't have available
20 to us in dose reconstruction.

21 And then there are about 1,700
22 cases that we are, essentially, doing the case

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1 development, gathering information and have
2 not yet been assigned to a dose reconstructor.

3 You know, one of our cases is
4 pending, which means if there is some
5 technical reason why that case can't go
6 forward for the time being, we have to go do
7 something in order to allow that case to go
8 forward.

9 You can see some of those are
10 cases that we believe are going to be in SEC
11 Classes that we will be recommending, many of
12 those we will be recommending today. The non-
13 SEC pending DR methodology would be the cases
14 that don't appear to qualify for the SEC,
15 because they don't have one of the SEC listed
16 cancers that would fall into the same category
17 of Classes that we expect to present or
18 recommendations we expect to present.

19 COI issue is a close out interview
20 issue and that is when we have sent a draft
21 dose reconstruction to the claimant. We have
22 one with a blank OCAS-1. And they said well,

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1 wait a minute, then we have a conversation
2 with them to close out the case before we ask
3 them to send the OCAS-1 back. And they will
4 raise information, at that point, that may be
5 relevant to the dose reconstruction that we
6 didn't have before and so we are chasing down
7 that information and doing some additional
8 research on those.

9 We have 25 where we made
10 additional data requests, those are typically
11 supplemental data requests to the Department
12 of Energy. And then the Technical Basis
13 Document issue, I think, sort of falls in. I
14 think those are probably miscoded. I think
15 those are probably the non-SEC cases.

16 And as to outcomes, we have been
17 right around 30 percent. For a long time in
18 the program, about 30 percent of the cases
19 appear to have a PoC value greater than 50
20 percent and some 70 percent of the completed
21 dose reconstructions. Some have an apparent
22 PoC less than 50 percent.

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1 And these are the distributions.
2 That chart doesn't really change. The large
3 number that is already in the population
4 there, the 600 or so we add every quarter
5 doesn't really change the shape of that.

6 This is the submittals versus
7 production chart. I haven't had this up here
8 for a couple of times because I was having a
9 little trouble getting the data that made
10 sense. These are quarterly data points by the
11 way, so you can see for several years now, the
12 receipt rate from new cases coming in has
13 varied between about 400, 800 and kind of
14 floating around the 600 number, which we
15 consider kind of our long-term average
16 quarterly intake, you know, 200 a month.

17 Obviously, there was a big influx
18 at the start. We weren't putting anything out
19 at the start and that led to that huge
20 backlog, which we now have pretty much worked
21 on. We're getting it down to about a year.
22 We would like to be better than that.

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1 We have an objective of completing
2 dose reconstructions within a year of when we
3 got them. And so this is a tally of how that
4 works. When you sort the claims by tracking
5 them, when the tracking numbers are assigned
6 chronologically, first case then got number
7 one and the 30,000th case then got number
8 30,000.

9 So you can see since the time that
10 we have adopted the objective of getting done
11 within a year, we are getting pretty close to
12 that. Now, this is of the cases that have
13 been done for the 30,000 to -- you know, the
14 greater than 30,000 bar, the last bar. Not
15 every claim that is higher than 30,000 has
16 been done. So this is 98 percent of the ones
17 that have been done were done within a year.

18 Now, at the last meeting, I
19 believe I was asked, I know I was asked, to
20 report on early claims, which we had done for
21 a long time on our reports and these
22 statistics. Now, we have gotten away from it

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1 because we had adopted the policy of trying to
2 do them within a year. And so we were kind of
3 tracking things a different way.

4 So I have gone back and we have
5 pulled out some status then of these smaller
6 groups of earliest claims. And these are the
7 first 1,000.

8 You can see we can account, you
9 know, all 1,000 of them there, 975 are at DOL,
10 22 are with us, 16 of those have been
11 administratively closed. So, essentially, we
12 feel like those are done unless the claimant
13 files additional information or sends in the
14 OCAS-1.

15 And then there are -- two DRs with
16 the claimants. The next one is just supposed
17 to say four DRs in process, not process
18 claims. It's in process. And the two with
19 claimants means we have a draft dose
20 reconstruction in the hands of a claimant at
21 the time we ran these statistics.

22 These are all returns. These

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1 cases all had dose reconstructions at one time
2 and they were returned to us by the Department
3 of Labor. Usually, that's for an additional
4 cancer diagnosis or a change in the employment
5 information. And those were all returned
6 within the past year.

7 So, you know, cases like that, we
8 figure we are always going to get the cases
9 returned and it can be years from the first
10 time we received it when we get that DOL
11 returned back. So those are still within the
12 one year from the most recent time they were
13 referred to us.

14 Three of the claim numbers out of
15 the first 1,000 were deleted because early on
16 in the program as things were trying to get
17 sorted out, a few were referred to us
18 erroneously. For instance, the same claim was
19 referred to us twice and we would enter it
20 into our tracking system before recognizing
21 that we already had it. So it got a second
22 number.

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1 There were some beryllium cases
2 referred to us by mistake. And then there
3 were some statutory SEC cases referred to us
4 by mistake.

5 In the first 5,000, the statistics
6 are fairly similar, conservatively more still
7 at NIOSH, but again the overwhelming majority
8 are administratively closed cases. And the
9 ones that are -- there are 15 with claimants,
10 meaning the draft dose reconstruction is back
11 with the claimant. And then 18 in process,
12 that means it's not with the claimant.

13 In all of those instances, all of
14 those 33 cases, these are reworked cases. In
15 other words, there has been a previous dose
16 reconstruction to the claimant and the
17 Department of Labor has returned the case to
18 us after we had sent them a final dose
19 reconstruction. Again, typically because of
20 an additional cancer diagnosis or a change of
21 employment information.

22 And there were 19 of the first

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1 1,000 claims that were deleted because of the
2 situations I described on the last slide.

3 And then we went ahead and looked
4 at the first 1,000 claims. This is as far as
5 I go with this. I can go farther if anybody
6 wants, but not today.

7 Again, the overwhelming majority
8 are back at the DOL by the three avenues they
9 go back. A fairly large number are
10 administratively closed. There are 34 DRs
11 with the claimants. Three of those are
12 initials, meaning that they had not had an
13 additional dose reconstruction before. I
14 think these may relate to maybe non-SEC cancer
15 cases from SECs that were added fairly
16 recently, you know, that may be the category
17 there.

18 And then for the ones in process,
19 there are five that have not been -- that are
20 not reworks. You know, the bulk of these, the
21 34 and the 52 are DR reworks and they have
22 been returned to us within the past year. But

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1 there are five that are not.

2 A couple of those, at least, are
3 from GE Evendale and I believe those are all
4 actually represented by the various SEC
5 Classes that we have, you know, have either
6 recommended or will recommend today. And then
7 there are a total of 30 members that were
8 deleted because of the reasons I described
9 earlier in the first 10,000 claims.

10 I wanted to mention a little bit
11 about a process that we have adopted quite a
12 while ago and I don't think -- I have never
13 really reported on it and that's the expedited
14 claim process.

15 We have agreed with the Department
16 of Labor that if the Department of Labor
17 determines or receives information that a
18 claimant is in particularly ill health,
19 meaning probably near death, you know, that we
20 would try to expedite the claim in order to
21 get an answer before the claimant dies.

22 And so we have established a

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1 process for keeping track of how we are doing
2 on those cases. We would try to expedite it
3 if we could. We established a process for
4 keeping track of how we do on those expedited
5 cases in March of 2009.

6 And since that date, you can see
7 115 requests and 111 distinct claims. And
8 what happens there is we may accelerate the
9 claim and then something changes and it comes
10 back and we try to expedite it yet again.
11 Most of those have been approved and sent. We
12 have managed to do most of them.

13 Here is how the -- now it says
14 approved. That just means -- that doesn't
15 mean it was a positive outcome. That just
16 means the dose reconstruction got done.

17 Here is how the requests have come
18 in. You can see it seems like we get a
19 minimum of two a month. Our highest number
20 was 10.

21 This is only -- I mean, it's
22 important to these particular claimants. This

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1 is not a large body of claims. It does,
2 however, require specific dose reconstruction
3 manpower effort to have people available to do
4 expedited claims as they come in. And so
5 taking it interrupts what would be the
6 priority that we would be working on
7 otherwise.

8 Here is the time to complete in
9 bar graph form. Generally when it goes out,
10 you know, beyond really, you know, 20 --
11 probably if it goes out much beyond 25 days,
12 there is either -- we either don't have all
13 the information or, for instance, we will
14 often get an expedited request when the claim
15 comes in the door for the first time.

16 And we did not even ask for the
17 exposure history. So there are some cases we
18 have to ask for the exposure history and
19 things of that sort. There may be claims that
20 we actually expedited that we just can't do,
21 that we feel like, you know, for instance,
22 this could be part of an SEC Class that we

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1 feel like we can't do it, but it hasn't been
2 recommended or hasn't become effective yet.

3 So there are some cases and it
4 goes beyond about 25 days, those are probably
5 the situations that apply. If we can do it,
6 we get it done pretty quick. And you can see
7 a few of them get done in even less than five
8 days.

9 DOE responses to requests for
10 exposure records. This is their performance
11 as of October 31st in terms of number of
12 outstanding requests and number of requests
13 greater than 60 days. This is not quite as
14 good as the last quarter slide. I don't have
15 those numbers in front of me, but I know it's
16 not quite as good.

17 A couple of reasons for that. One
18 of the big reasons was that we have gotten --
19 during the effective time period, we got an
20 influx of Brookhaven claims. I think there
21 has been additional publicity around
22 Brookhaven because of the SEC Class and more

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1 people maybe becoming aware of the program.

2 So we have gotten some additional
3 claims that would -- that don't qualify for
4 the SEC, that's why they came to us for dose
5 reconstruction and we have requested exposure
6 information. And Brookhaven, as you will
7 recall, records keeping system is not -- isn't
8 the best one out there. And so they are
9 struggling to respond to our request in many
10 cases, as well as keep up with the research
11 that continues to go on in completing the
12 discussion at Brookhaven.

13 And finally, getting down to the
14 Special Exposure Cohort statistics, here are
15 the -- here is a count of the petitions. 180
16 petitions have been received. Three are in
17 the qualification process and 109 qualified.

18 Now, I know these numbers don't
19 add up to 180, that's because of some things
20 being merged. You know, we have petitions
21 that get merged together. And so somehow they
22 don't get caught in the count here.

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1 So anyway, that is how they break
2 out the various categories of evaluation and
3 stage. And 66 cases have been added since the
4 start, since the rule went into effect that
5 allowed us to start adding SEC Classes and we
6 were able to actually do some.

7 Basically, even between the 83.13
8 and 83.14 process, these are workers from 51
9 sites, that's because we have had multiple
10 Classes sometimes for the same site. And
11 there is a potential as many as 4,429 claims.

12 Now, that is probably the high side of the
13 claims that we saw, because there may be some
14 cases that look originally like they may
15 qualify, but they don't. So that's a little
16 higher than probably the actual number.

17 I'm trying to remember the six
18 cases that have been added since the last
19 report. Let's see, I think it is Downey and
20 De Soto. I know two of the California
21 facilities there by -- in the Simi Valley were
22 added, BWXT. There is a Los Alamos Class

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1 added, University of Rochester, Bethlehem
2 Steel, Mound and the St. Louis Airport.

3 So it's nice to have notes. I
4 couldn't figure out how to make them show on
5 my screen here. And I believe that might be
6 it, right? So are there questions or
7 comments?

8 CHAIRMAN MELIUS: Thank you, Stu.
9 Any questions for Stu? We want one of those
10 answer people that, you know, come up and
11 whenever you have a question I can't -- you
12 know?

13 MR. HINNEFELD: Yes. I don't know
14 how I ever got by without one, to be
15 completely honest with you, because I --

16 CHAIRMAN MELIUS: Thanks. Board
17 Members have questions for Stu? I didn't mean
18 to get off track. Yes, Paul?

19 MEMBER ZIEMER: Not really a
20 question, but a comment. I was pleased to see
21 the figures on the expedited cases. I had
22 forgotten that you were doing that and I think

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1 we would like to commend NIOSH for moving
2 ahead on that and for the, it looked like,
3 pretty good statistics on handling those.

4 CHAIRMAN MELIUS: I guess I have a
5 question, Stu. And that is I'm trying to
6 figure out in these ones that you have sort of
7 -- the first 1,000, 5,000 or 10,000 sort of
8 reserved as, you know, potential SEC cases and
9 so forth, how many of those represent sites
10 where we are -- you are now sort of catching
11 up with having -- they have no Site Profile
12 and this is -- you know, we're still trying to
13 catch up with them through an 83.14 or some
14 other way of dealing with that, with those
15 particular claims.

16 Have we sort of cleared those up
17 or are there a few more that are waiting to
18 come forward?

19 MR. HINNEFELD: Well, I believe
20 that the total population of cases, of those
21 Classes -

22 CHAIRMAN MELIUS: Yes.

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1 MR. HINNEFELD: The total
2 finishing up is done at this meeting.

3 CHAIRMAN MELIUS: Okay.

4 MR. HINNEFELD: If, you know,
5 based on recommendations, what comes out --
6 maybe not what comes out of this meeting --

7 CHAIRMAN MELIUS: Yes.

8 MR. HINNEFELD: But one exception
9 will be GE Evendale, which I don't expect
10 there will be, you know, based on some recent
11 correspondence, clearly, there doesn't seem
12 there will be any action at this meeting.

13 But other Classes that we're
14 representing with a recommendation at this
15 meeting, I believe clears up the remainder.

16 CHAIRMAN MELIUS: Yes. Because
17 those tend to be some of the older initial
18 claim forms. And really they have sort of sat
19 around because there were sites without a lot
20 of claims, but also sites without enough
21 information to --

22 MR. HINNEFELD: Yes.

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1 CHAIRMAN MELIUS: A fair effort to
2 get started with those and that's why I was
3 asking.

4 MR. HINNEFELD: Yes. One example
5 that falls in there is this Texas City
6 Chemical which we have essentially changed
7 position on because of radon model and radon
8 situation at Blockson.

9 CHAIRMAN MELIUS: Yes, yes.

10 MR. HINNEFELD: And so that
11 represents one of them.

12 CHAIRMAN MELIUS: Yes. Simonds
13 Saw is another.

14 MR. HINNEFELD: Simonds, BWXT -

15 CHAIRMAN MELIUS: Yes, right.

16 MR. HINNEFELD: Represents some of
17 the oldest ones.

18 CHAIRMAN MELIUS: Yes.

19 MR. HINNEFELD: And that's where
20 we had recommended the first two operational
21 periods previously, didn't recommend the third
22 and then ultimately decided, you know, part of

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1 this third one we re going to recommend adding
2 part of this third that we are doing now at
3 this meeting.

4 CHAIRMAN MELIUS: Yes.

5 MR. HINNEFELD: So those are a
6 couple of things that --

7 CHAIRMAN MELIUS: Right.

8 MR. HINNEFELD: Kind of hung on a
9 little longer than we had hoped, because we
10 had really hoped to be done by this time. We
11 have gone through that research. But we think
12 we are -- at least everything is out --

13 CHAIRMAN MELIUS: Yes.

14 MR. HINNEFELD: You know, in front
15 now out to the Board.

16 CHAIRMAN MELIUS: Good. Any other
17 Board Members with questions? Yes, David?

18 MEMBER RICHARDSON: I was trying
19 to get back to a slide, but I broke Henry's
20 computer. You had a slide up there that
21 showed kind of the number of claims in and the
22 number of claims processed by quarter going

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1 back to maybe 2002.

2 And my recollection of how that
3 picture looked, it was a big bolus of claims
4 received. And then the kind of final DR
5 reports are exceeding the number received for
6 a period.

7 And over the last three or four
8 quarters, you described that you are at this
9 kind of steady state where there is about 600
10 cases being received. And it looks like the
11 number of DR reports is slightly above that,
12 but it's not greatly exceeding.

13 So you had this period of catch-up
14 where you got rid of a lot of backlog, but if
15 I was interpreting that picture now, it sort
16 of seems like there is a steady state where
17 the number coming in and the number going out
18 are relatively similar in magnitude and it's
19 going to take a very long time actually to
20 finish the catch-up with the last 3,000 or so
21 that are outstanding, because maybe 600 are
22 coming in and 650 are going out.

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1 So is there a projection for when
2 actually you would be at a steady state where
3 you are caught up and we're just dealing with
4 the numbers in and the numbers out each month?

5 MR. HINNEFELD: Well, I don't
6 know. We have not projected that.

7 MEMBER RICHARDSON: Because given
8 that there is 3,000 out, it would actually be
9 nice to see that this was several hundred
10 above the number coming in.

11 MR. HINNEFELD: Right.

12 MEMBER RICHARDSON: You would be--

13 MR. HINNEFELD: We are, you know,
14 maintaining above the number coming in and we
15 intend to -- you know, in order to shorten the
16 time frame to nine months, you know, like
17 right now we are at 12 months at our target.
18 By the middle of next year, we have -- we
19 adopt the target of trying to get that by nine
20 months.

21 In order to do that, you have to
22 work ahead. You know, you have to do it

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1 faster than they are coming in.

2 Part of what influences the rate
3 at which we can close that gap is, quite
4 frankly, the amount of resources available for
5 the administration of the program. You know,
6 there are no limits on the amount paid in
7 compensation. We don't have to worry about
8 that. But there is a limit on how much we can
9 spend to do the work to do the dose
10 reconstructions and the cyber search and the
11 Subcommittee support.

12 And so that's sort of the limit.
13 That's essentially the limiting factor to how
14 much time, how many resources we have to spend
15 on it. But no, we have not projected. And
16 projecting, actually, you know, catching up is
17 always sort of difficult, because there is --
18 you are never going to be able to send a case
19 out within a couple days of getting it in if
20 you have to ask for exposure information when
21 the case comes in.

22 So there is sort of a built-in two

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1 month expectation in a good situation to have
2 the case get the information and get the whole
3 case assembled. And then if there is -- if
4 it's a particularly difficult case, then you
5 have still got some work on top of that.

6 So I have been asked about the
7 theoretical minimum of how -- what's the best
8 you can make? Well, if we get a dose
9 reconstruction in that does not require
10 exposure history requests, for instance, it's
11 from a site, an AWE site where we don't have
12 any way to get exposure records, those can be
13 -- you know, theoretically, from there it's
14 just a few days, because you do the interview.

15 You have the interview checked by the
16 claimant for accuracy, so there is some days
17 involved in that.

18 You do the dose reconstruction in
19 a relatively straightforward period of time,
20 it can be done in just a few days. So there
21 is a theoretical minimum of a few days. But a
22 realistic theoretical minimum is maybe on the

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1 order of six months by the time you got -- you
2 know, if you are talking about any claim where
3 you have to make a exposure history request,
4 it may be a fairly difficult claim to do.

5 MEMBER RICHARDSON: Is there --
6 could you help me understand the picture for
7 the first one of 2005, 2006 and 2007, where
8 there is about 1,200 --

9 MR. HINNEFELD: Yes.

10 MEMBER RICHARDSON: Final reports
11 being issued? And then it dropped starting in
12 2007/2008 where it drops, is that a reduction
13 in resources available to you administratively
14 to do the processing work or was that a
15 process change?

16 MR. HINNEFELD: No, that was
17 largely resource-driven. Our annual funding
18 level has been relatively constant. The
19 earliest years it wasn't as high as it has
20 been for the last few, but we have been
21 relatively flat in terms of our funding for
22 several years.

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1 And early on, we had no mechanism
2 in place, you know, machinery in place and we
3 weren't spending anywhere near what was,
4 essentially, allotted. And so we were allowed
5 to carry it over. We have at least that going
6 for us, we can carry it from one year to the
7 next.

8 So going into that period of time,
9 we had a large amount of carry over and we
10 could spend a lot more money and we actually
11 did spend a lot more money at that time. I
12 would, you know going from memory here, say
13 maybe 75 percent more per year than what we
14 can spend now.

15 So there was a period of very high
16 expenditure until we used up the carry over.
17 And so once we used up the carry over, then we
18 had pretty precipitously came back down to the
19 annual allotment rate. So that kind of
20 explains that big bolus area.

21 It was not a particular process
22 change. It was really a matter of resource

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1 availability.

2 CHAIRMAN MELIUS: Okay. Any other
3 questions? Henry?

4 MEMBER ANDERSON: Yes, Stu, I seem
5 to recall some time ago you had kind of a work
6 plan projecting out, you know, the catch-up
7 and all that. Is this pretty much on track
8 with what your expectations were?

9 MR. HINNEFELD: Yes. I mean, I
10 don't know what we have ever said that we will
11 be caught up on this day, because like I said,
12 it's really hard to define what does caught up
13 mean in terms of, you know, how quickly they
14 go out.

15 But we are on our production
16 pathway to shorten the time frame that it
17 takes us to do a dose reconstruction. And in
18 so doing, at some point, as you continue to
19 shorten that time period, eventually you are
20 going to get to a point where it is almost not
21 possible to shorten it any more.

22 So I don't know that we ever

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1 projected a caught up date or we may have
2 projected that we would have worked off the
3 backlog by such and such a time, but I don't
4 know what I would say today to that. It's
5 just a little difficult in defining the end
6 point.

7 CHAIRMAN MELIUS: Yes, I would
8 just say going back in time, for a while, it
9 was at least clear to me that the time -- the
10 average time to reduce -- to produce a dose
11 reconstruction was going down, but that was
12 mainly because there was an emphasis on easier
13 cases and on -- so cases coming in that were--
14 they were ready to do and could handle quickly
15 were -- appeared to be getting a priority at
16 the expense of the older cases that were more
17 difficult, that first 1,000 or first 5,000.

18 MR. HINNEFELD: Well, that --

19 CHAIRMAN MELIUS: And I think that
20 they then directed more resources and effort
21 at the early cases, which, you know, were
22 difficult.

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1 MR. HINNEFELD: Right.

2 CHAIRMAN MELIUS: And some just
3 took time to develop Site Profiles, collect
4 information, but there is also a question of
5 where you put resources. And I think now the
6 question is can they transition, presumably.
7 if all the sites have been addressed?

8 I mean, there is always going to
9 be something new coming in.

10 MR. HINNEFELD: Right.

11 CHAIRMAN MELIUS: But all the
12 older sites have been addressed and that was
13 my earlier question. But then I think it is
14 sort of how do you reach sort of a steady
15 state that, you know, deals with, you know,
16 some backlog and some catch-up that will be
17 necessary, but also, you know, sort of does
18 that in line with what resources are available
19 and sort of figure out what the right balance
20 is going forward.

21 MR. HINNEFELD: That was a very
22 good point.

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1 CHAIRMAN MELIUS: And it is hard
2 to get at that, some of the data shown,
3 because it changes over time.

4 MR. HINNEFELD: Right.

5 CHAIRMAN MELIUS: And it's a
6 difficult picture.

7 MR. HINNEFELD: Yes, there was an
8 important point that I forgot. That you made
9 there, Dr. Melius, is that there were some
10 cases that were pretty easy. And when we were
11 trying to finish the -- you know, the main
12 objective for a while was let's reduce this
13 backlog of claims. And so you pick easy
14 claims and you go do those.

15 CHAIRMAN MELIUS: Yes.

16 MR. HINNEFELD: And then it has
17 only been more recently that we have really
18 switched to let's get the oldest ones done.

19 CHAIRMAN MELIUS: Yes. And that's
20 why I mean if you went back a year or
21 something and you looked at that first 1,000,
22 there were people that had been there for a

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1 long time and there weren't Site Profiles.
2 There was no way of taking care of those
3 people and I think that effort has been made
4 now.

5 So whatever site you are at,
6 basically, you are being addressed. So I
7 think they have done a good job of clearing
8 out those early cases and we will see.

9 Anybody else with questions?
10 Okay. Thanks, Stu. We will now hear from Dr.
11 Wade on the Program Evaluation.

12 DR. WADE: Good morning. It's a
13 pleasure to see you and I'll be very brief in
14 my comments. I have no new content
15 information to share with you in terms of the
16 drafts that we have discussed earlier.

17 I would like to give you a brief
18 update of where we are and remind you a little
19 bit of the program review and what it is, so
20 you can keep that fresh in your mind.

21 The program review is something
22 commissioned by the NIOSH Director to look

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1 back at 10 years of work by the Agency in this
2 area. It is going to take place in two
3 phases. The first phase intended to be a
4 data-driven exploration of aspects of program
5 performance and those aspects of program
6 performance are individual dose
7 reconstructions, Special Exposure Cohorts, the
8 timeliness of program accomplishment, the
9 science of the program and the customer
10 service aspects of it.

11 Phase 1 will be followed by a
12 Phase 2 where, based upon the results of those
13 reports, the NIOSH Director and senior NIOSH
14 leaders will look at making recommended
15 changes in the program you just talked about.

16 These issues of timeliness going from the
17 early stages of the program when the mandate
18 was to get as many done as possible to the
19 current time where it's about getting
20 everything done and getting the oldest done.

21 Those issues really need to be
22 addressed from a policy perspective and that

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1 will happen in Phase 2 of the program.

2 With regard to Phase 1, all of the
3 drafts of the Phase 1 reports have been
4 completed and they are in various stages of
5 review. Let me remind you of those stages of
6 review.

7 Two of them, the dose
8 reconstruction and the timeliness reports have
9 been shared with you. Comments have been
10 received. They are now or will very soon be
11 on the public docket accepting additional
12 comments. Once we have allowed a reasonable
13 period for those comments to be received,
14 second drafts will be issued and those two
15 reports, Phase 1 reports, will be deemed to be
16 complete.

17 There is a Phase 1 report that you
18 have seen with regard to Special Exposure
19 Cohorts that is being redrafted. Once it is
20 completed, the redraft is completed, it has
21 gone through review, it will appear on the
22 docket and public comment accepted.

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1 There are two reports, the Science
2 Report and the Customer Service Report owing
3 to the fact that they have been authored by
4 NIOSH employees. These other three have been
5 offered by NIOSH contractors.

6 The NIOSH reports need to go
7 through an internal review. They have been
8 drafted. They are in internal review. Once
9 that internal review is complete, you will
10 receive copies of them. They will appear on
11 the docket and will again await public
12 comment.

13 It is my sincere, but naive hope
14 that all of these things will be on the public
15 -- before the public view by the end of this
16 calendar year and we can move towards
17 finalizing those reports and allow Dr. Howard
18 to move into the really important aspect of
19 this, which is the setting of policy based
20 upon the things we have learned.

21 It's Dr. Howard's commitment to
22 involve the Board at each and every step along

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1 the way and, hence, you have to listen to me
2 at each meeting with my somewhat boring
3 reports. But it is important that we keep
4 that in front of the Board and that the Board
5 be intimately involved, not only in the review
6 of the background material, but certainly
7 heavily involved in the exploration of program
8 modifications and improvements that need to
9 come.

10 So that's where we are. You know,
11 I'll visit with you again in February and
12 hopefully everything will be before your eyes,
13 in terms of the Phase 1 content. And it is a
14 pleasure to see you all again.

15 CHAIRMAN MELIUS: I think I can
16 speak for the Board. It's a pleasure to see
17 you, too. I have one question. And the
18 Science Report is the report being authored by
19 whom?

20 DR. WADE: Oh, it's Doug Daniels
21 and Dr. Henry Spitz.

22 CHAIRMAN MELIUS: Okay.

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1 DR. WADE: University of
2 Cincinnati. Henry turns out to be an employee
3 of NIOSH, although he is at the university.
4 He is a part-time employee of NIOSH.

5 CHAIRMAN MELIUS: Okay. That was
6 my confusion.

7 DR. WADE: Yes. I was hoping he
8 was a contractor, but, technically, he is not.
9 And the customer service is being written by
10 an old friend of ours, Chia-Chia Chang, if you
11 remember from the early days back from her
12 training. And she has offered the customer
13 service.

14 CHAIRMAN MELIUS: Okay. Okay.
15 Other questions for Lew? So you will send us
16 out a reminder when it is time for us to look
17 at the docket?

18 DR. WADE: Yes. We will send you
19 the reports.

20 CHAIRMAN MELIUS: Yes.

21 DR. WADE: You won't have to find
22 them. We will send you the reports.

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1 CHAIRMAN MELIUS: Okay.

2 DR. WADE: We will notify you that
3 they are on the docket.

4 CHAIRMAN MELIUS: Okay. And I
5 believe at our last meeting, I know I
6 submitted comments to the docket. I think --
7 believe others have also.

8 DR. WADE: Yes, we have a number
9 of Board Members' comments have been received
10 and they are being worked on.

11 CHAIRMAN MELIUS: Okay.

12 DR. WADE: Some of them very
13 thought provoking.

14 CHAIRMAN MELIUS: Okay. Good.
15 Okay. No questions? Thank you, Lew.

16 DR. WADE: Thank you.

17 CHAIRMAN MELIUS: Okay. And are
18 our electronic problems taken care of?

19 MEMBER MUNN: I think so.

20 CHAIRMAN MELIUS: Okay.

21 MEMBER MUNN: The switch had been
22 turned off. It was a major problem.

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1 CHAIRMAN MELIUS: No, I'm glad
2 that we had a nuclear engineer here.

3 MEMBER MUNN: Yes. Finding the
4 switch was not easy.

5 (Off the record comments.)

6 CHAIRMAN MELIUS: And we will now
7 hear from the Department of Labor, a program
8 update and Rachel Leiton is here. Welcome,
9 Rachel. I saw you briefly at the last meeting
10 in the other room.

11 MS. LEITON: Yes.

12 CHAIRMAN MELIUS: Competing
13 meetings.

14 MS. LEITON: Yes, I haven't been
15 here for a while. I'm glad I had the
16 opportunity to do it this time.

17 CHAIRMAN MELIUS: Yes.

18 MS. LEITON: I was able to
19 actually go on tour of the Los Alamos facility
20 yesterday. That was really interesting and
21 I'm glad I got to do that. It's always good
22 to get out there and see what we are actually

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1 dealing with.

2 Okay. I'm just going to go
3 through an overview of the program. Most of
4 you are familiar with that, but just so that
5 we can just walk through that a little bit and
6 then I know some of you are interested in
7 talking about the SEC Class definitions and
8 how DOL deals with those, as well as briefly
9 on the graduate students issue and go through
10 some statistics that we have.

11 The EEOICPA was enacted in October
12 of 2000, that, at the time, was Part B, which
13 is a mandatory federal entitlement program,
14 and Part D, which was administered by the
15 Department of Energy, which was, essentially,
16 a State Workers' Compensation Program, which
17 at the end of the process, they were supposed
18 to be able to obtain State Workers'
19 Compensation, the claimants were.

20 In October of 2004, Congress
21 changed that an abolished Part D, created a
22 new Part E, which is a federal program, and

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1 transferred that to the Department of Labor.
2 And since that time, 138,000 cases have been
3 filed and we have paid over \$6.3 billion in
4 compensation.

5 There are several different
6 agencies involved, obviously, in this program.

7 The Department of Labor administers the
8 program, but we obtain information from
9 Department of Energy for employment
10 verification, obviously, HHS, NIOSH is
11 involved in the dose reconstruction process
12 and we work with the Department of Justice for
13 the RECA claims, which is the Radiation
14 Exposure Compensation Act claims.

15 We have several district offices
16 where the claims are actually processed.
17 Washington, D.C. that's where most of our
18 Final Adjudication Branch is and then our
19 district offices in Jacksonville, Cleveland,
20 Denver and Seattle.

21 As I indicated, we have paid \$6.3
22 billion in total compensation. That breaks

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1 down to \$3.6 in Part B, \$2.1 in Part E and
2 \$611 million in medical benefits.

3 We have paid 63,000 almost 64,000
4 payees in the program. That breaks down to
5 cases which is 47,508. As you may know, there
6 is a case and there is a payee. There is
7 claimants versus cases. The claimants are the
8 survivors oftentimes. There is one case with
9 the employee, so that's why you will see a
10 difference between cases and payees.

11 There is about 60 percent Part B
12 cases and 40 percent Part E cases.

13 Eligibility. Basically, there are
14 a couple of differences. Obviously, major
15 differences in Part B and Part E. There are--
16 Part B covers -- Part B and E both cover DOE
17 contractors and subcontractors, but for DOE
18 federal employees, they are only covered by
19 Part B, not by Part E.

20 Atomic Weapons Employees are only
21 covered under Part B, not Part E. And
22 beryllium vendors are also only covered under

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1 Part B. RECA is covered under both parts.

2 The major difference in the Part B
3 and Part E is the conditions that are covered.

4 Part E pretty much anything is covered as
5 long as we can establish that it is related to
6 toxic substance exposure. Under Part B, it is
7 only chronic beryllium disease, beryllium
8 sensitivity, chronic silicosis and cancer.

9 Survivor definitions is also
10 different between Part B and Part E. Under
11 both parts, the spouse at the time of death is
12 covered. Under Part B, the adult children are
13 covered. Under Part E, you have to have been
14 under the age of 18, under the age of 23 and a
15 full-time student or any age if incapable of
16 self-support.

17 Benefits that are payable under
18 Part B it's \$150,000 to the employee, plus the
19 survivor. For RECA claims, they already get
20 \$100,000 from the Department of Justice, so we
21 pay the other \$50,000. Under Part E, it is
22 impairment, which is \$2,500 per percentage of

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1 impairment, which is, basically, a percentage
2 of whole body impairment based on the AMA
3 guides.

4 We also pay wage loss between
5 \$10,000 and \$15,000 per year depending on the
6 level of wage loss the individual sustained.
7 And the survivor gets \$125,000 under Part E
8 only if the condition is related to the death.

9 There is a \$400,000 cap for B and E combined.

10 Verifying employment is one of our
11 challenges, obviously, because a lot of the
12 records are old. We can't always get what we
13 need, but we do as much as we possibly can to
14 verify the employment that is claimed.

15 The first step is, obviously,
16 going to the Department of Energy. We have an
17 EE-5, which is an Employment Verification
18 Form, and they have various points of contacts
19 for us to go to. Our claims examiners know
20 those POCs and will send these forms to them
21 to obtain whatever evidence they can give to
22 us.

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1 We also go to ORISE. We have a
2 database that we are able to use to look up
3 employees to see if they are in there, to see
4 if they work there. We also go to the Center
5 to Protect Workers' Rights. It's a slightly
6 different name now, but, basically, they
7 provide us with union records whenever we --
8 they have something to help us place the
9 person there, that sort of thing.

10 Corporate verifiers. We have been
11 supplied with names of the corporate verifiers
12 from the Department of Energy, so we go to
13 them. We also go to Social Security
14 Administration sometimes to verify employment,
15 sometimes for wage loss information.

16 And we also will take affidavits
17 from coworkers, supervisors who were there at
18 the time, if we can't get anything else or if
19 the claimant can provide us with that
20 information.

21 Verifying toxic exposure is also a
22 challenge for us, but we have our resource

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1 centers throughout the country. They conduct
2 the occupational history questionnaires, which
3 are similar to some of the -- probably the
4 interviews that NIOSH does, but it is very
5 extensive and asks the employees or the
6 survivors a whole series of questions to find
7 out what they believe they were exposed to,
8 what their labor categories were, that sort of
9 thing.

10 We also have developed what is
11 called the Site Exposure Matrices for Part E.

12 And, basically, it's a database that was
13 developed as a result of roundtable meetings
14 that we had with the employees, review of DOE
15 records. We had a lot of people go out, our
16 people, and try to gather as much information
17 as possible about what was in these buildings,
18 what labor categories were there.

19 And so this database captures as
20 much as we have gathered thus far on that sort
21 of thing. So our claims examiners can go to
22 use this as a tool to help us assist the

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1 claimants in providing the information that we
2 need to verify toxic exposures. So they are
3 in a particular labor category.

4 We can see that maybe they were
5 exposed to, you know, X, Y and Z chemical and
6 that they worked in this building, and that
7 they were exposed to it. This database also
8 provides us with some information based on
9 Haz-Map, which is a database which is a
10 relational database about whether the
11 conditions are related to toxic exposures.
12 Sometimes we can make a link there through
13 that database.

14 We also go to the Department of
15 Energy for what we call a document acquisition
16 request, which is providing us with
17 additional information on top of the
18 employment information, such as industrial
19 hygiene records, medical records, whatever
20 else they might have to help us with exposure.

21 And sometimes our claimants can
22 provide us with records and we will utilize

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1 them whenever we can.

2 For Part B, we rely on dose
3 reconstruction for cancers. Basically, NIOSH
4 conducts the dose reconstructions, provide us
5 with a report that gives the level and extent
6 of the occupational radiation dose. And once
7 we get that report, we go to the NIOSH-IREP,
8 which is a program that was developed to help
9 us determine whether or not the Probability of
10 Causation is over 50 percent, which is what is
11 required by the law.

12 If it's over 50 percent, the
13 individual is awarded benefits. If it is not,
14 then they are not.

15 SEC Classes. This is basically a
16 worker group designation and it is a
17 presumption that the occupational radiation
18 caused the cancer. If an individual is part
19 of an SEC Class, they are not required to
20 undergo a dose reconstruction. When the law
21 was passed, there were four legislated SEC
22 Classes: The three gaseous diffusion plants,

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1 plus Amchitka.

2 As of November 5, 2010, our
3 statistics show 68 SEC Classes have been added
4 by HHS. It's slightly different from what Stu
5 had indicated earlier, but I think it's just a
6 matter of counting maybe the facilities
7 slightly different, because we count our SEC
8 Classes by our bulletins.

9 And if additional Classes are
10 added for one particular facility, we count
11 those separately. So it might just be a
12 timing issue as well.

13 Also in order to be qualified in
14 the SEC Class, you have to have worked in a
15 particular location or in a specific process
16 in that location and have normally 250 work
17 days. And you have to have had a specified
18 cancer that is 22 cancers and those are
19 cancers that were named in the law.

20 Okay. Just a little bit about how
21 the Department of Labor administers the SEC
22 Classes when NIOSH provides us with a

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1 definition. First, we have worked with NIOSH
2 over the years to make sure we coordinate as
3 closely as possible on the draft language,
4 just so that we are both aware of how we are
5 going to be able to administer the definition
6 once it is actually formal.

7 So, first, NIOSH will send us a
8 letter once they have determined what their
9 draft language is for the SEC Class. That
10 usually occurs a couple of weeks before they
11 present the Class to the Board.

12 We review the draft language. We
13 will often consult with the Department of
14 Energy with regard to whether or not we can
15 administer it. We will send a letter back to
16 NIOSH with comments on the draft SEC Class
17 Definition. We believe that this proves
18 consistency. It speeds the process up.

19 Usually, we can work with NIOSH a
20 little bit early to identify how many people
21 might be affected and kind of start to gather
22 a list, so that we can move on this as soon as

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1 the definition is clear.

2 We do not ever comment on whether
3 any Class is necessary, that's NIOSH's role.
4 We just provide feedback into how we believe
5 we can administer it.

6 Once the language has been
7 approved, well, as soon as it is produced, as
8 soon as we know that the Class Definition is
9 going forward, we begin a bulletin. A
10 bulletin is, basically, a procedural guidance
11 for our claims examiners, so they can use that
12 to process claims.

13 So that draft is done immediately.

14 And then the bulletin will outline, you know,
15 what the Class Definition is, what the claims
16 examiner should use. Sometimes there are
17 special circumstances, I'll talk about in a
18 minute, but a lot of them are kind of
19 repetitive, because it is the same sort of
20 process usually for the claims examiners.

21 So we are getting more and more
22 used to being able to process these as quickly

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1 as possible.

2 Some of our challenges with the
3 SEC Class Definitions over the years has been
4 when the Class doesn't cover all workers.
5 There have been definitions such as when there
6 is limited monitoring -- limited by monitoring
7 status. Like when it says was monitored or
8 should have been monitored, our challenge has
9 been what should have monitored means.

10 Examples of that have been LANL
11 and Lawrence Livermore National Lab. Also,
12 sometimes it has been limited by work location
13 or division or building, for example, Ames
14 Lab, again, LANL, tech areas. Other times it
15 is limited by job title. For example, Ames
16 Lab sheet metal workers, Iowa Ordnance Plant
17 radiographers or it is limited by a certain
18 process or operations like the Iowa Ordnance
19 Plant, Line 1, Y-12 Plant cyclotron
20 operations.

21 Those are the challenges that we
22 have. Sometimes we can work with it and we

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1 can go ahead and we can get the records from
2 DOE. We can place the people in the
3 buildings. And we will search and we will
4 work with DOE, we will work with NIOSH to see
5 if that is possible.

6 But at the end of the day, we
7 really rely on DOE to provide us with records.

8 We also have some experience with our -- in
9 our claims district offices where they have
10 been able to get records and we will rely on
11 them. We will say have you been able to get
12 records that will put people in these
13 particular areas? And if we can, that's
14 ideal.

15 If we can't, we will usually tell
16 NIOSH, we are not able to place somebody
17 there. We don't have any way to do it. If
18 you limit it, we don't have any choice but, in
19 some cases, to deny the claims.

20 And I think that is some of the
21 conversations that go back and forth between
22 NIOSH and us is just how will this be

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1 administered. How are we going to get the
2 records?

3 When we do have records, we
4 include in our procedures, our bulletin to the
5 claims examiners exactly what records we do
6 have.

7 Once HHS' letter to Congress
8 regarding the SEC petition is sent, we put our
9 bulletin on the web. It's formal for our
10 claims examiners to begin using it. Before
11 that happens, it does have a clearance
12 process, but we try to expedite that. First,
13 it goes through my division, our lawyers
14 review it and then our Office of Workers'
15 Compensation Overhead Agency will review it as
16 well.

17 But once that is complete, we
18 really strive to get these bulletins out as
19 soon as the SEC Class is effective. And
20 usually we are pretty good at being able to do
21 that. And then once we have that, we also
22 have a goal for the program. We have a goal

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1 for our claims examiners to try to get
2 recommended decisions to accept within 60 days
3 in as many cases as we can.

4 So they will screen through them
5 and if they can accept it, they will accept
6 it. Other case -- times they have to develop
7 further. And denials will happen, but they
8 will probably happen after the first round of
9 acceptances.

10 A couple of examples of our
11 implementation process. Obviously, there was
12 the Rocky Flats Plant SEC Class. The initial
13 definition monitored or should have been
14 monitored for neutron exposure. Determining
15 what monitored or should have been monitored
16 for neutron exposure was a challenge for us.

17 We had to work closely with NIOSH,
18 but we did come out with our bulletin, which
19 provided guidance saying that if they were
20 included in the Rocky Flats neutron dosimetry
21 reconstruction project, they are on this NDRP
22 list, then they are in.

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1 Basically, if -- that would be our
2 first step. If they are not, then we would
3 look at the dose reconstruction, if there was
4 a dose reconstruction report in the file, to
5 see if there was any mention of neutron
6 exposure or exposure to plutonium.

7 And then we have a list of
8 buildings and if they are in a particular
9 building that has been identified as a
10 plutonium building, then we are able to place
11 them in the Class. So we go through that
12 whole process. We will work with the
13 claimants, we will work with DOE to see if we
14 can place them in those particular locations
15 to put them in the Class.

16 The Mount Plant SEC Class.
17 Initially, the recommendation was to limit it
18 to the R and SW Buildings. We found that we
19 weren't able to put them in those specific
20 buildings. And the next definition, the Class
21 was revised and that was to have at least one
22 tritium bioassay sample.

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1 Again, we were kind of working
2 with NIOSH to determine what that means. How
3 do we know if they had one tritium bioassay
4 sample? And NIOSH was able to generate a list
5 for us that was people who gave urine samples
6 and those urine samples analyzed for tritium.

7 And, basically, we were able to
8 say, okay, if they had these urine samples,
9 they probably worked for -- in the R and SW
10 Buildings. And we can use that list to go
11 ahead and put them in the Class. This list
12 also included some workers in the T Building.

13 If an individual is not on that
14 list, then we are not able to put them in the
15 Class.

16 The proposed GE Evendale SEC
17 Class, which you will be discussing today.
18 The initial definition that we saw was
19 activities in Building C and D from '61
20 through '70. We thus far have not been able
21 to place people in buildings at GE Evendale.

22 Our Cleveland District Office has

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1 indicated that that has not been possible. We
2 have been able to place them on site at GE
3 Evendale, but not particularly in those
4 buildings. And DOE thus far has indicated to
5 us that they are not able to provide us with
6 records to put them in the buildings.

7 We did just last week get a new
8 revised definition that said that if -- the
9 person was on Air Force Plant 36. Again, I
10 think we may have some challenges with that.
11 We sent a letter to NIOSH at the end of last
12 week indicating that we are going to go back
13 to DOE again. And that letter should be
14 forthcoming to DOE this week or next,
15 basically, asking them to verify that they
16 can't place them in the Class or let us know
17 if they can place them in the Class.

18 A couple of other issues like that
19 and we will wait for them to come back to us
20 and we will let NIOSH know what our situation
21 is as far as placing people in these
22 particular locations.

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1 Another question that was asked
2 was whether graduate students would qualify as
3 DOE employees. I looked into this and we
4 really haven't had very many -- any that I
5 know of, except for one person who was a
6 graduate student. And, basically, they just
7 have to meet the definition of employee as is
8 outlined in the law.

9 And they have to have been linked
10 to a contract. This one particular graduate
11 student was compensated, was eligible, so it
12 is basically case-by-case, but if you can put
13 them as an employee working under a contract
14 for AEC or DOE, then we can compensate them.
15 There is no restriction on that.

16 And if they were doing research
17 for a certain period of time, again, we can
18 compensate those individuals. But it is
19 difficult to talk to that issue without having
20 really detailed specifics.

21 So if there is a case or anything
22 like that, I would be happy to look at it or

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1 we can get back to you on any particular
2 cases, but, in general, they would be covered.

3 Just some statistics of final
4 decisions that we have approved. 30,000 thus
5 far. These are covered applications,
6 basically, meaning that they had a valid claim
7 when they filed. Of the denials, 648 were
8 because the survivor wasn't eligible. And
9 this is under Part B. 14,000 or almost 15,000
10 had a PoC under 50 percent. And about almost
11 6,000 there was insufficient medical to
12 support that they had a claim or they had a
13 condition.

14 Under Part E, we have approved
15 about 25,000. You will see the PoC figure
16 there, it's almost 6,400. If we can't
17 validate that somebody's cancer was related to
18 toxic exposure other than radiation, then we
19 still rely on Part E on the radiation dose
20 reconstruction. So that's why that figure is
21 there.

22 The other about 13,000 again they

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1 didn't have enough medical to support their
2 claim.

3 Our statistics on the NIOSH
4 Referral Case Status. We show that we have
5 referred about 33,000 to NIOSH for dose
6 reconstruction. Thus far, we have gotten
7 almost 30,000 back. 25,000 with dose
8 reconstruction, almost 4,000 without dose
9 reconstruction for various reasons, we may
10 have pulled it back. There may be an SEC, et
11 cetera.

12 3,500 cases are currently at
13 NIOSH, according to our statistics, that's
14 about 2,600 initial referrals and 800 or
15 almost 900 returns to NIOSH for reworks.
16 Again, if there is an additional cancer or
17 additional information has come to light at a
18 hearing or something like that.

19 Okay. The SEC Classes that have
20 been added. 3,000 cases have been withdrawn
21 from NIOSH for SEC Class review. We have
22 issued almost, well, 2,800 final decisions.

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1 2,700 of which were approvals. 59 have been
2 recommended. At the moment, we have about 59
3 that have a recommended decision, but no final
4 decision.

5 You know, our process is first we
6 have a recommended decision at our district
7 office level, then every case goes to our
8 Final Adjudication Branch for a final
9 decision.

10 Currently, there are about 64
11 cases pending as of the time of this slide,
12 October 27th, and 238 cases were closed,
13 probably because they didn't qualify and they
14 had already had a final decision.

15 25,000 almost 26,000 cases
16 returned by NIOSH that are currently at DOL
17 with dose reconstruction. We have got about
18 65 percent final denials, 35 percent final
19 approvals, according to our statistics, 7,700
20 final approvals, 14,000 final denials.

21 Part B cases with final decision
22 to accept. We kind of break these down by

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1 dose reconstruction cases, SEC cases and then
2 we have some that were accepted based on SEC
3 status and a PoC of 50 percent or greater.

4 So there is about 7,200 that were
5 accepted based on dose reconstruction. \$1
6 billion in compensation. Based on SEC
7 Classes, there has been about 12,000 so far
8 resulting in \$1.7 billion in compensation.
9 And if you look at both, we have got \$65
10 million in compensation.

11 So the totals are 19,000 based on
12 SEC dose reconstruction cases from NIOSH and
13 that's almost \$3 billion in compensation.

14 This is just a chart on what we
15 show as the cases sent to NIOSH monthly and
16 that goes through September of 2010. This is
17 both initial referrals and cases that we sent
18 back for reworks.

19 And new Part B cases received
20 monthly, ones we get back from NIOSH, again,
21 monthly chart, pretty consistent with the ones
22 we send. The cases at DOL are kind of getting

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1 to a steady state at the moment. We have
2 jumps when there is an SEC, but we are moving
3 more and more towards steady state.

4 The top four work sites generating
5 new Part B EEOICPA cases are: Hanford, Y-12,
6 Oak Ridge and Savannah River.

7 Again, this is a chart that shows
8 the monthly receipt of these cases. We
9 obviously get spikes in receipt of these when
10 there is a new SEC and it has gone down
11 slightly at Hanford.

12 This is the Y-12 plant. Again,
13 you will see that it has gone down slightly
14 since August. Oak Ridge smaller numbers. And
15 the Savannah River Site.

16 This is a percentage of new Atomic
17 Weapons Employee cases and Part B DOE cases
18 received monthly by DOL. This just shows the
19 difference in how Part B DOE cases are a lot
20 larger than our AWEs.

21 I'm going to just leave these on
22 the slides and I'm not going to walk through

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1 each of these, but this just kind of shows our
2 statistics on the various sites which are
3 going to be up for discussion this week for
4 your perusal at your leisure. I'm not going
5 to go through each one of them.

6 And these are just the smaller
7 sites in the area. This is just a chart that
8 shows the Part B cases filed. You will see
9 that the SEC cases referred to NIOSH are about
10 9 percent. SEC cases never sent to NIOSH 10
11 percent. RECA is about 10 percent of our
12 cases. 35 percent are NIOSH cases for dose
13 reconstruction and other is 35 percent.

14 That would be probably beryllium
15 disease, silicosis. And that's the conclusion
16 of my presentation. I'll be happy to take any
17 questions.

18 CHAIRMAN MELIUS: Okay. Thank
19 you, Rachel, very informative. Questions?
20 Dr. Ziemer, graduate students, I bet.

21 MEMBER ZIEMER: Exactly. I just
22 wanted to thank Rachel and the Department of

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1 Labor for following up on the graduate student
2 issue. It's a concern I have had for quite a
3 while and we appreciate your follow-up on
4 that.

5 MS. LEITON: Sure, no problem.

6 CHAIRMAN MELIUS: Yes, Jim?

7 MEMBER LOCKEY: I just wanted to
8 talk to graduate students. If they are an
9 employee, they would be eligible?

10 MS. LEITON: Yes, they just have
11 to meet the definition of employee. So they
12 have to be connected at some -- in some way to
13 a contract that DOE held or the AEC held.

14 MEMBER LOCKEY: I guess my
15 question is what happens if they get a
16 stipend?

17 MS. LEITON: If they what?

18 MEMBER LOCKEY: If they have a
19 stipend. In other words, at the University of
20 Cincinnati, we give graduate students
21 stipends.

22 MS. LEITON: Yes.

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1 MEMBER LOCKEY: They are not
2 considered employees.

3 MS. LEITON: I think it really
4 depends on the circumstances. I think there
5 is a provision in the Act for research, 24, I
6 think it is, months of research. And if they
7 fall into that category, there are
8 circumstances in which they would still fall
9 under the definition of DOE employee.

10 Again, it's kind of hard to speak
11 to it without a particular case in front of
12 me. But if you have a particular case or you
13 have a particular situation, I could probably
14 do a little more research and give you a more
15 accurate assessment of that.

16 I do know that, as I said, we have
17 covered one of them. They didn't have to be
18 paid necessarily, but they were considered a
19 DOE employee because they were working under a
20 contract for DOE. Even if they are working
21 for a professor, my understanding is, they
22 would still be covered.

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1 But I don't want to nail down that
2 without knowing the specifics of a particular
3 case.

4 MEMBER LOCKEY: I guess my opinion
5 would be if the money was from DOE and flowed
6 through the principal investigator as stipend
7 support for the graduate student, I would
8 consider that covered.

9 MS. LEITON: Yes, I'm pretty sure
10 that that would be covered. But again, I need
11 to -- I would want to make sure I had the case
12 in front of me before I make that jump.

13 MEMBER LOCKEY: Yes.

14 CHAIRMAN MELIUS: Paul had a
15 follow-up.

16 MEMBER ZIEMER: Well, just as a
17 follow-up, my concern initially was if they
18 were working on a project, but they were
19 either not paid, because some graduate
20 students have no stipends. They are just
21 there on their own. They pay their tuition
22 and they are doing a research project.

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1 Others may be on a university
2 stipend, which is a part, you know, of maybe
3 their fellowship of the university. At Purdue
4 we have, you know, John Purdue Fellowships,
5 for example. All right. So they are not paid
6 by the contract.

7 But what I was understanding was
8 that if you could link them to the contract
9 itself, doing work on the contract, which
10 certainly in my mind they are getting some, at
11 least, indirect benefit from that contract, if
12 only doing research and, in fact, they have
13 to, even in their publication, attribute that
14 the research support, not their stipend, but
15 the support for their research came from the
16 contract, it seems to me --

17 MS. LEITON: Yes, that is my
18 understanding.

19 MEMBER ZIEMER: I thought that was
20 what you were saying if there was a link.

21 MS. LEITON: Yes. My
22 understanding of the case we did accept is the

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1 person was not -- they weren't receiving
2 compensation. Again, there is a provision for
3 research in the law.

4 So, you know, I believe under that
5 circumstance, they would be covered. Again, I
6 would want to see a particular case.

7 MEMBER ZIEMER: Okay.

8 CHAIRMAN MELIUS: Okay. Josie?

9 MEMBER BEACH: I have two
10 questions. The first one, does that also
11 cover a paid internship? Is that the same
12 thing you are talking about a stipend?

13 MS. LEITON: Again, they would
14 have to qualify as an employee. I would have
15 to see the case. If they were linked to a
16 contract with the DOE and --

17 MEMBER BEACH: Okay.

18 MS. LEITON: Could be considered a
19 DOE employee, then they would be covered. But
20 again, it gets kind of iffy depending on the
21 circumstances and who they were actually
22 working for.

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1 MEMBER BEACH: Okay. And my other
2 question takes me back to slide 18 for the
3 Mound SEC. And, Rachel, I'm not sure if this
4 is a question for you and probably for NIOSH.

5 The SEC for radon was established for 1959
6 through 1980 based on having one tritium
7 sample.

8 My question is if you have an
9 employee that can be placed in R or SW
10 Building or T, but they do not or have not
11 given a tritium sample, how will that be
12 handled.

13 MS. LEITON: Well, we have not
14 been able to place people in those particular
15 buildings and that has been our challenge. I
16 have yet to see a case where -- it's possible
17 there are some out there, but I haven't seen a
18 case where we have been able to place them in
19 the R and SW Buildings. That's why we are
20 relying on the tritium assay.

21 And if we were to get information
22 that placed them in those buildings, I would

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1 have to take a look at the definition, because
2 the definition currently says that they had to
3 have had at least one tritium bioassay, that
4 also if we look at the actual SEC Petition
5 Evaluation Report, if that means R and SW
6 Buildings we have evidence to place them in
7 the R and SW Buildings, I would have to look
8 at that case on a case-by-case basis.

9 As I said, we have not been able
10 to put them in those buildings yet.

11 MEMBER BEACH: Okay. And that
12 goes back to the next part of my question that
13 NIOSH generated a list of workers and I guess
14 this question is for NIOSH. How often or will
15 that list that was generated be updated if you
16 get new information, information placing
17 people in those buildings that did not give a
18 tritium sample?

19 MR. HINNEFELD: Well, I think in
20 this case, if we get information that puts
21 people in those buildings, but did not give
22 tritium samples, we would write -- essentially

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1 do an 83.14.

2 We wrote this Class to be
3 administered in a particular way. And so it
4 is just -- you know, so really for this Class,
5 as near as I can tell, they have to have
6 bioassay samples, tritium bioassay samples.

7 If we get information that says
8 there are other people besides the ones who
9 gave tritium bioassay who were in that -- who
10 worked in that building, you know regularly
11 worked in that building, then we would have to
12 do an -- I think we would do an 83.14, at that
13 time, to, essentially, define the Class
14 appropriately for that.

15 MEMBER BEACH: Okay.

16 MR. HINNEFELD: I don't see
17 exactly how to do it otherwise standing here
18 right now.

19 MEMBER BEACH: Yes. Well, and as
20 the Mound Chair, I'm getting emails with those
21 types of claims that were -- that are stating
22 they were in those facilities without having

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1 that tritium bioassay, so I'm very concerned
2 about how that will be handled.

3 MR. HINNEFELD: Okay. Well, it
4 will require some discussion outside here.

5 MEMBER BEACH: Okay.

6 MR. HINNEFELD: I can't answer
7 right here standing up on the platform.

8 MEMBER BEACH: Great. No, and I
9 appreciate that. Thank you.

10 MR. HINNEFELD: Okay.

11 CHAIRMAN MELIUS: Can I --
12 actually go ahead, David, and then I'll go.

13 MEMBER RICHARDSON: Just a follow-
14 up to that. It would be useful to know if
15 NIOSH has, in their possession, for example,
16 hard copy logbooks of the tritium bioassay
17 program. And like for each quarter, for
18 example, spanning that period or are there
19 gaps? I mean, because for a lot of places
20 there will be a logbook missing or something
21 like that.

22 MR. HINNEFELD: Well, we have

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1 images. You know, we don't have the actual
2 books, but we have got PDFs and I'll have to
3 go check. I don't believe there are any gaps,
4 but I have to go find out. That was, you
5 know, the basis of it. You know, the basis
6 for doing what we did was we felt like we had
7 the entire period of time, the tritium logbook
8 for the entire period of time. That's the
9 basis for doing it the way we did.

10 CHAIRMAN MELIUS: Yes, I have a
11 couple of questions for you.

12 One is just sort of stepping back
13 at this sort of Class Definition process. And
14 we, as the Board Members, are looking at
15 whether or not it's possible to do dose
16 reconstruction. So we are looking at
17 monitoring information and process information
18 and we discovered that because, you know,
19 thorium or whatever some exposure is not able
20 to do dose reconstruction or we are proving
21 that same conclusion from NIOSH and so forth.

22 But so we are not sort of really

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1 thinking. We don't look at the whole picture.

2 We don't see every employee. In fact, we
3 often aren't even really looking at individual
4 employees. So we are making some assessment,
5 you know, based on sort of the science and the
6 exposures and the science of trying to do the
7 dose reconstruction.

8 We then try to turn that into a
9 Class Definition. And we sort of send it on
10 through NIOSH through the Secretary then to
11 you. And you have some time DOL to consult,
12 you know, some back and forth. You know,
13 frankly, some of the times we don't give you
14 very much time, because we are sort of doing
15 this very quickly like with Mound. It came up
16 fairly quickly and there is not time for
17 consultation.

18 And there may be -- we can think
19 well there is time to redo this later or to
20 adjust it and so forth, but, frankly, to some
21 extent that is hard, because it's an official
22 communication up through the Secretary and

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1 then to Congress and we don't want to say
2 well, oops, you know, add this building or add
3 -- you know, that we meant this or that.

4 So there is some limitations to
5 the process itself and we are trying to figure
6 out how to make it work best. And the more, I
7 think, we understand how you go about
8 implementing Class Definitions and what makes
9 it workable for you, the better we will be at
10 it.

11 At the same time, we don't want --
12 you know, sometimes you can't even tell until
13 you have spent months trying to figure out how
14 to do that. You develop the bulletin and so
15 forth. So I think we are -- I don't know if
16 you have had a chance to look at it, but NIOSH
17 just produced a report on looking back at some
18 old Classes.

19 And we will talk about that. I
20 think LaVon is presenting that on Thursday.
21 But it struck me doing that. I mean, I think
22 I remember some of the history on some of

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1 those sites and I think we are all very well-
2 intentioned and I'm not sure that all got
3 captured for someone going back and even
4 looking at the record, I don't know to what
5 extent people at NIOSH looked at the
6 transcripts of the old Work Groups, but I know
7 we discussed many of those issues. At least
8 we thought we were doing the right thing at
9 the time and it's hard.

10 So we're struggling on how to do
11 that. And it has particularly become an
12 issue, and I'll use GE as a prototype, that
13 with -- as the process has evolved, it has
14 gotten in some ways more general. That being
15 too specific by building or my monitoring or
16 something is difficult.

17 And so if we spread it out and
18 sort of expand it to include the whole site or
19 something like that, I think the Board is
20 generally comfortable with that, particularly
21 at the DOE sites, because we know that there
22 was a lot of exposures there and that people

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1 move from building to building.

2 And so that expanding is probably
3 consistent with how this program should be
4 done.

5 But then we get to a site like GE
6 where there is literally thousands of
7 employees and then just a few of them that
8 actually work at -- in any place where there
9 would be exposure to radiation, that becomes
10 much more problematic for us.

11 Yet, those sites are the ones that
12 have the worst records.

13 MS. LEITON: Right. That's the
14 unfortunate thing.

15 CHAIRMAN MELIUS: Yes. And I
16 think some of us would -- we have not made a
17 recommendation. We have gone back and forth
18 and asked NIOSH to get more information. But
19 some of it is that in those cases we might --
20 one option, I'll put it this way, would be to
21 put more of a burden on the claimants and on
22 DOL in administering the claims to do more

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1 work on that.

2 And whether it is collecting more
3 information from the claimants or, you know,
4 checking against certain lists or something,
5 monitoring lists or something, it may be more
6 -- a better way of administering a Class,
7 keeping the Class focused on who really had
8 exposure to radiation. Because it is hard to
9 say when you have this huge building and lots
10 of people and very few really exposed that
11 everyone should be eligible.

12 And I guess I would like to get
13 your reaction to that. Not specifically on
14 GE, but just in general.

15 MS. LEITON: Well, no, I
16 understand the challenges involved.

17 CHAIRMAN MELIUS: Yes.

18 MS. LEITON: And I think that
19 that's something we have been working very
20 closely with NIOSH over the years to try and
21 refine, you know, instead of something where
22 the definition comes out and we are like wait

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1 a minute, we don't know what to do with this
2 and then it has to go through the whole
3 process over, like you indicated, doing to the
4 Secretary.

5 CHAIRMAN MELIUS: Right.

6 MS. LEITON: That's why we have
7 been trying to share drafts early, have
8 conversations.

9 CHAIRMAN MELIUS: Yes.

10 MS. LEITON: We have, you know,
11 biweekly teleconferences with both DOE and
12 NIOSH at the same time to talk about some of
13 these issues.

14 CHAIRMAN MELIUS: Yes.

15 MS. LEITON: When we know that
16 there is going to be a problem or if NIOSH
17 says well, we are trying to place these people
18 for the SEC Class, I mean, in one location, we
19 say we don't know. Like for example with GE
20 Evendale, that's one of the reasons we are
21 double checking again, because we want to be
22 able to do that, understanding that we don't

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1 want to be opening up a Class to individuals
2 that really shouldn't be covered.

3 That's your call, obviously, but
4 as far as what we can do, if we can put
5 somebody in a building or in a location, in a
6 process, we are happy to do that. We do rely
7 on DOE. We rely on -- and we will have to go
8 back to the claimants and have had to go back
9 to claimants saying we need you to be -- you
10 know, we need to place you on Line 1.

11 CHAIRMAN MELIUS: Yes.

12 MS. LEITON: Line 1 is an easier
13 example, because we actually have been able to
14 put them on Line 1 in a lot of circumstances.

15 But in some circumstances, they say well, I
16 worked there and they have to provide us with
17 evidence that they actually did.

18 And so it is more burdensome for
19 the claimants when the Class Definition is
20 less inclusive. It is more burden on us,
21 unless we can work with NIOSH or with DOE and
22 they can say well, actually, we have these

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1 cards or we have, you know, this list and we
2 will definitely work with both agencies
3 whenever we can.

4 When we can't, that's when it
5 becomes a challenge. You create an SEC Class
6 and it is very, very defined and minuscule and
7 then we have to say to claimants we don't have
8 any way to do this. We don't have any way to
9 do it. And if you do, great. And maybe one
10 out of, you know, 1,000 will be able to give
11 us that information.

12 In some cases, they have really
13 good records and they can or, you know, they
14 have something, but in other cases they don't
15 and that's why I think that working very
16 closely with NIOSH and DOE up front before the
17 definition is actually defined will save a lot
18 of heartache in the end, because then you
19 don't have to go back and figure it out.

20 You know, we do have some
21 experience with some of these cases at certain
22 facilities, so we can say well, we have had

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1 100 cases here and this is the kind of
2 information we may be able to get. Other
3 circumstances, we don't have as many cases.
4 We only had a couple, so we have to really
5 kind of dig and work with DOE and NIOSH to
6 determine whether or not we have information
7 to cover them.

8 CHAIRMAN MELIUS: Yes. I will
9 just add, I think the process works best when
10 we all, the Board, NIOSH and DOL, are all in
11 agreement on the Class Definition. And so we
12 are not making a different recommendation or
13 you are not having to implement a different
14 recommendation.

15 MS. LEITON: Right.

16 CHAIRMAN MELIUS: And when you
17 implement it, you understand the basis for it.

18 So that, yes, you are going to have to figure
19 out how to do it, but it is consistent. I
20 think it is clear that in some of the earlier
21 recommendations that we made, that NIOSH made,
22 that wasn't possible to do.

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1 And, fortunately, we are still
2 learning in that process.

3 MS. LEITON: Yes.

4 CHAIRMAN MELIUS: Okay. Thanks.
5 Oh, Mark, I'm sorry.

6 MEMBER GRIFFON: Just to follow-up
7 from the last meeting on, I think it is, slide
8 number 17 with the Rocky Flats SEC. You had
9 mentioned at the last meeting you were working
10 with the Ruttenger Data?

11 MS. LEITON: Yes.

12 MEMBER GRIFFON: But I don't think
13 you have issued a bulletin, at this point, on
14 how you are going to use the Ruttenger Data?

15 MS. LEITON: We have not issued it
16 yet, but it is very, very close.

17 MEMBER GRIFFON: Very, very close.

18 MS. LEITON: It is in the drafting
19 process and I believe it is moving itself
20 through clearance. So that should be out very
21 soon.

22 MEMBER GRIFFON: Okay. Several of

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1 us are anxious to see it.

2 MS. LEITON: I'm sure.

3 MEMBER GRIFFON: Okay. All right.

4 Thanks.

5 CHAIRMAN MELIUS: David?

6 MEMBER RICHARDSON: Just to
7 follow-up on that same slide, could you tell
8 me what the Rocky Flats neutron dosimetry
9 reconstruction project list is?

10 MS. LEITON: It is a list that was
11 generated through NIOSH, but you can probably
12 address that.

13 MEMBER RICHARDSON: Okay.

14 MR. HINNEFELD: I'll answer it the
15 best I can and some people might be able to
16 help me out here. The Rocky Flats neutron
17 dose reconstruction project was done, you
18 know, essentially, DOE paid a contractor to go
19 reevaluate the neutron doses for the people at
20 Rocky Flats. And they reread many of the NTA
21 films in many cases.

22 And so there is, essentially,

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1 fairly elaborate research project in order to
2 -- you know, for whatever reason there was
3 reason to believe that the doses as recorded
4 were not correct. And so they wanted to
5 reevaluate them, given the information
6 generated off the NTA and other things.

7 There was also some neutron to
8 photon ratio work done and I'm just not real
9 familiar with all of it. That was all done.
10 DOE essentially -- it was their initiative to
11 do that. It was done during the lifetime of
12 this project very early after, probably in
13 2003 or '04 it was finished. And the
14 Department of Energy then noticed them, which
15 was -- they felt then that was their best
16 estimate of the neutron dose for those
17 workers.

18 They essentially gave -- you know,
19 made available to us replacing their existing,
20 the old records, the old record system that
21 they had been responding to requests from up
22 to that time.

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1 So that's, essentially what --
2 that's the evolution of it. And I'm sorry, I
3 don't remember all the details of what they
4 did in order to do that dose reconstruction
5 project. There may be some other people who
6 may remember more than I. I just don't
7 remember.

8 MEMBER RICHARDSON: Thank you.

9 CHAIRMAN MELIUS: Thank you. Any
10 other questions? Okay. If not, thank you
11 very much.

12 MS. LEITON: Thank you very much.

13 CHAIRMAN MELIUS: Thank you. We
14 have a break scheduled and so we will be
15 starting a few minutes early, so we will
16 reconvene at 10:15. Sort of sharp at 10:15.

17 (Whereupon, at 9:52 a.m. the
18 above-entitled matter went off the record and
19 resumed at 10:26 a.m.)

20 CHAIRMAN MELIUS: Okay. We're
21 going to get started again. And our first
22 presentation after the break here is Greg

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1 Lewis from the Department of Energy. So
2 welcome, Greg.

3 MR. LEWIS: All right. Can
4 everybody hear me? All right. Thank you, Dr.
5 Melius and thanks, Stu, for unlocking this
6 thing for me.

7 Again, I'm Greg Lewis with the
8 Department of Energy and I'm here to talk
9 about our role in the EEOICPA Program.

10 Quickly before we get started, I
11 just wanted to echo Stu's point earlier that
12 we are excited to see that there was a
13 resolution passed again this year for the
14 National Day of Remembrance for Cold War
15 Veterans, so, you know, we are always glad to
16 see that, you know, the work done by those
17 workers, through the Manhattan Project, the
18 Cold War and today is celebrated. Their hard
19 work and dedication is appreciated and, you
20 know, has helped to keep our country safe for
21 the last 60 years.

22 So our core mandate at the

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1 Department of Energy is to work on behalf of
2 the program claimants to ensure that all
3 available worker and facility records and data
4 are provided to DOL, NIOSH and the Advisory
5 Board.

6 So, essentially, our primary role
7 at DOE is to provide records that allow NIOSH
8 to reconstruct dose and allows DOL to
9 adjudicate claims.

10 You know, our responsibilities,
11 you know, take three roles primarily. We
12 respond to individual records requests from
13 the Department of Labor and NIOSH for
14 information related to specific claims. We
15 also provide support and assistance to DOL and
16 NIOSH for large scale records research
17 projects like the Department of Labor Site
18 Exposure Matrix and then NIOSH SEC projects
19 and Site Profiles, things of that nature.

20 And we also conduct research when
21 necessary on issues related to covered
22 facility designations, whether it be, you

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1 know, should an AWE be covered or covered for
2 additional years or for additional locations,
3 things like that, we will, you know, research
4 when necessary.

5 So for individual records claims,
6 we respond to, approximately, 6,500 employment
7 verifications from the Department of Labor,
8 about 3,000 dose reconstruction requests from
9 NIOSH and about 6,500 document acquisition
10 requests from DOL. You know, about 16,000 a
11 year, that has been steady for the past two
12 years. And I guess this year we are expected
13 about the same.

14 You know, the backbone of our
15 program is our site points of contact. So for
16 all of the 30 plus major DOE sites throughout
17 the country, we have a single EEOICPA point of
18 contact that manages, you know, our responses
19 to those individual requests and manages our
20 work in those large scale site research
21 projects.

22 So those POCs will attend local

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1 public meetings. They will set up, you know,
2 site visits. They will set up tours, as was
3 done with Los Alamos yesterday. They will
4 work to facilitate worker interviews, both
5 current and former workers. They will provide
6 secure space so that can be done in a
7 classified manner if necessary.

8 They will provide site subject
9 matter experts to, you know, talk to
10 researchers or, you know, attend meetings.
11 And they are also an onsite source of
12 information to workers for EEOICPA. So if
13 someone is interested in filing, they can,
14 obviously, go to the DOL Resource Center, but
15 also on the site if it's a current worker,
16 many of the, you know, will go to our EEOICPA
17 Point of Contact, the first contact for
18 information about the program.

19 At Los Alamos, which is, I guess,
20 the local site, our Point of Contact is
21 Philippa Griego and just to give you an
22 example, she is probably typical of many of

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1 our POCs in that she has over 20 years of
2 experience on the site. She is actually a
3 second generation Los Alamos worker.

4 Her father was a guard for years
5 at the facility. She also has been working on
6 EEOICPA for 10 years, since the beginning of
7 the program, so she has extensive experience
8 both with the program and with the site and,
9 in general, with, you know, historical
10 activity at the site due to work, you know,
11 being in the area and as a second generation
12 worker.

13 So many of our points of contact
14 are in a similar position, 20, 30 years
15 onsite. So, you know, they don't just go to a
16 file cabinet and, you know, pull out the
17 records on an individual. They know
18 historically where that individual might have
19 been, what they might have been doing, what
20 active groups onsite that they need to go to
21 to collect records.

22 So it is really, you know, more

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1 detective work than you would think to find
2 the responsive records. And our points of
3 contact are well-versed in how to do this.

4 So the second major, you know,
5 function that we perform is support for SEC
6 research activity. You know, I put up -- a
7 number of sites are up there. Those are all
8 sites that we have had some role in performing
9 research in the last year, some more so than
10 others.

11 You will see the two I highlighted
12 are Pantex and Sandia and I'm going to talk a
13 little bit about those in depth.

14 For Sandia, that's a relatively
15 new SEC and we have just started, I guess,
16 over the summer, we have really started, to
17 ramp up our research and response to NIOSH's
18 request. We have supported three site visits
19 since August, about one a month. Those were
20 to review records, you know, capture certain
21 relevant portions of those records.

22 There has also been worker and

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1 abuse of both current and former workers and
2 they have been both classified and
3 unclassified depending on the subject matter.

4 You know, we always run into some unique
5 challenges with these projects with Sandia.

6 They have already located some 53
7 floppy disks and Bernoulli disks that are
8 basically outdated technology, so we have had
9 a little bit of a challenge trying to read
10 those, but I think we have been successful, at
11 least with the disks. I'm not sure with the
12 Bernoulli.

13 But anyway, you know, things like
14 that when you are digging into old records
15 going back to the '50s and even before then,
16 you know, you do run into some unique
17 challenges.

18 And we are also at Sandia
19 supporting inquiries into Ross Aviation and
20 Medina and Clarksville, because within the DOE
21 complex, you know, because of the interplay
22 between the various sites, records are also

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1 interspersed, so if something was sent from
2 one to the other or when Medina and
3 Clarksville both closed, those are both closed
4 facilities, as those functions were
5 transferred to other currently active sites
6 like Sandia, the records associated with those
7 functions were transferred as well.

8 So NIOSH is also looking through
9 the Sandia records for Ross, Medina and
10 Clarksville information.

11 At Pantex, really the main, you
12 know, accomplishment that we have had there
13 over the last couple of months is that we gave
14 members of the Advisory Board and NIOSH and
15 their associated contractors an extensive tour
16 of the facility.

17 We have been working on this tour
18 for probably over a year. We had provided a
19 more limited tour of some training areas, you
20 know, in hopes that that would kind of satisfy
21 the needs of the Board and NIOSH. You know,
22 but based on the research that they are doing

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1 and the needs that they have in terms of
2 making a final decision, they felt that a more
3 in depth tour would be helpful.

4 As you can imagine, Pantex is --
5 you know, because it's a weapons assembly
6 facility, it is one of the more secure
7 facilities in the DOE complex and it's very
8 difficult to get into certain areas, so it
9 took extensive, you know, negotiations on our
10 part, you know, coordination between the Board
11 and NIOSH, you know, what they are interested
12 in seeing, how difficult it is, you know, for
13 the site to allow them into these specific
14 areas.

15 And just last month, we were able
16 to do a three-day tour, two full days inside
17 the facilities and one in the conference room
18 with subject matter experts to ask any, you
19 know, follow-up questions, things like that.

20 During the two days onsite, we
21 visited over 20 different buildings and
22 locations. I attended the tour and those long

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1 full days with a lot of information. There
2 were site subject matter experts familiar with
3 each of those 20 facilities on hand to answer
4 questions, provide information, not only of
5 how things are done now, but in those
6 facilities how things were done, you know, 20
7 and 30 years ago.

8 And as you can see, a lot of the
9 subject matter experts we had had been at the
10 site for, you know, 20 and 30 years in various
11 roles, so they were extremely candid and had a
12 lot of information about the historical
13 activities onsite.

14 You know, and as I mentioned, we
15 made arrangements to see very sensitive areas
16 of the site where, you know, typically not
17 many individuals that are non-DOE employees
18 other than, you know, Congressmen or high-
19 level officials are allowed in. And so, you
20 know, Members of the Board and NIOSH were in
21 and out of pretty much every nook and cranny
22 of the site.

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1 So, you know, we think that was
2 very successful and we hope that that is going
3 to really be, you know, useful to you all and
4 the Board as you, you know, move forward to
5 making your final decision.

6 Document reviews. You know, I
7 guess a couple of years ago, we established a
8 security plan in coordination with, you know,
9 NIOSH and the Advisory Board. You know, we
10 are committed to providing documents to NIOSH,
11 DOL and the Board, but because some of these
12 documents are very sensitive in nature, we
13 must -- you know, we need to make sure that
14 they are reviewed, that they are -- you know,
15 if they are classified, that they are marked
16 appropriately and viewed in an appropriate
17 location or they are redacted to a level that
18 we can send them out, you know, for public
19 use.

20 So, you know, again, we have
21 established our security plan. We have been
22 following this security plan. I believe that

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1 the Board and NIOSH have their own security
2 plans that all kind of mesh together. And,
3 you know, we have been conducting our document
4 reviews in about eight working days, sometimes
5 even less.

6 I know on occasion we have done
7 them in one to two days to respond to an
8 expedited request. You know, in advance of
9 this meeting, there were a few submitted last
10 week that I believe we returned within a few
11 days.

12 And I think just to give you an
13 idea of the volume at headquarters, we have
14 reviewed 62 documents since May. And again,
15 the average review time is about eight working
16 days.

17 And then our third role under the
18 EEOICPA Program and it is probably a smaller
19 role than the individual research and the
20 large scale records request is facility
21 research. You know, on our website we host
22 the covered facilities database, which has

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1 over 300 facilities covered under the EEOICPA.

2 We have got DOE facilities, Atomic
3 Weapons Employers and beryllium vendors and we
4 have got the link to the website up there.

5 We have our Office of Legacy
6 Management supports DOE headquarters and our
7 facility research. We have -- Legacy
8 Management is responsible for the closure
9 sites and, as such, they have records experts
10 that are well-versed in the historical aspects
11 of DOE.

12 They understand how the sites fit
13 together. They have contacts at most of our
14 active DOE facilities. So when we have a
15 question about, you know, should a facility be
16 covered for additional years or fewer years
17 or, you know, as a new facility, should that
18 be covered, have we missed one, they know who
19 to go to. They know what federal record
20 centers or record repositories might have
21 relevant records and, you know, they will do
22 that research and will provide it to DOL and

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1 NIOSH and attempt to, you know, make sure our
2 list is up to date and as accurate as
3 possible.

4 You know, we have a number of
5 initiatives that I want to talk to you about.

6 We hold routine conference calls with NIOSH
7 and its contractors, both, you know, SC&A,
8 ORAU and NIOSH. I personally talked to
9 probably on a weekly basis with each of them
10 to make sure that we are keeping up on all of
11 their issues, their needs and we are getting
12 them the information they need to do their
13 job.

14 We have DOE subject matter experts
15 that contribute to Advisory Board Working
16 Group and Working Group conference calls,
17 sometimes those are site subject matter
18 experts, but also Dr. Al-Nabulsi, who is in
19 our office, she also participates in many of
20 these calls. And then I'll coordinate any
21 response with, you know, our site to make sure
22 they are addressing the issues raised, at

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1 least that are relevant to DOE.

2 And we also facilitate secure
3 meetings and video-conference calls with NIOSH
4 and Advisory Board staff where -- so
5 classified discussions can take place. They
6 can conduct interviews, classified interviews
7 of -- so workers can speak unencumbered about
8 the types of work that they did, the things
9 that they were exposed to without worrying
10 about, you know, crossing the line or
11 releasing information that shouldn't be
12 released.

13 We have also just recently renewed
14 our memorandum of understanding with NIOSH.
15 This just kind of formally establishes the
16 different protocols that we operate under.
17 The expectations for both sides, what we are
18 supposed to do, what NIOSH is supposed to do,
19 how certain things are supposed to take place.

20 You know, we were operating under
21 most of these, you know, before, but we just
22 want to make sure to formalize it and have

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1 some institutional knowledge of how things are
2 supposed to take place.

3 And then we are also working on a
4 similar MOU right now with DOL and we
5 anticipate finalizing that within the next,
6 hopefully, month or so.

7 Also, in the last year, we have
8 taken an increased role in outreach
9 activities. We along with the Department of
10 Labor, NIOSH, the DOL and NIOSH Ombudsman's
11 Office and our DOE former worker medical
12 screening programs, we initiated what we are
13 calling a Joint Outreach Task Group.

14 You know, in past years, all of
15 these different groups have been conducting
16 outreach separately, but, you know, we had the
17 thought that all of these groups are trying to
18 reach the same population and with combined
19 effort, we could both make it more efficient
20 and allow each of these groups to reach a
21 larger population.

22 So in the last year, we held 18

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1 town hall meetings in and around nine DOE
2 sites. I believe there was one in either Los
3 Alamos or Albuquerque area, I can't remember
4 which, that was over the summer, so we had
5 been to this area.

6 And then an initiative that we are
7 just approaching completion on, in fact, we
8 are hoping to complete by the end of this
9 year, is the review of the Department of
10 Labor's Site Exposure Matrix Database.

11 You know, Rachel in her
12 presentation talked about that earlier. It is
13 an important tool that they use to gather
14 site-wide information and determine what, you
15 know, chemicals were in certain areas or what
16 job tasks would be in certain areas, handling
17 certain chemicals, things like that.

18 You know, we are very involved in
19 providing DOL with the information initially
20 to establish the Site Exposure Matrix. And
21 initially, it was, you know, only available to
22 DOL claims examiners behind their firewall, et

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1 cetera, but about a year ago, I guess, you
2 know, the Department of Labor approached us
3 about reviewing it to enable them to release
4 the full database to the public.

5 So, you know, our site points of
6 contact worked closely with DOL and our
7 reviewers at each site reviewed the
8 information. And there were -- I have here
9 that there were 116 DOE facilities to start
10 and on April 30th of last year, we released 48
11 of those sites. On June 30th, we did an
12 additional 21 and then on September 30th, we
13 did an additional 23 leaving six sites to be
14 reviewed by December 30, 2010.

15 Now, if you are scoring at home,
16 those numbers don't quite add up, which, as I
17 was reviewing this, you know, before coming up
18 here, I realized the numbers I have add up to
19 about 98, so, you know, with six, that would
20 be 104. So there is some discrepancy in my
21 numbers. I'm not sure.

22 I can assure you that there are

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1 only six left. I'm not sure whether I got the
2 116 wrong or we released additional sites
3 somewhere along the way that I failed to
4 account for. But there are only six sites
5 remaining and December 30th is our target date
6 for those final six.

7 And, you know, for those of you
8 that are interested in Los Alamos and Sandia,
9 both of those have been reviewed and released.

10 So they are on the public SEM website and I
11 have the link there to the Department of
12 Labor's website.

13 And I also just briefly wanted to
14 mention our former worker medical screening
15 program. The former worker medical screening
16 program was a program started by DOE, I
17 believe, in 1996, although it has been
18 expanded somewhat, so there are more programs
19 and has more coverage now than it did in 1996.

20 It is a program that provides free
21 medical screening to all former Department of
22 Energy and Department of Energy contractor and

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1 subcontractor workers.

2 You know, they can -- there are
3 locations all around the country. So we have
4 specific clinics by sites, like Sandia and Los
5 Alamos, but if you retire to, you know,
6 Arizona or Florida or wherever, we have, you
7 know, contracts with clinics in pretty much
8 all over the country, so that we can provide
9 you with a screening close to your home.

10 It is a free screening. And, you
11 know, the doctors that set up these screenings
12 and talk with the individuals beforehand will
13 make sure to tailor the screening to the
14 individual's needs.

15 So, you know, our Former Worker
16 Program principal investigators, they know the
17 work that was done at each of these sites.
18 They know the general hazards associated with
19 these sites. And will also talk with the
20 worker to see what, in particular, that worker
21 might have done, what their role was. And so,
22 you know, the screening will be tailored

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1 toward the potential exposures that our PI
2 thinks that individual might have encountered.

3 So the local screening programs,
4 both for Los Alamos and Sandia, are run
5 through Johns Hopkins University. And the
6 principal investigator is Brian Schwartz. The
7 local outreach number is provided on that
8 slide and I believe we also have someone from
9 the Former Worker Program here today, Rebecca
10 Trujillo. And you can talk to her after if
11 you have any interest and you can also ask me
12 and I can direct you to her.

13 So, you know, this is for any of
14 you, you know, current and former workers
15 maybe in the crowd, you know, if this sounds
16 like something you might be eligible for, I
17 encourage you to talk to her. And also, I
18 encourage you to spread the word to anyone
19 else.

20 Again, it's a free screening. You
21 know, it can only be to your benefit. And
22 there is numerous stories about how we have,

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1 you know, caught things in the early stages
2 and, you know, were able to save people's
3 lives. So I encourage you to apply.

4 And I think that's it. So are
5 there any questions?

6 CHAIRMAN MELIUS: First of all, I
7 would like to thank you and thank Glenn for
8 arranging the Pantex tour. I know it took
9 time and effort and I'm hoping Brad will agree
10 with me that it was worth the effort in that
11 it was very, very helpful and I think
12 absolutely essential to us being able to deal
13 with that site.

14 So but we recognize the effort it
15 took and I think Glenn made a commitment at
16 our last meeting and followed through. So we
17 really do appreciate that.

18 MR. LEWIS: Glad to hear that.
19 Before Brad goes, I just want to say Dr.
20 Worthington, Pat Worthington, was also
21 instrumental in making that happen. I mean,
22 Glenn did support it, but Pat was the one who

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1 worked extensively with Pantex management,
2 too.

3 CHAIRMAN MELIUS: Well, we know
4 that, but we've got to give the boss credit,
5 right? Go ahead, Brad.

6 MEMBER CLAWSON: That's what I
7 wanted to thank you about. You know,
8 especially with plants like this or ones that
9 have been in the past, it's very difficult for
10 us to be able to read a piece of paper and be
11 able to really understand what it is trying to
12 say.

13 And I think that Pantex was one of
14 these that this tour was fabulous. Now, I
15 know we had a lot of milestones and you said a
16 year, I say two years. That is beside the
17 point. But the thing was is this tour was
18 absolutely phenomenal.

19 I think we gained a very good
20 understanding of the process for the earlier
21 years, which we really needed. And I know
22 what you had to go through to be able to do

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1 it. The places that we got to go, the things
2 we got to see were fabulous. It was a very
3 good experience and I think that it will
4 really help us with the Pantex SEC.

5 And I just wanted Pat and
6 everybody to just tell them how much I
7 appreciate it and especially Pantex, because
8 Pantex really stepped up the bar and did some
9 phenomenal work for us. And I appreciate it.

10 MR. LEWIS: I'm glad to hear that.

11 CHAIRMAN MELIUS: Okay. Anybody
12 else have -- if not, I will raise a question.
13 Oh, Mark, go ahead.

14 MEMBER GRIFFON: I was just going
15 to on the joint outreach meetings, I mean, I
16 think I heard that was happening. And it
17 seems to be pretty successful. Have you
18 looked at -- you said around nine DOE sites.
19 I'm wondering if -- because I noticed the
20 disparity in the AWE claims coming in and if
21 there is any effort to do sort of those kind
22 of outreach efforts, you know, in an area

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1 where you might have three or four AWE
2 facilities and get the word out to the
3 community, you know? Has the task force
4 brought that up and have you had any plans on
5 doing this sort of thing?

6 MR. LEWIS: Yes. I know we have
7 been talking about the sites or the areas that
8 we are going to this year. Offhand, I'm not
9 sure. You know, certainly AWEs are of
10 interest as well. Offhand I don't know if we
11 are going to an area where there is more, you
12 know, "AWE concentration" this year. I can
13 certainly look into it, you know, and if you
14 want to talk to me, we would be glad to kind
15 of take some suggestions as to where to go.

16 So, yes, but that is certainly a
17 focus as well.

18 CHAIRMAN MELIUS: Okay. My
19 question I believe this comes from a Board
20 Member, but I'm not sure who. Apparently,
21 there continues to be some issues with the
22 timeliness for clearing the interview notes.

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1 And I know SC&A has had problems in the past
2 and I'm not sure what Work Groups have been
3 involved, but that seems to be the major sort
4 of bottleneck or difficulty left with the
5 clearance process.

6 MR. LEWIS: Well, you know, I
7 would say I think the interview notes that go
8 to headquarters, first of all, you know, my
9 office has most direct control over what
10 happens at headquarters.

11 CHAIRMAN MELIUS: Yes.

12 MR. LEWIS: And as you saw, at
13 headquarters I think we have great response.

14 CHAIRMAN MELIUS: Yes.

15 MR. LEWIS: You know, eight
16 working days.

17 CHAIRMAN MELIUS: Yes.

18 MR. LEWIS: It can happen in less,
19 et cetera. However, I think I'm assuming
20 without getting into the specifics, the
21 concerns probably focus more on certain
22 individual sites.

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1 CHAIRMAN MELIUS: Yes.

2 MR. LEWIS: I think the vast
3 majority of our sites actually get the
4 interviews back, you know, in a pretty
5 reasonable time. However, there are some --
6 you know, it's tougher for us, one, to track
7 and, two, to control the sites, because they
8 have, you know, other responsibilities that
9 they are kind of working this in with their
10 other work load.

11 They are not as familiar with the
12 different groups, so we have had some issues
13 where interview notes, you know, done by SC&A
14 were sent back to NIOSH or actually we just
15 had the opposite where interview notes done by
16 NIOSH were sent back to SC&A. So our sites
17 are not always exactly sure, you know, what
18 the expectations are and what the different
19 groups are.

20 I think, one, we are working on
21 that. Two, the other thing that I know that I
22 spoke with, I believe, Mr. Fitzgerald and, you

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1 know, Kathy Robertson-DeMers, at some point,
2 was creating a tracking sheet of what reviews
3 have been submitted to what sites or, you
4 know, what interviews, excuse me, were
5 submitted to what sites.

6 You know, how long they were,
7 whether they were actual source documents,
8 which can be hundreds of pages or interview
9 notes, which are usually maximum, you know, 20
10 or 30.

11 One of my issues, in our offices
12 is it's tough for us to track what is going
13 where and what has been requested at about 30
14 different sites. If we were to get on a, you
15 know, monthly basis or a quarterly or even a
16 weekly basis, what has been requested of our
17 sites and when it would allow us to much more
18 accurately follow-up now.

19 Typically, I only get notice when,
20 you know, hey, I submitted something to site
21 X, you know, three months ago, what happened?

22 You know, and a lot of times, at that point,

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1 it is already late and by the time I go to the
2 site, you know, it may have been lost in the
3 shuffle or, you know, low on their priority
4 list.

5 And so, you know, we try to
6 rectify the situation, but a lot of times it
7 is already late by the time we even realize
8 it's an issue, which makes it tough on us to
9 be as responsive as we would like to be.

10 CHAIRMAN MELIUS: Yes.

11 MR. LEWIS: So I think if there
12 were a way to coordinate tracking with, you
13 know, both NIOSH, their contractor and SC&A
14 and you guys, I think we would be able to be
15 much more responsive.

16 CHAIRMAN MELIUS: Good. John, can
17 we -- I don't see Joe here. I saw him this
18 morning. Oh, there is Joe. I'm sorry.

19 MR. LEWIS: And I don't mean to
20 put them on the spot. It's something we -

21 CHAIRMAN MELIUS: But I do.

22 DR. MAURO: I would like to think

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1 in terms of these interactions there are three
2 components. One of which, Joe, if you could
3 join me, I would appreciate it. One is the
4 White Papers and the formal reports that are
5 the products that SC&A generate in support of
6 Work Group meetings.

7 These need to go -- be produced
8 quickly, go through DOE clearance and come
9 back, this has been excellent. The turnaround
10 has been amazing. And it has not resulted in
11 any hiccups in our ability, the way I see it,
12 to move forward with our Work Group meetings.

13 The other item has to do with many
14 of our work products, including our Site
15 Profile reviews or SEC reviews, they are
16 always accompanied by interviews, data capture
17 efforts, which move forward.

18 And we now are in a mode of
19 operation where we will put out our report
20 without that attachment. And that's because
21 of the reality does take a bit of time to move
22 the interview notes through not only the

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1 review of DOE and it also goes through a
2 review of the people we talked to. It comes
3 back. So there is an iterative process
4 related to getting interview notes into the
5 system.

6 And I think Joe can speak a little
7 more to that. And I think there was -- also
8 the third item had to do with this records
9 retrieval and tracking. And there was a time
10 when we were trying to set up a system where
11 SC&A could keep track of the iterations of the
12 records that are captured, the interviews that
13 are captured, but we abandoned that.

14 That whole tracking now is
15 completely in the hands of NIOSH. So I think
16 that creates some efficiencies. I guess
17 that's the best I can do in trying to be
18 responsive to some of the matters you have
19 just discussed. And I would like to ask Joe
20 to --

21 MR. FITZGERALD: Yes. What I
22 would add to that is that I think as Greg

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1 pointed out, the only area we still have
2 probably a challenge is when the individual
3 sites, and there are only certain sites that
4 are screening interview notes, because there
5 we have a little less control through
6 headquarters and we are sort of in the queue
7 at a particular site.

8 And some sites have quite a bit of
9 clearance to do. And we have two iterations
10 on interviews, too. And we have the raw notes
11 that we have to go through. Then we send the
12 notes back to the interviewee. And that
13 requires another review by the site.

14 So, you know, but that is, I
15 think, more of the exception now than it used
16 to be. We have a couple of sites where the
17 clearance process is tough and we have to deal
18 with the individual site itself. We have to
19 work through Greg to sometimes push and shove
20 a little bit to get these things through
21 faster.

22 But, in general, the other sites,

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1 you know, they are uncleared or they are sites
2 we can handle through headquarters.

3 CHAIRMAN MELIUS: So would a
4 tracking system -- is it necessary? Would it
5 be helpful? Greg was saying it would be
6 helpful if he knew when you submitted those
7 notes to the sites.

8 MR. FITZGERALD: Oh, we are in
9 constant contact. I mean, Kathy has a weekly
10 call with Greg.

11 CHAIRMAN MELIUS: Yes.

12 MR. FITZGERALD: So this is real-
13 time. I mean, anything that is lagging, he
14 knows immediately and where we need his help
15 he is told that. So it's actually better than
16 tracking. It's a weekly conference call with
17 Greg on the status --

18 CHAIRMAN MELIUS: Okay.

19 MR. FITZGERALD: Of all items that
20 are in the clearance process. Now, this is
21 more from SC&A. I can't speak for some of the
22 documents themselves, but for the interview

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1 notes and things like that --

2 CHAIRMAN MELIUS: Okay.

3 MR. FITZGERALD: Real-time, we
4 were handling it that way.

5 CHAIRMAN MELIUS: Okay.

6 MR. FITZGERALD: Yes. I actually
7 think it has been working relatively good.
8 Now, I don't know if there is issues that you
9 are seeing that we are not seeing, but --

10 CHAIRMAN MELIUS: Somebody was
11 seeing -

12 MR. KATZ: Yes, I can speak to
13 this a little bit. I mean, this has come up
14 at several Work Group meetings. And, Phil, I
15 think you have actually raised it. So where
16 at least some set of interview notes is 6 to
17 12 months and it hasn't -- and they haven't
18 come through yet.

19 So it probably is a very narrow
20 subset that -- of situations where it applies
21 to and I guess I would at least ask for those
22 very narrow situations where we are having

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1 problems, maybe we want to track those, so we
2 can report to Greg formally on those.

3 MR. FITZGERALD: A rather infamous
4 example from last year, it was my interview
5 notes, as a matter of fact, it took almost a
6 year to get them out. I think it was Pantex.

7 That was the situation, I think, that has
8 gotten better, but that was a real problem a
9 year ago.

10 CHAIRMAN MELIUS: Phil, you had a
11 -- is there another example of an issue?

12 MEMBER SCHOFIELD: There has been
13 a number of things that have happened.

14 CHAIRMAN MELIUS: Okay.

15 MEMBER SCHOFIELD: That was the
16 extreme examples. But we have had some other
17 notes that Kathy has taken at some of the
18 worker meetings and interviews we have done
19 that have set out there for five, six, seven
20 months before they came back.

21 CHAIRMAN MELIUS: Yes.

22 MR. FITZGERALD: Yes, I mean, we,

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1 in fact, have gone to Greg and had DOE
2 headquarters intervene with the site. It's
3 almost always the site that is holding it up.

4 And, you know, that's the best we can do is
5 get DOE to intervene with the site and try to
6 figure out what the problem is.

7 CHAIRMAN MELIUS: Yes.

8 MR. FITZGERALD: And we don't wait
9 until it is six months in. We start doing
10 that within a couple of months. And it just
11 takes time to -- I guess for the long arm of
12 headquarters to have the impact we want at a
13 particular site.

14 But it's really a couple of sites.
15 Am I right? They are getting a little
16 better.

17 MR. LEWIS: Yes. And I mean, yes,
18 I think the only thing is it's tough for me.
19 And as Joe said, I do speak weekly with Kathy
20 and Joe and representatives from, you know,
21 NIOSH and ORAU as well. But without a formal
22 tracking system, it can sometimes be tough

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1 just for me personally and my staff to track
2 what is going where.

3 I mean, from one site there can
4 be, you know, interview notes from, you know,
5 three months of visits and there could be, you
6 know, 20 interviews each time. And then there
7 is the, you know, interview summary, the
8 interview reviews where the individual will
9 actually confirm what they, you know, said.

10 So there is a lot of different
11 things flying all over the place. That's why
12 it sometimes is difficult. And I'll hear
13 well, we received some, you know, interview
14 notes from Sandia back. Oh, great, I'll check
15 that one off my list.

16 Then a month later I'll hear well,
17 you know, there were still some set of
18 interviews from Sandia that we didn't get
19 back. So, you know, I think it may be -- but
20 sometimes without a formal tracking system, it
21 would be difficult.

22 If I were to see, you know, this

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1 set of this date, I would also know -- you
2 know, I could also end up calling a site
3 sometimes and say, you know, SC&A or NIOSH is
4 still waiting on one of the, you know,
5 interview sets. They say which one and I'm
6 not even sure which, you know, set, from which
7 visit and which individual.

8 So it might be helpful with a
9 little bit more formal tracking system.
10 Again, I would be glad to talk with both SC&A
11 and NIOSH as to the most efficient way to do
12 that and whether it is, you know, really
13 necessary.

14 CHAIRMAN MELIUS: Well, I would
15 say let's do it, because I think from the
16 Board's perspective to try to keep track of
17 this, it would be helpful. And at least for
18 the problematic sites or the ones we, you
19 know, where this -- we know there has been
20 delays and there is problems.

21 So I'll let you, you know, maybe,
22 SC&A, NIOSH and DOE work something out, so

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1 that we can follow this.

2 MR. FITZGERALD: Yes, and I
3 wouldn't think this is a real -- we have our
4 own internal tracking, as far as that goes.

5 CHAIRMAN MELIUS: Right, right.

6 MR. FITZGERALD: But as far as an
7 omnibus system, that's something that would be
8 easily cobbled together.

9 CHAIRMAN MELIUS: Right, right,
10 exactly.

11 MR. FITZGERALD: Yes.

12 CHAIRMAN MELIUS: I don't think
13 it's asking a lot, right. Okay. Thanks.
14 Other questions for Greg? If not, thank you
15 very much.

16 MEMBER SCHOFIELD: You just got
17 through saying the same thing I was going to
18 do.

19 CHAIRMAN MELIUS: Okay. I'm
20 sorry. Okay. Next on our agenda is the GE
21 Evendale SEC petition. I think that's Stu.

22 MR. HINNEFELD: Well, good morning

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1 again. I'm here to provide, essentially, an
2 update on the work we have been doing
3 researching the General Electric Site in
4 Evendale, which is Cincinnati, Ohio.

5 A little bit of the, you know,
6 history of the petition. We initiated and
7 83.14 petition back in December. This was
8 during our push to finish old claims or finish
9 -- get all the claims within one year-old by
10 May of this year. And so it was one of those
11 final sites we were trying to wrap up the
12 research on.

13 And so we reached the conclusion
14 for December that we didn't think we had
15 enough information to do dose reconstructions
16 with sufficient accuracy and presented that
17 then to -- well, sent the cannot reconstruct
18 letter to a particular claimant.

19 They then submitted a petition
20 that we qualified and then an Evaluation
21 Report followed shortly thereafter, because
22 we, essentially, had done the research anyway

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1 already.

2 The site of GE has kind of a long
3 history of radiological work. Only some of
4 which right now is considered covered under
5 our program.

6 The covered period for the program
7 is from 1961 through 1970. But prior to 1961,
8 General Electric, at that location, was
9 working on the Aircraft Nuclear Propulsion
10 Project at -- starting in 1951 in an area of
11 the site that was known as Air Force Plant 36.

12 I think the Defense Department had some
13 involvement in this, so it's a 68 acre portion
14 of the much larger GE Aircraft Engine Plant.

15 The Aircraft Nuclear Propulsion
16 Project was terminated in 1961, at least GE's
17 involvement in it was. And the facility where
18 it had been housed was then turned over, was
19 occupied by -- essentially, it was work for
20 AEC. It was actually occupied by AEC, but GE
21 then took -- but AEC did take some sort of use
22 permit or engaged in some sort of use permit

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1 with the Air Force and that's apparently what
2 was decided that put it into the covered arena
3 was that AEC interest in that part of the
4 facility.

5 And it is classified on the
6 designation page as a DOE facility, not an
7 Atomic Weapons Employer.

8 So during the '60s and '70s, we
9 don't have a lot of real specific information
10 about what they were doing, but it seemed to
11 be reactor material testing and fuel testing
12 kind of things during that period. But we
13 haven't managed to find a lot of detail about
14 what they did.

15 In 1970 then the facility was
16 turned back over to the Air Force, this
17 particular part of the plant. So that then,
18 as of current thinking, is what ended the
19 designation period.

20 A little bit of the status of the
21 claims here. I have talked about -- some of
22 these were mentioned peripherally in my

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1 original -- in my previous presentation.

2 We have about 160 claims. Those
3 numbers, you know, can change on any given
4 day. 120 of those are active. We would guess
5 the others were pulled. Some of these, a lot
6 of people have joint employment several
7 places, so they will have employment at GE and
8 other places that may have been pulled for
9 some other SEC or it may have had a dose
10 reconstruction done, something like that.

11 Well, there they are, 29 were
12 pulled and 11 were completed. And there is a
13 little breakdown of some of the claims. You
14 know, we've got some claims that have been
15 there quite a long time. They came in early
16 in the program and, of course, it took us a
17 long time to get around to researching this
18 site and trying to finally reach a conclusion
19 on this site.

20 And so those have been here --
21 some of them have been here quite a while.
22 And then there are still some new ones coming

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1 in as well.

2 I sent to the Board Members last
3 week kind of a longer chronology of history of
4 research there. It's kind of an extensive
5 one. We don't normally go through in that
6 much detail, so I have a little bit of a
7 summary here.

8 We have been to the GE facility at
9 Evendale, GE headquarters, a particular area
10 of GE or division headquarters at Schenectady
11 that is connected. The specific portion of GE
12 that did the work at Evendale or this work in
13 '61 to '70 is actually now a part of GE, which
14 is headquartered in the United Kingdom.

15 And so we approached them in the
16 United Kingdom as well and then Iron Mountain
17 is just a storage, commercial storage
18 operation. And the people in the United
19 Kingdom, I believe, are the ones who referred
20 us to Iron Mountain and gave permission for
21 Iron Mountain to give us what they had.

22 So we have been to all those

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1 places. We have been to the Ohio Department
2 of Health, OSTI, which is the Office of
3 Scientific and Technological Information, that
4 is down at Oak Ridge. Several DOE Offices,
5 Legacy Management, FUSRAP, their FUSRAP files,
6 Oak Ridge Office, Fernald, because Fernald
7 apparently had some sort of relationship at
8 some period of time with GE Evendale and the
9 Grand Junction, which is one of the Legacy
10 Management records holding offices.

11 And we have been to several record
12 centers, including this past summer. We were
13 at the NARA facility in College Park, Maryland
14 looking at records that have never been
15 declassified. I don't think they were
16 classified any more. We went there and we
17 retrieved this summery everything from College
18 Park that related to GE.

19 You know, it was declassified and
20 we got it. And it turns out, essentially, all
21 of it pertained to the period of time before
22 1961 or after 1970.

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1 Just a little summary of the
2 amount of documentation we have managed to
3 gather and places it came from. We have also
4 done some additional interviews. The
5 personnel interviews, the 45 additional total
6 attendees in two group interviews, those were
7 conducted this summer. There were additional
8 -- seven individual interviews performed this
9 summer since May, additional information
10 trying to find a way to identify what subset
11 of the population GE -- how can we identify a
12 subset of the population, essentially, what we
13 were looking for or perhaps any information
14 that would allow us to do dose reconstruction.

15 We did get several more documents
16 from GE Evendale this summer. We asked for
17 things like organizational charts, personnel
18 rosters and things like that, which were
19 discussed the last time we talked about GE at
20 the Board meeting, so we pursued those.

21 Again, we got mainly things that
22 were outside. These were before 1961 or after

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1 1970. We were still getting information from
2 GE last week.

3 Last week on Friday, our
4 contractors got custody of the entire set of
5 GE's radiation -- personnel radiation exposure
6 records that they were -- that they would use
7 to respond to our requests. When we would ask
8 for exposure history requests, they would go
9 through this set of records and they would
10 pull out the exposure history.

11 And since we got those on Friday,
12 our contractor has compared for claimants that
13 we got an exposure history request from GE, we
14 compared what they sent us earlier to what was
15 in this set and it matched page for page. But
16 that's only about 12 people. Okay. So that's
17 -- so we did match that.

18 The time frame of these exposure
19 records is not limited to 1961 to 1970. It
20 covers -- it goes way back into the '50s and
21 continues into the '70s certainly and probably
22 later than the '70s as well.

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1 So only a few, I guess how many,
2 people have individual monitoring data, it
3 depends on the counts. This slide says 32. I
4 have got other counts that may be 30. People
5 have individual monitoring, the external data
6 of the 120 claims that are still active.

7 Of those, I think it is somewhere
8 on the order of 12 to 15 have data that is in
9 the actual 1961 to 1970 period. The other
10 data is outside that period. I believe we
11 have only found one claim that has internal
12 monitoring data. I believe that is the last
13 count I heard.

14 Most of what we found is either
15 the aircraft nuclear propulsion things in the
16 '50s or some work that we -- that happened in
17 the '70s. We know they did some thorium work,
18 for instance, in the '70s.

19 And we still are at the same place
20 where we were. We haven't been able to find
21 sufficient information to dose reconstruction.

22 And we have not been able to find -- well,

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1 let me just go through the slides.

2 We haven't found anything, any
3 records that would allow us to simply draw a
4 line or fence off the people, identify the
5 people who were in this area of the plant
6 separate from the plant population. We
7 haven't got any records that allow us to do
8 that.

9 We have been unable to collect
10 very much detailed information about the
11 process that we did or the source-term. And
12 so we don't really have information that we
13 feel could even attempt to make some sort of
14 source-term model for this period of time.

15 We didn't -- when we specifically
16 looked for materials, control and
17 accountability records, one of the items that
18 was suggested we found a couple of records
19 from the '50s and I think one from the '70s.
20 Again, nothing between '61 and '70.

21 We didn't find any information
22 that would allow us to associate job titles or

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1 other job assignments that would be
2 specifically radiological job titles or job
3 assignments.

4 And the people that we have
5 interviewed indicated that the building access
6 controls were not -- or building access was
7 not strictly controlled. And that there would
8 be people who were not assigned to the
9 building who would come into the building and
10 work for some period of time. And that there
11 were unmonitored people who worked in these
12 buildings, at least at some time.

13 Now, recall that this building was
14 sort of -- these buildings were, essentially,
15 a radiological area from the '50s and I think
16 it went into the '80s. I mean, the building
17 is torn down and gone now. There was a D&D
18 done there. I think this building existed as
19 a radiological facility up through and into
20 the '70s certainly.

21 And so people are recalling and so
22 remember as they recall, we don't really know

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1 for sure will they be recalling specifically
2 the 1960 to '70 period or what. That's what
3 we were asking them about, but you kind of
4 wonder what people are thinking about the era
5 they were recalling, because there was a long
6 period when this was sort of the separate area
7 of the plant or a different area of the plant
8 where radiological work occurred.

9 And of course, you all are
10 familiar with the two-prong test. We are
11 still at the position now where we don't
12 believe we found sufficient information to do
13 a sufficiently accurate dose reconstruction.
14 And our rule is written such that if you reach
15 that conclusion, then pretty much you reach
16 the conclusion that there is the potential for
17 health endangerment.

18 In terms of what we think we can
19 do, we believe we could probably reconstruct
20 medical exposures using other program-wide,
21 you know, program general documents that we
22 have used in other places. We don't believe

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1 we found sufficient information to determine
2 internal doses for the workers.

3 And we don't believe we found
4 sufficient information to reconstruct the
5 external doses for people if we don't have
6 their exposure record. We will use any
7 exposure information we have in an
8 individual's exposure -- in an individual's
9 dose reconstruction, if we have data for that
10 individual.

11 But we don't know that we could
12 write conclusions about people who were not
13 monitored or at least we don't have exposure
14 records for, what their exposure might have
15 been. I think that just says in more words
16 what I just said about using data that we
17 have.

18 And this was the proposed Class
19 Definition and it is an all employees, because
20 we didn't -- we haven't found any information
21 to limit it otherwise.

22 Following on now, the story

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1 continues. I know you all -- I sent you all a
2 letter or Ted, I think, sent the letter, to
3 all the Board Members just recently, probably
4 this week, that we received Friday from the
5 Department of Labor.

6 Now, what prompted this was we had
7 tried a slight variation on this proposed
8 Class Definition and as we do with all of our
9 proposed Class Definitions, we share those in
10 draft form with the Department of Labor for
11 them to talk about the administratability of
12 the Class Definition.

13 And the wording was very slight
14 and it is based on the fact that the covered
15 period is considered a DOE facility. It is
16 covered as a DOE facility, not as an AWE. And
17 it is pretty clear to all of us that GE
18 Evendale, that whole big plant, was not ever a
19 DOE facility.

20 So there is sort of a tacit
21 setting aside of the Air Force Plant 36 or
22 whatever the number was, part of it in the

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1 designation. And so we wrote, I don't think I
2 brought the proposed Class Definition, but--
3 or don't have it handy at least.

4 But it was something to the effect
5 that all employees of the covered facility
6 located at GE Evendale "also known as Air
7 Force Plant 36," something like that. So
8 that's what we said what would you think about
9 this sort of a Class, because we don't expect
10 the Department of Labor to do anything
11 differently than they are doing.

12 I mean, presumably since that is
13 the covered facility, people would have to
14 meet that in order to be, you know, claimants
15 anyway. And if they -- they have since told
16 us that they don't really have any information
17 that will allow them to say who was at the Air
18 Force Plant 36 and who wasn't.

19 But it was just a way to work with
20 the wording and it was then our message, at
21 least our designation, that would go out to
22 workers would be that if you worked in the Air

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1 Force Plant 36, then you are eligible, rather
2 than if you worked at GE, which was one of the
3 things that was discussed at the last Board
4 meeting, is there a way to say something like
5 that in the designation? So it's a way to try
6 to do that.

7 In response to that, the
8 Department of Labor responded. First off as
9 well, we can't really designate this Class,
10 you know, that limits in some fashion Air
11 Force Plant 36. That's one thing that their
12 letter said.

13 Their letter also told us that in
14 light of this -- you know, looking at
15 research, they want to revisit the basis for
16 the designation anyway, the designation of the
17 DOE facility. And they are going to get --
18 you know, contact DOE to ask about what is the
19 basis for that designation. And so there may
20 be some change in the designation of the --
21 maybe from a DOE to an AWE or from maybe some
22 other years or whatever.

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1 So there is some additional
2 research apparently that is going to have to
3 be required in order to arrive finally at a
4 determination of what exactly is the
5 definition of Class and what's the -- and what
6 period are we talking about.

7 The definition of Class with DOE
8 and AWE is important for one specific reason
9 and that is the residual radiation period. As
10 a DOE facility, the way the law is written,
11 DOE facilities do not have residual radiation
12 periods. Okay. They only exist for AWEs the
13 way the law is written.

14 If the designation becomes an
15 Atomic Weapons Employer, even for the same
16 period of time, then there is an additional
17 question that will be in front of us is can
18 you reconstruct the dose from the residual
19 radiation in the period in the 1970s when we
20 know they were doing other radiological work
21 anyway?

22 So there are some other questions

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1 in front of us as we go forward here.

2 CHAIRMAN MELIUS: Okay. Just to
3 add, it also makes some difference in terms of
4 who is eligible.

5 MR. HINNEFELD: Yes.

6 CHAIRMAN MELIUS: In terms of
7 subcontractors and so forth.

8 MR. HINNEFELD: Yes, yes.

9 CHAIRMAN MELIUS: So it's
10 important. I don't know, Rachel, do you have
11 anything to add to that?

12 MS. LEITON: No.

13 CHAIRMAN MELIUS: Okay. Okay.
14 That's fine then. Questions from the Board
15 then? Bill?

16 MEMBER FIELD: I know we have
17 talked about this before, but what is your
18 understanding of what data may be available in
19 the UK or Iron Mountain?

20 MR. HINNEFELD: Yes, we went back
21 to revisit our contacts with the UK, refreshed
22 our trail, our communications trail back and

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1 forth and made sure we were both on common
2 understanding. And what we have concluded
3 from discussion with them and from our own
4 review of our own messages to them and back
5 over the years is that they have done a
6 keyword search on 52,000 boxes of records that
7 might be relevant.

8 They have identified from that
9 keyword some number of documents that we
10 selected certain ones we wanted and they have
11 provided those. They had done that before
12 this. And so we have had -- you know, we have
13 essentially finished with GE and they have
14 completed the search that they are able to do.

15 And we have had those records for a while.

16 MEMBER FIELD: Okay. Because the
17 question I had, I guess it was a previous
18 Board meeting there was discussion that they
19 may have records, but they didn't provide
20 them. So at this point --

21 MR. HINNEFELD: Yes, there was a
22 lot of, you know, trying to remember as we

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1 were getting ready and people in conversation
2 well, where did we go to get this wrap up?
3 Did we finish this? And so when we go back
4 and we looked at the actual communication
5 trail back and forth, and then we also had a
6 conversation with them again this summer, our
7 contractor had a conversation with the point
8 of contact, and they said, well, you know, we
9 finished that up, so that is kind of what we
10 arrived at.

11 MEMBER FIELD: And then my second
12 question was as far as the worker interviews,
13 did the workers indicate that, from their
14 perspective, not everyone was monitored?

15 MR. HINNEFELD: We have had people
16 tell us that, yes. Not that -- we had people
17 say that not everyone that worked in that
18 building was monitored.

19 MEMBER FIELD: Okay. And did they
20 give you any indication of how many people may
21 have worked in the building or came in and out
22 over time?

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1 MR. HINNEFELD: I don't know that
2 we have that. I don't know if anybody was not
3 willing to offer it, but I'm not familiar with
4 that. No.

5 MEMBER FIELD: Okay.

6 CHAIRMAN MELIUS: One of the --
7 and I have some email correspondence with Stu
8 before the meeting about this, was whether --
9 now that they had the complete set of
10 monitoring records, would that somehow help
11 them to define the Class? You know, not that
12 it would make it feasible to do dose
13 reconstruction, but it would at least tell us
14 more about some of those questions. How many
15 people? What the process is. And I think Stu
16 was still looking into that.

17 MR. HINNEFELD: Right.

18 CHAIRMAN MELIUS: My sense is
19 from --

20 MR. HINNEFELD: We got this data
21 set Friday.

22 CHAIRMAN MELIUS: Yes.

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1 MR. HINNEFELD: And so what you
2 are talking about now is looking through every
3 record that we received.

4 CHAIRMAN MELIUS: Yes.

5 MR. HINNEFELD: And essentially
6 charting what years do you have data for.

7 CHAIRMAN MELIUS: Yes.

8 MR. HINNEFELD: For those and see
9 what kind of a monitoring -- monitor
10 population you have --

11 CHAIRMAN MELIUS: Yes.

12 MR. HINNEFELD: From 1961 to 1970.

13 CHAIRMAN MELIUS: Yes.

14 MR. HINNEFELD: So that's --
15 essentially, I don't know another way to do
16 it, other than make -- because there are
17 images of paper records is what we got.

18 CHAIRMAN MELIUS: Yes. Other
19 questions? All right. I think it's difficult
20 for us to take any action on this today,
21 because the difference between an AWE and a
22 DOE is big. You know, and for us to put a

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1 recommendation forward until the Department of
2 Labor has had a chance to work with DOE and
3 figure that out, I think would not be helpful.

4 And in the meanwhile, I think we
5 can continue to work with and NIOSH will
6 continue to work trying to figure out this
7 Class Definition issue, because if it is --
8 you know, goes from a DOE site to an AWE site,
9 we are still going to have to deal with the
10 Class Definition in some way, and that's
11 problematic, and work with DOL on that issue.

12 MR. HINNEFELD: Yes, we're going
13 to have some sort of joint meetings or
14 conversations with DOL about what can be done
15 along that. You know, have these discussions
16 now and at the last meeting.

17 CHAIRMAN MELIUS: Yes.

18 MR. HINNEFELD: We will just see
19 what we can do along those lines.

20 CHAIRMAN MELIUS: Yes.

21 MR. HINNEFELD: And what are the
22 ramifications of the various alternatives.

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1 CHAIRMAN MELIUS: Right. And then
2 hopefully by our next meeting, we can come to
3 some closure on this. It may be optimistic.

4 MR. HINNEFELD: Right. And we are
5 prepared. We are preparing to provide all the
6 records we have assembled --

7 CHAIRMAN MELIUS: Yes.

8 MR. HINNEFELD: To DOE and DOL for
9 whatever work they want to do on designation.

10 CHAIRMAN MELIUS: Yes.

11 MEMBER RICHARDSON: I have two
12 questions. One was are there any plans in the
13 work to do any additional interviews of
14 workers?

15 MR. HINNEFELD: Not today, but
16 certainly we have got some contacts down
17 there, out there and we know how to find some
18 workers.

19 MEMBER RICHARDSON: Because the
20 document here just describes an interview with
21 one worker. One worker has been talked to two
22 times. And I'm wondering if there is not more

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1 information that could be gained through
2 asking some of those questions. How many
3 people were in this --

4 MR. HINNEFELD: Right.

5 MEMBER RICHARDSON: Building, this
6 area.

7 MR. HINNEFELD: We can pursue that
8 farther and try to get more information about
9 what -- you know, the population and what
10 kinds of people were in and out and things
11 like that.

12 CHAIRMAN MELIUS: Well, one of the
13 things that I brought up at these meetings and
14 I have talked to Stu about also or LaVon is it
15 would also be helpful to have a report or
16 something that was in writing that described
17 these interviews and described some of this
18 other information gathered.

19 MR. HINNEFELD: Sure.

20 CHAIRMAN MELIUS: Now, I actually
21 thought the chronology of your records search
22 was actually helpful for us to understand it.

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1 It actually shows how difficult this is --

2 MR. HINNEFELD: Yes, and I would
3 say -- we have talked to more than one. We
4 have talked to more than one person. I mean,
5 we had -- but there is one particular person
6 that is probably mentioned more than any
7 other, because he was the safety and health
8 manager at the time.

9 CHAIRMAN MELIUS: Yes, yes.

10 MR. HINNEFELD: And he is still
11 alive.

12 CHAIRMAN MELIUS: Yes.

13 MR. HINNEFELD: Still lives in
14 Cincinnati.

15 CHAIRMAN MELIUS: Yes. But we, as
16 a Board, don't have a record of that.

17 MR. HINNEFELD: Right.

18 CHAIRMAN MELIUS: We have your
19 brief summaries.

20 MR. HINNEFELD: I'll see what we
21 have.

22 CHAIRMAN MELIUS: Yes.

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1 MR. HINNEFELD: We should have
2 some interview summaries somewhere.

3 CHAIRMAN MELIUS: Yes. And some
4 way of having that in the form of a short
5 report, I think, or an addendum might be
6 helpful to us.

7 MR. HINNEFELD: Sure.

8 CHAIRMAN MELIUS: Good. David, do
9 you have some other --

10 MEMBER RICHARDSON: I know it will
11 be a huge task, so I'm -- to go through the
12 dosimetry records and figure out the number of
13 badged workers in 1961 and 1962. But I'm
14 having a hard time wrapping my head around how
15 else to handle this.

16 I mean, in terms of
17 contextualizing the number of workers
18 potentially exposed, what is also lacking here
19 still, so either whether it would be for
20 workers interviews and somebody could give us
21 some of the contextualizing information about
22 how many people were entering that area

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1 relative to the size of the proposed Class,
2 which is also still not in here, again, my
3 recollection is 5,000 or 7,000 workers onsite,
4 something like that per year.

5 MR. HINNEFELD: Yes, it's in that
6 vicinity. We asked GE and they told us, I
7 want to say, 8,000.

8 CHAIRMAN MELIUS: 8,000 is one
9 number they threw out.

10 MR. HINNEFELD: Yes, I can't
11 remember that either.

12 MEMBER RICHARDSON: And they are
13 rolling through, so it's a large Class. And I
14 mean the thing that is mind-boggling to me
15 still is the hard -- is the difficulty of
16 finding any description of any radiological
17 operations going on. Most of the description
18 of the operations is coming from one page,
19 page 110, of a draft report by -- a draft
20 report on summaries of fuel development.

21 So if there is -- so if really
22 we're hanging our hat on one page right now,

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1 I'm having a hard time imagining this scale of
2 exposure.

3 MR. HINNEFELD: Okay. I think we
4 should be able to put -- I'll put together a
5 more complete report of what we know about
6 this period. I mean, like I said, most of --
7 we keep finding things about the Aircraft
8 Nuclear Propulsion Project and then a fair
9 amount of information about some thorium
10 calcining that was done in the '70s.

11 But we will get together a more
12 complete summary of what it is that actually
13 pertains to what was done in '61 to '70.

14 CHAIRMAN MELIUS: Okay. Yes,
15 Josie?

16 MEMBER BEACH: I got an email, and
17 Stu you sent it out to the Board that said
18 that the ballpark is 8,000 employees, so -

19 MR. HINNEFELD: That's what GE
20 told us, yes. Thank you. I couldn't remember
21 for sure what it was.

22 MEMBER BEACH: A large number.

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1 CHAIRMAN MELIUS: Okay. Okay.
2 Thank you, Stu. Is there any more questions?
3 And we are due for a lunch break. We will
4 break now. We are going to start up sharp at
5 1:00. We have a petitioner that will be on
6 the line then. And so we want to be able to
7 talk about Dow Chemical at 1:00. See you all
8 then.

9 (Whereupon, the above-entitled
10 matter went off the record at 11:27 a.m. and
11 resumed at 1:01 p.m.)

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1 been significant -- there have been some
2 changes since the time. Those changes did not
3 affect the original covered period,
4 operational period per se, but they did
5 potentially affect the residual period.

6 So the Board has been and the Work
7 Group has been looking at this intermittently
8 over time. Some of this has been waiting and
9 had various reviews and various documents.
10 NIOSH originally did two addendums to the
11 original SEC Evaluation Report that covered,
12 essentially, the residual period and some of
13 these changes in terms of covered operations.

14 And then SC&A did some others. I
15 will add that the best summary report of what
16 we are looking at here for the residual period
17 was the one I forwarded to everybody last
18 Friday, which was the most recent SC&A report
19 on the use of surrogate data at the site,
20 which essentially updated an earlier report
21 they had done that the update basically
22 applied to the Board's review criteria that we

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1 had adopted over the summer and brought that
2 up to date.

3 But it is a fairly sort of
4 convoluted history to this site. But the
5 issue before us is what to do about the
6 residual period. We will first hear from
7 NIOSH who will give us an update and then we
8 will hear from SC&A and then we will have some
9 discussion on the site.

10 We also have the petitioner here
11 and I believe that the petitioner will want to
12 speak also.

13 MR. RUTHERFORD: All right. Thank
14 you, Dr. Melius. I'm LaVon Rutherford,
15 Special Exposure Cohort health physics team
16 leader for NIOSH.

17 What I will be talking about
18 mainly will be a little background plus our
19 dose reconstruction approach for the residual
20 period.

21 A little history, a little covered
22 activities at Dow. Dow from 1957/1958, they

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1 extruded uranium metal for the AEC under
2 subcontract with Mallinckrodt. They also did
3 rod straightening from 1959 to 1960, again
4 under a subcontract with Mallinckrodt.

5 CHAIRMAN MELIUS: Excuse me one
6 second just to avoid some confusion. This
7 presentation is not available to us here,
8 since LaVon did it over this weekend. The
9 same with the SC&A.

10 MR. RUTHERFORD: I can --

11 CHAIRMAN MELIUS: So you don't
12 need to spend time looking for it.

13 MR. RUTHERFORD: Email it to the
14 Board Members if they would like.

15 (Off the record comments.)

16 All right. Again, so the
17 activities 1957 to '58 extruded uranium. '59
18 to '60 they straightened uranium rods, all
19 under subcontracts with Mallinckrodt. And
20 really their main primary mission at the site
21 was handling -- they handled -- they produced
22 alloy metals, including thorium alloy metals.

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1 Initially, it was indicated that
2 that was a non-covered activity at the time
3 period and after some research, you will see
4 that changed.

5 A little background. We actually
6 started this in May 2007 Advisory Board
7 meeting. We have presented the Petition
8 Evaluation Report. This was an 83.14. We
9 recommended a Class for the 1957 to 1960
10 period.

11 You will probably sense that
12 typically under an 83.14, we would not go into
13 a post-period after the period that we are
14 recommending a Class. However, there was a
15 lengthy discussion and recommendations from a
16 number of parties that we ended up actually
17 looking into the residual period at Dow under
18 this 83.14.

19 We recommended a Class again in
20 1957/1960, the Board concurred with that. At
21 that time, as I mentioned, there was questions
22 and concern, mainly identified initially by

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1 the petitioner, that the DOE's definition of
2 the covered activities should include the
3 thorium work as well, because the petitioner
4 felt that there was actually supporting
5 documentation that would actually move the
6 thorium into a covered activity.

7 We initially did not address
8 thorium. The thorium exposure would not
9 affect our SEC Class that we had already
10 recommended. It would only affect the
11 residual period. Initially, it wasn't a
12 covered activity and so initially it was not
13 addressed.

14 However, in January 2008, DOE
15 concluded that the Dow Chemical Company was
16 probably producing thorium alloy for use in
17 weapons production and, therefore, the
18 activity should be a covered activity.

19 At that time, we recognized that
20 we would have to reevaluate our residual
21 period to include thorium exposures. We
22 issued Addendum 2 in June of 2008 to address

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1 that. And then we also issued Appendix C to
2 TBD-6000 in September 2008.

3 As Dr. Melius mentioned, there
4 were a number of Work Group meetings that went
5 on and a number of -- and SC&A put out a few
6 reports. I'm going to let -- SC&A, Bill
7 Thurber will be speaking after me and he can
8 address any of that.

9 Again, our Evaluation Report
10 initially identified thorium exposures were
11 not reconstructible for the '57 to '60 period.

12 And initially we identified uranium exposures
13 could be reconstructed for both the
14 operational and residual period.

15 We issued Addendum 1 shortly after
16 issuing our report. We received a number of
17 documents from Dow and we issued Addendum 1 to
18 actually go back and see if -- to review those
19 documents and to determine whether it would
20 affect our original feasibility determination.

21 It did not.

22 We issued Addendum 2 in June of

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1 2008, that was Addendum 2 again was addressing
2 whether it was feasible to reconstruct thorium
3 and thorium progeny exposures during the
4 residual contamination period.

5 And then we issued Appendix C,
6 which is our dose reconstruction approach for
7 Dow Madison. It incorporates the
8 recommendations from SEC-79 and incorporates
9 the addendums. It addresses both the non-
10 presumptive cancers from the operational
11 period and the dose reconstruction approach
12 for the residual period.

13 I'll talk a little bit about what
14 monitoring data in general. We had, during
15 the residual period, no personal monitoring
16 data internal or external. No internal
17 bioassay, no external data, including film
18 badges.

19 We do have area monitoring data.
20 We have air sampling from the final cleanup
21 that occurred in 2006. We also have access to
22 air sampling data from 1957 to 1959

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1 operational period focusing around the thorium
2 operations. And this includes general area
3 and breathing zone data.

4 This data was not comprehensive
5 enough for us to use it for the actual
6 operational period, but the last year, 1959,
7 data was good for a good starting point for
8 the residual period.

9 We also have thoron monitoring
10 data from that 1959 period. The thoron
11 sampling was conducted during the production
12 of alloy with the highest percentage of
13 thorium.

14 In addition, we have dose rate
15 surveys from the operational period. We have
16 dose rate information from monitoring that
17 occurred in 1981.

18 I'm going to talk a little bit
19 about our technical approach for dose
20 reconstruction. For internal exposures to
21 uranium, we did not have any uranium-specific
22 monitoring data to use. However, NIOSH used

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1 the default inhalation numbers from TBD-6000
2 for rod straightening.

3 TBD-6000 actually was used during
4 the operational period for uranium for both
5 the extrusion and the rod straightening, we
6 use those numbers. And for the residual
7 period, we looked at a deposition -- we
8 actually looked at -- we took those air intake
9 values or air concentration values from rod
10 straightening, we deposited them on surfaces
11 and then resuspended them to come up with an
12 intake value to start our residual period for
13 uranium.

14 The external exposures were based
15 on surface contamination values from TBD-6000.
16 The model also seems a constant rate through
17 the residual period.

18 Both of these methods used in this
19 are TBD-6000 methods. They are not specific
20 to Dow. They are methods that are actually
21 identified to be used in TBD-6000 in general.

22 Our internal exposure or our dose

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1 reconstruction for thorium, we took the
2 highest general area air sample value during
3 the operational period and, again, if you are
4 thinking you are at the end of operations, we
5 took that highest general area value as our
6 starting point for the first year of the
7 residual contamination period.

8 We used the general area value
9 because it includes both operational input and
10 resuspension as well, but it's not heavily
11 weighted on the operational itself. So for
12 residual period, when you consider that all
13 the activities would have stopped, you are
14 actually being very claimant-favorable and
15 including at least a portion of that
16 operational input.

17 Again, I already talked about
18 that.

19 Okay. We also used the air
20 monitoring data from the 2006 cleanup. We had
21 actual air monitoring. We had boundary
22 samples, general area samples taken in 2006

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1 that were used as our end points. We had a
2 starting point in 1959/1960 period from the
3 area data from operations and then the end
4 point from 2006, we developed an effective
5 decay constant using those two values. And
6 that effective decay constant was then used to
7 derive intakes for each year in between.

8 Our thoron intakes are estimated
9 using the thoron monitoring data from 1959.
10 We used the same decay constant. If you think
11 about it, your thoron source is your thorium.

12 We used the decay constant we used from
13 developing our thorium intakes and to model
14 our thoron intakes through the years as well.

15 Our external exposures, there are
16 some questions, I know, on this. It was a
17 small sample set that we used from Bay City.
18 That small sample set, we used the log-normal
19 distribution 95th percentile and it came up to
20 roughly 1,095 millirem per year.

21 If you had a chance to look at
22 Addendum 2, we had actually used in Addendum 2

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1 a more bounding approach. We took the highest
2 dose rate, which was .7 millirem per hour,
3 during thorium operations and we assumed a
4 person stood there at one foot or at that
5 reading for 2,000 hours, so that would have
6 been 1,400 millirem.

7 So TBD-6000 recommends using 50
8 percent as the occupancy factor or value,
9 which would have put it around 700 millirem,
10 instead of the 1,400. So if you think about
11 it, our 1,095 is a pretty good value to use as
12 our starting point for external exposures.

13 In addition, there were two -- a
14 Levy Report that looked at estimations on what
15 the annual dose would be from thorium
16 operations in these early years and indicated,
17 and I can't remember the exact values, but it
18 was at one campaign 300 and something and the
19 other campaign 200 and something. So our
20 values, again, I believe are conservative.

21 We used again this -- we used the
22 same decay constant that we developed for the

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1 thorium intakes and we reduced our external
2 exposures, because your external source of
3 exposure will be the residual contamination
4 only during that period.

5 And there is one error on this
6 slide. This slide was actually taken from a
7 presentation I did for Dow a while back. The
8 period says January 1, 1961 through October
9 31, 2006. That is actually November 30, 2007
10 and that's clearly identified in Appendix C
11 for the residual contamination period.

12 We actually had received a report
13 from the contractor that was doing the cleanup
14 that the last thorium contamination had left
15 site on November 30, 2007.

16 So our period that we feel that we
17 can reconstruct dose for the residual period
18 is January 1, 1961 through October 31 -- or
19 through November 30, 2007. And that's it.

20 CHAIRMAN MELIUS: Okay. Board
21 Members have questions for LaVon? Yes, Phil?

22 MEMBER SCHOFIELD: LaVon, I have a

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1 question for you.

2 On what basis do you guys feel,
3 how can I say this, confident about the
4 potential intakes from the residual
5 contamination being a constant number?

6 MR. RUTHERFORD: Well, it's not a
7 constant number. It's actually -- if you look
8 at it, it's exponential decay. And I think
9 the approach that we used if you look at the
10 first intake value, your first intake value in
11 1961, the first year of the residual period,
12 is actually an operational value. It assumes
13 intakes that include both resuspension and a
14 portion of operations, so that's high.

15 If you look at the end period that
16 we used, we actually used air data during the
17 cleanup operations and was the highest
18 concentration. And if -- I can't remember the
19 actual concentration now, but if I remember
20 correctly, it's roughly 7 point something DAC.
21 7 percent DAC.

22 So I mean, it's not a very low

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1 value. And so based on those two values we
2 feel were up above, then we feel like that
3 decay over time will continue that -- will be
4 above any exposures during that period.

5 CHAIRMAN MELIUS: David?

6 MEMBER RICHARDSON: Can I ask the
7 same question the other way around?

8 MR. RUTHERFORD: Okay.

9 MEMBER RICHARDSON: How confident
10 are you that it is an exponential decay? And
11 I guess to ask a couple of follow-up questions
12 to it.

13 MR. RUTHERFORD: Sure.

14 MEMBER RICHARDSON: The decay here
15 is not an attribute of the physical half-life
16 of thorium?

17 MR. RUTHERFORD: No. It's an
18 effective decay.

19 MEMBER RICHARDSON: Which, I mean,
20 that's on a different order of magnitude
21 scale.

22 MR. RUTHERFORD: Yes.

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1 MEMBER RICHARDSON: So we are
2 talking about a decay here which is a settling
3 of particles, for example.

4 MR. RUTHERFORD: Yes.

5 MEMBER RICHARDSON: And I'm
6 imagining under an exponential model, I mean,
7 whether the idea you are claimant-friendly at
8 this starting point of an exponential fall-off
9 curve is sort of inconsequential, because very
10 rapidly it's dropping. It is dropping off.

11 Is it my imagination of this decay
12 constant and how you are mapping that over
13 time happening within a year or two years you
14 are dropping down to values which are
15 relatively low.

16 MR. RUTHERFORD: Actually, if you
17 look at this decay constant, the values did
18 not drop off quickly. I mean, they do drop
19 off quickly, but the values were -- at the end
20 were high enough that it forced the upper
21 portion of the concentration to stay up still
22 for a while.

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1 If you remember, I said the actual
2 end point was roughly 7, if I remember
3 correctly, percent DAC was our ending value.
4 So it was not a trivial intake percentage.

5 MEMBER RICHARDSON: Okay.

6 MR. RUTHERFORD: And obviously,
7 there is -- if we do have indications of
8 different transient activities that occur --
9 go ahead, Jim.

10 DR. NETON: This is Jim Neton.

11 MR. RUTHERFORD: Do you want to
12 come up here, Jim?

13 DR. NETON: Sure.

14 CHAIRMAN MELIUS: It's on, Jim.

15 DR. NETON: Testing, okay. It's
16 on. This idea of decay during the residual
17 period is something that is covered fairly
18 well in our TIB-70 that has been reviewed by
19 the Advisory Board. It is a concept that we
20 have applied not just at Dow Madison, but at a
21 number of other facilities.

22 There are several options we have.

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1 Obviously, one would be to maintain a
2 constant level of exposure over an entire
3 period. One is to do some sort of an
4 exponential decay if you have some anchor
5 point further on down the road or, you know, I
6 think in some cases, we have also applied just
7 a straight line decrement.

8 But, you know, these are issues
9 that have been discussed to some degree
10 during, you know, the procedure review
11 process.

12 CHAIRMAN MELIUS: Go ahead.

13 MEMBER RICHARDSON: And --

14 CHAIRMAN MELIUS: Go ahead, Dave.

15 MEMBER RICHARDSON: Or maybe Paul
16 and then I can come back with a different
17 question.

18 CHAIRMAN MELIUS: Okay.

19 MEMBER ZIEMER: Well, it's not
20 really a question, just kind of a follow-up.
21 I think, David, conceptually I believe this is
22 correct and maybe Jim will correct me if I'm

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1 wrong, but the idea is if -- it is based on
2 decreasing source-term as cleanup occurs and
3 those that have done cleanup, and I have done
4 a lot of it over the years, the early part of
5 a cleanup is always you get much bigger
6 percent of the stuff cleaned up, as it were.

7 It becomes more and more difficult
8 as you come down. So to use an exponential,
9 there is a certain logic that is based on
10 experience to do that. Obviously, you could
11 fit that in a number of different ways as Jim
12 suggested. One would be just linear, which
13 perhaps would be a little more conservative in
14 the early times and less conservative toward
15 the tail end.

16 But I think experience would say
17 that exponential fits most cases that we work
18 with.

19 CHAIRMAN MELIUS: Can I just add I
20 think the other thing that would be in
21 consideration is is there something happening
22 at the site that would, you know, affect that?

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1 Some other operation, you know, some large
2 demolition? I mean, things that went on for a
3 significant period of time and could -- it
4 somewhat depends on the size of the site and
5 what you are taking down and where the
6 contamination is and so forth.

7 So I think that is what you have
8 to look in to. And I think those are
9 legitimate questions. I saw these same
10 questions on Linde, which I'm most familiar
11 with, which is coming up next. But that's the
12 basis.

13 Any other questions for -- Dave,
14 you had another topic?

15 MEMBER RICHARDSON: No.

16 CHAIRMAN MELIUS: No, okay. Yes,
17 okay. Go ahead.

18 MEMBER FIELD: LaVon, I just had a
19 question. You said there was thoron
20 monitoring performed.

21 MR. RUTHERFORD: Yes. It was
22 performed in 1959 and it was during the

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1 operations of actually producing the thorium
2 alloy. And that sample set is in your -- if
3 you go under the Dow reference material, it is
4 under there. And I can't remember,
5 unfortunately, the SRDB number, but I can get
6 it for you and you can take a look at that
7 data.

8 MEMBER FIELD: Do you know where
9 the monitoring was performed in relation to
10 the workers?

11 MR. RUTHERFORD: It was in a
12 number of different locations. And I don't
13 recall all the locations. Again, I can go
14 back and open it up and we can -- and I can
15 point you to the SRDB number.

16 MEMBER FIELD: Okay. And then one
17 other quick question on TBD-6000. I wasn't
18 here during its development. Is TBD-6000
19 applicable to the case here?

20 MR. RUTHERFORD: Yes.

21 MEMBER FIELD: It is?

22 MR. RUTHERFORD: Yes.

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1 MEMBER FIELD: Okay.

2 MR. RUTHERFORD: It is part of
3 this. Dow is under TBD-6000.

4 MEMBER FIELD: Okay.

5 CHAIRMAN MELIUS: And Appendix C
6 of TBD-6000 is specific to Dow.

7 MEMBER FIELD: Okay.

8 CHAIRMAN MELIUS: Yes. Okay.
9 LaVon, thanks. And now, we will hear from
10 SC&A and I think they may actually answer some
11 of those questions.

12 MR. THURBER: Hi, I'm Bill Thurber
13 from SC&A. And I'm going to mainly talk about
14 the use of surrogate data, but the discussion
15 of necessity is a little broader than that,
16 because you can't really understand how the
17 surrogate data was used without also
18 understanding how some of the other
19 calculations were made.

20 I won't dwell on this, because
21 LaVon has covered most of it, but I would like
22 to make a couple of comments about TBD-6000,

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1 which it says there is TBD-2006.

2 TBD-6000, you will recall was
3 specifically designed to provide some generic
4 dose reconstruction guidance for AWE sites
5 where there was little or no data. And so by
6 definition, it used in large measure surrogate
7 data. It coupled that in the case of external
8 exposure with modeling data using MicroShield
9 and that sort of thing.

10 The major source document for all
11 of the dust exposures that are in TBD-6000 and
12 flowed into Appendix C, as LaVon discussed,
13 was a report prepared by Harris and Kingsley
14 in 1959. And for those of you who are not
15 familiar with this, these two gentlemen worked
16 for the AEC Health and Safety Laboratory and
17 accumulated data from most of the sites at the
18 time and provided a compendium of air
19 concentration data relating to all kinds of
20 operations related to the fabrication of
21 uranium.

22 Again, as LaVon alluded to, SC&A

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1 has prepared a number of documents and I
2 provide this for some of you who are newer to
3 the story, but, basically, there was a
4 document in response to each of the NIOSH
5 documents. And, basically, today we are
6 focusing on the final document on the list,
7 which I believe has been distributed to the
8 group.

9 And I think that you all have the
10 slides, too. Is that correct or not correct?

11 Is that true? Okay.

12 CHAIRMAN MELIUS: They should.

13 MR. THURBER: Okay. Good. Just
14 to summarize how things evolved and looking,
15 first, at the operating period and the reason
16 I do this is because, as we have said, the
17 data from the operating period was used to
18 establish the starting point for the residual
19 period.

20 Internal and external uranium
21 doses were not really evaluated in the
22 Petition Evaluation Report or in the addenda

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1 to it, rather NIOSH said yes, we can
2 reconstruct surrogate data using sources such
3 as OTIB-4.

4 But when they got to publishing
5 Appendix C, which is the most recent document
6 chronologically, they used the approach which
7 LaVon outlined to you.

8 From day one, it was established
9 that internal thorium exposures could not be
10 reconstructed and on that basis, the SEC was
11 granted for the operating period. Initially,
12 NIOSH concluded that external thorium doses
13 could not be reconstructed. But based on the
14 additional 700 pages of data that NIOSH
15 received after the initial Evaluation Report
16 was issued, they amended that position and
17 concluded that they could monitor and bound
18 thorium exposure during the -- thorium
19 external exposure during the operating period.

20 I think it is, for perspective,
21 useful to look at exactly what was done during
22 the operating period. There was an uranium

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1 extrusion campaign under subcontract for
2 Mallinckrodt. It involved 12 cycles of 28
3 hours each in 1957 and 1958 and that each
4 cycle consisted of six hours of setup time
5 working around the extrusion press, 16 hours
6 of extrusion work and six hours of cleanup
7 time. So 12 cycles in 1957 and '58.

8 Uranium rod straightening work was
9 done in December 1959 and January 1960 under a
10 purchase order from Mallinckrodt and the
11 December '59 work involved \$435 PO for
12 straightening and cleanup and in January '60,
13 \$520 to do the straightening and the cleanup
14 work.

15 And, obviously, a very small
16 quantity of uranium was involved in the rod
17 straightening work.

18 And finally, during the operating
19 period, DOE eventually provided evidence that
20 some magnesium thorium alloys were shipped to
21 Mallinckrodt for weapons work and this is what
22 precipitated the need to include the residual

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1 -- to include thorium in the residual period.

2 And I would point out to you, to
3 those of you who are not familiar, basically,
4 these are magnesium alloys with 2 or 3 percent
5 thorium in them. They are not thorium alloys.

6 Now, let me summarize the
7 situation as it evolved for the residual
8 period. And I won't belabor some of this
9 because LaVon has really described it.

10 But for Appendix C it was
11 concluded that using the data from TBD-6000,
12 they could estimate the uranium that was
13 deposited on the surface at the beginning of
14 the operating period and then they would use
15 an appropriate resuspension factor to get the
16 dust loading in the air and estimate the
17 internal uranium dose on that basis. And they
18 assumed that that remained constant throughout
19 the operating period.

20 External uranium was -- basically,
21 used the same methodology. They assumed that
22 the surface contamination would deposit for an

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1 appropriate period during the operating period
2 and then it would remain on the surface
3 throughout the residual period.

4 The internal thorium dose, looking
5 at the last column, again, I won't belabor
6 this, but exponential decay function was
7 developed and the starting point was based on
8 measured data at the Dow Madison facility.
9 And they used this function then to
10 characterize the thorium dust in the
11 environment over the residual period from 1960
12 to 2006/2007.

13 The external thorium data used the
14 same exponential decay function, but the basis
15 for the starting point was film badge data
16 from the Dow Bay City Plant. Clearly,
17 surrogate data. The Bay City Plant did the
18 same kinds of metallurgical operations,
19 melting and casting, and fabrication of the
20 magnesium-thorium alloys.

21 And NIOSH chose that as the basis
22 for establishing the initial concentration.

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1 I'll point out subsequently that there were a
2 couple of other choices that were available to
3 NIOSH to determine the concentration at the
4 beginning of the residual period. The
5 approach they chose was the most claimant-
6 favorable.

7 And finally, thoron, we have
8 already discussed, so I'll pass on that.

9 Just to give you an idea of the
10 levels of exposure we are talking about here,
11 as we said, the uranium inhalation was assumed
12 to be constant for the period when uranium was
13 -- up until 2000 when the FUSRAP cleanup was
14 completed. And the exposure level was 5 dpm
15 per day. That's the median value and it was
16 assigned a geometric standard deviation of 5.

17 The external uranium on the same
18 basis, constant for the operating period and
19 the level is incorrectly stated in Appendix C,
20 we have discussed this with NIOSH, and the
21 correct number is the number you see there,
22 less than 1 mR per year.

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1 Thorium inhalation declines from
2 103 dpm per day to on the order of 1 dpm per
3 day. At the end of the thorium residual
4 period, which is actually, I think it is, 2007
5 not 2006, but that's the beginning and the end
6 of the exponential decay.

7 Similarly for thoron, we are
8 looking at a quarter of a picocurie per liter
9 at the beginning of the starting period
10 decaying to very small numbers in 2006.

11 External thorium begins at about a
12 rem per year and declines to 13 millirem per
13 year at the end of the residual period.

14 I think that the modeling approach
15 that was used for residual uranium, as I said,
16 was based on TBD-6000. And the key thing is
17 that this modeling approach was discussed
18 extensively by the TBD-6000 Work Group.

19 And there were a number of
20 conversations about whether this was suitable
21 or not. SC&A raised several issues. NIOSH
22 provided some substantive responses and our

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1 eventual conclusion was that the modeling
2 approach was appropriate.

3 As we have said, basically, the
4 same approach was used for internal uranium
5 exposure during a residual period of
6 establishing the initial surface concentration
7 and then assumed, NIOSH assumed, a
8 resuspension factor of one times ten to the
9 minus six. Again, SC&A has on several
10 occasions questioned whether one times ten to
11 the minus six per meter for the resuspension
12 factor is appropriate.

13 We feel, in this particular case,
14 that that factor is appropriate if the
15 operations are followed by cleanup. And as
16 you saw in some of the earlier slides, cleanup
17 was involved in both the extrusion and the rod
18 straightening.

19 NIOSH could have also chosen --
20 they chose dust levels from TBD-6000 related
21 to rod straightening. Rod straightening was
22 chronologically the last thing that was done

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1 during the operating period.

2 And in point of fact, the dust
3 levels from rod straightening are higher than
4 the dust levels for extrusion. So while there
5 was probably more extrusion work done, it was
6 a couple of years earlier and the dust levels
7 were actually lower. So the approach that was
8 chosen was claimant-favorable.

9 Now, the main thing that SC&A was
10 asked by Chairman Melius to do in the most
11 recent incarnation of our evaluations was to
12 look at the five surrogate data criteria that
13 the Board adopted in May or June of this year
14 and see how the uses of surrogate data for the
15 residual period stacked up against those
16 criteria.

17 The first of these criteria and
18 before we start into this, let me say, as you
19 will see, there is obviously a measure of
20 subjectivity in several of these criteria.
21 So, you know, there is engineering judgment
22 involved in the interpretation, but we have

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1 taken our best shot.

2 Hierarchy of data basically says
3 that the best kind of data is individual
4 worker monitoring data and followed by
5 coworker data and lower down in the pecking
6 order is work place monitoring data.

7 There was an error in my
8 presentation you got. I think I said that
9 this was individual worker monitoring data.
10 It's not. It's really coworker monitoring
11 data from another site.

12 The criterion really says that you
13 should make appropriate adjustments in the use
14 of the data to be sure that you reflected the
15 uncertainty in the data substitution. And we
16 think that the assumption that the dust
17 loading for uranium remain constant during the
18 residual period is an appropriate reflection
19 of that uncertainty.

20 The second criterion exclusivity
21 constraints, again, this says you really need
22 to do a good job of stringently justifying the

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1 data. And as I have described to you, the
2 basic uranium airborne dust concentrations
3 came from TBD-6000.

4 TBD-6000 has been considered in
5 depth by one of the Work Groups. SC&A has
6 prepared numerous comments on it. And we feel
7 that the document has been appropriately
8 vetted and is suitable and that represents a
9 suitable test of stringent justification.

10 Site or process similarities,
11 obviously, you would like to be assured that
12 the surrogate data you are using was generated
13 under similar circumstances.

14 We noted that a limited amount of
15 rod straightening work was done at Dow. NIOSH
16 used rod straightening data from TBD-6000 to
17 describe, as a surrogate, the exposures. At
18 Dow, we think that this is a reasonable
19 approach to using surrogate data for rod
20 straightening at one site for work at another.

21 Temporal consideration. This one
22 is, obviously, pretty straightforward. We

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1 would like the data to be generated in the
2 same time frame that you are trying to develop
3 the reconstruction models for. And as I
4 noted, the Harris and Kingsley report is 1959,
5 which is contemporaneous with the work at Dow.

6 So we feel that criterion was satisfied.

7 The last criterion is
8 plausibility. Of the five criteria, this is
9 the one that probably involves the largest
10 element of subjectivity. I think in the
11 handout that the second bullet had a not
12 feasible in it, that is obviously an error.
13 It should read as this does that it is
14 feasible to estimate the maximum dose.

15 And we felt that the combination
16 of the assumptions that NIOSH used to
17 characterize the uranium exposure during the
18 residual period was plausible for a bounding
19 calculation.

20 Now, we are not talking obviously
21 about the plausibility of a best estimate
22 here, but we are talking about the ability to

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1 do a plausible bounding calculation.

2 Finally, or next, let me go on to
3 the residual thorium and we really have
4 covered this. The starting point for the
5 decay curve that was generated was general
6 area dust sampling where the dust level was 8
7 picocuries per cubic meter.

8 And one thing you have to do, I
9 think, when you are talking about the exposure
10 to thorium from magnesium-thorium alloys is
11 you kind of have to shift gears mentally a
12 little bit, because we are talking about much
13 lower dust levels than you do when you are
14 talking about uranium.

15 I mean, with uranium, we're
16 talking about 100 MAC and all these kinds of
17 rather large numbers. But in the case of
18 thorium, the airborne quantities are typically
19 much smaller.

20 As LaVon mentioned, the thorium
21 concentration at the end of the residual
22 period was a very small fraction of the

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1 derived air concentration. And as you can see
2 here, it was about .1 picocuries per cubic
3 meter.

4 And so using this measured data
5 from the Madison Site, the decay curve was
6 developed and this decay curve was used to
7 characterize thoron, internal thorium exposure
8 and external thorium exposure.

9 The external thorium exposure was
10 based on the surrogate data from film badge
11 data from the Bay City Plant. The surrogate
12 data film badge sample was not large and
13 considered by itself would -- it would be
14 questionable whether it was adequate.

15 But as I indicated earlier, there
16 are two or three other sources of information
17 which suggests that the number from Bay City
18 of 195 millirem -- I'm sorry, 1,095 millirem
19 per year is appropriately bounding. It is a
20 little more conservative than the other
21 numbers, but a reasonable approach given the
22 fact that it is surrogate data.

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1 The hierarchy of data, work place
2 monitoring, the surrogate data, the film badge
3 data from Bay City is, obviously, higher up in
4 the pecking order than the work place
5 monitoring data, which they could have used.
6 So that was a positive in terms of selecting
7 that particular database.

8 To be conservative, they use the
9 95th percentile of the data and, again, that
10 is an appropriate way to address the
11 criterion.

12 Exclusivity constraints. I'm
13 sorry. Again, the criterion requires
14 stringent justification. We feel that the
15 data was sufficiently conservative,
16 particularly compared with other alternative
17 estimating techniques that represented
18 appropriate justification for this criterion.

19 Site and process similarities.
20 The data selected from Bay City Plant were --
21 there is no evidence that we have uncovered
22 that suggests that there was any difference in

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1 the processes that were conducted at the Bay
2 City Plant as compared to those at Dow
3 Madison.

4 Temporal considerations, again,
5 the film badge measurements were made during
6 the operating period, so we feel this is
7 satisfied.

8 And the final point of
9 plausibility, the approach selected among
10 other choices that NIOSH might have considered
11 was higher than the alternatives, but not
12 unreasonably high that one could say that it
13 is not plausible on the high side.

14 But our conclusion is rather that
15 it is more claimant-favorable than some of the
16 other assumptions, but has sufficient
17 conservatism to reflect the fact that it is
18 surrogate data. Thank you.

19 CHAIRMAN MELIUS: Okay. I'm going
20 to ask the Board Members to hold questions for
21 the time being. We are under a little bit of
22 a time constraint and we will want to hear

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1 from the petitioners now and then be able to
2 come back during our Board work session if you
3 have questions for Bill and others to try to
4 keep on time, because we also have a scheduled
5 SEC on Simonds Saw coming up.

6 So, Dr. McKeel, are you on the
7 line?

8 DR. McKEEL: Yes, sir, I am.

9 CHAIRMAN MELIUS: Okay.

10 DR. McKEEL: So this is Dan
11 McKeel. I'm the co-petitioner for Dow Madison
12 Site. I have addressed this Board five
13 different times on extending the Dow Madison
14 SEC-79 to include the residual period. My
15 talks were February 8, 2007, May 4, 2007, July
16 19, 2007, June 25, 2008 and today.

17 [Identifying information
18 redacted], who is a colleague of ours, has
19 spoken for the petitioners twice. And she put
20 on record several important facts:

21 (A) That Dow Chemical had a
22 contract in the early 1950s with the AEC to

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1 develop HK-31, which is a magnesium-thorium
2 alloy, and that this contract extended beyond
3 the recognized AEC uranium contract period
4 from the beginning of 1957 to the end of 1960
5 and beyond the thorium covered period, which
6 was contained within that from 1957 to '58.

7 [Identifying information redacted]
8 also provided evidence that the specific HK-31
9 metal alloy temper out of six or more that
10 were produced, that it was this metal alloy
11 specifically of this temper that was used to
12 nuclear weapons and that as identified in the
13 Livermore Papers, that DOE used, was produced
14 only at Dow Madison in Illinois.

15 And finally, she put on the record
16 that Dow held several patents for magnesium-
17 thorium alloys that DOE recognizes were used
18 in nuclear weapons.

19 Whereas, the Department of Labor
20 elected not to change the covered period for
21 Dow based on the [Identifying information
22 redacted] research, it is important given the

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1 distinct possibility that all Dow Madison
2 purchase orders and shipping records to AEC
3 DOE sites have not yet been recovered.

4 And I will remind the Board that
5 the two Mallinckrodt AEC Dow thorium-related
6 purchase orders in 1957/58 were supplied not
7 by the Department of Energy, but rather by Dow
8 Chemical Company, itself, headquarters, which
9 are located in Midland, Michigan.

10 In my view, DOE should have had
11 these purchase orders in its collection and
12 furnished them.

13 By the end of this week, all of
14 these presentations, mine and [Identifying
15 information redacted] and our PowerPoint
16 slides will be submitted to be posted on the
17 DCAS website under Dow Docket 113.

18 I have made extensive general
19 remarks on Dow dose reconstruction and the SEC
20 extension and they are posted on the 10-year
21 NIOSH review under Docket 194.

22 I have also contributed to

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1 discussions of extending SEC-79 to the
2 residual period in the SEC Issues Work Group
3 session since its inception.

4 And so in light of this, first, I
5 would ask again that all of this material be
6 reviewed by all Board Members by SC&A and by
7 NIOSH before final recommendations are made to
8 the HHS Secretary on the extension of this
9 SEC.

10 There are several important
11 surrogate data issues at Dow and I will
12 summarize by saying that I strongly disagree
13 with the overall conclusion of the SC&A Bill
14 Thurber October 2010 Rev. 1 White Paper that
15 agrees that the surrogate data criteria had
16 been appropriately applied to the Dow Madison
17 SEC extension.

18 And I characterize that objection
19 to both the internal and the external uranium
20 and thorium doses throughout the residual
21 contamination period. I have expressed my
22 reasons for believing the SEC criteria were

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1 not used properly at the November 12, 2010 SEC
2 Issues Work Group meeting.

3 A major concern at Dow and other
4 sites on which I am co-petitioner, is the lack
5 of attention to the stringent justification
6 criteria of site comparability for facilities
7 such as Dow Madison that have zero film badge
8 or personnel bioassay monitoring data.

9 The sole SC&A justification for
10 accepting very limited film badge data from
11 Bay City, Michigan was that both sites made
12 magnesium-thorium alloy, HK-31A. But Bay City
13 did not have an AEC uranium contract nor do we
14 know whether it had comparable physical
15 facilities for casting, extrusion work and
16 rolling mill metallurgy. We do not know the
17 physical scale of Dow Bay City, Michigan
18 thorium operations nor the safety features at
19 Bay City versus Dow Madison, Illinois.

20 For example, we do not know
21 whether or not the Bay City extrusion presses
22 were covered by vacuum hoods. They were not

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1 so covered at Dow Madison.

2 Another concern we have is the
3 non-representativeness and the limited nature
4 of the Dow Bay City, Michigan film badge data,
5 which was contained in a document from the Dow
6 Chemical Company Dow-362, which was reviewed
7 in the Addendum 1 of NIOSH Evaluation Report.

8 The Bay City film badge data, Mr.
9 Thurber characterized them as limited and a
10 small number, but he did not mention what the
11 absolute amount of those readings was. And
12 for the record, the data that was used were 27
13 film badge readings from only 20 individuals
14 with different jobs collected over a 13 day
15 period.

16 The reason they were collected was
17 also not mentioned and that was because Dow
18 Bay City was requesting an exemption from
19 posting label requirements of 10 CFR 20 for
20 areas and containers in which magnesium alloys
21 containing up to 4 percent thorium are stored
22 and fabricated.

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1 So it was in their best interest
2 to present film badges with low readings. I'm
3 not inferring their intent of this or that
4 they -- you know, the readings were
5 manipulated, but they certainly had an
6 interest in -- to the point they were trying
7 to make in presenting film badges with
8 relatively low readings.

9 So it is my feeling that plant
10 management in supplying that film badge data
11 was biased. Knowingly or not, they presented
12 that data, obviously, to be favorable to its
13 case.

14 By my calculations, if you have 27
15 film badge readings from 20 people from a work
16 force that numbered 3,000 at least at Dow
17 Madison and who knows what number at Dow Bay
18 City, this would represent only .9 percent of
19 the annual average work force at Dow Madison.
20 And 13 days is only .1 percent of the work
21 days in the residual period for uranium and
22 only .07 percent of days in the thorium

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1 residual period.

2 Yet, both SC&A and NIOSH includes
3 this very limited non-representative and
4 biased sample meets Board surrogate data
5 criteria. My view is that no professional
6 statistician would agree that this is an
7 appropriate statistical use of surrogate data.

8 I should also note that no film
9 badge monitoring data has been found for Dow
10 Madison, despite testimony that film badges
11 were sometimes used at that site and by
12 Spectrulite Consortium after 1986. Workers
13 affidavits state those badges were cosmetic
14 and ceremonial.

15 So the implication is the badges
16 were worn, but not read and the data was not
17 processed.

18 Now, I have several comments about
19 the assertions by SC&A and NIOSH that is about
20 the direct Dow Madison measurement data. And
21 I want to point out several errors that I
22 think speak for themselves.

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1 So one is that NIOSH Evaluation
2 Report Appendix 1 mentions thorium fluoride as
3 being stored in Building 376 when there was no
4 such building at Dow Madison. Also, there was
5 no Building 152 that that same document
6 attributed to Dow Madison for hardener
7 casting.

8 Also, NIOSH Addendum 2 to the Dow
9 Madison Evaluation Report provides a diagram
10 of the pot room said to be at the Madison Site
11 that shows only six pots. Multiple Dow worker
12 affidavits say that there were 10 pots at Dow
13 Madison.

14 I feel these examples speak for
15 themselves. The site data from other
16 facilities is being erroneously used as "Dow
17 Madison direct site data." My view is that
18 all data that is stated to be direct Dow
19 Madison data needs to be rigorously justified
20 as such by NIOSH and scrutinized by their own
21 surrogate data criteria in OCAS-IG-004. This
22 has not been done by NIOSH, to my knowledge,

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1 for Dow SEC-79.

2 I also want to comment, as my
3 fourth point, that I believe there has been
4 incomplete delineation of all the Dow Madison
5 source-terms during the residual period for
6 uranium and thorium extending up to November
7 of 2007.

8 While it is true that in general
9 only radiation doses due to AEC DOE work must
10 be reconstructed during the residual period,
11 under Subparagraph B of 42 U.S. Code
12 73.84N(c)(4), however, radiation from a source
13 that cannot be reliably distinguished from
14 radiation covered under Subparagraph A, i.e.,
15 radiation doses received from DOE-related
16 research work -- I'm sorry, from just DOE-
17 related work, is considered part of the
18 employee's radiation dose and must be
19 reconstructed and that's in the NIOSH 2007
20 Report.

21 So I would point out that there
22 were at least three sources that I don't

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1 believe are adequately covered during the
2 residual period. And all of those involve
3 mixed AEC and non-AEC commercial and military
4 waste streams.

5 The October 2010 Rev. 1 of the
6 SC&A White Paper on surrogate data use, Dow
7 Madison relies mostly on dust resuspension for
8 uranium and thorium. I am not aware that all
9 of the major buildings at Dow Madison were
10 ever surveyed for uranium metal or dust
11 resulting from rolling mill operations or dust
12 carried over to any of the other buildings.

13 Only Building 6 was surveyed by
14 FUSRAP and the Army Corps and reported in
15 2000. They did not survey Building 5 and 7
16 where the rolling mill and the casting
17 department are located.

18 Pangaea Group only addressed
19 residual thorium. However, its remediation
20 was throughout the Madison Site. Pangaea did
21 not address possible thorium waste in the 40
22 acre lot behind the casting department at Dow

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1 Madison.

2 So Source 2, AEC thorium waste was
3 commingled with and could not be separated
4 from non-AEC commercial and military thorium
5 waste within Building 5, 6 and 7 as shown by
6 the 2003, 2005 and 2008 Pangaea Group reports
7 that were not reviewed in detail by NIOSH in
8 SEC-79 ER or Addendums 1 and 2.

9 And one of those reports was only
10 mentioned in Appendix C, which for some
11 totally inexplicable reason, followed the
12 Evaluation Report and both addendums by
13 several years, whereas actually under the Act,
14 in my view, NIOSH has only 180 days to prepare
15 their Evaluation Report.

16 So that's a strong objection of
17 mine.

18 Source 3 was, during the residual
19 period, large quantities of magnesium-thorium
20 sludge, which contained both inseparable AEC
21 and non-AEC sludge, that was deposited behind
22 the castings building on a fenced off 40 acre

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1 lot. This thorium sludge was buried at this
2 site. Whereas, at Bay City, a description
3 from the CERCLA Superfund Cleanup Report
4 states that that sludge was above ground. So
5 that's another difference.

6 But anyhow, this thorium sludge at
7 Dow Madison was partly remediated in 1993 by
8 ERG, a private company based in Albuquerque,
9 New Mexico. ERG did write a report about
10 their cleanup activities and noted, and this
11 is extremely important for talking about the
12 size of this source-term, included removal of
13 more than 600 railroad cars through the sludge
14 to a licensed site in Utah.

15 So that source for uranium -- I
16 mean, for thorium magnesium sludge was present
17 at Dow Madison from 1961 to 1993 and yet, this
18 exposure source is not covered under the NIOSH
19 reports or by the SC&A's recent White Paper.

20 Dow workers assert in affidavits
21 that not all this magnesium-thorium sludge was
22 cleaned up in 1993. Assuming they are correct

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1 then, NIOSH to be claimant-favorable needs to
2 treat all this residual sludge as an
3 additional residual period source-term through
4 2007.

5 Finally, I want to make a comment
6 about rolling mill exposures are higher than
7 extrusion press exposures and note that
8 external radiation doses during the residual
9 period were assigned by NIOSH based on direct
10 air sampling data that they claim emanated
11 from the Dow Madison rolling mill.

12 SC&A concluded that this was
13 appropriate because Harris and Kingsley 1959,
14 states that, in general, AWE rolling mill
15 operations and operators performing fuel rod
16 straightening are exposed to higher radiation
17 doses compared to extrusion press operators.

18 My question is if this were
19 actually so, then why would ORNL and the U.S.
20 Army Corps of Engineers acting under the
21 FUSRAP Program in 1988/2000 -- sorry, 1998/
22 2000 confine their FUSRAP survey and cleanup

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1 of uranium dust to Building 6 only at Dow
2 Madison where the extrusions were done, rather
3 than in the rolling mill where rod
4 straightening was done?

5 That doesn't make sense to me. At
6 Dow Madison there are no direct air sampling
7 data to compare uranium and thorium levels
8 during the operational or residual period in
9 the three main Dow Buildings 5, 6 and 7.

10 I would also suggest that a review
11 of Mallinckrodt Technical Report, MCW 1416,
12 that reviews the details of nine campaigns of
13 experimental gamma phase extrusion work at Dow
14 Madison contracted by the AEC. NIOSH should
15 incorporate this report into their analysis of
16 the residual radiation in the Building 6
17 extrusion area.

18 The petitioner's view is that this
19 uranium work was, by nature, experimental and
20 unique and, thus, was not amenable to the
21 substitution of surrogate data by definition.

22 Dow worker affidavits also describe several

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1 secret runs during which extrusion presses
2 were taken over by off-site personnel.

3 In one such run, workers
4 implicated Rocky Flats personnel as performing
5 the work. The nature of the metal was
6 unclear, but from its hardness and
7 brittleness, the Dow workers believed the
8 metal was either uranium or thorium and they
9 report that this work continued through the
10 '70s, occasionally in the '80s and even
11 extended into the 1990s.

12 So I think that it was established
13 by DOE in January 2008 that Dow is an AWE site
14 based on AEC thorium work.

15 The DOE letters to DOL stated that
16 thorium was used in nuclear weapons from 1956
17 to 1969, based on papers from the Livermore
18 DOE facility.

19 [Identifying information redacted]
20 brought these research records and indicated
21 the operational period at Dow Madison should
22 have been extended. Her view and mine is that

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1 important Dow Madison purchase orders might
2 still exist at DOE, Dow HQ in Michigan, at the
3 Dow Madison Site itself or at the Pangaea
4 Group.

5 Further, these records should be
6 actively sought and sought by subpoena, if
7 necessary.

8 So anyway, that's my comments for
9 today. I appreciate you giving me the time to
10 speak.

11 CHAIRMAN MELIUS: Thank you, Dan.

12 Okay. We will come back to this site and
13 discussion of the site after our break,
14 because we do have a petitioner who may want
15 to speak on the Simonds Saw Site. So we will
16 move on to Simonds Saw.

17 PUBLIC PARTICIPANT: May I have a
18 minute of your time?

19 CHAIRMAN MELIUS: But so first we
20 will hear from Sam Glover.

21 PUBLIC PARTICIPANT: Could I have
22 a minute of your time?

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1 CHAIRMAN MELIUS: Who is speaking?

2 PUBLIC PARTICIPANT: Bill Hoppe.

3 CHAIRMAN MELIUS: And who are you?

4 PUBLIC PARTICIPANT: I worked at
5 Dow Madison Plant for 40 years.

6 CHAIRMAN MELIUS: Are you a
7 petitioner?

8 PUBLIC PARTICIPANT: No, I'm not.

9 CHAIRMAN MELIUS: Okay. Why don't
10 you make a brief comment and we will --

11 PUBLIC PARTICIPANT: On uranium,
12 it may go up to 1960. On FUSRAP public
13 meeting, February 17, 2000, on page 7, line 9,
14 it says right there that it was from '57 to
15 '62 at Dow Chemical.

16 Actually, we were still flattening
17 rods on the flattening ovens until '63, the
18 late part, September of '63 when we went on
19 strike. They got rid of them after we went on
20 strike. But we still worked on them then.

21 They also lost three billets of
22 uranium in the plant. And it was found in the

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1 '80s.

2 And another thing is on
3 Silverstein's report says that people was not
4 around the pots more than two minutes at a
5 time. These people had to be around them pots
6 for 20 or 30 minutes at a time to alloy metal,
7 to flux it down, so it wouldn't burn and
8 everything else.

9 And there was a lot of other
10 things that was never been brought up, but
11 people working had 60 hours a week up to 16
12 hours a day for seven days a week.

13 I thank you for your time and for
14 letting me speak to you.

15 CHAIRMAN MELIUS: Okay. Thank
16 you, sir. Okay. Now, we will move on to
17 Simonds Saw and Sam.

18 DR. GLOVER: Thank you, Dr.
19 Melius. Something we have talked quite a bit
20 about, Simonds Saw and Steel. We spent a lot
21 of time on Simonds Saw and Steel with
22 Bethlehem Steel.

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1 CHAIRMAN MELIUS: But not
2 directly.

3 DR. GLOVER: But not directly,
4 that's correct. Some very early times at
5 Simonds.

6 I'm going to do something that is
7 actually not in your -- this was -- I was on
8 the road when I finished my presentation and
9 I'm a visual guy. So one of the things I
10 would like you to -- these are not in your
11 handout, because it was too big for me to
12 email.

13 You actually have these photos as
14 part of something, but we actually have photos
15 of some of the activities they did at Simonds
16 Saw and Steel, so it was actually a hand mill
17 operated facility.

18 And so you see here where they are
19 actually hand dragging, this wasn't like
20 Bethlehem Steel, they actually hand drug the
21 rods as they came through it. So here you
22 actually see guys rolling uranium and pulling

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1 it through. Here you see some actually the
2 materials where they stacked it up and the
3 rods and how they would work with the rods and
4 the exposure that they would have received
5 associated with those.

6 And we had a lot of discussion
7 about floor sweeping and engineering controls.

8 They weren't supposed to floor sweep at
9 Simonds Saw and Steel, as you can see they
10 did. They used -- they installed some
11 gratings. We are going to talk about
12 engineering controls and their lack or use or
13 their intermittent use at Simonds.

14 And then we actually had the
15 opportunity, SC&A and ORAU and myself, we got
16 to go up and actually go to Simonds Saw and
17 Steel. It still exists. The rolling mills
18 are still there. It has been inactive since
19 1982.

20 This is the 16 inch mill as it
21 exists today with the floor, the iron plates.

22 This is the 10 inch mill, so a smaller mill

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1 used for rolling smaller items.

2 This is uranium contamination
3 still on the floor today. It has gone to a
4 yellow oxide. And this is the state of
5 records at Simonds Saw and Steel. This is
6 John Stiver in the background as we looked.
7 We have several hundred photos associated with
8 our visit there and the records and the kind
9 of records that we saw, so we don't have any
10 details, because some of them are Privacy Act
11 controlled.

12 But I thought that I had to show
13 this. I mean, this was a good way to start
14 out with Simonds.

15 CHAIRMAN MELIUS: That is not the
16 NIOSH office, right?

17 DR. GLOVER: This could be Dave
18 Allen's desk. Those who know Dave Allen, this
19 is the future of Dave's desk.

20 So with that little bit of a
21 segue, so we are going to talk about Simonds
22 Saw and Steel. The site history, it's located

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1 in Lockport, New York. It was the primary
2 contractor for the Atomic Energy Commission to
3 prepare uranium for Hanford from 1948 to 1953
4 and they continued operations through 1957.

5 They rolled thousands of tons of
6 natural uranium per year. This material was
7 hammer forged. Actually hammer forged and
8 rolled thorium. They also rolled depleted 2
9 percent, 7 percent enriched uranium and also
10 special forms of uranium, like molybdenum,
11 some different exotic materials that might be
12 mixed in with that for different purposes.

13 Just a real quick graph, kind of
14 to give you an idea of the amount of known
15 uranium rollings that we know about. You can
16 see up to 3,000 tons per year were rolled in
17 the main operations.

18 When Fernald started in 1952/53,
19 that's when their significant role would have
20 began. They got reduced. And so you see that
21 happen in 1953.

22 A little petition overview.

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1 December 4, 2009, we received an 83.13
2 petition. It was qualified March 8th. The
3 Class requested for review was all employees
4 who worked in any areas at Simonds Saw and
5 Steel, Lockport, New York during the
6 applicable covered operational and residual
7 periods from 1948 through 2006, as you can
8 see, it was still contaminated even today.

9 The petition basis is the lack of
10 thorium monitoring data. So the Class review
11 was all employees who worked at any area at
12 Simonds Saw and Steel during the applicable
13 covered period. And one thing that I will
14 mention is that, at the time, the covered
15 period was 1956 when we started the review.

16 We found additional documentation,
17 which we submitted to the Department of Labor
18 and that was actually extended through 1957.

19 And so on October 29, 2010, I do
20 apologize for the lateness of it, you received
21 their Evaluation Report.

22 The petitioner's concerns were

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1 that "No employees were monitored during the
2 operations or residual for thorium and many
3 employees were not monitored externally." And
4 those are true.

5 If you saw the thickness of this
6 report, a lot of it is where we did -- we
7 searched all over. We went to Hanford. We
8 went to many different facilities. We went up
9 to the Army Corps of Engineers. We went to as
10 many places as we could possible think of to
11 try to get records associated with the work
12 they did there.

13 We have about 650 documents in the
14 Site Research Database. We actually conducted
15 an onsite tour of the facility. We
16 interviewed workers, conducted outreach
17 meetings, SC&A participated in those.

18 One of the things we were
19 concerned about is it's such an old site, we
20 actually had guys from 1948, 1950 and we
21 really, you know, didn't want time to pass and
22 not allow them to express their concerns.

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1 So claims submitted to NIOSH. We
2 have 192 cases. 185 of those have been
3 completed. Claims containing internal
4 dosimetry, 6. Claims containing external
5 dosimetry was 1. And claims completed with a
6 PoC greater than 50 percent is 71.

7 Activities at Simonds Saw and
8 Steel, they were the premier rolling facility
9 for the AEC, as I said, from '48 to '53. They
10 did roll some other types of materials and
11 they -- including thorium.

12 We do feel that our records are
13 incomplete regarding the thorium source-term.

14 We know about some of it. Other facilities
15 were also utilizing them to do thorium work
16 and so we believe we have part of the
17 information, but not all of it.

18 We clearly know that they did
19 hammer forge work before the rolling
20 operations.

21 So based on records, a review of
22 the records at Simonds and also worker

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1 testimony, we concluded that Simonds processed
2 thorium part of the time described in the
3 current Technical Basis Document and these
4 include the significant activities at the
5 hammer forge.

6 The hammer forge, basically, was
7 kind of like work in Playdoh. You had to
8 break that thorium down before you could roll
9 it or do work it. So they would hammer forge
10 that first and then it would go to the rolling
11 mill where they could actually process it. So
12 they had to do that preliminary work before
13 you could process the material.

14 So we extended the date for this
15 back to 1948, because of incomplete records
16 for the activities and also based on review of
17 the AEC needs for metallic thorium at the
18 time.

19 So during the Evaluation Report,
20 the Department of Labor reviewed information
21 provided by NIOSH and extended the end of the
22 operation period from 1956 through 1957.

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1 Material was primarily brought in
2 by rail car and stored in the work areas.
3 Uranium was rolled through hand mills
4 repeatedly to reduce size. So a bar may have
5 to go through 10 or 12 times and they would
6 have to set it to the side and let it cool.
7 Things would get above 1,000 degrees
8 Fahrenheit. They would have to let it cool
9 down and come back to that piece of work. So
10 this was something that was very labor
11 intensive to actually get these to size.

12 While a 16 inch mill saw most of
13 the work, the 10 inch mill, the strip mill and
14 the hammer mill were also utilized.

15 So as we discussed at Bethlehem
16 Steel, Simonds implemented various engineering
17 controls. These were primarily for the 16
18 inch mill, they had gratings over steel
19 plates. The steel -- they hated those,
20 because it's hard to drag rods across the
21 grating.

22 And so they was supposed to use a

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1 vacuum sweeper. Many times they didn't use
2 that. They were supposed to use hoods over
3 the plexiglass shields. DOE would come back
4 and they would find out that they weren't
5 using those because it hampered their ability
6 to do work.

7 They did use lead bath heating
8 instead of furnace heating and even some salt
9 bath work that was some research work that
10 they did. They also looked at alternate
11 quenching methods to reduce scale production,
12 the oxide production on the outside of this.

13 And there is an indication we had
14 measurements done and also that they supplied
15 clothing, at least during some of the portions
16 of the contract period for -- that were then
17 laundered by an outside company.

18 So as I said, controls were often
19 found to be ignored. In some cases, entirely
20 removed upon the DOE coming back in to -- as
21 they reviewed the operations.

22 So this is just a general area

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1 activity or the air concentrations. You can
2 see them beginning in January '49. You got
3 upwards of, you know, 100 MAC general air
4 samples, and those reduce as you go later in
5 terms of '53, the engineering controls and the
6 operations they did, they did bring them down
7 somewhat.

8 These are just the GA samples.
9 They are not the breathing zone samples or the
10 process samples.

11 There were a number of air
12 monitoring studies. Those were conducted from
13 1948 through 1953 and there were a few still
14 conducted even a little bit later than that.
15 These form the basis for the dose
16 reconstruction to uranium. Some very limited
17 thorium air sampling was also performed.

18 There was a single study conducted
19 very late in the program at the hammer mill,
20 however, at that time, the AEC decided it was
21 really good to put a fan on that. And so it
22 really mitigated its use for work before that.

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1 And so they did that at a couple
2 of other facilities, so it really invalidates
3 its use for using as back extrapolation. And
4 so applications of the 16 inch and 10 inch
5 mill are very dependent on engineering
6 controls which are a moving target.

7 We do have bioassay data from
8 workers from 1948 through '52, they collected
9 some. It's not a huge data set, but there is
10 bioassay available. These workers did not
11 perform hammer mill work. They were separate,
12 a separate group of workers. And so the
13 bioassay is specific for that operation.

14 Workers who were in the bioassay
15 program may have intermittently used
16 respiratory protection, so, therefore, it
17 doesn't invalidate the air sampling data, but
18 it does provide some level of what the intakes
19 were.

20 So these data do not provide a
21 bounding case for thorium work nor does the
22 source-term for thorium provide sufficient

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1 evidence to bound the thorium exposure or
2 thoron exposure during the operation times.

3 For external sources, external
4 radiological exposures to employees at Simonds
5 was the result of handling uranium and thorium
6 billets. NIOSH believes the data for uranium
7 is sufficient to deplete dose reconstructions
8 during the operation period.

9 NIOSH lacks sufficient source-term
10 information to determine the external dose
11 from thorium operations at Simonds during the
12 operational period.

13 For medical X-rays, I believe you
14 were alerted. This is kind of an unusual or a
15 new factor in that the exposure to medical X-
16 rays was conducted off-site. And, therefore,
17 we are not allowed to include that in our dose
18 reconstructions. They use an off-site
19 hospital for this facility you had. It has to
20 be onsite. So we cannot include medical X-
21 rays.

22 The residual period internal dose,

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1 some methods from TIB-70 were utilized with
2 measured data. There have been extensive --
3 there were cleanups that occurred at Simonds
4 Saw and Steel measured at 1957. And there
5 have been extensive measurements conducted in
6 1980, in the 1990s and then one in 2007 by the
7 Army Corps of Engineers to help us set a
8 bounding dose residual period.

9 These include isotopic thorium and
10 uranium measurements. The average value for
11 the general area air sample was taken during
12 the period of use at 94 micrograms per meter
13 cubed, so it's a little over 1 MAC. We use
14 that as a starting point.

15 And then we took the highest
16 measured value for the Army Corps measurement
17 of 9,300 dpm per 100 cm² as the surface
18 contamination. In 1982, this mill shut down.

19 And so from '82 to 2007, it has been dormant.

20 So we consider that a flat line.

21 I believe earlier we were talking
22 about no operational period. They continued

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1 to roll steel from 1952 up to 1982. So we
2 also have consideration exposure to thorium
3 dust. We assume a 1 percent thorium to
4 uranium ratio was there. And thoron
5 concentrations were also determined using
6 known facility information and specific thoron
7 concentrations in the materials from those
8 measurements.

9 For the external dose, radiation
10 measurements conducted in July 1957 to
11 determine the effectiveness of decontamination
12 are available. So additional surveys of
13 exposure have been conducted in the facility.

14 Based on these measurements an exposure rate
15 of .08 mR per hour and non-penetrating dose
16 rate of .2 R per hour was determined to be
17 bounding.

18 So sample dose reconstructions
19 were not available at the time of this. We
20 are still -- it was late and so we have not
21 been able to get those up to the Working Group
22 for the residual period.

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1 We will, obviously, be providing
2 to the Board as soon as possible.

3 So NIOSH evaluated the petition
4 using the guidelines of 42 CFR 83.13 and
5 submits our findings. On October 29, 2010, a
6 two prong test -- is it feasible to estimate
7 the level of radiation dose of individuals
8 with sufficient accuracy? And then is there
9 reasonable likelihood of endangerment?

10 So NIOSH found that the available
11 monitoring records, process descriptions and
12 source-term are not adequate to complete dose
13 reconstructions with sufficient accuracy for
14 the evaluated Class of employees during the
15 operational period from 1948 through 1957, but
16 were adequate for the residual period from
17 1958 through 2006.

18 The health endangerment was,
19 obviously, required.

20 The evidence reviewed in this
21 evaluation indicates that some workers in the
22 Class may have accumulated chronic radiation

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1 exposures to intakes of radionuclides and
2 direct exposure to radioactive materials.

3 Consequentially, NIOSH has
4 specified that health may have been a danger.

5 So our proposed Class and we did
6 talk to the workers about movement and
7 constraining workers. There is no indication
8 that the process area was off limits. People
9 could move through there. It was a rolling
10 mill.

11 And so we have designated that all
12 Atomic Weapons Employer employees who worked
13 at Simonds Saw and Steel Company from January
14 1, 1948 through December 31, 1957 for a number
15 of work days aggregating at least 250 work
16 days, occurred either solely under this
17 employment or in combination with work days
18 within the parameters established for one or
19 more other Classes of employees in the Special
20 Exposure Cohort.

21 And this is a summary table,
22 construction, not feasible for thorium and

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1 thoron and also external from thorium due to
2 residual period. We believe that
3 reconstruction is possible for all the source-
4 terms.

5 Neutron is not applicable and
6 neither are medical X-rays. Thank you, sir.

7 CHAIRMAN MELIUS: Okay. Thank
8 you, Sam. Questions from the Board? I would
9 just like to start his off by complimenting
10 you, Sam, and the people at ORAU or wherever
11 who wrote the report. I thought it was a very
12 thorough report and was very helpful in terms
13 of understanding what you were doing. So I'll
14 say that. And now, we will totally disagree.

15 No. Anybody have questions?

16 MEMBER BEACH: I have --

17 CHAIRMAN MELIUS: Yes, Josie?

18 MEMBER BEACH: A quick one. On
19 the medical X-rays, were the workers being
20 paid when they were sent to the hospital for
21 their X-rays?

22 DR. GLOVER: I do not know, ma'am.

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1 MEMBER BEACH: Would it matter?

2 CHAIRMAN MELIUS: I don't think it
3 matters, because --

4 MEMBER BEACH: Okay.

5 CHAIRMAN MELIUS: It's off-site.
6 Actually, Stu contacted me about this and I
7 said let's present it in the context of this
8 presentation. But it's one of the ways the
9 law is written. Yes, Dick?

10 MEMBER LEMEN: I just had one
11 question. You said that workers were
12 interviewed during the residual period or were
13 they not?

14 DR. GLOVER: We focused our
15 efforts, I believe, during the operational
16 period.

17 MEMBER LEMEN: What about this
18 later period?

19 DR. GLOVER: We certainly, you
20 know, didn't restrict. Most of the guys we
21 talked to included the entire, you know, time
22 frame. They worked up through when the mill

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1 closed. So we didn't restrict it. I will say
2 that most of our activities were focused on
3 the activity, you know, on the actual
4 operational time frame, as we sought to better
5 understand the thorium work.

6 MEMBER LEMEN: You mean up through
7 1957?

8 DR. GLOVER: That's correct, sir.

9 MEMBER LEMEN: And how many
10 workers did you interview?

11 DR. GLOVER: See we had an
12 outreach from that time frame, we probably
13 had, this is me going from my memory, 20. We
14 conducted a number of telephone interviews in
15 addition to that. I'm guess at the number,
16 but it's certainly well over 20.

17 MEMBER LEMEN: Out of what size of
18 population?

19 DR. GLOVER: We have 192 claims
20 right now.

21 MEMBER LEMEN: But what's the
22 actual size, if you -- is it broader than 192

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1 or is it restricted?

2 DR. GLOVER: Well, the number I
3 was searching for earlier as I tried to think
4 of the scale of Simonds Saw and Steel, no
5 number is coming to me offhand how big the
6 site is. It's not Bethlehem Steel size. It's
7 a much smaller facility than that.

8 MEMBER LEMEN: So is it 1,000 or
9 is it more like 500?

10 DR. GLOVER: I don't think it even
11 goes to 1,000. I could be corrected by that,
12 but I believe it would certainly be less than
13 1,000.

14 CHAIRMAN MELIUS: Yes, I think it
15 is a few hundred people working there.

16 MEMBER LEMEN: Okay. Thank you.

17 CHAIRMAN MELIUS: From my
18 knowledge of it.

19 MEMBER LEMEN: That's all.

20 CHAIRMAN MELIUS: Yes. I actually
21 have another question, Sam. That's that you
22 completed a number of dose reconstructions

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1 here. And I guess I'm trying to understand
2 what the basis of those were and why since you
3 also were rejecting, turning down claims or at
4 least finding, you know, PoCs less than 50
5 percent there, so was it that the -- so the
6 realization on the -- was it previous to this,
7 did you have another method for dealing with
8 the thoron or thorium or was this -- sorry,
9 I'm just trying to understand what was going
10 on here.

11 DR. GLOVER: As we gain new
12 information about the site, we realized how
13 much more thorium work they did.

14 CHAIRMAN MELIUS: Okay. Any other
15 questions? Okay.

16 MEMBER BEACH: I have one.

17 CHAIRMAN MELIUS: Yes, I'm sorry,
18 Josie. Go ahead.

19 MEMBER BEACH: No, that's okay.
20 Back on slide 18 that talks about the methods
21 during the residual period, you used TIB-70,
22 OTIB-70. Do you have any monitoring data for

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1 that residual period?

2 I guess I'm wondering what
3 happened between '57 and '58 where you
4 couldn't reconstruct and then you could.

5 DR. GLOVER: Well, '57 we had
6 direct. You know, there is a lot of source-
7 term generation. We have residual period.
8 What are the total contamination on the area?
9 We can resuspend that. But really don't feel
10 that those were adequate to try to, you know,
11 deal with the operational characteristics of a
12 hammer mill and these other sources.

13 So we can -- the mill was cleaned
14 up or sort of. You can see that there is
15 still yellow uranium oxide on the floor. We
16 have lots of data currently or, you know, from
17 extensive surveys that were conducted at the
18 facility. So we believe that those coupled
19 with the closure material that occurred, the
20 closure surveys are enough to bound the
21 residual contamination period.

22 CHAIRMAN MELIUS: Yes. I think

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1 what happened in -- the operational period
2 relative to AWE work ended. And then like the
3 same as when we just talked about with Dow
4 Madison is that then they used some of the air
5 sampling data, some other data as sort of the
6 starting point for the residual period. I was
7 confused also.

8 Okay. Anybody else? Okay. Yes,
9 Mark?

10 MEMBER GRIFFON: Just one more to
11 follow-up on that. On the -- for the residual
12 period, how did you derive the 1 percent
13 thorium uranium ratio?

14 DR. GLOVER: Those are based, I
15 believe, mostly on source-term information.
16 We have thorium isotopics now and it's
17 certainly well below 1 percent, as we look
18 throughout this facility. So we realize it
19 can have some source-term migration and
20 movement, but, you know, based on what we --
21 the information we have, that seemed to be a
22 pretty reasonable number based on the -- it

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1 was primarily a uranium rolling facility.

2 They did some thorium work, so
3 that's --

4 MEMBER GRIFFON: Did you have more
5 recent survey data? Is that what you're
6 saying?

7 DR. GLOVER: We have lots. There
8 is lots of recent survey data.

9 MEMBER GRIFFON: Including
10 isotopic analysis?

11 DR. GLOVER: That's correct.

12 MEMBER GRIFFON: Okay. In later
13 years you are assuming that that percentage is
14 basically --

15 DR. GLOVER: It's actually much
16 less than 1 percent.

17 MEMBER GRIFFON: Much less than 1.

18 DR. GLOVER: Yes.

19 MEMBER GRIFFON: Thank you.

20 DR. GLOVER: Okay.

21 CHAIRMAN MELIUS: I think we may
22 have a petitioner on the line that may want to

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1 speak? He doesn't have to. I'm not sure he
2 or she is on the line. Is the petition for
3 Simonds Saw and Steel on the telephone that
4 wishes to speak? Okay. I don't hear anybody.

5 Okay. For the Board, just an
6 update and correct me if I'm wrong, John, or
7 somebody, I believe SC&A is in the process of
8 looking at some of the information on the Site
9 Profile, correct?

10 DR. MAURO: Yes. SC&A was
11 authorized to review the Simonds Saw Site
12 Profile. We did begin that work, but then it
13 was one of the several Site Profiles that we
14 put on ice until next year in order to have
15 the resources we needed to finish this year
16 up.

17 CHAIRMAN MELIUS: Right.

18 DR. MAURO: So we really did not
19 progress very far on our Site Profile review
20 for Simonds Saw.

21 CHAIRMAN MELIUS: Okay. I just
22 wanted everybody to be aware of that and I

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1 think if there are questions about the
2 residual period dose reconstruction methods,
3 you know, SC&A will be still looking at that.

4 I guess we have questions about the SEC we
5 could -- there is also activity ongoing at
6 SC&A.

7 MEMBER BEACH: So just to follow-
8 up on that, was SC&A assigned to just the Site
9 Profile and/or the Evaluation Report?

10 CHAIRMAN MELIUS: Just the Site
11 Profile.

12 MEMBER BEACH: Just the Site
13 Profile.

14 CHAIRMAN MELIUS: Right.

15 MEMBER BEACH: Okay.

16 CHAIRMAN MELIUS: Site Profile.
17 Again, hypothetically, if we accepted the
18 NIOSH recommendation on the operational
19 period, they would continue it as it affects,
20 you know, sort of the partial dose
21 reconstruction, so to speak, as well as for
22 the residual period and, you know, we could

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1 come back and deal with that. But that's it.

2 Yes?

3 MEMBER PRESLEY: Sam, how much
4 work has been done in there since '85 or '87.

5 Has it totally been shut down and not used at
6 all?

7 MEMBER BEACH: '82.

8 DR. GLOVER: I believe since '82.

9 There would be very, very limited activity.
10 What they did was actually excise the
11 facility. Another company has come in and is
12 using the non-excised part of the site that
13 wasn't used for AWE facility work.

14 And so this facility is basically
15 fenced off and not used. I'm sure that
16 somebody has gone through there. There has
17 been people who have done some surveys, but
18 there is not any rolling or any real activity.

19 To my knowledge.

20 CHAIRMAN MELIUS: So, Wanda?

21 MEMBER MUNN: No question just a
22 comment. Looking at the Site Profile, as a

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1 response to Dick's question I think earlier
2 about how large this actual group of workers
3 is. When there -- I see when they are
4 discussing the medical X-rays that were going
5 to have to be done, they indicated that the
6 entire group of 150 will have to be examined
7 and then later they say the whole group of 180
8 were eventually checked.

9 So it doesn't sound as though we
10 are talking about a large body of workers
11 here. And given the size of the mill that's
12 shown, it doesn't seem to be large at any
13 given time.

14 MEMBER LEMEN: Just to add on to
15 that. The only question I have if you have
16 192 claims, it has got to be bigger than 150.

17 MEMBER MUNN: Well, at any given
18 time.

19 CHAIRMAN MELIUS: Yes, it's 150 at
20 a given time, so there is some turnover.

21 MEMBER MUNN: Or 180.

22 CHAIRMAN MELIUS: Yes, the total

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1 population is, obviously, going to be higher.

2 To what extent there was people moving to
3 other mills to work, then I don't know. A lot
4 of industrial work in that area at that time.

5 I think if we don't have questions
6 on the operational period and the
7 recommendation, then like a motion is in
8 order. Post-lunch --

9 MEMBER PRESLEY: So moved.

10 CHAIRMAN MELIUS: So moved what?

11 MEMBER PRESLEY: To make a
12 recommendation that we accept the SEC up to
13 the residual time.

14 CHAIRMAN MELIUS: Okay.

15 MEMBER MUNN: Second.

16 CHAIRMAN MELIUS: Okay. Any
17 discussion on that? Okay. If not, do the
18 roll call.

19 MR. KATZ: Okay. So Dr. Anderson?

20 MEMBER ANDERSON: Yes.

21 MR. KATZ: Ms. Beach?

22 MEMBER BEACH: Yes.

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1 MR. KATZ: Mr. Clawson?
2 MEMBER CLAWSON: Yes.
3 MR. KATZ: Dr. Field?
4 MEMBER FIELD: Yes.
5 MR. KATZ: Mr. Gibson?
6 MEMBER GIBSON: Yes.
7 MR. KATZ: Mr. Griffon?
8 MEMBER GRIFFON: Yes.
9 MR. KATZ: Dr. Lemen?
10 MEMBER LEMEN: Yes.
11 MR. KATZ: Dr. Lockey?
12 MEMBER LOCKEY: Yes.
13 MR. KATZ: Dr. Melius?
14 CHAIRMAN MELIUS: Yes.
15 MR. KATZ: Ms. Munn?
16 MEMBER MUNN: Yes.
17 MR. KATZ: Dr. Poston?
18 MEMBER POSTON: Yes.
19 MR. KATZ: Mr. Presley?
20 MEMBER PRESLEY: Yes.
21 MR. KATZ: Dr. Richardson?
22 MEMBER RICHARDSON: Yes.

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1 MR. KATZ: Dr. Roessler?

2 MEMBER ROESSLER: Yes.

3 MR. KATZ: Mr. Schofield?

4 MEMBER SCHOFIELD: Yes.

5 MR. KATZ: Dr. Ziemer:

6 MEMBER ZIEMER: Yes.

7 MR. KATZ: So all voted unanimous,
8 none abstained, none absent. It passes.

9 CHAIRMAN MELIUS: Okay. And we
10 will be getting back our Site Profile on
11 review by SC&A and I think, at that point, we
12 can take up the residual period questions and
13 so forth would be the most efficient way for
14 that.

15 Okay. We are running a little bit
16 a head of time, but why don't we take our
17 break and come back as scheduled at 3:15. You
18 have all earned a break here.

19 (Whereupon, the above-entitled
20 matter went off the record at 2:41 p.m. and
21 resumed at 3:10 p.m.)

22 CHAIRMAN MELIUS: Since the Board

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1 has reassembled, why don't we get started
2 again? A couple of announcements.

3 One, there has been a request for
4 the website that we update the Board picture.

5 So at the break tomorrow, in the morning
6 while Mark is still here, I assume everyone
7 else will still be here, we will do a group
8 photo.

9 Okay. Secondly, those of you that
10 are here that wish to speak during the public
11 comment period, will you, please, sign up at
12 the registration desk? That helps us when we
13 have to call on people and so forth, so it
14 would be helpful.

15 Okay. So I would like to continue
16 with our discussion on Dow Madison. And I
17 just want to point out a couple of things in
18 response to Dr. McKeel's comments that may
19 provide some background.

20 We have sort of taken our time in
21 terms of addressing this issue and part of
22 that was waiting to see what would happen with

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1 changes to the covered period. And at least
2 at this point in time, I don't think there is
3 anything new that is under review. There
4 certainly may be new records that may show up
5 in the future or they may show up at any site
6 as we continue to go through the DOE archives
7 and discover potential new sources and so
8 forth.

9 But there is nothing under active
10 review, so I just don't -- I'm not sure that
11 that is -- first of all, the covered period
12 issues are not something we are directly
13 involved in, other than sort of at the other
14 end. What NIOSH recommends and what we
15 recommend has to conform to the official
16 covered periods and so forth to that.

17 And so that's another issue that--
18 anyway that, you know, if it comes up in the
19 future, fine, but I don't think it is a reason
20 for us not to move forward on Dow Madison, at
21 this point in time.

22 And just one small correction, but

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1 Dr. McKeel did mention the 188 period.
2 Actually, Dow Madison was an 83.14 originally
3 and so it came under the original -- NIOSH has
4 produced the report. It was the Board that
5 asked that NIOSH look into the residual period
6 and produce those two appendices that we have
7 to that.

8 I'll also mention an opening that
9 the Dow Madison Work Group, which is under the
10 SEC Review Work Group, met on Friday. Not
11 everyone could attend. Mark Griffon and Gen
12 Roessler had other commitments, so Josie
13 Beach, Paul Ziemer and myself met by
14 conference call and discussions with NIOSH
15 staff and SC&A about the most recent report.

16 And Dr. McKeel also participated
17 in that petitioner. So we did not have a
18 recommendation, though we were hesitant to
19 make a recommendation to the Board, at this
20 point, because the complete Work Group was not
21 present. I think it's fair to say that Dr.
22 Ziemer and I were leaning towards sort of

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1 approving the NIOSH recommendation.

2 I think we even asked Josie's side
3 of it to that, because, at that point, we
4 decided not to make a recommendation and do
5 that.

6 So with that, let me open up for
7 questions. I think Bill Thurber, I don't
8 think we had a chance to ask him questions.
9 So if there are any questions for him? Okay.
10 Yes, Jim Lockey.

11 MEMBER LOCKEY: I just have one
12 question. If you look at the -- when I went
13 back and calculated the number of work hours -

14 MR. KATZ: Jim, I'm sorry, can you
15 speak closer? You sound very audible here,
16 but you need to be closer to the mike for the
17 Court Reporter.

18 MEMBER LOCKEY: When I went back
19 and calculated the number of work hours at the
20 facility during this process, how many work
21 hours would you say existed?

22 MR. THURBER: I made an estimate

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1 that --

2 MR. KATZ: Please, use the mike.

3 MR. THURBER: I made an estimate
4 for the period when the rod straightening was
5 done that is in the document. And in that
6 case, I think it was 32 hours or something
7 like that. As I noted in one of the slides in
8 the presentation regarding the extrusion work,
9 which was done earlier in the program, there
10 were 12 cycles of 28 hours each, so slightly
11 more than 12 days.

12 And a portion of that time was
13 involved in setup, a portion of the time was
14 involved in cleanup and 16 hours per cycle was
15 involved in the actual extrusion work. Does
16 that speak to your question?

17 MEMBER LOCKEY: That does. Thank
18 you very much, yes.

19 MR. THURBER: You're welcome.

20 CHAIRMAN MELIUS: Any other
21 questions? Yes, Paul?

22 MEMBER ZIEMER: Not a question,

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1 but a comment. Dr. Melius suggested that some
2 of us were leaning toward accepting the
3 recommendation of our contractor, which was to
4 agree with NIOSH's analysis.

5 However, in fairness to all
6 involved, since this has a long history that
7 some of the newer Members are not that
8 familiar with, number one, and, number two,
9 since all of the Board Members did not have a
10 chance to hear the petitioner's views on this
11 until today, it seemed to me that it would
12 make sense not to take action on this at the
13 moment until particularly the newer Members,
14 but even the rest of the folks get a chance to
15 fully digest both the recommendation as well
16 as the petitioner's comments on this.

17 So and I'm not making a motion,
18 but simply suggesting that we might want to
19 agree to postpone any action on this until our
20 next meeting, so that all the Board Members
21 have a chance to come fully to speed on the
22 issues, to acquaint themselves both with our

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1 own contractor and NIOSH's position as well as
2 become familiar with the petitioner's
3 concerns, which were just raised by Dr.
4 McKeel.

5 CHAIRMAN MELIUS: Yes. That is
6 just what I was going to say. There are two
7 options. We, obviously, can move ahead and
8 accept the NIOSH and essentially SC&A findings
9 for the residual period. We could -- issues
10 that still need further evaluation, we could
11 ask SC&A to do that.

12 The other option, I think, is
13 really a question of how comfortable do people
14 feel about the amount of information they
15 have? And if you are not feeling comfortable
16 enough to be able to vote at this meeting,
17 then we can, you know, put this on the agenda
18 for the next meeting.

19 I just think we have to be careful
20 to not postpone it for too long, because then
21 it goes out of memory and it is harder to keep
22 track of everything. So it's really up to

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1 Board Members, particularly the new Board
2 Members who have not heard this.

3 I have been in charge of the Work
4 Group, so I have been sort of keeping up and
5 not a good judge of the amount of information.

6 So, Bill?

7 MEMBER FIELD: Yes, I appreciate,
8 Paul, what you said about giving us more time.

9 I think I could use more time. The
10 petitioner asked us to review the materials
11 that he had submitted over the various times
12 and I think I would like to do that, if
13 possible.

14 CHAIRMAN MELIUS: Okay. Others?
15 Dave? Wanda?

16 MEMBER MUNN: Yes.

17 CHAIRMAN MELIUS: I'm sorry,
18 Wanda, go ahead.

19 MEMBER MUNN: That's quite all
20 right.

21 CHAIRMAN MELIUS: It was hidden
22 behind the water bottle.

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1 MEMBER MUNN: Yes.

2 CHAIRMAN MELIUS: My latest excuse
3 for ignoring you.

4 MEMBER MUNN: Thanks. It would be
5 preferable for us to be able to address this
6 today, if we could, but Dr. McKeel's comments
7 raised a couple of questions that I would like
8 to think about.

9 Is it possible for us to request
10 our Court Reporter to give us a transcription,
11 a written transcription of Dr. McKeel's
12 comments, so that we might have those for
13 consideration later?

14 CHAIRMAN MELIUS: Yes, it is and
15 we will also -- there are comments from the
16 Work Group meeting on Friday, which we have
17 not seen, obviously, the transcript of yet,
18 which we will also -- can get to everyone.
19 The comments from Dr. McKeel were pretty much
20 the same though. There may be some
21 differences there in terms of the issues
22 raised.

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1 And I think there is some more
2 background information from the Work Group
3 meeting.

4 MEMBER MUNN: The points he made
5 were numerous.

6 CHAIRMAN MELIUS: Yes.

7 MEMBER MUNN: And it would be
8 helpful to --

9 CHAIRMAN MELIUS: No, I --

10 MEMBER MUNN: Have in written
11 form.

12 CHAIRMAN MELIUS: I don't have any
13 problem with that. So let's then -- what we
14 will do, I think Ted has already sent around
15 some of the earlier transcripts where this is
16 covered. We will send around the two updated
17 transcripts.

18 MR. KATZ: Right.

19 CHAIRMAN MELIUS: And so everyone
20 has it and then we will put this on the agenda
21 for the next meeting. We will have at the
22 next meeting, you know, Bill Thurber and NIOSH

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1 present, so that we can -- if there are new
2 questions that come up that people would like,
3 you know, resolved, they can -- they will be
4 available.

5 And I would just ask that if any
6 of you find a glaring omission or a question
7 or something that you think the Work Group
8 really needs to look into before the next
9 meeting, let me know.

10 Okay. Very good. Okay. We have
11 some Board work time and we will start with
12 the blue sheet that was the selection of
13 cases, Set #14 and I will turn it over to
14 Mark.

15 MEMBER GRIFFON: Okay. This is
16 the effort from a very recent Dose
17 Reconstruction Subcommittee meeting that we
18 had. It is a listing of -- if you remember
19 our process, we go through a prescreening
20 process where the Subcommittee picks out cases
21 and then NIOSH adds in additional information
22 and then we brought the full listing back to

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1 the Board for consideration.

2 So this is a listing that we
3 picked in our prescreening effort. And I
4 think it totals, I thin, it was, 30. You
5 know, I haven't counted them up, but it was
6 right around 30, which is usually what we try
7 to give SC&A per group of dose reconstructions
8 to review.

9 So I guess I would say I have
10 looked through this initially. I had a few
11 questions for NIOSH, but I think that a couple
12 of them may be SECs. I don't know if Stu or
13 LaVon can help us out here.

14 But there is on the second page,
15 number 666, which Brad has actually, in the
16 meeting, yes, it's a Rocky Flats case. I
17 think given the time period and Building 771,
18 it seems to me that should have been the SEC.

19 I don't --

20 MR. HINNEFELD: Yes, I think
21 chances are it is and it will take a minute or
22 two with the staff to try to sort out.

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1 MEMBER GRIFFON: It will take a
2 minute or two you said?

3 MR. HINNEFELD: Well, it will take
4 a little longer than that.

5 MEMBER GRIFFON: All right.

6 MR. HINNEFELD: I just realized.

7 MEMBER GRIFFON: Okay.

8 MR. HINNEFELD: We'll figure it
9 out, but it will probably be tomorrow before I
10 will know.

11 MEMBER GRIFFON: Okay. And then
12 the other one was right down on that same page
13 three below that, 130 Bethlehem Steel.

14 MR. HINNEFELD: I can check on
15 that as well.

16 MEMBER GRIFFON: Okay.

17 MR. HINNEFELD: It might be a non-
18 listed cancer. I don't know.

19 CHAIRMAN MELIUS: Yes, I think
20 it's a non-SEC.

21 MEMBER GRIFFON: Is that a non-SEC
22 cancer?

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1 MR. HINNEFELD: Well, from the
2 cancer model, it's hard to know exactly what
3 the diagnosis was.

4 MEMBER GRIFFON: Yes, right. That
5 is why I said question mark on that one.

6 MR. HINNEFELD: Yes.

7 MEMBER GRIFFON: Yes. So anyway,
8 those were the only two that I, in looking at
9 the additional information, would tend to
10 knock off the list. And I don't know if
11 others of the Subcommittee have any concerns
12 or anyone on the Board.

13 So I guess this is coming as a
14 motion to the Full Board with the possible
15 exception of those two, I would say.

16 MR. HINNEFELD: I was just curious
17 about how you wanted to proceed. I mean, what
18 -- depending on what we find out on these
19 cases, they could, in fact, have been
20 compensated for SEC. It doesn't look like
21 either one is multiple cancers, so it wouldn't
22 be back with us for medical benefits, for

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1 instance. Sometimes that happens.

2 MEMBER GRIFFON: Yes.

3 MR. HINNEFELD: But it looks like
4 these are only single cancer cases. So is the
5 assumption then that if these, in fact, were
6 paid through SEC, we should remove them from
7 the review list? That would be our
8 instruction.

9 MEMBER GRIFFON: That's usually
10 what we have done, yes.

11 MR. HINNEFELD: Okay.

12 MEMBER GRIFFON: I think the only
13 reason we held that Bethlehem Steel one on
14 there, because Bethlehem Steel is -- you know,
15 even prior to SEC for the non-SEC cancers,
16 would be a one-size-fits-all model, I believe.

17 MR. HINNEFELD: Yes.

18 MEMBER GRIFFON: Right?

19 MR. HINNEFELD: Yes.

20 MEMBER GRIFFON: The reason we
21 left that one on there was the 49.44, I think,
22 was the Probability of Causation.

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1 MR. HINNEFELD: Right.

2 MEMBER GRIFFON: You know.

3 MR. HINNEFELD: Okay.

4 MEMBER GRIFFON: It was very
5 close. But, yes, that would be my opinion
6 would be to drop those if they were SEC.

7 MEMBER FIELD: There are other
8 SECs. What about the first one on the second
9 page? Wouldn't that be SEC as well?

10 MEMBER GRIFFON: Oh, yes, the
11 Iowa. That is another question mark, right?
12 The Iowa bladder cancer. Stu, maybe you can
13 check that one, too. The first one on the
14 second page.

15 MR. HINNEFELD: Yes.

16 MEMBER FIELD: On the first page,
17 479.

18 MEMBER CLAWSON: Mark, some of
19 these only have two pages. There are supposed
20 to be three pages in this.

21 MEMBER GRIFFON: Yes, it's
22 supposed to be three pages, yes.

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1 MEMBER CLAWSON: Yes.

2 MEMBER GRIFFON: You'll have to
3 share with your neighbor.

4 MEMBER CLAWSON: I can share with
5 -- I can share. It's just when they were
6 saying the first page and stuff, I wanted to
7 make sure --

8 MEMBER GRIFFON: Stu, go ahead. I
9 think he has got the --

10 MR. HINNEFELD: Well, Dr. Field
11 asked about 479.

12 MEMBER GRIFFON: Yes.

13 MR. HINNEFELD: Those are only
14 non-SEC cancers.

15 MEMBER GRIFFON: That's what I
16 thought on those.

17 MR. HINNEFELD: That would be a
18 partial dose reconstruction.

19 MEMBER GRIFFON: Right.

20 MR. HINNEFELD: For the non-SEC
21 cancer.

22 MEMBER GRIFFON: But the bladder

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1 one you can check, right?

2 MR. HINNEFELD: Right. I will
3 check that.

4 MEMBER GRIFFON: Okay. All right.

5 So we got those three, the Iowa Ordnance Plan
6 number 316, the Rocky Flats number 666 and
7 Bethlehem Steel 130 all on page 2. Paul?

8 MEMBER ZIEMER: Mark, just for
9 clarification, we need a minimum of 20 cases.

10 And was the intent of the Subcommittee that
11 we adopt this list, which is about 30 and then
12 ones like you indicated might be dropped, if
13 necessary and then we would have at least 20
14 plus some extras, if needed, or what do we
15 need to do today?

16 MEMBER GRIFFON: Well, we were
17 trying to get 30, I think. I think our case--
18 our groupings have usually been in sets of 30.

19 But from our initial list, this is all we
20 could get. This is all we came up with, so we
21 weren't going to, you know, just add a few we
22 didn't like.

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1 So, you know, we are going to be a
2 little short probably on this one, but that's
3 okay. So keep as many as we can, that's the
4 idea.

5 MEMBER BEACH: And I have a
6 question on page 3, 481, it's a Hanford case,
7 1960, for lung. Is that a question mark also?
8 SEC through '72?

9 MEMBER GRIFFON: Through '72
10 you're right. Okay. So we've got another one
11 there. 481 on the third page, Stu. Okay.
12 Thank you.

13 MEMBER FIELD: Mark, I had one
14 more question for the selection on these, do
15 you want to select ones that have had
16 different models or doesn't it matter?
17 Because there is a lot of basal cell on these.
18 So I just wondered if it would be worthwhile
19 to get a wider variation of models.

20 MEMBER GRIFFON: Yes. I mean, we
21 started with -- the list that we had to work
22 from had a lot of basal cell. If you look at

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1 -- I tried to -- in those kind of cases, the
2 Subcommittee looked at the site also, because
3 sometimes if it's a smaller site and we
4 haven't done any dose reconstructions on that
5 site, often times it's the site model we are
6 looking at more than the skin cancer, you
7 know, the skin dose issues.

8 So, you know, it was more of a
9 chance to examine the site model rather than
10 the -- yes, but I mean, you know, if you see
11 just too many that look very similar or that
12 we have done before, certainly we can drop
13 them off if we need to.

14 The information that gets added on
15 after we see it is mainly on the right hand
16 column, the job title work area, the dose
17 method, external and internal. And when we
18 got this list in the beginning, at the
19 Subcommittee, we were basically under the
20 assumption that all the reconstructions that
21 we were considering were best estimates.

22 But, in fact, when you look

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1 sometimes it is partial best estimates as we
2 have seen in cases before, so they might have
3 done a best estimate on external, but then
4 been, you know, an over -- over-compensating
5 dose on the internal or some combination of
6 that like that.

7 So we like to see that broken out.

8 So does anyone have any that they really
9 seriously think should be dropped, other than
10 those SEC ones, SEC potential ones that we
11 mentioned?

12 MEMBER ANDERSON: Isn't Simonds
13 Saw an SEC?

14 MEMBER BEACH: Yes, I was just
15 going to point that out.

16 MEMBER ANDERSON: Page 3 there is
17 one.

18 MEMBER GRIFFON: Oh, yes, we might
19 have just added one on, right?

20 MEMBER BEACH: Mark, there is
21 Simonds Saw on page 1 also.

22 MEMBER ANDERSON: Yes.

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1 MEMBER BEACH: 604.

2 MEMBER GRIFFON: Okay. Where is
3 the one on page 3? It's gallbladder. I don't
4 see page 3.

5 MEMBER BEACH: Page 1.

6 MEMBER ANDERSON: Just page 1.

7 MEMBER GRIFFON: Okay. Page 1.

8 MEMBER ANDERSON: I had it folded
9 over.

10 MEMBER GRIFFON: Okay.

11 MEMBER ANDERSON: So a new page 3.

12 MEMBER GRIFFON: Okay. So we are
13 down to about 25, if all these are SECs.

14 MEMBER ANDERSON: Yes.

15 MEMBER GRIFFON: You know.

16 MEMBER BEACH: Yes.

17 CHAIRMAN MELIUS: I would just
18 say, I mean, I have just been doing, I think
19 it was, the 12th set that we are on or
20 whatever we are reviewing now and two of the,
21 I think two, six that I was looking at were --
22 I think are SECs. But I thought they were

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1 still useful in terms of looking at the
2 methods that would be used for partial dose
3 reconstructions and so forth, so I didn't
4 think that they were, you know --

5 MEMBER GRIFFON: That's true.

6 CHAIRMAN MELIUS: Yes.

7 MEMBER GRIFFON: Especially if we
8 haven't looked a lot at the sites.

9 CHAIRMAN MELIUS: Yes.

10 MEMBER GRIFFON: Or site models,
11 yes.

12 CHAIRMAN MELIUS: Yes. So I mean,
13 I wouldn't -- I would take a close look before
14 rejecting them necessarily.

15 MEMBER GRIFFON: So any other
16 questions or -- I mean, Jim, would you want --
17 I guess I would say this is our closer look or
18 do you mean to get the cases, let SC&A proceed
19 or --

20 CHAIRMAN MELIUS: Yes. I mean,
21 let's move forward with this. I think -- I
22 mean, I'm personally comfortable with Stu

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1 checking back with you when he gets more
2 information. And you make, you know, a
3 determination does it make sense to keep it in
4 or not. Does that make sense, Mark?

5 MEMBER GRIFFON: Yes, yes, that's
6 fine with me.

7 CHAIRMAN MELIUS: Yes.

8 MEMBER GRIFFON: That's okay with
9 me. And Stu can just bring it back to the
10 Subcommittee and then we can -- so, okay.

11 CHAIRMAN MELIUS: Well, you as
12 Chair of the Subcommittee, so I mean --

13 MEMBER GRIFFON: Yes.

14 CHAIRMAN MELIUS: -- I don't know
15 how the Subcommittee feels about that.

16 MEMBER GRIFFON: Okay.

17 CHAIRMAN MELIUS: But I don't see
18 any reason why --

19 MEMBER BEACH: We can always have
20 a five minute meeting.

21 CHAIRMAN MELIUS: Yes, a five
22 minute call or however you -

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1 MEMBER GRIFFON: Right, right,
2 right. Well, the Federal Register and --

3 MEMBER BEACH: Oh, that's right.

4 MR. KATZ: I don't think it's
5 necessary to have a Subcommittee meeting if
6 you are comfortable as a Board with Mark
7 making these judgments.

8 CHAIRMAN MELIUS: Yes.

9 MEMBER GRIFFON: Yes, it's only --
10 we're talking about these five.

11 MR. KATZ: Yes.

12 MEMBER GRIFFON: So, okay.

13 CHAIRMAN MELIUS: And the
14 Subcommittee has already chosen the cases, so
15 that's --

16 MEMBER GRIFFON: Right.

17 MEMBER RICHARDSON: As a process
18 for the future, would it be possible just for
19 NIOSH to be there on the first big list they
20 provide or when we give them a reduced list
21 for them to flag whether it was an SEC case in
22 the end or not?

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1 MEMBER GRIFFON: Yes, we were
2 hoping that that would happen on this round,
3 but, you know, I'm not sure. I don't know if
4 it's not in the database or how --

5 CHAIRMAN MELIUS: And some of
6 these changed.

7 MEMBER GRIFFON: Yes, and some of
8 them changed very recently, yes, like today.

9 MR. HINNEFELD: I didn't hear the
10 question.

11 MEMBER GRIFFON: Could you flag
12 whether they were like SEC cases when we first
13 do our selection? I mean, if they are SEC, I
14 think you wouldn't put them on the list,
15 right? But I don't know when you are doing
16 your sampling from the database if that is
17 available.

18 MR. HINNEFELD: It won't be a
19 database pull. I mean, we could take a look.

20 MEMBER GRIFFON: Yes.

21 MR. HINNEFELD: What will happen
22 on the database pull is if we did the dose

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1 reconstruction and then it was added to the
2 Class --

3 MEMBER GRIFFON: Yes.

4 MR. HINNEFELD: The last thing
5 that it will look like in that claim file, we
6 go to the claim file record in order to make
7 the selection. We are going to see that we
8 sent a final dose reconstruction to the
9 Department of Labor.

10 So we are not going to pull that
11 case. Now, normally, if we have a case in
12 hand and it belongs to SEC place that gets
13 added, that becomes a pulled case. So the
14 designation or the status of the case is
15 pulled SEC. So those would come out
16 automatically.

17 MEMBER GRIFFON: Yes, right.

18 MR. HINNEFELD: If we did the
19 case, we don't do that pull, because the claim
20 is already at the Department of Labor. So we
21 would have -- we will have to look.

22 MEMBER GRIFFON: Yes.

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1 MR. HINNEFELD: But I mean, that's
2 something we can do.

3 MEMBER GRIFFON: Okay. We will
4 try to triage that better, I think is the
5 short answer. Okay. Yes. But in this case,
6 if it's okay with everyone, I'll look at those
7 with Stu and make a final call on those five.
8 Wanda?

9 MEMBER MUNN: Yes.

10 MEMBER GRIFFON: Do you got a
11 question or is that left over?

12 MEMBER MUNN: No, I just wanted to
13 extrapolate a little from Paul's earlier
14 comment. Whether or not it's an SEC may be a
15 moot point actually, because we -- our purpose
16 here is not to determine whether someone that
17 should have been compensated is not being
18 compensated, that's not the point in our
19 looking at this.

20 Our point in looking at this is to
21 evaluate the process that was gone through in
22 reviewing that particular case. And given

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1 that that's the case, then when we have
2 situations like that, it's worthwhile I guess
3 evaluating whether it should stay on the list.

4 But the reason we are looking at
5 it is not really and truly that.

6 MEMBER GRIFFON: Well, yes. And
7 that was Jim's point. You were agreeing with
8 Jim, just for the record.

9 CHAIRMAN MELIUS: I don't think we
10 want that on the record, do we?

11 MEMBER MUNN: It's all right with
12 me.

13 MEMBER GRIFFON: Okay. Yes,
14 that's a fair point. Especially I think it is
15 true for the site models, you know.

16 CHAIRMAN MELIUS: Yes.

17 MEMBER GRIFFON: When you have the
18 site models, they are going to be used for the
19 non-listed cancers as well.

20 CHAIRMAN MELIUS: Yes.

21 MEMBER GRIFFON: So you are really
22 looking at the model.

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1 CHAIRMAN MELIUS: Yes.

2 MEMBER GRIFFON: You know.

3 CHAIRMAN MELIUS: Yes.

4 MEMBER GRIFFON: Okay. Well, if
5 there is no other concerns on the cases, this
6 is our motion. And I guess it's up to --

7 CHAIRMAN MELIUS: Yes, we have a
8 motion from the --

9 MEMBER GRIFFON: Motion from the
10 Subcommittee.

11 CHAIRMAN MELIUS: We need a second
12 and --

13 MEMBER PRESLEY: I second.

14 CHAIRMAN MELIUS: So any further
15 discussion? If not, all in favor say aye.

16 (Chorus of ayes.)

17 CHAIRMAN MELIUS: Opposed?
18 Abstain? Okay. Good. All three pages this
19 time.

20 The next issue for our Board work
21 time is the response to public comments and we
22 have both the May meeting and the August

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1 meeting out there. And I think we have a -- I
2 think we have all agreed on an approach to do
3 this that becomes a relatively long document,
4 but it captures the transcript where this
5 occurred as well as, you know, flagging at the
6 top with sort of the summary of what the
7 response is and follow-up.

8 So I'm hoping that is useful
9 rather than having the Board Members have to
10 go back and look up the full transcript each
11 time in order to understand the comment.

12 And so I guess what we are looking
13 for at this time, does anybody have any other
14 comments on the comments in the way these are
15 summarized?

16 I actually had one for the May
17 meeting, which was that one of my concerns was
18 that the -- on sites that -- where there was
19 ongoing evaluation at the site, a person made
20 a public comment period or maybe even the
21 evaluation hadn't started.

22 For example, we were up in Niagara

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1 Falls, Hooker Electrochemical had just come
2 out and there were people making comments on
3 Hooker Electrochemical. Those were captured
4 and the immediate response to those from the
5 NIOSH staff was captured, but the longer term
6 follow-up was not clear in response.

7 I mean, you don't know how the
8 comment is going to be utilized, but I think
9 we want to have some record that the comment
10 did get into the process, so that when the
11 Work Group and the NIOSH Team were evaluating
12 that site, they would, you know, be able to
13 have that record available as part of their
14 discussions and evaluation.

15 And I really thought that was sort
16 of the purpose of what we were, one of the
17 main purposes, trying to do here. It's not
18 just the immediate response, which is
19 important, but also that it really -- the
20 Outreach Work Group, which Mike chairs, that
21 part of what you are looking for also is in
22 the longer term are these comments getting

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1 directed to where people are being able to use
2 them?

3 Even though it may not be
4 immediate, because we can't respond
5 immediately to something that we just started
6 or where it is ongoing like Linde. So I think
7 we are looking for, at least what I was
8 looking for, is what, you know, a description
9 of the response would include and then, you
10 know, referred for further -- you know, a part
11 of the SC&A, NIOSH and Work Group evaluation
12 of the site. And that we track it that way as
13 a longer term thing.

14 Is that making sense to people?
15 Any other comments or questions about these?

16 MEMBER MUNN: They are
17 appreciated. And it is good to be able to
18 read through them.

19 CHAIRMAN MELIUS: Yes. Yes, Brad?

20 MEMBER CLAWSON: I was just
21 wondering what the -

22 MR. KATZ: Brad, your mike is off.

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1 MEMBER CLAWSON: I was wondering
2 in the category here in Column E the 1 and 2
3 and 3, what does that pertain to?

4 MEMBER GRIFFON: What document are
5 you looking at?

6 MEMBER CLAWSON: It's just the
7 document or is this -- I'm looking at the
8 comments that we received from --

9 MEMBER GRIFFON: What date?

10 MEMBER CLAWSON: The very first
11 one.

12 CHAIRMAN MELIUS: Which meeting,
13 the May or the August?

14 MEMBER CLAWSON: August.

15 CHAIRMAN MELIUS: August, okay.

16 MEMBER BEACH: I think those were
17 the categories that we agreed on a couple
18 meetings ago.

19 CHAIRMAN MELIUS: Yes, those were
20 the categories, I think, SC&A, I think,
21 developed them. There originally were about
22 30 of them and I think we whittled them down.

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1 And I think they may be useful going forward
2 in classifying the follow-up.

3 However, Mike, I have the same
4 trouble you do. I'm not going to remember
5 category numbers from meeting to meeting.

6 MEMBER CLAWSON: Right.

7 CHAIRMAN MELIUS: And I think
8 that's why we have the description, the
9 response and so forth.

10 MR. KATZ: So the categories, I
11 think, will only be useful at some point where
12 you want to go back and look and see how we
13 have been doing with public comments.

14 CHAIRMAN MELIUS: Yes.

15 MR. KATZ: By sort of Class and
16 different types.

17 CHAIRMAN MELIUS: Yes.

18 MR. KATZ: As opposed to sort of
19 in real-time as you are looking at --

20 CHAIRMAN MELIUS: Yes.

21 MR. KATZ: Were these comments
22 really appropriate for this particular

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1 situation?

2 MEMBER GRIFFON: I was just going
3 to say the categories are listed in the other
4 sheet. You see that, right? Okay. The
5 spreadsheet has it.

6 CHAIRMAN MELIUS: There is two
7 documents you got. One was a spreadsheet that
8 had the brief listing and then there is the
9 more extensive Word document that includes not
10 only the individual comments or a heading, but
11 then includes the part of the transcript where
12 that is covered.

13 MEMBER GRIFFON: I was just saying
14 in the spreadsheet there is two worksheets,
15 two tabs.

16 CHAIRMAN MELIUS: Yes, yes.

17 MEMBER GRIFFON: Yes.

18 MR. KATZ: It's the second tab.

19 CHAIRMAN MELIUS: Right.

20 MEMBER GRIFFON: Yes.

21 MR. KATZ: Jim, can I just
22 comment?

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1 CHAIRMAN MELIUS: Yes.

2 MR. KATZ: On the other process
3 that we just -- Jim's comment on the comments
4 about following up, I'm just trying to think
5 about how to really effectuate that
6 consistently and well. And I think since we
7 need -- we are concerned about DCAS picking up
8 that comment and following it up when they do
9 their petition evaluation and also with the
10 Board or its Work Group following up, I mean,
11 I think for DCAS then I guess we need to just
12 get a response from them at the time they do
13 these that they have -- it has been provided,
14 you know, the comments have been provided to
15 who the lead is for that SEC or whatever.

16 And that would be sort of
17 notification to us, at least, that that hasn't
18 gotten lost. That that person who has the
19 lead for that site has that comment.

20 But for our Work Group, I think we
21 need then to be careful that we take, and we
22 can take it from this same document, those

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1 comments and the Work Group Chair, I think,
2 would just keep that on their, you know,
3 Action List for items for the Work Group to
4 consider.

5 So that would be one of the inputs
6 just like a document from DCAS or a document
7 from SC&A. Does that sound reasonable?
8 Otherwise, I'm not sure how we -- I think we
9 just need an orderly way to ensure that the
10 Board does its piece with it, too.

11 CHAIRMAN MELIUS: Yes, no, I
12 agree. And I think we would want to charge
13 our contractor. There are times when we don't
14 have a Work Group yet assigned. So at the
15 time, particularly if it's a new site being
16 presented, and so it's being presented at
17 that, we are reacting to it. We don't even
18 know we are going to have a Work Group yet or
19 how we're going to handle it.

20 And so there's not even a Work
21 Group Chair that I can say, you know, Mike,
22 you know, make note of this or you should talk

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1 to Mike, because he is -- you know, refer the
2 commenter to him.

3 So I think, yes, we need a method,
4 but I think we would work through our
5 contractor to do that and make sure that it
6 gets into the Work Group process.

7 MEMBER CLAWSON: Jim?

8 CHAIRMAN MELIUS: Yes, Brad?

9 MEMBER CLAWSON: I was also
10 wondering, because one of the comments that we
11 have heard from petitioners or people of the
12 public is that they question these things when
13 they put out the questions and they never hear
14 back.

15 Do we still have -- is there
16 something in the process? Because we have
17 taken down all of their information, do we
18 have something in the avenue like to be able
19 to respond to them, so these questions have
20 been addressed to them? Not just to the Work
21 Group or the Board, but also the individual
22 that made the comment.

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1 CHAIRMAN MELIUS: Well, that was
2 my second, actually, concern was just that.
3 I'm not sure how to interpret, you know, that
4 this was taken into account or, you know, what
5 was communicated to the -- if you take the
6 first one from the August meeting, so it says,
7 you know, the -- we have some questions about
8 dose reconstruction and what was happening at
9 the Idaho site and so forth.

10 And so, you know, Grady Calhoun
11 and others addressed. I'm not sure that they
12 had addressed him directly or it says those
13 comments were -- DR was revised to address the
14 comment. Well, was there back communication
15 to them in some way or follow-up? And I think
16 that's also something that we need to document
17 and make sure happens. Yes.

18 MEMBER CLAWSON: Yes.

19 MEMBER MUNN: Well, I thought that
20 was one of the advantages to the Word document
21 that we had. That information, for example,
22 in that first one, it indicates that Stu has

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1 an action to communicate with this gentleman.

2 CHAIRMAN MELIUS: Yes.

3 MEMBER MUNN: And I thought that
4 was our original concept that the long-term
5 written description and response would include
6 an indication that the petitioner or whoever
7 had made the comment had been contacted.

8 CHAIRMAN MELIUS: Yes, yes. I
9 think we are -- you know, I agree with you.
10 And I think what we are doing is the
11 description of the response we are curtailing
12 the -- like the transcript is just the
13 transcript from the meeting.

14 So if there was an immediate
15 response, an immediate answer, then it is
16 covered in the transcript. But if it was a
17 follow-up off the transcript, and I mean it's
18 a question on dose -- an individual dose
19 reconstruction that we don't normally do that
20 on transcript. You know, the person will go
21 aside and talk to them.

22 But what we want to do is document

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1 that what was in the follow-up and I just --
2 what I was saying is I can't tell from the
3 description or the response how that -- you
4 know, was that response immediate? Was it a
5 follow-up, you know, a sidebar conversation?
6 Was it a call back a week later?

7 MEMBER MUNN: And my point is
8 regardless of how it is done, it needs to
9 appear in a description of the response.

10 CHAIRMAN MELIUS: Yes, exactly.

11 MEMBER GRIFFON: I guess I am a
12 bit confused. At first, I thought the Word
13 document was just the excerpts from the
14 spreadsheet cut and pasted and transcripts in
15 between. But it's not quite -- I mean, when I
16 look at the second one --

17 MEMBER MUNN: It's more extensive.

18 MEMBER GRIFFON: Well, the first
19 one is exactly the same for that first
20 commenter.

21 MEMBER MUNN: Yes.

22 MEMBER GRIFFON: I won't say the

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1 name. But the second commenter on the
2 8/10/2010 meeting, there is then a description
3 of the response in the Word document, but
4 there is not in the spreadsheet. That's odd
5 to me.

6 MR. KATZ: Mark, that is just an
7 artifact of -- they didn't have a chance to do
8 it with -- they just filled it in directly
9 with the Word document. They didn't get a
10 chance to get to it when they did that Excel
11 sheet. That's why. Normally, they would. It
12 would be in the Excel sheet and in the Word
13 document.

14 MEMBER GRIFFON: That goes to my
15 next question which is do we have a running
16 spreadsheet of these things that we could
17 actually possibly sort it? You know, like for
18 me I could go back three meetings and say I've
19 got a Savannah River Work Group meeting coming
20 up, let me sort by Savannah River and see what
21 is out there and make sure I address them.

22 MR. KATZ: These are separate

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1 Excel files.

2 MEMBER GRIFFON: Yes, we can
3 still, I guess -- we just have to get them all
4 together.

5 CHAIRMAN MELIUS: So we need a
6 process to pull that together, I think, is
7 what we're saying.

8 MEMBER MUNN: Yes, they all need
9 to be together --

10 MEMBER GRIFFON: Yes.

11 MEMBER MUNN: In one spot
12 somewhere.

13 MEMBER GRIFFON: Yes.

14 MEMBER MUNN: If for no other
15 reason than one of our original intents was to
16 see whether there were repeated concerns about
17 the same thing, even at different sites.

18 CHAIRMAN MELIUS: Yes.

19 MEMBER GRIFFON: Yes. It seems
20 like it is early enough in the process, so
21 that will be a pretty easy thing to do, right?

22 MR. KATZ: Yes, well, it's easy to

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1 compile spreadsheets. So at any point, we can
2 take the three or four meetings and throw them
3 all in one Excel sheet, so that you can work
4 on them.

5 MEMBER GRIFFON: Yes.

6 MR. KATZ: Right.

7 CHAIRMAN MELIUS: Any other
8 comments?

9 MEMBER ZIEMER: I have a question.

10 CHAIRMAN MELIUS: Yes.

11 MEMBER ZIEMER: My question is, is
12 there a mechanism at the present time for any
13 of this to be, itself, to be made public or do
14 we have redaction problems on all of these?

15 MR. KATZ: Well, I mean, the
16 public has the transcripts, so we don't --

17 MEMBER ZIEMER: No, I'm talking
18 about --

19 MR. KATZ: Right.

20 MEMBER ZIEMER: The documents that
21 we have before us which are --

22 MR. KATZ: Right. So --

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1 MEMBER ZIEMER: They are basically
2 tracking documents.

3 MR. KATZ: Yes.

4 MEMBER ZIEMER: Which contain both
5 the transcripts plus summaries of what was
6 done. But it seems to me not every commenter
7 is necessarily due a personal response. Some
8 are, depending on the nature of the comment
9 and the question, but on the other hand, it
10 would be, it seems to me, a value for the
11 general public to be able to assess -- access
12 this information to learn how their comments
13 have been handled.

14 So I'm sort of asking is there --
15 is this going to be available in some form
16 that will be available to the public, so that
17 they can not only be assured that comments are
18 being taken seriously and being tracked, but
19 are being dealt with?

20 MR. KATZ: Right. So I'm
21 understanding now. Certainly, we can -- I
22 mean, the materials at least for the August,

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1 that's all Privacy Act cleared, the transcript
2 material. I think May, the transcript
3 material itself wasn't -- we gave it to DCAS
4 to review before we even went through Privacy
5 Act redaction for that transcript.

6 But anyway, the concept is a good
7 one, I think. And we can do that. Then we
8 would have to run these little spreadsheets
9 through Privacy Act review too. And then we
10 could -- and then they could all be put up
11 conceivably, for example, on the website where
12 people could go and look.

13 MEMBER ZIEMER: Right. And that
14 was sort of the follow-up. We might want to
15 think about having a particular sub-location
16 on the website which is focused specifically
17 on public comment issues that are apart from
18 sites or whatever.

19 MR. KATZ: I agree.

20 MEMBER ZIEMER: I don't think we
21 have to make a decision on that.

22 MR. KATZ: Right. I mean, I'll be

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1 happy to discuss this with --

2 MEMBER ZIEMER: Think about how we
3 should do this.

4 MR. KATZ: The folks at DCAS who
5 run the website and see how we can handle that
6 in a way that makes it easy for people in the
7 public to get to this and take a look and see
8 how things are going with their comments.

9 CHAIRMAN MELIUS: David?

10 MEMBER RICHARDSON: I was just
11 wondering, it would be useful for me to talk
12 through, once more, the process that has
13 happened here and who is actually doing what
14 along the way. So a member of the public
15 makes a comment to the Board, that is
16 transcribed. And those are then -- there is a
17 sub -- there is a contractor, is it SC&A, who
18 is going through the transcript? Who is going
19 through the transcript and selecting out -

20 MR. KATZ: So then DCAS goes
21 through the transcript, selects out all the
22 comments and then indicates responses for

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1 those that were either responded in real-time
2 during the Board meeting or responses that it
3 may have made subsequently, because it had,
4 for example, they had spoken to the claimant
5 afterwards or what have you.

6 So that's what you receive then.
7 At that point, you receive that spreadsheet
8 that shows what the Board responded to and
9 what DCAS has since responded to in some
10 fashion.

11 MEMBER RICHARDSON: Okay. And so
12 that's issued relatively promptly. And one of
13 the questions was do you go through these
14 spreadsheets and iterations and continue to
15 fill out responses as you move forward in the
16 future? Was that one of the questions?

17 CHAIRMAN MELIUS: That is one of
18 the -- one of the questions is how do we make
19 sure it is referred for longer. In some
20 cases, the follow-up is going to be longer
21 term. Hooker Electrochemical people made
22 comments who were just forming a Work Group, I

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1 believe, to review that and it just referred
2 to a Work Group.

3 There was a NIOSH report on it.
4 So people were saying, you know, or offering
5 comments about their work day. So there was
6 really no immediate response other than we
7 will refer it to the Work Group and, you know,
8 NIOSH and everyone to follow-up.

9 So we need to document that also.

10 MEMBER RICHARDSON: And right now,
11 NIOSH is the responsible party who is holding
12 and maintaining these spreadsheets, plural.

13 CHAIRMAN MELIUS: Correct.

14 MEMBER RICHARDSON: And so maybe
15 as an idea of process, if a Work Group that is
16 working on a site wants to get a compilation
17 of the public comments on that site, if they
18 would make their request to NIOSH and then
19 that would be something further tracked that
20 those comments were -- I would see that as
21 also being responsive.

22 Those comments have been

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1 abstracted and transmitted to a Working Group
2 and are going to be further considered. I
3 don't know if we want to --

4 CHAIRMAN MELIUS: I think that --

5 MEMBER RICHARDSON: We kind of
6 want to show them what we are doing with the
7 information.

8 CHAIRMAN MELIUS: Yes. And I
9 think --

10 MEMBER RICHARDSON: And
11 transmitting it back and making it public and
12 transparent, I think that would all be --

13 CHAIRMAN MELIUS: Yes. But I
14 think we would also -- I mean, just
15 procedurally, sort of ask our contractor as
16 part of the Work Group meeting, update us on
17 the public, you know, comments. That might be
18 one document that Work Group Members would --
19 which would simply be a compilation of what is
20 on the spreadsheets and what has come in.

21 And then in those cases, the
22 transcripts would be important, too, because

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1 you want to capture all of the comments, not
2 just the response.

3 MR. KATZ: So I'm just becoming a
4 little concerned. I think you raised a good
5 issue though, which you didn't maybe exactly
6 address there, but you raised it from what you
7 said. Where we have longer term follow-up,
8 either by a Work Group or by NIOSH, you know,
9 six months, nine months later, I mean, they
10 are not going to continue updating the
11 spreadsheets on their own, NIOSH, I don't
12 think.

13 With each time that they do
14 something, I mean, they would have to go back
15 and find well, where did that comment come in
16 and they will find, oh, okay. Do you
17 understand what I'm saying?

18 It could get awfully complicated
19 quickly and end up being a lot of work if
20 somehow they are having to track these beyond.

21 I mean, right now, it's taking them a little
22 bit of doing just to even get this initial

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1 presentation to the Board and having it then
2 as a long-time item with some of these.

3 Especially, Jim, as you say, I
4 mean, there might not even be a Work Group yet
5 and the SEC petition might have just been
6 issued.

7 CHAIRMAN MELIUS: Well, let's take
8 it step-wise. Let's make sure that we are
9 getting good descriptions of what the referral
10 is and what the initial response is.

11 MR. KATZ: Okay.

12 CHAIRMAN MELIUS: Let NIOSH, you
13 know, think about how -- what's the best way
14 of sort of doing this long-term referral. And
15 I'm not sure that, you know, we need to keep
16 responding to it, but I think, at the same
17 point, that when you tell somebody well, we
18 referred it to the Work Group, the Work Group
19 will take care of it, that we owe it to them
20 to at least get back to them once and say yes,
21 the Work Group -- you know, your comment is at
22 the Work Group.

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1 MR. KATZ: That's right.

2 CHAIRMAN MELIUS: And maybe the
3 Work Group has a question about it or wants to
4 get more information about the site from that
5 person. They would come forward and that's --
6 you know, they think they have gotten into the
7 process.

8 MR. KATZ: Right.

9 CHAIRMAN MELIUS: And in the past,
10 what has happened is they really haven't.

11 Yes, and I think we do -- I mean,
12 that's something that Mike is working on and
13 the Outreach Work Group should think about
14 this also, how we do this.

15 MR. KATZ: So just a follow-up.
16 So I think though the practical way to sort of
17 stop it, so that it isn't a continuous process
18 which becomes unmanageable with each of these,
19 is at the point that it is, you know, assigned
20 to a Work Group or whatever, you make note of
21 that or that it has been assigned to the lead
22 for the site, who is doing the SEC Evaluation

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1 for NIOSH.

2 I mean, that would be recorded
3 properly in here. And, at that point, we
4 don't continue tracking what they actually did
5 subsequently with that comment, right? We
6 don't continue to track?

7 CHAIRMAN MELIUS: Yes.

8 MR. KATZ: So say DCAS makes a
9 change down the road, we are not tracking that
10 here.

11 MEMBER RICHARDSON: Yes, no, Ted.
12 I just meant when there was finally an action
13 taken with it, there was some disposition.
14 The comment had been made and now NIOSH says
15 we have communicated that comment to a group
16 that is working on it.

17 MR. KATZ: Yes, yes.

18 MEMBER RICHARDSON: And then
19 that's closed. But that's fine.

20 MR. KATZ: That sounds good.

21 MEMBER RICHARDSON: Yes.

22 CHAIRMAN MELIUS: Okay. So we

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1 will continue to refine the process through
2 the next meeting.

3 Anybody? Okay. We have a little
4 bit of time before we are supposed to do the
5 LANL update and then the public comment
6 period. And so I guess I would like to start
7 doing some Work Group updates.

8 I would just say for people who
9 are in the audience, I assume you are all
10 interested in LANL or Sandia, one of the sites
11 out here. We will have an update in a little
12 over half an hour on what is happening in
13 terms of review of the LANL Site and then that
14 will be followed by a public comment period.

15 And if you are interested in
16 making public comments, we do ask you to sign
17 up at the registration desk that is out
18 through that door. It just helps us to call
19 people in the order that you signed up. So it
20 helps us with the process.

21 So I'll start with my list of Work
22 Groups, which may be out of date or whatever.

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1 I'll find my up to date one. And the first
2 one is Brookhaven. Josie?

3 MEMBER BEACH: Sorry.

4 CHAIRMAN MELIUS: Did I surprise
5 you? Obviously.

6 MEMBER BEACH: Okay. Brookhaven
7 has not met in some time. I did talk to Grady
8 this morning and the Work Group should be
9 receiving action items on Monday, the 23rd.
10 And I'm looking to schedule a Work Group
11 meeting at the first of January.

12 CHAIRMAN MELIUS: Yes, okay. I
13 will clarify. I'm working off Ted's list,
14 membership, that I think he handed out
15 recently. I don't know. Okay. Thank you.

16 Chapman Valve, John?

17 MEMBER POSTON: Yes, we haven't
18 met. As far as I know, we haven't had a reply
19 to our request to the U.S. Navy for further
20 information.

21 CHAIRMAN MELIUS: I don't know.
22 LaVon or Stu, are they going to update us

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1 tomorrow? I guess a quick yes or no.

2 MR. HINNEFELD: Well, we have a
3 response. There is another avenue we're
4 pursuing beyond the Navy. The Navy told us
5 they have -- they are confident they have no
6 records for this site for that period.

7 CHAIRMAN MELIUS: Okay.

8 MR. HINNEFELD: And they gave some
9 reasons. I can put that in a report and send
10 it to you.

11 CHAIRMAN MELIUS: Yes.

12 MR. HINNEFELD: To the
13 Subcommittee or to the Work Group. The other
14 avenue is a series -- a record holding in Oak
15 Ridge that has what we know are incomplete
16 finding aids and we have found things for
17 Chapman already at that, through the existing
18 finding aids, but we know there are things
19 that are not on the finding aids that are in
20 collection. And we are working out with them
21 how will we assemble, essentially, a complete
22 finding aid to know if there is more to go

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1 pursue.

2 We have a tantalizing document
3 about a manifold test at Chapman Valve during
4 the war. And that's it.

5 CHAIRMAN MELIUS: Okay.

6 MR. HINNEFELD: You know, there is
7 very little else about it.

8 CHAIRMAN MELIUS: Yes.

9 MR. HINNEFELD: It's just a test
10 sheet. And so we were tantalized by what we
11 got and wondered if there might be more.

12 CHAIRMAN MELIUS: Okay.

13 MEMBER GRIFFON: Just one follow-
14 up on that, Jim?

15 CHAIRMAN MELIUS: Yes, yes.

16 MEMBER GRIFFON: You said from the
17 Navy, they are confident in their work.

18 MR. HINNEFELD: They have no
19 records.

20 MEMBER GRIFFON: At that site for
21 that time period, was it the -

22 MR. HINNEFELD: They have no

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1 records for Chapman Valve that would explain
2 the enriched uranium sample.

3 MEMBER GRIFFON: Oh, okay.
4 Because I was always thinking it might have
5 been beyond, you know.

6 CHAIRMAN MELIUS: Yes.

7 MR. HINNEFELD: Just so everybody
8 is clear, I will also send to probably the
9 whole Board an example of what the paper
10 record or what the database shows us that we
11 got from the Navy. It goes back to about
12 1966. I could be wrong on the decade.

13 MEMBER GRIFFON: Yes.

14 MR. HINNEFELD: But it goes part
15 way back. And it shows procurement actions.
16 And that started the database on that. Before
17 that, it is paper records and the various
18 military archivists who answered in these
19 email strings don't even know. They said
20 well, I guess that is in the archives
21 somewhere and nobody really knows what it
22 means to go to the archives.

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1 MEMBER GRIFFON: Okay.

2 MR. HINNEFELD: You're talking
3 about looking at boxes of either these summary
4 sheets or the original contracts.

5 MEMBER GRIFFON: Okay.

6 MR. HINNEFELD: I'll put it all in
7 the report. It's very complicated.

8 MEMBER GRIFFON: Okay.

9 MR. HINNEFELD: And all we ever
10 saw that was -- the Navy brought balance.

11 MEMBER GRIFFON: Thanks.

12 CHAIRMAN MELIUS: We can dispatch
13 the Work Group to the archives and they can
14 come out ten years from now. Fernald?

15 MEMBER CLAWSON: Yes, we just had
16 a Work Group meeting. Unfortunately, we have
17 got a lot of our information very late in the
18 process. And SC&A had not had the opportunity
19 to be able to review it, so we have set up a
20 Work Group meeting for February 8th. This
21 will give NIOSH time to be able to -- or SC&A
22 time to be able to review the information and

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1 give us a reply back.

2 But we are planning on being able
3 to bring Fernald to the Board at the next full
4 Board meeting.

5 CHAIRMAN MELIUS: Okay. And I
6 would think certainly even if you don't have a
7 Work Group recommendation or full closure, I
8 think it would be worthwhile having the Board
9 briefing on where things stand. This has been
10 around quite a while and I think we are going
11 to need to understand it in order to take
12 action.

13 MEMBER CLAWSON: It has been five
14 years. The petitioner has raised numerous
15 issues and problems with that. And we're
16 pushing it.

17 CHAIRMAN MELIUS: Good. Okay.
18 Hanford, I'll call on myself, has nothing to
19 report, but Arjun, do you want to -- I'll put
20 you on the spot.

21 DR. MAKHIJANI: Yes, we are in the
22 process of reviewing the TBD that is in two

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1 sections. We are looking at the internal data
2 from July 1, 1972 onward. That compilation is
3 pretty much complete. And so now, we will
4 move on to reviewing the rest of the TBD since
5 we have compiled the data.

6 We should have that for you by
7 early 2011.

8 CHAIRMAN MELIUS: Okay.

9 MEMBER CLAWSON: Jim?

10 CHAIRMAN MELIUS: Yes?

11 MEMBER CLAWSON: Also, too, I sent
12 you an email that Sam Glover and myself and
13 SC&A, we have actually run across some
14 information that will have a classified
15 discussion in December. It's just information
16 retrieval.

17 CHAIRMAN MELIUS: Right. Good.
18 Okay. So Fellow Members of the Hanford Work
19 Group, you may be having a meeting in -- after
20 the first of the year to that. Idaho, Phil?

21 MEMBER SCHOFIELD: We had a Work
22 Group meeting scheduled for the 30th. We

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1 canceled that. We are supposed to be getting
2 together after Thanksgiving to try and set up
3 when we have some deliverables that we can
4 actually work with.

5 CHAIRMAN MELIUS: Okay. Do that.

6 Another one, and we don't have an SEC
7 petition there, right?

8 MEMBER SCHOFIELD: No.

9 CHAIRMAN MELIUS: No, okay.

10 MEMBER SCHOFIELD: That hasn't
11 been qualified yet.

12 CHAIRMAN MELIUS: Okay. So, okay,
13 Lawrence Berkeley, Paul?

14 MEMBER ZIEMER: Lawrence Berkeley
15 has not yet met.

16 CHAIRMAN MELIUS: Okay. It's a
17 recently formed Work Group. I'm going to skip
18 Linde, Los Alamos, since we have reports
19 coming from them. Mound, Josie?

20 MEMBER BEACH: Mound has not met
21 since July, our July meeting on the 27th, I
22 believe. I do anticipate getting some

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1 documents from NIOSH. There are a couple of
2 key things we are waiting for. I'm hoping to
3 schedule a meeting for either the end of
4 January or the first part of February, but I
5 do have to wait until I hear from NIOSH on
6 when they will have those deliverables to us.

7 CHAIRMAN MELIUS: Okay. I do
8 think we will be covering some issues related
9 to Mound --

10 MEMBER BEACH: Yes.

11 CHAIRMAN MELIUS: In the exposure
12 potential discussion tomorrow.

13 MEMBER BEACH: That may help, but
14 it also may slow things down just a bit.
15 That's why I'm saying mid or the first part of
16 February to just give that time to settle out.

17 CHAIRMAN MELIUS: Okay.

18 MEMBER BEACH: Yes.

19 CHAIRMAN MELIUS: The Nevada Test
20 Site, I don't think there is anything to
21 report, Bob?

22 MEMBER PRESLEY: No.

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1 CHAIRMAN MELIUS: No. Pantex?

2 MEMBER CLAWSON: The last of
3 September we had a very good tour of Pantex.
4 We had members of SC&A, NIOSH and Members of
5 the Work Group that went down there. It was
6 very educational for us. At this time, we are
7 trying to, the very first of the year, figure
8 out where we can put in the Work Group and
9 start on Pantex.

10 CHAIRMAN MELIUS: Okay. Any
11 questions on that? Okay. Pinellas?

12 MEMBER SCHOFIELD: No Work Group
13 planned at this time. The issues, we have
14 some. Basically, we can solve issues at Mound
15 we will solve Pinellas at the same time.

16 CHAIRMAN MELIUS: Okay. The
17 pressure is on, Josie.

18 MEMBER BEACH: I feel it.

19 MEMBER SCHOFIELD: You're welcome,
20 Josie.

21 CHAIRMAN MELIUS: I think I'll
22 remember that response. That's a good one,

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1 yes. From now on, everybody answer as soon as
2 Josie finishes Mound. Piqua, John?

3 MEMBER POSTON: We have had one
4 meeting.

5 CHAIRMAN MELIUS: Yes.

6 MEMBER POSTON: And we had one
7 meeting and there were some issues that we
8 asked the SC&A to follow-up on. We are
9 waiting for that to happen.

10 CHAIRMAN MELIUS: Okay. Good.
11 The new Work Group Portsmouth Paducah K-25?

12 MEMBER SCHOFIELD: We are meeting
13 on December 16th.

14 CHAIRMAN MELIUS: I saw that.
15 Good. Which will be your first meeting. That
16 is to review the Site Profile.

17 MEMBER SCHOFIELD: Yes, right.

18 CHAIRMAN MELIUS: Right, good.
19 Okay. Rocky, Mark, any?

20 MEMBER GRIFFON: No, just tracking
21 the DOL bulletin.

22 CHAIRMAN MELIUS: Okay.

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1 MEMBER GRIFFON: No other -- we
2 haven't met.

3 CHAIRMAN MELIUS: Okay. Santa
4 Susana, Mike?

5 MEMBER GIBSON: There is nothing
6 since the last Board meeting. DCAS is still
7 working on some stuff. We anticipate being
8 ready to have a meeting probably early spring.

9 CHAIRMAN MELIUS: Okay. Good.
10 Mark, Savannah River?

11 MEMBER GRIFFON: Yes, we had a
12 Work Group phone call, conference call last
13 week. Last week? Last week. And mainly it
14 was just to get back on track with our action
15 list and clarify actions. This is also a
16 petition that has been out there quite some
17 time, so we scheduled a follow-up meeting with
18 the hope that many of these actions will
19 actually have some, you know, responses from
20 NIOSH. I thin, it is January 20th or
21 somewhere late January for a face-to-face
22 meeting.

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1 CHAIRMAN MELIUS: Yes. I know
2 from looking at the report on sort of NIOSH
3 reports due coming up that there is -- it
4 looks like there is significant reports
5 ongoing for Savannah River. I'm not that
6 familiar with --

7 MEMBER GRIFFON: Yes. I mean,
8 there is some significant work that has to be
9 done, I guess, if that's what you are asking?

10 CHAIRMAN MELIUS: Yes.

11 MEMBER GRIFFON: Yes, yes. You
12 know, some of it is back to the -- maybe not
13 back to the drawing board, but, you know,
14 working with the raw data and formulating the
15 models. And, you know, we are at the early
16 stages of convincing the Work Group and SC&A
17 that they have got bounding approaches for
18 certain things.

19 CHAIRMAN MELIUS: Okay. Okay.
20 SEC Review Work Group, that's the one I Chair.
21 We focused on, obviously, Dow Madison, so
22 that's the one that we discussed and will

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1 discuss again at the next meeting.

2 The other issue related there is
3 the 250 day issue, when we will be -- that
4 Work Group will be meeting probably by
5 conference call to discuss that. We have some
6 follow-up to do after the prior Board meeting
7 where some of these issues were discussed.

8 MEMBER ROESSLER: Do you have a
9 date on that?

10 CHAIRMAN MELIUS: No, I have to--

11 MEMBER GRIFFON: Jim, can I --

12 CHAIRMAN MELIUS: Christmas Eve, I
13 was thinking.

14 (Laughter.)

15 MEMBER GRIFFON: Jim, let me add
16 one thing on Savannah River. I think our next
17 -- our February meeting is in Augusta, I
18 believe, and if nothing else, I think we
19 should do an update of the Savannah River Work
20 Group.

21 CHAIRMAN MELIUS: Yes.

22 MEMBER GRIFFON: We probably won't

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1 -- I doubt we will be in a position to make a
2 motion, but at least an in depth update on the
3 outstanding issues for the site. I can -- I
4 think we can do that. And we'll have more
5 information after the Work Group meeting on
6 January 20th.

7 CHAIRMAN MELIUS: Okay.

8 MEMBER GRIFFON: Okay.

9 MEMBER CLAWSON: Also, too, Jim,
10 if Josie gets her problems taken care of, it
11 will help some with Savannah River.

12 CHAIRMAN MELIUS: Keep up the good
13 work, Josie. We are right behind you all the
14 way. Okay.

15 TBD-6000?

16 MEMBER ZIEMER: TBD-6000 Work
17 Group met on October 12th. We have three
18 things on our plate. The first of which is
19 the TBD-6000 document itself. All of the open
20 issues on that document now have been closed
21 with the exception of one item, which is the
22 resuspension factor issue, which is a site-

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1 wide issue.

2 And so that is being handled by a
3 different group. So we are all clear in the
4 sense on the TBD-6000 itself as a working
5 document.

6 Our big focus right now is on
7 Appendix BB, which is General Steel
8 Industries. We have both a site -- well, not
9 a Site Profile, but the Appendix itself, BB,
10 which is sort of a Site Profile type of
11 document. And then we have a petition from
12 General Steel, an SEC petition.

13 In the last several months, we
14 have received, primarily through the
15 petitioner, a lot of new source-term
16 information. And the quick bottom line on all
17 of that is that NIOSH is going back and
18 redoing their evaluation and also their
19 Evaluation Report on the SEC petition.

20 So we will be looking at that in
21 detail as they come out with revised source-
22 term evaluations and methods of proposed dose

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1 reconstruction. We will need to have
2 additional reviews as well by our contractors.

3 So a lot of work still to go,
4 although we were certainly hoping to make good
5 progress on that. We will be beginning again
6 as soon as we get the next group of NIOSH
7 documents to the Work Group.

8 Then the final thing I'll mention
9 is we got underway on the Bliss & Laughlin
10 Appendix, which has a number of findings from
11 SC&A, and we made our first pass through on
12 those. So those three things going on.

13 CHAIRMAN MELIUS: Good. Very
14 good. Any questions for Paul? No. Okay.

15 MEMBER RICHARDSON: Yes, I have a
16 quick question.

17 CHAIRMAN MELIUS: Sure.

18 MEMBER RICHARDSON: I was just
19 interested in your description that the
20 petitioner has provided substantial
21 information that has changed kind of
22 understanding the source-terms. Could you

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1 just discuss that a little more?

2 MEMBER ZIEMER: Yes. The
3 petitioner through Freedom of Information
4 activities and other work was able to identify
5 some -- actually, a vast amount of documents
6 which are now available, which had not been
7 previously available, which included the old
8 AEC licenses and related documents, as well as
9 some state information, state regulatory
10 information, which is delineated.

11 This is a site that has used
12 betatrons for radiography as well as isotopic
13 sources, including radium and cobalt and
14 iridium and things like that.

15 And there now is a lot of pretty
16 good information on the source-terms, both the
17 size, there is a lot of information on
18 location. We have some personnel dosimetry,
19 so a lot of work and updating that.

20 Well, I don't want to get into
21 details, but I would simply indicate to you
22 that the petitioner has been very

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1 conscientious on seeking information that
2 didn't appear to be available initially. I
3 know one can argue that NIOSH perhaps should
4 have found this originally, but there is a --
5 well, we -- I don't want to get into that
6 debate.

7 The material was found and it has
8 been distributed. The Work Group has the
9 material, as does NIOSH and SC&A. So we are
10 all taking a good look at this material.

11 MEMBER RICHARDSON: Well, I mean,
12 I think that is fantastic. I'm wondering if
13 there are lessons learned from kind of
14 research strategies that the petitioner
15 employed that could help us in the future
16 think about research strategies for collecting
17 additional information?

18 MEMBER ZIEMER: There probably
19 are. I don't think this is the point at which
20 we would discuss them here.

21 One of the things to realize is
22 that some times at the first crack, these

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1 agencies don't find things. And there is a
2 sense in which persistence does some times pay
3 off. This is one of those times.

4 CHAIRMAN MELIUS: If you know
5 anything how governmental agencies work, it is
6 a lot -- it sort of depends who you have
7 looking, who you request, how the request is
8 handled, the time and so forth.

9 And I think we are learning and it
10 is at all these sites that, you know, new
11 sources of records become available over time
12 and it's just hard. I'm not -- actually, a
13 fault of the NIOSH strategy is, or approach or
14 what the contractor actually did, but it is
15 just we keep learning where these records are
16 stored and so forth.

17 And having looked for records
18 within, you know, state and with the federal
19 government myself, from within, it's amazing
20 to me what can suddenly appear, what somebody
21 has in their file cabinet some place.

22 So good. Thank you, Paul. Henry,

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1 6001?

2 MEMBER ANDERSON: Yes. We have
3 met twice and we also are going to request a
4 name change. That 6001 no longer is going to
5 exist as a document and all the appendices are
6 being converted into Site Profiles.

7 So the good news is 6001 had --
8 was one of the early documents and in updating
9 that and putting it into the specific
10 components of the site is going to be very
11 helpful.

12 But there really isn't a 6001.
13 All that remains are the appendices.

14 Our group is -

15 CHAIRMAN MELIUS: I thought that
16 this was like you were trying to snooker us
17 into --

18 MEMBER ANDERSON: No, no, no, no.
19 I mean, it's in, I think, our Work Group
20 would -- was supportive of the decision to
21 decommission that document or whatever is
22 being done with it, because it did have a lot

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1 of problems that then were reflected in the
2 other document.

3 So this way, everyone -- every
4 document, every appendix will be a stand alone
5 process.

6 We are working on, very strongly,
7 three sites as well as a fourth site. The
8 first is Electro Met and that, I believe, is
9 Appendix C of the former 6001.

10 And that one we have been working
11 through a matrix and I think we are making
12 considerable progress there. The issue again
13 is ability to calculate bounding doses on
14 that.

15 One of the interesting things is
16 SC&A was not requested to review the Appendix
17 C formally, but were charged to do the
18 Petition Evaluation Report, which, of course,
19 then overflows into the Appendix C. So they
20 are continuing to make this a more
21 comprehensive review than just the petition
22 review.

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1 But we hope to -- we are cutting
2 down on the number of issues now. We have
3 resolved quite a few. And our next meeting is
4 going to be in March and we are hoping to
5 have, at least, at our November 4th meeting --
6 there was a commitment by both SC&A and NIOSH
7 to bring things forward, so that we can begin
8 to make some decisions and recommendations, so
9 fairly soon.

10 The second one that we worked on
11 is United Nuclear. That is one where new --
12 the other sites new data was identified. So
13 SC&A has been charged to review that data to
14 see is it going to impact our review.

15 Again, that is well underway and
16 the issues are bounding internal/external and
17 neutron exposures. We have a revised issues
18 matrix. We have come to conclusion on a
19 number of the matrices issues, so that's
20 another one we are hoping to, now that the new
21 data is hopefully going to have end it
22 through, have a better sense of where we

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1 stand.

2 The third is the Hooker
3 Electrochemical. That was a new one for us.
4 That's again Appendix AA. They are reviewing.
5 SC&A has been tasked with the SEC petition.
6 And we had a brief discussion and we were,
7 again, identified issues to move forward on
8 for March 4th.

9 The third one or the fourth one is
10 Baker-Perkins, which SC&A was charged to do
11 the review of Appendix P, which they have
12 completed, but that wasn't enough time for
13 NIOSH to really respond. But we did have a
14 fleshing out of what the issues are, so
15 everybody is cognizant of those.

16 Again, we are hoping at the March
17 4th meeting to be able to strongly move
18 forward toward some recommendations.

19 CHAIRMAN MELIUS: Okay. I was
20 going to say if you don't like 6001, we can
21 give you like 7000, if you want a better
22 number that differentiates you from, you know,

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1 a nice round number like Paul has.

2 MEMBER ANDERSON: We want to know
3 how many of those appendices are ours that we
4 can really --

5 MEMBER BEACH: All of them.

6 MEMBER ANDERSON: All of them.
7 Move them out.

8 CHAIRMAN MELIUS: You seem to be
9 moving ahead.

10 MEMBER ANDERSON: Some of these
11 are pretty small and, you know, very short
12 periods of exposure times. So we are hoping
13 to be able to conclude fairly rapidly.

14 CHAIRMAN MELIUS: Okay. I am
15 going to go a little bit out of order here,
16 because of the time, and Mark, do you want to
17 give an update on the Subcommittee on Dose
18 Reconstruction?

19 MEMBER GRIFFON: Sure. We did
20 have another meeting with the Subcommittee on
21 Dose Reconstruction. We continued. Mainly,
22 we are doing the nuts and bolts of the case

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1 reviews that the Board is working on. And we
2 are working on the 7th, 8th and 9th sets. Each
3 set of cases is about 30.

4 We are doing the comment
5 resolution on the Subcommittee between SC&A
6 has findings and then NIOSH responds whether
7 they agree with the SC&A finding or not. And
8 we have been going through these findings for
9 a while.

10 At this point, we are in the 7th,
11 8th and 9th set. You notice that today we just
12 picked the cases for the 14th set, so we are
13 lagging a little behind, but it's hard to
14 schedule more frequent Subcommittee meetings,
15 because NIOSH is also lagging behind on
16 responses. It is a resource question
17 constantly.

18 We also took -- we got a first
19 look at if you are a member of the First 100
20 Cases Report that I really wanted to close
21 out. We had a follow-up on that, which was a
22 lot of these quality control findings, and we

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1 asked NIOSH to go back and sort of look at
2 what -- you know, do a little bit of drill
3 down and look at what was the nature of these.

4 Was there any consistent factor
5 that was causing some of these quality control
6 findings? They give us a preliminary report,
7 but we literally got it handed to us at the
8 meeting that day. So we are just in the
9 starting point of reviewing that, but we do
10 hope to soon close out that first hundred
11 cases report.

12 And then I guess the other thing
13 we asked, in relationship to that, NIOSH to
14 come back to the Subcommittee and give us a
15 detailed presentation of their Quality
16 Assurance/Quality Control Program with regard
17 to how they are doing the dose
18 reconstructions.

19 Because we sort of want to know
20 what the existing system looks like, so that
21 we can then see if there is any need for the
22 Board to make recommendations about that

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1 system. If it is effective, if we think there
2 is flaws, so the starting point for us was to
3 get inside the system a little more and
4 understand it a little better.

5 Certain elements are obvious.
6 There is peer reviews and things like that.
7 But some things are not as obvious, so we are
8 trying to get a presentation of that at the
9 next Subcommittee meeting.

10 And I think that was about it.
11 That was what we covered at the last meeting,
12 so we are continuing to plug away at the case
13 findings.

14 CHAIRMAN MELIUS: Okay. Great.
15 Any questions for Mark? Okay. We are now
16 going to move on for LANL. So, Mark, if you
17 are ready?

18 MEMBER GRIFFON: Yes.

19 CHAIRMAN MELIUS: Okay. I didn't
20 mean to surprise you there.

21 MEMBER GRIFFON: I didn't know if
22 we were waiting or what we were doing.

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1 CHAIRMAN MELIUS: No, no. We are
2 scheduled. I think we will just keep going.

3 So for those of you in the
4 audience, we are going to first have an update
5 on the review of the LANL from Mark Griffon,
6 who is the Chair of the Work Group there. And
7 then we will be open for public comment.

8 So if you wish to make a public
9 comment and haven't signed up yet, please, go
10 out to the registration desk and do so. And
11 we will move on. So, Mark?

12 MEMBER GRIFFON: Okay.

13 CHAIRMAN MELIUS: Do you have a
14 presentation?

15 MEMBER GRIFFON: I don't have one
16 to put up there really.

17 CHAIRMAN MELIUS: Okay.

18 MEMBER GRIFFON: No, I don't
19 really. It's not --

20 CHAIRMAN MELIUS: Okay.

21 MEMBER GRIFFON: It's a little too
22 rough.

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1 CHAIRMAN MELIUS: Okay.

2 MEMBER GRIFFON: But I'll give a
3 presentation of the status of the Work Group
4 on the LANL SEC Petition 109.

5 And we actually had a recent
6 meeting, November 16th, in Cincinnati to go
7 through several of the outstanding issues on
8 the SEC petition.

9 I do want to step through, since
10 we've got quite a few interested people here,
11 obviously, a little bit of the time line with
12 you and then go through the remaining
13 outstanding issues that we have on the Work
14 Group.

15 NIOSH qualified the SEC petition
16 on 6/17/2008, so I want to go through these
17 dates slowly, because I know one of the
18 issues, obviously, before many of our petition
19 reviews is the timeliness of this.

20 So 6/17/2008, the petition was
21 qualified. The Class Definition that was
22 qualified was focused on service support

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1 workers. And I won't read the whole thing,
2 but it focused on service support workers from
3 the years 1976 through 2005.

4 But in our assessment, I think
5 this is an important thing, and in NIOSH's
6 review in their Evaluation Report, we have
7 looked at all workers during this time period.

8 So we are kind of looking at all workers, but
9 certainly haven't forgot about the support
10 worker question.

11 So the first date qualified
12 6/17/2008. The Evaluation Report was issued
13 by NIOSH on January 22, 2009. Subsequent to
14 that, the Board, and I'm not sure exactly when
15 we did this, but, tasked NIOSH or tasked SC&A
16 with reviewing the Evaluation Report.

17 SC&A issued a preliminary report
18 on their findings from their review on April
19 8, 2010. Now, part of the -- that's over a
20 year later, if you are keeping track of these
21 dates, and I think these dates are important.

22 That's over a year later.

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1 I want to point out that there
2 were two big reasons for the delay in this.
3 The initial Evaluation Report noted that they
4 were going to have -- they were relying
5 heavily on certain coworker models. And NIOSH
6 indicated that the data was available to do
7 these coworker models.

8 However, the data was not even in
9 a database and the coworker models were not
10 available for review. So we, basically, told
11 SC&A don't give us a report now. Wait until
12 these things are done and then review it,
13 because there is no sense having to go back
14 and look at it again.

15 So there was probably a six to
16 eight month delay in there while we were
17 waiting for NIOSH to get those models
18 developed.

19 After that April 8th submission by
20 SC&A, we pretty quickly put together the first
21 Work Group meeting on April 29, 2010. And
22 then as I said, we just had a second meeting

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1 on November 3rd, a couple weeks ago.

2 So we have, depending on how you
3 count them, six. And the reason I say that is
4 some of them are kind of grouped together,
5 there is three or four findings in one topic,
6 as Andrew, who has been attending all these
7 meetings with us knows very well.

8 But generally, there are six or
9 seven remaining issues, but I will say that
10 several of them are very large, you know,
11 fairly large all encompassing type issues.

12 So the first one is the ability to
13 reconstruct doses from activation products and
14 fission products. In other words, SC&A is
15 saying that they have remaining questions
16 about how NIOSH is going to calculate the
17 doses related to activation products or
18 fission product doses.

19 And just a little bit of history
20 on this is in the Evaluation Report, one
21 technique was mentioned as the option NIOSH
22 was going to go forward with. SC&A had some

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1 concerns about that, as well as the Work
2 Group, and NIOSH has since then come back and
3 said they are reconsidering that, but they
4 have other data and they are still confident
5 they can do the dose reconstruction, but it is
6 going to be using a different technique. So
7 that's number one, activation productions and
8 fission products.

9 Number two is the ability to
10 reconstruct doses from exotic radionuclide
11 exposures. And just to be clear, when I say
12 exotic, we have been using this on several of
13 the Work Groups, but in this case, some of the
14 ones we are considering under the heading
15 exotic are curium-244, californium-252,
16 thorium-232, neptunium-237, actinium-227.

17 In other words, sort of the non-
18 plutonium/uranium ones is the main ones that
19 fit into that category.

20 Again, in this situation, SC&A or
21 I mean, NIOSH initially came in with a
22 proposal to use a substitute radionuclide

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1 approach to bound the doses for all these
2 nuclides. And the Work Group as well as SC&A
3 questioned this approach for several reasons.

4 One, we want to know more about
5 where these exotics were used, when they were
6 used. We want to know if there are existing
7 monitoring records. And if you have
8 insufficient data, if there is some data, but
9 it's insufficient to reconstruct all doses for
10 the individuals, then we want to see a
11 demonstration of how you might use like
12 plutonium data to bound doses for these other
13 nuclides.

14 So largely, I would say, this is
15 in the very -- we are back to the drawing
16 board on this one.

17 Number three is the completeness
18 and reliability of in vivo and in vitro
19 records and the adequacy of the coworker
20 models. Again, when I say overarching topics,
21 this kind of encompasses several things.

22 The one thing I will say, NIOSH

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1 has validated the primary radionuclide
2 urinalysis records, the in vitro records, for
3 plutonium, uranium and, I believe, tritium.
4 And overall, this SC&A had -- was pretty
5 pleased with the results from this validation
6 by NIOSH. That's one component.

7 The big outstanding issues on this
8 action item are the in vivo data, which
9 although procedures suggest there was a much
10 better in vivo system in place, we have yet to
11 be able to examine the records. And we are
12 working on getting those from NIOSH. NIOSH
13 has to look at those closer and validate those
14 and see whether they can be used to bound
15 doses, to reconstruct doses.

16 The other is on those exotics that
17 I just mentioned, the data is still very much
18 in question, how much data exists for the
19 exotics and whether they can determine who was
20 exposed to the exotics, that's always a
21 problem is if you only use these certain
22 things for very short time frames and certain

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1 buildings, but how do you know who went in and
2 out of those buildings?

3 And this also comes up in terms of
4 the Support Service Workers. You know, if it
5 went beyond the buildings into the
6 environment, then how are these exposures
7 assigned to people that might have been out
8 and around the buildings, not necessarily
9 inside.

10 The fourth major item is the
11 feasibility dose reconstruction for neutrons,
12 post 1975, obviously. The Class we are
13 looking at is '76 to 2005. So dose
14 reconstruction for neutrons, I think of out of
15 the four I have just mentioned, this is
16 probably the closest. It has less remaining
17 big action items. I think we are closer to
18 resolution on this.

19 Number five is the feasibility of
20 dose reconstruction for the tritide exposures.

21 At this point, we have not -- we don't have a
22 model before us, before the Work Group. I

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1 know, in part, this is due to Josie's Work
2 Group. You know, I think part of what NIOSH
3 is looking at is Mound has very similar issues
4 regarding tritides and how things play out at
5 the Mound Work Group may impact how they want
6 to do the reconstructions for the LANL workers
7 on tritides.

8 Some of the similar problems
9 remain though, you know, the sort of who,
10 where and how much issues, you know. A lot of
11 these, they weren't used in great quantities
12 and they might have had limited people
13 involved in the campaigns when they were doing
14 this tritide work.

15 But the question always is can you
16 really track who might have been in and out of
17 those buildings, where they were using them
18 over this large time span.

19 And the last category is, I have
20 grouped this into, special Classes of workers
21 or work areas and several of these came
22 directly from the petition, either in the

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1 initial petition or in the petitioner's
2 participation in our Work Group process.

3 The first one is a question about
4 workers working adjacent to the LAMPF, L-A-M-
5 P-F, facility, some potential exposures from a
6 holding pond in that area. Two broader ones
7 which one is unmonitored exposures to the
8 support service personnel. This is a broad
9 question. Were all these support service
10 personnel monitored? And if they weren't
11 monitored, should they have been monitored?
12 That's the sort of question.

13 You know, were they in areas where
14 they should have been monitored? And how do
15 you bound those exposures? So that's sort of
16 a pretty broad question that probably falls
17 into several of the earlier topics as well.

18 Item C under that last item is
19 questions raised about NIOSH's environmental
20 model, especially with regard to these
21 exotics, whether any of these exotics should
22 have been included in the environmental model.

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1 And the environmental model is,
2 for those who aren't following this as
3 closely, often used for people that were
4 considered not to be in the buildings, but
5 they might have been working outside of
6 buildings, so it's usually a lower internal
7 dose, but it's a way that NIOSH can model
8 their internal dose without having actual
9 bioassay records.

10 And then the last item under that
11 sort of falls under environmental also, but
12 questions raised about exposures received
13 during responses to the fires, either during
14 the fire or subsequent, because of
15 resuspension of the materials off the ground
16 after the fire.

17 So the next steps for the Work
18 Group and for NIOSH and SC&A, obviously, those
19 first six items with many subset actions are -
20 - most of which are falling on NIOSH, although
21 SC&A does have some actions out of our last
22 Work Group meeting as well.

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1 And I do want to point out again
2 that many of the responses or these issues are
3 in the early stages, unfortunately, and to
4 some extent that is because the initial
5 approach offered to the Work Group and to SC&A
6 in our deliberative process has been abandoned
7 and now they are going with a second or
8 another approach.

9 So we have shifted gears a little
10 bit and, you know, that has slowed us down in
11 this process. So that's especially true for
12 the fission products, activation products for
13 the exotics and for the tritides.

14 The last thing I'll say is that we
15 are planning a Work Group meeting on February
16 11, 2011. We did want it before the next
17 Board meeting, so we scheduled it before the
18 next Board meeting.

19 And in the last Work Group
20 meeting, we tried very hard to get commitments
21 from NIOSH on several of these models, like
22 for the exotics. We wanted dates, you know,

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1 when are you going to have this completed.
2 And while it may not -- I don't think they
3 committed to having everything done before
4 February 11th, I would say 85 to 90 percent of
5 what we had in our action list, they have
6 committed to having done before that meeting.

7 So we realize, as a Work Group I
8 realize, that we really have to drive this
9 thing forward and close it out, because a lot
10 of people have been waiting a long time for
11 answers on this. And, you know, believe me,
12 that definitely is in our mind.

13 So that's all I have, Jim.

14 CHAIRMAN MELIUS: Okay. Board
15 Members that have questions for Mark?

16 MEMBER GRIFFON: Or other Work
17 Group Members if I missed anything.

18 CHAIRMAN MELIUS: Yes, Work Group?

19 MEMBER GRIFFON: Please.

20 CHAIRMAN MELIUS: And, Josie, we
21 know it's not all you, so don't -

22 MEMBER BEACH: I started out to

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1 defend myself.

2 CHAIRMAN MELIUS: No, no, we know.

3 We know who is -- yes, Dave?

4 MEMBER RICHARDSON: Yes, thank
5 you. You started out by saying that the SEC
6 petition was written as service support
7 workers, but that you have kind of focused
8 more broadly on all LANL workers.

9 MEMBER GRIFFON: Right.

10 MEMBER RICHARDSON: The
11 distinction is between Zia workers? Is that
12 what the concept was for writing this as
13 service support workers? That it was kind of
14 the contractor or it's kind of the difference
15 between Zia and LANL workers?

16 MEMBER GRIFFON: Well, it is more.
17 It's any. I mean, the security guard, yes.
18 Andrew can respond to that a little bit. He
19 is the author of the petition.

20 MR. EVASKOVICH: I'm Andrew
21 Evaskovich, the LANL petitioner for this
22 petition. Initially, when I started doing the

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1 research for the petition, it was intended to
2 be for guards. But as a result of what I
3 learned during -- you know, from the
4 environmental model, it looked much broader.

5 But the main issue was support
6 service workers, because they talked to other
7 people that worked in crafts, you know, the
8 plumbers, the pipefitters, welders,
9 carpenters, laborers, different people like
10 that.

11 And the issue is we move around
12 from buildings -- in various buildings. And
13 you guys heard this today, I mean, there is an
14 issue of movement around different areas and
15 tying people -- and/or tying people to the
16 source-term. So that's what the issue is for
17 support service workers. Does that answer
18 your question?

19 MEMBER RICHARDSON: Yes, okay.

20 MEMBER GRIFFON: So it's a unique
21 exposure potential, but we have also figured
22 that, you know, as long as we are basically

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1 looking at the entire site for that time
2 period, we better look at operations workers
3 as well.

4 MEMBER RICHARDSON: And looking at
5 this as -- and looking at the LANL workers in
6 their totalities, I have before heard
7 discussions about the differences in data
8 quality between Zia workers and other LANL
9 workers.

10 It's not clear to me whether like
11 health physics records are -- are they an
12 integrated hold now or --

13 MEMBER GRIFFON: I'm not sure how
14 -- if those records are integrated or not. I
15 don't know if NIOSH can speak to that.
16 Anyway, I'm not sure. I know that we have
17 looked at the internal dose records.

18 MR. HINNEFELD: I don't have any
19 particular insight tonight. I think we might
20 be able to find something out --

21 MEMBER GRIFFON: Yes.

22 MR. HINNEFELD: This week, but

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1 right now, I don't have anything.

2 DR. NETON: I don't recall
3 exactly, but I would remind the Board that
4 this is a later period. This is in the 1976
5 forward period.

6 MEMBER GRIFFON: Right.

7 DR. NETON: Where things tend to
8 be a little bit better than they were in the
9 past. So I suspect that we do have fairly
10 good or better records than we had.

11 MEMBER GRIFFON: Yes. I mean, our
12 preliminary review anyway, it was for the
13 internal and this is for the primary
14 radionuclides, the plutonium/uranium/tritium,
15 the internal dose records when compared to the
16 raw records look pretty good.

17 And there are questions about, you
18 know, whether it was adequate, whether it had
19 been, you know, transferred correctly from raw
20 data to database and that has compared very
21 favorably, you know. And even where there are
22 errors, it in no way biases sort of the

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1 distribution of the data.

2 So NIOSH looked at that pretty
3 closely. Our remaining concerns are more on
4 the exotics and these, but also the fission
5 products/activation products, these sort of
6 unique exposures and how you decide, number
7 one, how to bound and, number two, the
8 question of who do you assign it to.

9 You know, if it was only a limited
10 operation, do you assign it site-wide? And,
11 you know, is that a plausible sort of
12 scenario, that kind of thing.

13 CHAIRMAN MELIUS: Okay. Any other
14 Board questions?

15 MEMBER RICHARDSON: Could I ask
16 one more question?

17 CHAIRMAN MELIUS: Sure.

18 MEMBER RICHARDSON: And moving
19 away from this thinking about the kind of the
20 contractor issues and the kind of data
21 attention to I think it is a really -- it's a
22 great point that four people who are -- whose

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1 primarily work location is not assigned to
2 kind of a specific physical location, it makes
3 the exposure assessment much more difficult.

4 Do you or can you speak to what
5 the practice was? At some sites you would
6 have workers that are assigned to a place and
7 there is health physicists, they are assigned
8 to a health physics area, for example, and
9 there is a group of health physicists who are
10 responsible for people who enter into a
11 certain area.

12 MEMBER GRIFFON: Yes. We are
13 looking into this.

14 MEMBER RICHARDSON: What was the
15 practice at LANL for people who were
16 transitory or migratory? Were they --

17 MEMBER GRIFFON: Well, we have had
18 quite a bit of debate on this, but there is
19 something called the Health Physics Checklist,
20 I believe. Is that the correct term, Andrew?
21 Yes. And we have just asked for -- NIOSH has
22 looked at these for a while.

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1 And there is a question of whether
2 these tie closely to the database data.
3 That's one thing we want to look at as to
4 whether, you know, people that were identified
5 for bioassay on these checklists, whether they
6 actually did carry through and do the
7 bioassay, you know, who is on these
8 checklists, whether it would include these
9 sort of support service workers that were
10 going in and out.

11 So we are just starting to look at
12 that raw, although NIOSH has looked at it. It
13 has just been posted for the Work Group and
14 SC&A to consider further.

15 MEMBER RICHARDSON: The same
16 question we have had.

17 MEMBER GRIFFON: Yes.

18 CHAIRMAN MELIUS: Okay. Any
19 other? Okay. I tend to move directly into
20 the public comment period. No break.
21 Individuals may take breaks as we go through,
22 but people have been patient and they have

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1 homes to go to. It's hard to keep to a 15
2 minute break, so we will go right into the
3 public comment period. And, Ted, do you want
4 to give your spiel?

5 MR. KATZ: Spiel, yes. So just to
6 be very brief, we will be speaking with, I
7 think, beginning at least with people in the
8 room. But for everyone listening who plans to
9 comment, all of the proceedings of this Board
10 are transcribed verbatim, so there is a
11 transcript of everything that is said during
12 the meeting.

13 And those transcriptions go up on
14 the NIOSH website where everyone in the public
15 can read and find out what happened at the
16 Board meeting and what was said.

17 So if you comment here, everything
18 you say will be captured and that will be
19 available to the public. And the only things
20 that won't be kept in that transcript for the
21 public are if you talk about another person
22 and their experiences, because we protect that

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1 as private information for that other person.

2 But anything you say about
3 yourself or your own family, that would all be
4 preserved in the record. So you just need to
5 understand that. There is, out on the table,
6 sort of a full description of this rule for
7 redaction, as it is called. And it is also on
8 the NIOSH website, if you know that website,
9 it's under the Advisory Board Section of that
10 website. It explains this policy as well.

11 CHAIRMAN MELIUS: And can I just
12 add that we are mainly here to listen to your
13 public comments. If we can provide just sort
14 of a factual issue or something that we can
15 answer directly, we will. We will -- if it's
16 something regarding an individual claim or
17 something, we will refer you to NIOSH staff
18 people that can talk more specifically to
19 that.

20 The Board does not deal with
21 individual claim matters. To that end, we do
22 keep track of all these comments. And if you

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1 heard some of our discussions earlier, we are
2 trying to make sure that the information you
3 provide us does get not only sort of immediate
4 response, but also that we have it available
5 as the Work Group and NIOSH and the Board's
6 contractor review, in this case, LANL or
7 another site are going through that. So
8 we are keeping track of that and using your
9 comments. I'm going to go through the list in
10 the order that, I believe, people signed up.
11 Okay. Okay.

12 So we will go through order. You
13 know, again, I apologize ahead of time if I
14 mispronounce your name or confuse you, but not
15 all of the handwriting can I read and mine is
16 probably worse than most of yours, so I
17 understand people here.

18 So I'll do the best I can. And we
19 do have some people from some of the
20 Congressional Offices that are here. And the
21 first person to speak will be the
22 representative from Congressman Lujan's

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1 Office.

2 I'll also say when you are making
3 public comments, go to the mike and the mikes
4 are on. If you would rather use the podium,
5 that's fine also, but whatever anybody would
6 like to do. Okay.

7 MS. MANZANARES: Okay. Good
8 afternoon, Jennifer Manzanares, Congressman
9 Ben Ray Lujan's Office. Good afternoon. Dr.
10 James Melius, thank you for allowing me the
11 opportunity to offer a statement for the
12 record and I send my regrets that I could not
13 join you in person today.

14 I write in strong support of
15 Special Exposure Cohort Petition SEC-00109
16 regarding Los Alamos National Laboratory
17 support services workers from January 1, 1976
18 through December 31, 2005.

19 In addition to my support of SEC-
20 00109, I want to bring 42 CFR 83.13 to the
21 Board's attention. This regulation reads:
22 "Deadlines: (1) No later than 180 days after

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1 the date on which the President receives a
2 petition for designation as members of the
3 Special Exposure Cohort, the Director of the
4 National Institute for Occupational Safety and
5 Health shall submit to the Advisory Board on
6 Radiation and Worker Health a recommendation
7 on that petition including all supporting
8 documentation."

9 In the instance of SEC-00109,
10 NIOSH completed the evaluation 60 days past
11 the 180 day requirement. It is concerning
12 that NIOSH was unable to complete the report
13 for SEC-00109 in the required 180 days. And I
14 respectfully ask that the Board evaluate the
15 process to ensure that all SEC petition
16 reports are being completed in a timely
17 manner.

18 Finally, I respectfully ask that
19 the Board consider the process by which it
20 uses surrogate data from workers at different
21 facilities to reconstruct doses.

22 There are different environmental

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1 factors that create unique impact upon
2 workers, so using data from a different
3 geographic location could lead to incorrect
4 reconstruction.

5 Surrogate data introduces a large
6 potential for error and therefore may not be
7 the best method by which to reconstruct doses
8 for potentially impacted employees under SEC-
9 00109.

10 Your response and consideration of
11 this request is greatly appreciated and I look
12 forward to hearing from you on this matter.
13 My constituents would appreciate a response to
14 their concerns regarding the failure to meet
15 the 180 day requirement and the use of
16 surrogate data.

17 Thank you again for your time
18 today. Sincerely, Ben R. Lujan, United States
19 House of Representatives, New Mexico District
20 3.

21 CHAIRMAN MELIUS: Okay. Thank
22 you. Now, I believe we have a comment from

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1 Representative Salazar's office. No? Not
2 now, okay.

3 And then Andrew? Okay.

4 MR. EVASKOVICH: Okay. I think we
5 are ready now. Good evening. My name is
6 Andrew Evaskovich. I'm the LANL petitioner
7 for SEC Petition 00109. Dr. Melius and the
8 Advisory Board, I would like to thank you for
9 taking time to listen to me.

10 I would also like to extend thanks
11 to Mark Griffon, the Chair of the Work Group,
12 for allowing me to participate in the meetings
13 in the depth that I have.

14 I have pictures as well, so let me
15 start with that. I think mine are better than
16 Sam's, at least this one is.

17 The reason why I included this
18 cartoon is because whenever I'm at these
19 meetings, I tend to feel like Aesop. Okay. I
20 think I made my point.

21 So to avoid that, I'm going to
22 talk a little bit about baseball tonight. The

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1 reason is I think it makes a good analogy to
2 tie into kind of what I'm talking about as far
3 as doing these dose reconstructions as NIOSH
4 says they can do them.

5 And baseball is all American. I
6 think people are familiar with it, so it works
7 as an analogy, you know. Everybody talks
8 about hot dogs, apple pie and it's as American
9 as petitioning the government for redress
10 grievances.

11 We have got the basic strike zone
12 here and if NIOSH were playing ball, this is
13 what it would look like, in my opinion. You
14 have your dose reconstruction at the center,
15 which would be the normal strike zone. And
16 then when they had added substitute data, they
17 have extended the strike zone out quite a bit.

18 And I think it is very difficult
19 for the petitioner to get a hit. They either
20 are going to be throwing some pretty wild
21 balls out there or it is going to be very easy
22 for them to get a strike, so that the hitter

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1 is going to be swinging at anything. He will
2 be chasing a paper cup, as they say.

3 To illustrate what I'm talking
4 about, when I was preparing my petition, I
5 started reviewing the dose reconstruction
6 methods that are published, 42 CFR 82, Part
7 83, the OCAS-IG-001 for external dose
8 reconstruction and the internal dose
9 reconstruction implementation guideline.

10 Additionally, I reviewed the other
11 Site Profile or the other SEC Evaluation
12 Reports in order to get an idea of how things
13 work. And during my reviews, I think this is
14 the only thing that I have found, well, there
15 are a few things, but this is like the main
16 one that refers to substitution.

17 And, basically, it just deals with
18 using work site data as opposed to actually
19 substituting one radionuclide for another.

20 In the Evaluation Report, it said
21 these health physics records indicate that
22 exotic radionuclides were handled, controlled

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1 and monitored in a similar manner as the
2 primary nuclides.

3 I think an issue of safety is a
4 concern, because, as you can see, even as
5 early as 1928, studies were done of safety and
6 industrial accidents are attributed 88 percent
7 to unsafe human acts. And further studies
8 indicate 70 percent in all walks of life that
9 are done by human error or human error causes.

10 I think that is an issue because
11 NIOSH wants to review the policies and
12 procedures, but I think they need to look at
13 other sources of data. So the question that I
14 have is were exotics mishandled in a similar
15 manner as the primary radionuclides?

16 And an example of that was the
17 Sigma americium contamination incident in
18 2005. And this is kind of a review of that
19 incident and how the materials were handled
20 and monitored.

21 The PF-4 staff placed 18 pellets
22 and nine Swagelok containers in preparation

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1 for shipping to them, to Sigma, for welding
2 into cans. This is for a new process that was
3 being developed in coordination with Battelle
4 in Pennsylvania.

5 They sealed them inside a plastic
6 bag and then the bag was wiped down afterwards
7 with a wetted cheese cloth. They monitored
8 the outside of the bags for contamination, but
9 these were not documented. And this
10 information is in the Type B Accident
11 Investigation Report.

12 The staff that produced them, they
13 realized that there was a probability of
14 contamination on the Swageloks and they knew
15 it would come possibly from americium, but
16 they didn't follow-up on that.

17 They didn't attempt to reduce the
18 contamination when they were doing on the
19 Swageloks and after they had processed them
20 and they did not attempt to evaluate the
21 contamination levels on the Swageloks.

22 A Sigma worker who received the

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1 components was concerned about low levels of
2 uranium, because there were uranium pellets
3 and that was what he was going to be working
4 with. And neither party knew that they had
5 been highly contaminated with the americium-
6 241 from an unconnected action performed in
7 the same glove box.

8 So a week later, these were
9 actually transported over to Sigma inside
10 drums and packing material. The worker
11 received a shipment and took it into Room R-3.

12 This is where the main contamination
13 occurred. And he placed it inside the laser-
14 welding glove box and opened the packaging
15 inside the glove box.

16 An important thing is there were
17 no contamination survey equipment in the
18 immediate area, so after he had finished
19 unpacking everything, he had to move to
20 another room in order to do a frisk to make
21 sure he was not contaminated. And the key
22 thing is this frisker or this monitor did not

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1 detect any contamination.

2 And during the subsequent
3 investigation, RCTs found contamination on the
4 frisker handle. This is from the americium.

5 On July 25th, RCT-1 went into Room
6 R-3 to post the laser-welding glove box and
7 she was inadvertent -- she inadvertently found
8 the used radioactive material transfer bag in
9 the sanitary trash. I think this is key
10 because that's the first time she knew that
11 the package had been opened. So, basically,
12 procedures were not followed, because the RCT
13 should have been there in order to do the
14 opening as well. Prior to this discovery, she
15 was unaware of it.

16 Now, in kind of a review, PF-4
17 workers did not monitor the Swageloks. They
18 did not monitor the documented results,
19 because they are saying they did monitor the
20 outside of the bag, but they didn't document
21 that.

22 And the monitoring at Sigma didn't

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1 detect it, as far as the monitor that the
2 worker used after he unpacked the items. This
3 is interesting because the incident would have
4 gone undetected if the trash had been emptied.

5 And the custodian that worked that area was
6 off for a week, therefore, the trash was not
7 emptied and that's why this was discovered.

8 As a result of this, contamination
9 was spread to four states and it made the
10 national news.

11 I bring this up because Jim Neton
12 said at the prior Work Group meeting in April
13 that he had a weight of evidence and they are
14 looking at the radiation protection program to
15 document the exposures that were maintained.

16 Now, I think it calls into
17 question the quality of the radiation
18 protection program and although this is one
19 incident, there have been other incidents.

20 The Tiger Team Reports, Price-
21 Anderson findings, Clean Air Act lawsuit,
22 these are all forms of documentation, I think,

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1 that require the Advisory Board to ensure the
2 data that NIOSH intends to use is, in fact,
3 adequate.

4 So let me sum up real quickly
5 here. Referring back to Aesop, I think a
6 problem that everybody has with this program
7 is the jargon. And it is hard for us to
8 understand or comprehend what is being
9 discussed here.

10 And I think you guys realize that.

11 I understand these meetings are for your
12 benefit, but we are an audience here, so it is
13 for our benefit as well, because we are
14 claimants or petitioners.

15 So all I'm asking is maybe is
16 there some way, you know, we could explain
17 this better? And I have raised this issue
18 before with Larry Elliott when he was the
19 Director at DCAS or OCAS then. I have talked
20 to Stu. I have talked to Jim Neton about
21 this.

22 I know it's a problem. I am

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1 willing to work with you on it. You know, I
2 think it would help as far as the dose
3 reconstructions, the reports that go out with
4 that, the Evaluation Reports for the SEC
5 petitions, I don't know Health Physics for
6 Dummies.

7 You know, is it fair that NIOSH
8 implements a new method to reconstruct dose in
9 response to an SEC petition? And I'm
10 referring back to this because I had tried to
11 prepare when I wrote the petition, as far as
12 what they are looking for in order to
13 reconstruct dose and that's how I made my
14 determination.

15 So the response was substitute
16 data, which I hadn't seen before. Now,
17 implementing these new procedures, you know,
18 every time, it's a major complaint. I know
19 you guys hear it, but it just seems like the
20 modeling is a problem and part of the problem
21 goes back to understanding.

22 Now, were the exotics mishandled

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1 the same as commons? I think that needs to be
2 reviewed. I think that is not being looked
3 at. They are just looking -- NIOSH just seems
4 to be concerned with how they were actually
5 handled, but still there are problems that
6 occur. Pipes break, you have leaks, spills,
7 different things occur, those need to be
8 looked at as well. The incidents need to be
9 looked at.

10 And how will the documentation of
11 the LANL Radiation Protection Program and
12 monitoring be evaluated considering the
13 findings against it? I refer back to the
14 Tiger Team Reports, Clean Air Act lawsuit, and
15 there have been Price-Anderson findings
16 concerning use of the bioassay or other
17 monitoring programs at Los Alamos.

18 Thank you for your time.

19 CHAIRMAN MELIUS: Okay. Thank
20 you, Andrew. Okay. We will add, I believe,
21 that Senator Udall's representative will be
22 speaking at our public comment period

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1 tomorrow.

2 And, Andrew, if you could make
3 your slides available to us, it would be
4 helpful in terms of following up on the public
5 comments.

6 MR. EVASKOVICH: I understand
7 that. I just have to tell you I only have the
8 license for the Dilbert cartoon to be showed
9 here, so I can't let you guys have the Dilbert
10 cartoon.

11 CHAIRMAN MELIUS: Okay. Several
12 Board Members said never mind, we just want --
13 no. No, we understand that.

14 MR. EVASKOVICH: Okay. October
15 25, 2010, just go to the Dilbert site.

16 CHAIRMAN MELIUS: Okay. Good.
17 Thank you. The next person I have signed up
18 is Loretta Valerio. Is Loretta here? Okay.
19 You can either go to the podium or if you
20 would like -- okay. Then we will -- okay.
21 Thank you. And if you could identify yourself
22 for the record?

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1 MS. VALERIO: Loretta Valerio.

2 CHAIRMAN MELIUS: Yes.

3 MS. VALERIO: Good evening, Dr.
4 Melius, Board Members. My name is Loretta
5 Valerio. I am the Director of the Office of
6 Nuclear Workers' Advocacy.

7 As you know, this is the only
8 state advocacy office of its kind in the
9 nation. The purpose of this office is to
10 provide advocacy services to individuals who
11 have filed for consideration of benefits under
12 the EEOICPA.

13 I assist workers or their eligible
14 survivors with the complexities of the
15 development and adjudication of their claims.

16 I spent a substantial amount of time
17 reviewing dose reconstructions performed by
18 NIOSH.

19 As a former Los Alamos National
20 Laboratory employee, I believe I possess a
21 greater understanding of the magnitude of the
22 work that has been performed at one of our

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1 nation's leading laboratories.

2 Of interest is the fact that Los
3 Alamos is a laboratory and not merely another
4 Department of Energy facility. As a
5 laboratory, Los Alamos has been involved in
6 research and development which has change the
7 course of history.

8 At what cost has the work at Los
9 Alamos been -- earned recognition in the
10 scientific realm? In the past, NIOSH has
11 acknowledged that they cannot place workers in
12 specific operational technical areas
13 throughout the lab prior to 1976. This was
14 the basis of the Special Exposure Cohort
15 submitted by [Identifying information
16 redacted], ultimately granted by the Board.

17 Support service workers at LANL
18 are still mobile and required to perform
19 duties at multiple locations, including
20 radiation contaminated areas. Many of these
21 technical areas have changed designations
22 since 1975 and placing workers in specific

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1 areas continues to be problematic.

2 Technical areas still have within
3 them potential release sites and disposal
4 areas that to this day still contain
5 uncharacterized sources. This is why we
6 believe coworker and substitute data is not a
7 feasible method of determining dose.

8 NIOSH has located some data post-
9 1975. However, the data needs to be
10 evaluated. It is unrealistic to assume that
11 on January 1, 1976, the methods used by LANL
12 to monitor workers changed overnight. It
13 still took years to establish adequate
14 monitoring methods and even still Support
15 Service Workers are not monitored adequately
16 or consistently.

17 Does NIOSH have strong data that
18 reflects the use and handling of exotic
19 radionuclides that were used in processes, say
20 at the CMR facility, where a substantial
21 amount of actinide chemistry has been
22 performed? And how often were workers

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1 monitored only as a result of an event-driven
2 incident?

3 Of interest to the Board is the
4 fact that when I began my employment at TA-55,
5 the plutonium facility, one of my first
6 assignments was to prioritize and schedule the
7 workers for whole body counts.

8 These workers who were in the
9 plant on a daily basis, some of the workers
10 had not participated in the in vivo program
11 for years, even though protocol was that they
12 have a whole body count at least every two
13 years.

14 There were also numerous occasions
15 where the whole body counts were canceled due
16 to the equipment failure at the in vivo lab.
17 These issues arose as recent as the late
18 1990s.

19 Does NIOSH have enough data to
20 address the quantity of exotic sources used at
21 LANL? And how were the environmental
22 exposures monitored and documented? Did the

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1 air monitors detect these exotics? Does NIOSH
2 have in their possession exposure records from
3 confined spaces, sewage treatment plants,
4 manholes, et cetera?

5 These are just a few examples of
6 locations where undocumented exposures were
7 present, not to mention manholes in confined
8 spaces at the various firing sites.

9 These two are places that support
10 service workers were assigned to. What
11 coworker data does NIOSH intend to use for
12 these workers who moved around the complex on
13 a regular basis? Are they going to apply
14 coworker data from every single site? Is it
15 plausible to assign coworker data to these
16 workers without knowing the true percentage of
17 time these workers spend in the various
18 locations?

19 I would like to share with the
20 Board two short scenarios. The first is a
21 worker who was exposed to tritiated water at
22 TA-53. The worker was asked to provide a

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1 urine sample. The sample was in a glass
2 bottle. The bottle was monitored for
3 radiation, not the sample.

4 What I mean is the worker watched
5 a RCT waive a detector over the closed bottle
6 to check for the tritium. As a result, a zero
7 was recorded for his internal dose. While lo
8 and behold, guess what? To this day, the
9 bottle has not developed cancer.
10 Nevertheless, the worker did.

11 This is significant in that the
12 dose reconstruction for this worker was highly
13 reliant on internal dose because of the type
14 of cancer that he developed.

15 The second scenario involves the
16 custodian at the radioactive liquid waste
17 treatment facility. This worker was in the
18 basement cleaning the pipes that transported
19 the radioactive contaminated liquid waste.

20 There were no internal exposure
21 records for this worker, who incidentally was
22 also called in whenever there were spills

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1 during off-hours. Of note, this worker was
2 involved in at least two documented incidents,
3 both times the worker was monitored via wound
4 counts.

5 One of the reports reads assume
6 Pu-239. The second report also lists Pu-239
7 as a source. These incidents occurred,
8 approximately, two and a half years apart,
9 same facility, leading one to believe that the
10 exposures were limited to only one source.

11 However, the LANL Technical Basis
12 Document lists every single radioactive source
13 at LANL to have been present at this location.

14 Yet, it appears that this worker was never
15 monitored for anything other than plutonium.

16 So how is coworker data going to
17 apply to someone who is in this situation?

18 Now, we are looking at both
19 inhalation and dermal exposures. So if the
20 coworker data used is from someone in the same
21 facility who never worked in the basement
22 where the pipes were leaking contaminated

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1 waste, then how can that data apply,
2 especially if the coworker was not monitored
3 for exotics either?

4 In the late 1970s, before this
5 worker was involved in the two incidents I
6 just mentioned, the worker was assigned to yet
7 another location, the reactor development
8 site. Again, the Site Profile lists volatile
9 fission products and at least two other exotic
10 radioactive sources present in this specific
11 area.

12 So again, what coworker data is
13 going to be assigned to this individual
14 worker?

15 As discussed earlier today, it is
16 difficult if not impossible to place workers
17 in specific areas, especially throughout the
18 larger facilities.

19 In summary, I ask that the Board
20 take a good look around this room at the
21 workers or their survivors who have come here
22 today searching for answers. Some of these

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1 claims have undergone two or more dose
2 reconstructions and continue to be denied.

3 Their exposures were real and
4 their dose reconstructions cannot be based on
5 assumptions. Therefore, I respectfully ask
6 the Board to add the Class, to add a Class to
7 the Special Exposure Cohort for LANL support
8 service workers. Thank you.

9 (Applause.)

10 CHAIRMAN MELIUS: Thank you. The
11 next person I have on my list is Jesus Romero.

12 Would you like to come up to the mike, either
13 the mike in the center there or if you would
14 prefer to use the podium, you may. Either use
15 the mike in the center or you can use the mike
16 at the podium, either. Okay. It doesn't
17 matter to us either.

18 MR. ROMERO: Can you hear me?

19 CHAIRMAN MELIUS: Yes, we can.

20 MR. ROMERO: Okay. My name is
21 Jesus Romero. I worked at Sandia from August
22 10, 1970 to January 31, 2001.

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1 I started there as a custodian. I
2 worked there for about a year. Then I joined
3 their apprenticeship program, mechanical
4 apprenticeship program. There was eight of us
5 guys that joined the program at the same time,
6 four mechanical and four millwright and
7 structural people. But we were trained to do
8 -- we were really jacks of all trades. We
9 were taught to do whatever the maintenance and
10 operations of the business was.

11 So we worked in refrigeration
12 equipment, plumbing, heating, cooling,
13 whatever, et cetera, carpentry, everything.

14 Well, during my time there at
15 Sandia, I ended up with thyroid cancer. And
16 that's where it's at. But anyhow, I'm here to
17 try to advocate for a cohort, because on my
18 case, in my case, I think the dose
19 reconstruction is not right.

20 I'll tell you why. We -- I'll
21 mention some coworkers that were sent to
22 Building 807, [Identifying information

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1 redacted] and [Identifying information
2 redacted], to remove a piece of equipment that
3 was on top of the building there that was not
4 supposed to be contaminated, I guess.

5 They didn't find out about it
6 until it ended up in reclamation. Well, after
7 that, after the fact they knew it was
8 contaminated, they were sending them to urinate
9 in a bottle and I don't know whatnot, but the
10 thing that I'm getting to is it is as likely
11 as not that I worked on that equipment during
12 my career there at Sandia.

13 You know, we were sent to
14 different places to take care of all that
15 equipment, you know. And well, that's my
16 case.

17 CHAIRMAN MELIUS: Okay. Thank
18 you.

19 MR. ROMERO: There was other
20 stuff, but we didn't know which one was
21 contaminated or which wasn't.

22 CHAIRMAN MELIUS: Yes. I believe

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1 we have LaVon, do you want to -- there is a
2 petition. What's the status?

3 MR. RUTHERFORD: The status of the
4 petition?

5 CHAIRMAN MELIUS: Yes. Isn't
6 there --

7 MR. RUTHERFORD: It has been
8 qualified.

9 CHAIRMAN MELIUS: It has been
10 qualified and I'm trying to shut down my
11 computer.

12 MR. RUTHERFORD: The Sandia
13 petition is qualified.

14 CHAIRMAN MELIUS: Yes.

15 MR. RUTHERFORD: And we are
16 actually working through and anticipate
17 presenting at least part of that at the
18 February meeting.

19 CHAIRMAN MELIUS: Okay. So there
20 is an SEC petition. It is qualified. NIOSH
21 is in the process of doing their Evaluation
22 Report on that petition and there is already

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1 actually been some work from the Board and
2 from NIOSH to interview some people, some
3 classified issues, classification issues
4 there, but it is being pursued and by February
5 we should be following up.

6 So your comments are useful and
7 helpful, too.

8 MR. ROMERO: Oh, okay, because
9 they came up with a number. I don't know how
10 they came up with a number on that.

11 CHAIRMAN MELIUS: Yes. Okay.
12 Good. Thank you very much.

13 MR. ROMERO: Thank you.

14 CHAIRMAN MELIUS: Yes. The next
15 person I have listed is a Lois Reed, I
16 believe.

17 MS. RAEL: It's Lois Rael, sir.

18 CHAIRMAN MELIUS: Oh, okay.

19 MS. RAEL: Thank you. Good
20 evening. My name is Lois Rael, formerly
21 Miestas. And when I was 21 years-old, I
22 applied for my very first job at LANL - the

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1 University of California. I was so excited at
2 a very young age, because working at the labs
3 was a prestigious place to be employed.

4 I was on top of the world when I
5 was offered my first job in August of 1980 in
6 CNB-6 as a word processor to -- with the
7 classification of General Series Level II,
8 Step 2, with a starting pay of \$832 per month,
9 based on a standard five day, 40 hour work
10 week.

11 I realized the labs have provided
12 many fine jobs for many people in the Valley
13 and in the surrounding community. Many of my
14 family members are employed at the labs. As a
15 matter of fact, per capita, the labs are rated
16 high in the nation on what they pay their
17 employees.

18 Now, I would like to share a story
19 with you that you might find hard to believe.

20 When I began work at the lab, yet
21 not married, I would carpool. A few months
22 later when I was married and moved to Santa

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1 Fe, my husband and I decided that it would be
2 much better for me to ride the SECA vans that
3 would transport employees to and from Santa Fe
4 to the labs.

5 In October of 1981, an employee of
6 the meteorology facility, Building 29,
7 Technical Area 3, was exposed to plutonium.
8 The contaminated chemist left the area and
9 drove the van home with all its passengers in
10 it. Yes, I was one of those passengers on the
11 van pool that day.

12 If I would have known that this
13 chemist was contaminated, I would have never
14 gotten on that van.

15 The next morning or the evening,
16 I'm not quite sure of the -- I still have
17 chemo moments, excuse me, if I recall
18 correctly, we heard a knock on the door, on
19 the front door.

20 My husband was shocked when he
21 opened the door and saw some men in white
22 clothing and gloves, they asked for me. When

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1 I met them, they asked me to provide the
2 clothes I had been wearing to work that day,
3 the day before.

4 They followed me into the bedroom,
5 retrieved my clothing, put it in a bag and
6 left. My husband said what the heck was that
7 all about? Later on, we read about the
8 plutonium leak and how a part of the lab had
9 been closed for cleanup in the newspapers.
10 And that the person driving our van had been
11 contaminated.

12 And yes, I guess I was kind of
13 excited saying hey, Jer, we made the news.
14 Needless to say, I never heard back from the
15 men that took my clothing or I was never
16 monitored for contamination. In fact, lab
17 records show as no incidents.

18 Therefore, they acknowledged that
19 no monitoring was done. This is the kind of
20 care they provide for their employees.

21 One other very important issue in
22 my life, at that time, when I was working for

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1 labs, I became pregnant. Approximately, two
2 years ago at the age, very young age of 49,
3 and 28 years later, I was diagnosed with a
4 very rare cancer, an angiosarcoma, which is
5 cancer of the spleen.

6 For someone like me that takes
7 very good care of herself, exercises and eats
8 well, it was a shock. I was one of those 150
9 to 200 cases of this rare kind of cancer in
10 the entire United States.

11 I had major surgery to remove my
12 spleen and then went through my chemo
13 sessions. Removal of the spleen jeopardizes
14 your immune system and I am still physically
15 and mentally working hard to recover.

16 I have pictures of my group at
17 CNB-6 and interestingly enough, most of them
18 have on white lab coats. I have newspaper
19 clippings of the plutonium incident and I have
20 pictures of the contaminated spleen. I will
21 be more than glad to share those with you if
22 anyone wants to see them.

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1 If any of you would like, they are
2 available. I am glad to say that I have been
3 cancer-free for two and a half, about two plus
4 years. And that's my story and I'm sticking
5 with it. Thank you for your time and
6 attention.

7 (Appause.)

8 CHAIRMAN MELIUS: Thank you very
9 much for sharing that with us. I know it's
10 difficult.

11 Okay. And we would like that
12 information, so Ted is coming back to talk to
13 you here in a second. Thank you.

14 Okay. The next person signed up
15 is Danny Beavers. Is Danny here? Oh, okay.
16 Thank you. Either place, Danny.

17 MR. BEAVERS: My name is Danny
18 Beavers. I'm here today representing the
19 United Associated of Plumbers and Pipefitters
20 Local Union 412 along with New Mexico Building
21 and Construction Trades Council.

22 I'm here today to speak in favor

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1 of expanding the current SEC submitted for Los
2 Alamos National Labs. The United Associated
3 and the Building Trades are represented
4 workers at Los Alamos Labs for over 50 years.

5 During that time, our craftsmen
6 have never refused to serve their country by
7 building and maintaining all the facilities at
8 the labs.

9 Many of their jobs had hazards
10 associated with them, some of these hazards
11 were explained to them, to the workers, some
12 were not. Thousands of these workers have
13 become ill, as shown by numbers presented this
14 morning.

15 It is also my understanding from
16 presentations this morning that dose
17 reconstruction can take a year or more,
18 unless, of course, a case is submitted for
19 expedited dose reconstruction, which I
20 understand only happens when an individual is
21 terminal.

22 Also during the presentation this

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1 morning, out of the first 10,000 cases filed
2 in 2010, only 10 percent fell under an SEC, so
3 that means 90 percent of those workers will
4 have to wait up to a year for a decision.

5 During that time frame, the worker
6 and his family live daily with not only the
7 illness, but also the stress associated with
8 it, to include the building medical costs and
9 they impact of those medical costs on their
10 daily lives.

11 I am not sure whether any of the
12 Board Members know or have personally any of
13 the former workers and their families have
14 witnessed first hand just how devastating
15 these illnesses really are.

16 I do have personal knowledge of
17 just how devastating these illnesses truly are
18 from being a former Los Alamos worker myself
19 for over 20 years to my current position as a
20 business representative for the Plumbers and
21 Pipefitters Union.

22 Many of these affected employees

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1 were and are our personal friends. I truly
2 believe that anything that can be done to
3 remove as many obstacles as possible and help
4 expedite the process for all former workers
5 should be done.

6 One of which, of course, would be
7 to approve the proposed SEC petition for Los
8 Alamos. For that reason, I would like to ask
9 the Board to give favorable decision. Thank
10 you.

11 (Applause.)

12 CHAIRMAN MELIUS: Okay. Thank
13 you, Danny. And thank you for your efforts.
14 I know you have worked on this for quite a
15 while.

16 So the next person I have listed,
17 I'm not quite sure I have the last name right,
18 it's Melinda Mondragon? Melinda? Okay.

19 MS. MONDRAGON: Can you hear me?

20 CHAIRMAN MELIUS: Yes.

21 MS. MONDRAGON: My name is Melinda
22 Mondragon. I'm currently working as a

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1 business agent with Baker Sofils out of the
2 Espanola Office.

3 I have been working there now for,
4 approximately, two years. But I really am
5 here to talk about my personal experience
6 working at the lab. I worked at the lab
7 starting in 1979 and I worked to 1985.

8 I developed a lymphoma diagnosed
9 in 1991. And the work that I did throughout
10 my years working at Los Alamos was a
11 combination of working as a laborer from 1979
12 to 1981 and then I worked as a custodial
13 worker all the way up to 1993, at which time I
14 then became a supervisor for the custodial
15 contractor out there, at that time.

16 And I believe it is important to
17 cite the fact that the monitoring systems at
18 the laboratory are not always accurate. There
19 is incomplete data, as far as exposure,
20 exposure records.

21 During the time that I -- from the
22 time that I filed the claim that I did with

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1 the Energy Compensation Program out of
2 Espanola and the time that I tried to reach to
3 contact people to get an accurate or at least
4 an accurate as possible record of -- records,
5 whether they were the in vivo/in vitro, there
6 was not -- there was no indication that there
7 had been any of those types of records kept
8 for me.

9 They did and they have done a
10 background reconstruction dose study and
11 that's in the process right now.

12 But I can cite at least one time
13 and, you know, I was listening to Ms. Rael's
14 story, but I had at least one incident,
15 personal incident where my husband back in the
16 late '80s was working at TA-55 had been
17 working there as a pipefitter.

18 And I recall one time he got a
19 call after work. I was not working during
20 that time. I was off on maternity leave. I
21 had -- I was taking care of my child after I
22 had given birth.

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1 And so he got a call from his
2 supervisor who told him that they had to come
3 and do some monitoring of his car, his
4 vehicle, his shoes and, basically, the whole
5 house. And we had three children at that time
6 already, all young, including the baby.

7 And, you know, he worked day in/
8 day out at the plutonium facility. So, you
9 know, naturally, he was possibly, you know,
10 going in throughout the corridors and into
11 rooms where he could have and probably did
12 pick up contamination that was not monitored
13 coming out of that PF-4, plutonium facility.

14 And from working there myself at
15 TA-55 specifically for probably 10 years, both
16 as a custodial worker and as a supervisor, I'm
17 well-aware of all the monitoring devices or
18 techniques that they have. It was surprising
19 to know that somebody or some, I guess,
20 monitoring device had not worked, obviously,
21 and how they picked up on the fact that there
22 was a potential -- that there was

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1 contamination at home, that he had taken it
2 with him or taken it on his shoes.

3 I don't know. So even that, you
4 know, those are the kind of things that are
5 things that don't get told, that people don't
6 know about, that, you know, people that do
7 these background checks and are doing the
8 research on these cases don't know about, but
9 that we, you know, as workers understand and
10 see.

11 Well, as a result of that, you
12 know, check that they did, they took RCTs,
13 they took at least two or three guys and they
14 took his boots. They took all our shoes.
15 They monitored the carpet throughout our home.
16 They landed up pulling the carpet from his
17 little Ford Pinto and took it.

18 We never really got any results as
19 far as what the counts were, but, obviously,
20 there was, because, you know, he wasn't
21 allowed to go into PF-4 for probably a period
22 of three months after that.

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1 We -- I don't know, you know, what
2 exactly his, you know, internal doses may have
3 been. There was not really any kind of a --
4 and at that time, I think that we weren't even
5 looking at, you know, that there was any harm
6 that really could potentially, you know, come
7 from maybe something that -- you know, the
8 information was not given back.

9 So whether it was a significant
10 exposure that he might have had, that I might
11 have had, I don't know. But, you know,
12 through the rest of the time that I worked as
13 a custodial worker and I worked a large number
14 of time inside of PF-4 at TA-55 among many
15 other tech areas where they have contamination
16 sources from TA-21 all the way through TA-3,
17 CMR. I mean, I could probably name almost
18 every tech area and I worked there either as a
19 custodian, a laborer or a, you know,
20 supervisor.

21 So, you know, it's important to
22 look at the reality of, you know, how things

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1 are there. It is a fast-paced atmosphere.
2 People that work there, you know, they want to
3 be safe and they follow procedures.

4 Back in the days when I first
5 started, they didn't have the intense
6 procedures, you know, that they have, you
7 know, all the IWDs and all that stuff that,
8 you know, gives you more time to look at that.

9 Before, it was like oh, go do the
10 work. And yes, do it safely, but, you know,
11 some of the things that we used to have to do
12 as custodial workers, as laborers, you know,
13 you don't take the time to look at everything.

14 You have to get in there and do cleanups,
15 water spills. You know, you have to do
16 decontaminations and things like that.

17 And I know for a fact that, you
18 know, there were times when, you know, people
19 would result, you know, just questioning some
20 of the records that they would get. And, you
21 know, there is no really -- no real good way
22 of people understanding or getting

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1 information, accurate information. And then
2 years later sometimes they land up ill.

3 I was very sick for a long time
4 when I -- you know, after I was diagnosed. I
5 won't say, you know, there is no absolute way
6 of determining that my cancer came from
7 exposure, but because of the, you know,
8 various areas that I worked at, the, you know,
9 atmosphere that I worked at around, you know,
10 different radiological sources, I truly
11 believe that I may have had exposures that
12 were not, you know, caught, that were not
13 monitored, that may have happened and nobody
14 knew about it.

15 There is, you know, airborne
16 radiological situations where you don't always
17 know. There is alarms that don't read
18 accurately, that don't -- you know, are not
19 maintained possibly accurately enough to catch
20 every exposure there may be.

21 So I thank you for listening to me
22 and, you know, I have been in remission now

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1 for, you know, 19 going on 20 years now almost
2 and I'm one of the fortunate ones. I, you
3 know, consider myself fortunate. And I know
4 that a lot of coworkers I have had and folks
5 that I have known have not -- can't say that
6 or are not here to be able to say that.

7 But, you know, there are -- is --
8 there is a lot of stuff that is not, you know,
9 monitored, not caught, not recorded accurately
10 and not possibly kept in archives. So, you
11 know, that's a consideration I hope that NIOSH
12 and all those folks that do these background,
13 you know, and claims, that they can look at
14 and consider. It's serious. And I think it
15 is really significant, you know, that they
16 look at that kind of stuff.

17 You know, I was 31 when I got
18 diagnosed and I think a lot of folks sometimes
19 they don't get diagnosed until they are older
20 and maybe it is just I was one of those that
21 was fortunate enough to be diagnosed early on
22 and not have to face, you know, a lot of the

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1 other things that the other folks have had to.

2 But I did go through chemo and radiation, so

3 I know what it is do deal with cancer.

4 I thank you.

5 (Applause.)

6 CHAIRMAN MELIUS: Okay. Thank
7 you. Appreciate it. The next person I have
8 signed up is a [Identifying information
9 redacted], I believe. No [Identifying
10 information redacted]? I saw people getting
11 up, I thought it was -- okay. Harriet Ruiz?
12 No, Harriet is here.

13 MS. RUIZ: I want to thank you,
14 Mr. Chairman, but I'm going to pass because
15 you see how many people that would like to
16 speak, so thank you for the opportunity to
17 speak.

18 CHAIRMAN MELIUS: Okay.

19 MS. RUIZ: Thank you for your
20 time. Appreciate it.

21 CHAIRMAN MELIUS: Well, thank you
22 for your work on this. Marcella Martinez?

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1 You might want to lower the mike.

2 MS. MARTINEZ: Right. Good
3 afternoon. Can you hear me?

4 CHAIRMAN MELIUS: Thank you.

5 MS. MARTINEZ: My name is Marcella
6 Martinez, retired from the laboratory with 31
7 years of service. And I'm the authorized
8 representative for my grandchildren.

9 I think my friend just handed some
10 handouts. Okay. I am also the mother of a
11 security inspector who died at the age of 44
12 in 2008 after having worked in this capacity
13 from 1981 to 1989. And in another job at the
14 lab from 1995 to 1996. I get very emotional
15 when I think of my son.

16 The first severe complication from
17 his cancer ravaged body was in the colon.
18 And, therefore, his cause of death was listed
19 on the death certificate as colon cancer, a
20 qualified cancer for compensation under Part B
21 and E of the EEOICPA Act.

22 But he also had other qualified

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1 cancers, perhaps also primary, which were not
2 listed in the death certificate and which were
3 not considered in determining his eligibility
4 for compensation. Information which I have
5 sent in as proof and any of which could have
6 contributed to his cause of death.

7 And perhaps with more than one
8 cancer listed, and I believe they used the
9 cancer listed on the death certificate as his
10 cause of death, had they listed another one,
11 he may have met the 50 percent of the --
12 whatever NIOSH requires for compensation.

13 His children have been denied
14 compensation because he did not meet the 50
15 percent. But I will continue to question the
16 accuracy of the dosimetry records and the
17 NIOSH dose reconstruction methods, because his
18 percentage was grossly underestimated.

19 I understand that NIOSH was given
20 full authority under the regulations that
21 govern the Act to conduct the dose
22 reconstruction used by the Department of Labor

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1 to determine the probability that a cancer is
2 related to employment.

3 I am also aware that the
4 Adjudication Branch of the U.S. Department of
5 Labor is not permitted to discuss a way in
6 which NIOSH goes about preparing the dose
7 reconstruction. I have this on page 9 of my
8 copy of the official report of proceedings
9 before the Final Adjudication Branch of the
10 U.S. Department of Labor during my hearing on
11 June 25, 2009.

12 This is wrong and should be
13 changed, so that cases such as this one can be
14 reinvestigated and deserving people
15 compensated. Radiation releases and exposures
16 do not stop at time frames or doors or
17 required percentages.

18 I have personal experience in
19 having worked in an area where I was required
20 to wear a film badge. Badges were not always
21 picked up when they should have been and may
22 not have been read in time to meet the

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1 deadline and may not have been entered into
2 the monthly reports.

3 I was never asked for a urine
4 sample, which I believe is the only way to
5 determine if one has been exposed to certain
6 types of radiation. Because requirements
7 regarding this were so lax at the laboratory,
8 I believe it is safe to say that many
9 exposures were never reported or perhaps
10 disregarded.

11 I have information stating that
12 some radiation particles have a short range
13 and that they can not penetrate the dead layer
14 of the skin. Intakes to the body are
15 calculated from measured amounts excreted in
16 the urine. If intakes have occurred and are
17 recorded, the intake amounts, intake dates and
18 types of intakes solubility, Class, particles,
19 size, et cetera, are then calculated.

20 If the intake is a result of a
21 known incident, such as a wound or high nose
22 count, which my son had, the incident date and

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1 the information known about the type of intake
2 are used in the dose calculation.

3 This was never done for him,
4 although I sent in all the information
5 required by the laws, that one of his fingers
6 in an accident that he had, and in another
7 incident, a cut, during the time of his
8 employment.

9 The total committed effective dose
10 equivalent in rem plus a total external dose
11 that some -- which is also called the lifetime
12 dose is recommended to be limited to the
13 workers age and years. This is all I will say
14 about that.

15 I truly believe that anyone who
16 has worked at the laboratory has to have been
17 at least as likely as not exposed to
18 radiation, toxic chemicals and hazardous
19 materials. In particular, employees such as
20 guards, who were assigned to all hazardous
21 areas, and many of the other people have
22 spoken and I'm just mentioning guards, because

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1 my son was one.

2 And many of these people have paid
3 the ultimate price and my son. Based on the
4 poor unsophisticated monitoring methods used,
5 there were few and more than likely incorrect
6 external and no internal radiation records for
7 my son and perhaps other employees.

8 Safety at Los Alamos has, indeed,
9 been lax. This must stop. More effort should
10 be put into the safety and security of Los
11 Alamos, so that progress and science, which I
12 am in favor of, can continue without the
13 illnesses and the loss of lives that we are
14 experiencing. Thank you very much.

15 (Applause.)

16 CHAIRMAN MELIUS: Okay. Thank you
17 very much. The next person I have listed is a
18 [Identifying information redacted].
19 [Identifying information redacted]? No?
20 Okay. Then I have a Richard Johnson. Mr.
21 Johnson? Yes, okay. Welcome, Mr. Johnson.

22 MR. JOHNSON: Thank you for

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1 letting me speak. My name is Richard Johnson.

2 And I held various jobs at the laboratory
3 that I had to use lines, all crafts there. I
4 wasn't planning on talking to you on that
5 subject, but in view of what these people are
6 telling you, I utilized the custodians. I
7 worked extensively with the guards and all the
8 various crafts.

9 I can tell you for a fact that
10 what these people are telling you is correct.

11 I was an area coordinator for a number of
12 years and that entailed that I had to -- for
13 construction maintenance operations. And in
14 view of that, I had specialty programs. I had
15 programs where I took care of pumping in all
16 the pumps of Los Alamos. And there was over
17 5,000 of them.

18 And as a result of that, any time
19 we would have spillage or release of
20 radioactive contaminated materials or
21 whatever, the custodians were brought in to
22 cleanup afterwards, after we contained the

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1 situation.

2 The guards, God bless them. They
3 walk into the situations that nobody knows
4 what is going on. When they would call us, we
5 would respond and get the situation under
6 control. They were right there with us all
7 the time.

8 The nature of this SEC is very,
9 very important, because I know of many
10 instances where records of the H1 people had
11 for over -- all of the monitoring of the
12 radiation and all were lost.

13 The dosimetry, how they issued the
14 badges for us that had full coverage of the
15 laboratory was a joke. In view of the fact
16 that we covered everything in the laboratory,
17 but we would be issued a yellow badge because
18 the main office was in Area 3. We wouldn't be
19 issued badges to monitor the areas that we
20 went into. It was just generalized.

21 I was a victim of leukemia, acute
22 lymphocytic leukemia, which is very rare. I

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1 received high exposure from releases in TA-53
2 in the last quarter of '78. And I wasn't -- I
3 had a second release that took place in '80,
4 which I wasn't there for.

5 And I was in charge of pumping,
6 during my eight hour shift, all of the
7 contaminated water and releases at LAMPF TA-
8 53. I was also in charge to monitor the ponds
9 that you brought up the issue about. The
10 ponds, when you had the serious releases,
11 would overflow. The water from LAMPF would go
12 down Los Alamos into the ponds.

13 When we did have the incident in
14 1978, we were pumping 5,000 gallons an hour,
15 plus what was being picked up from the
16 leakage.

17 I was at one contamination and at
18 the point of release, because the pumps for
19 the contaminated water were directly under the
20 stacks. Also during that period, they would
21 refuse to shut the beam down. When we
22 requested it. That incident took a large

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1 number of my coworkers.

2 And I don't know what else.

3 That's about all I'm going to say.

4 CHAIRMAN MELIUS: Okay. Okay.

5 Thank you very much, Mr. Johnson.

6 (Applause.)

7 CHAIRMAN MELIUS: Appreciate it.

8 A little trouble with this name, so I
9 apologize ahead of time, Priscilla Maez-
10 Clovis?

11 MS. MAEZ-CLOVIS: Clovis.

12 CHAIRMAN MELIUS: Clovis. Okay.

13 I should have known that from the email
14 address. Sorry.

15 MS. MAEZ-CLOVIS: Good evening and
16 thank you all for being here.

17 CHAIRMAN MELIUS: Good evening.

18 MS. MAEZ-CLOVIS: I am the
19 daughter of a claimant, David A. Maez,
20 daughter of a survivor, Priscilla Maez-Clovis.

21 CHAIRMAN MELIUS: Yes, no, we got
22 that.

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1 MS. MAEZ-CLOVIS: My father was an
2 iron worker at LANL and Zia. And during his
3 employment there, he was also a group leader
4 of the iron workers. He was one of the
5 highest qualified in welding, the thickness of
6 various metals and irons and he also was the
7 only one who specialized in aluminum welding
8 for the first eight years.

9 During that time, my dad was
10 exposed to hazardous materials, hazardous
11 waste. There is other things that weren't
12 mentioned here today like benzene and lead and
13 aluminum and all this radiation and metal
14 alloys, beryllium, toxic waste, dust that was
15 airborne and vapor contaminants, chemicals and
16 compounds.

17 He was also exposed to numerous
18 gases as an iron worker, oxygen, acetylene and
19 the other gases that they use for the torches
20 for the cutting of metals and irons.

21 So when you compound all of these
22 exposures, it is a grossly higher exposure

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1 rate that some of these employees endured. As
2 an iron worker, he was also exposed to carbon
3 monoxide working in the garages next to the
4 mechanics and doing repairs with welding and
5 also the other heavy equipment that was diesel
6 exhaust, there's all these big machinery that
7 was backed into these garages, they were
8 inhaling all these fumes.

9 Whatever percentage it was that
10 they were exposed to becomes multiple. Not
11 only the exposures but the various sites that
12 he worked. I know that my dad had clearance
13 to work in many numerous and TA-55 or 56,
14 something like that. I remember him talking
15 about it the last year of his life especially.

16 Due to the fact that he was a
17 specialty welder with iron, he also lost the
18 majority of his teeth by the age of 45,
19 because once that metal is heated up, there is
20 some type of reaction with your gums and your
21 teeth. So he did lose a lot of his teeth by
22 the age of 45.

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1 His eyesight was jeopardized a lot
2 as an iron worker in grinding with metals and
3 drilling metals, which he went to the doctor
4 several times to remove metal pieces from his
5 eyes.

6 He was also affected by his
7 hearing with the loud machinery and the
8 grinders and all the tools that they used in
9 these shops, which lasted five years of his
10 life. He endured hearing loss in the very
11 last year of his life. He was unable to hear
12 at all.

13 My father both had restricted and
14 obstructed breathing and yet, DOE continued to
15 tell him that he needed to take this breathing
16 test. And I remember him telling me many
17 times I can't even remove my oxygen mask,
18 because I'm gasping for air. And the
19 technician was telling him you have to take in
20 a deep breath and let out a deep breath, so we
21 can measure.

22 And my father said what do you

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1 want me to do, literally faint or die here
2 before you? I cannot do this test. He lived
3 with his oxygen. He slept with his oxygen.
4 His life became very limited.

5 And as his daughter, it was a very
6 hard thing to see and to experience. He lived
7 the last few years of his life at home. He
8 lost the ability to drive. He became
9 extremely fearful to leave the house or go
10 anywhere, just being afraid of not having
11 enough oxygen in the little carry-on tank.

12 He had panic attacks. His
13 physical ability limited. He had a lot of
14 mental distress, a lot of emotional distress.

15 And the lack of oxygen causes other problems.

16 Your other organs now have to work
17 twice as hard, including your heart. And the
18 blood circulation, many times he would stand
19 up and I would have to assist him. His legs
20 were very wobbly. He was very weak. His feet
21 would go numb.

22 He made it known to me that during

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1 his employment at LANL that he had been found
2 contaminated several times with extreme high
3 doses through his dosimetry.

4 My father wore a dosimetry badge
5 to work every day and as his children he told
6 us always this badge, this dosimetry badge,
7 his clearance badge and dosimetry was to
8 remain on top of the refrigerator until he
9 went to work every day. We were not to mess
10 with it, because it was very serious.

11 Several times my father called DOE
12 and asked them to, please, expedite his claim.
13 He knew he had very little time left. And he
14 wanted to get everything in order before he
15 passed.

16 My father applied in 2002. He was
17 accepted, his claim was accepted in 2007. He
18 died February 6, 2008 at the age of 67. The
19 claim was never paid out to my father.

20 What I saw and what I experienced
21 was a quality of life that was totally
22 diminished. No one wants to see their loved

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1 one die so inhumanely, so painfully slow, such
2 a long drug-out ongoing process.

3 At the very last, he was gasping
4 desperate to breathe, suffocating. It's not
5 to be taken lightly all the faulty equipment
6 and endangerment that these people were
7 exposed to.

8 I remember my father saying I do
9 admire OSHA and NIOSH, he said, for taking
10 responsibility, because it takes a big man to
11 own up to the wrongs that are committed, that
12 are done. And close to the end when he still
13 hadn't been paid and he said you follow-
14 through and you keep the faith and you believe
15 that they are going to do the right thing, he
16 said don't give up, because I don't think that
17 everything we endured was done for nothing.

18 And all of the great and wonderful
19 things of the lab has done also, it's not just
20 negative. He said there is a lot of positive
21 stuff that has come out that has been the
22 outcome.

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1 A lot of these employees did not
2 know that they were compromising their lives
3 and their families through all these
4 contaminants and exposures.

5 What significant changes will the
6 Board make for all these claimants and
7 survivors? I do not know, but I do remain
8 hopeful, as my father said, to keep the faith.

9 I thank you, each and every one of you, for
10 being here and hearing this out tonight.
11 Thank you very much, Advisory Board.

12 (Applause.)

13 CHAIRMAN MELIUS: Okay. Thank you
14 for sharing that. The next person signed up
15 is a Ray Sanders. Okay. Welcome, Mr.
16 Sanders.

17 MR. SANDERS: Ray Sanders is my
18 name, Z number 77759. I went to work for them
19 in '69.

20 CHAIRMAN MELIUS: Yes.

21 MR. SANDERS: Now, I'm going to
22 give you an equation. I'm not going to give

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1 you my life history. Los Alamos in the '60s
2 was tied together every building to every
3 building with steam. They used steam heat for
4 the city, steam heat for the labs.

5 I could tell you where the TA-53,
6 TA-55 -- all this means absolutely nothing to
7 you. But every one of the sites, those of us
8 that worked in utilities went to every site.
9 Every time there was a problem, we went there.

10 Now, what I'm asking is how are
11 you going to be able to iron this out? I
12 believe you asked the question how could all
13 this work out? There is no way that you can
14 possibly sit down and work out how much
15 contamination a person gets in Los Alamos.
16 Some of the ground up there is contaminated,
17 the dirt, the buildings are contaminated.

18 And in my history, they found out
19 that the plastic explosives circulated in the
20 drainage pipes from the equipment. Well, that
21 was taken care of. The sewer lines from TA-55
22 and in the plutonium site had been broke into

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1 and they were contaminated, of course, that's
2 a given.

3 So the thing that I have tried to
4 do is to present to you that Los Alamos is
5 just one major -- it's just like the human
6 body. It has got a blood system running
7 through it and it was all tied together.
8 Anybody that worked there, if you worked there
9 any length of time, you were exposed somewhere
10 down the line.

11 We wore monitors. If our system
12 during the eight hour shift for the daytime
13 was at 98 percent, according to our
14 statistics, the second shift would have been
15 somewhere in the 90s, the low 90s and
16 graveyard shift would have been in the mid-
17 80s. So our system was not perfect. It was
18 as good as we could get at the time.

19 And were the people monitoring us
20 doing their job? They were doing the best
21 they knew how.

22 Now, our best is not always as

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1 good as it could be. It's just the best that
2 as an individual we can do. Thank you.

3 (Applause.)

4 CHAIRMAN MELIUS: Thank you. The
5 next person I have signed up is a Richard
6 Chapman, I believe.

7 MR. CHAPMAN: Hello out there.
8 Can you hear me okay?

9 CHAIRMAN MELIUS: Yes, we can,
10 sir.

11 MR. CHAPMAN: I first found out
12 that there was going to be a meeting and at
13 3:30 this afternoon, I came back to the place
14 and picked up some of my papers. If I had had
15 more time, I could have give you a more
16 accurate report of what I did, what I saw and
17 what I experienced.

18 Well, I went to Los Alamos. Well,
19 first off, let me, for the record, give you my
20 name is Richard B. Chapman at 04B Florence
21 Road, Santa Fe, New Mexico 87507 and my File
22 No. is 3135.

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1 Well, I first went to Los Alamos
2 in 1947. And I was up there and I fought
3 fires. I fought chemical waste disposal
4 fires. I fought fires at almost every canyon
5 in Los Alamos.

6 And never -- well, my first couple
7 of months there, we responded over to TA-1, if
8 anybody knows anything about Los Alamos, that
9 was right across from Ashley pond. And we had
10 five or six five gallon cans of radiation that
11 was on fire. When it was exposed to the
12 atmosphere and moisture, it ignited.

13 We used metal rods to mix it up
14 and tried to cool it down as much as possible,
15 so that it would -- the fire would go out and
16 lower it below the ignition temperature.

17 Well, we finally succeeded after
18 about two or three hours of this. There was
19 about five or six of us working on it. Then
20 they monitored us, that's the only time that I
21 have ever been monitored that I know of and
22 said you need to go and take a shower and we

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1 need all your clothes.

2 Call your home and have your wife
3 bring you some clothes. And that's what we
4 did. But we lost everything we had on us and
5 we had to shower two or three times to satisfy
6 the monitors. I don't know whether we were
7 completely clear of the situation or they were
8 just tired of us, but they dismissed us and
9 told us to go back to the fire company.

10 Now, I have lost a lot of people,
11 good friends from Los Alamos. And one of my
12 dearest friends, I lost him about a year ago.
13 He died of cancer. We worked together. He
14 was one of the members on that particular
15 incident I was talking about. I believe it
16 was the Sigma Building in Tech Area 1.

17 And he died of cancer. He was
18 reimbursed for being sick through the
19 Department of Labor. He got his first check
20 or his only check two days before he died.

21 Now, a lot of people I know --
22 well, I'll back up just a little bit. I don't

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1 want to get too far away from this mike, you
2 may not hear what I have to say. But I
3 remember people that worked together that died
4 of cancer.

5 I did sort of a private study up
6 in Los Alamos and about 25 percent of our work
7 force has prostate cancer. Now, if we had
8 that kind of percentage any place in the
9 United States, we would start taking a serious
10 look at it. But I don't think anything was
11 done up in Los Alamos.

12 I suffered from prostate cancer,
13 thyroid cancer, gall bladder cancer. I have
14 lesions on my head that I believe came from
15 Los Alamos canyon when we were fighting fires
16 down in those canyons and our helmets come
17 off. We just threw them to the side and we
18 got contamination.

19 All of this and then I don't even
20 know if I'm still on your program, because if
21 I was on your program, it seems like I would
22 have been notified of this meeting, but I was

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1 not.

2 So here I am. I'm talking to you
3 about something that maybe is in the past and
4 is already forgotten. But I do not feel like
5 your dose reconstruction program is adequate,
6 because they do not know all the places you
7 have been and all the things you have done and
8 come up with a figure.

9 I think my figure was in the high
10 40s and you had to be above 50 in order to
11 qualify for anything. As a matter of fact, if
12 you are not at 50, they don't want to even
13 talk to you, as far as I'm concerned.

14 So they sent us out on details,
15 not only fire fighters, but the security
16 force, into buildings day and night and
17 without any monitors. We didn't know what was
18 in the building. We didn't know what was in
19 the fires. We knew that it was something
20 serious, because everybody was leaving the
21 building and we were having to go in.

22 So that's what happened to us. We

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1 had -- they give us quite an extensive course
2 on what they call the stay time and the
3 inverse square law of radiation, but for us
4 young kids, 18, 19, 20, it didn't amount to
5 much, because we didn't grasp it. We didn't
6 know why we were doing it. But we never used
7 it.

8 If it was a fire, we went in the
9 building. If it was radiation fire, I
10 remember one in a tech area where we put a
11 straight stream of water on a 55 gallon drum
12 and it exploded and it went up in the air and
13 sparks came down and burned holes in the cover
14 of our front trucks. So that's the kind of
15 situation we had for years up there.

16 I went from 47 to 49 and then I
17 transferred down to Pantex Ordnance Plant. We
18 set up a fire station there. And then we --
19 my job, one of them was a training officer for
20 the fire department and a second one, a job I
21 had, was a safety inspector. And I monitored
22 all the parts from their -- I'm trying to

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1 think of the words, we had to rebuild some of
2 the units and we had to take them apart and
3 then I had to monitor all of those.

4 Well, I monitored all of the
5 workers, but I never did monitor myself,
6 because, you know, there was nothing there.
7 You couldn't see anything. You couldn't feel
8 anything, so why monitor yourself?

9 Then I was shipped out to the
10 Mercury, Nevada and -- on Operation Q. And
11 they exploded an atomic device and you have
12 probably seen the building on TV. It is a
13 white building. It was completely blown away.

14 Well, that's one of the buildings that we
15 went into or into the debris and checked and
16 we had to bring out all the mannequins that
17 was supposedly killed in the explosion.

18 But when I was in a trench
19 watching that atomic bomb go off, I could feel
20 it, the warm air on me and the breeze that
21 come by me, the blast wave. But nobody
22 thought anything about it. We just didn't

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1 have the information we needed to really sit
2 down and decipher what was going on.

3 I remember at a burning pit I
4 asked a monitor that came in from DP Site, why
5 am I here? We have been down here three times
6 this week already. And he said we don't want
7 the vapors to get over into the residential
8 areas. But here I am sitting right on the
9 bank with a hose in my hand squirting water on
10 it trying to get it down below its temperature
11 of ignition.

12 So this is the way things were. I
13 don't blame anybody. They just did not know
14 at the time we were up there that things could
15 be so hazardous. I did go back, because I
16 love fire fighting, in '72 and retired out as
17 an assistant chief. And I still talk stay
18 time at a radiation site. Thank you very
19 much.

20 (Applause.)

21 CHAIRMAN MELIUS: Thank you, sir.

22 We have an Anthony Valdez.

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1 MR. VALDEZ: Thanks. Thanks for
2 coming out to listen to us. I would like to
3 talk on behalf of myself and my coworkers
4 here. Anthony Valdez. I have worked up there
5 since '91. I started as a Local 412
6 Pipefitter for 16 years.

7 I worked with [Identifying
8 information redacted], some of my other
9 coworkers here, [Identifying information
10 redacted] and [Identifying information
11 redacted], I was a coworker with him. I
12 worked with some pretty hot stuff there at TA-
13 55. I'm currently in the weapons surveillance
14 program now, but I'll touch base a little bit
15 at TA-55.

16 We were sent in to -- like
17 [Identifying information redacted] knows a
18 little bit about that, but we were sent in to
19 like an evaporator room where we were in over
20 a million counts in this room. They couldn't
21 measure the amount of contamination in that
22 room.

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1 So we would get totally
2 contaminated. They would pull our film badges
3 and want to touch base on the dose
4 reconstruction, because they didn't know how
5 hot we were. They would strip our clothes
6 when we would come back out. They didn't know
7 how hot we were, so we would strip our clothes
8 off.

9 We would leave our badges out,
10 because we knew how hot we were going to come
11 out of this evaporator room, because we were
12 dismantling this unit as a pipefitter and they
13 wouldn't really tell us about, you know, the
14 doses and stuff like that. I mean, the lab
15 guys knew a little bit about what was going
16 on, but -- because they are processing the
17 plutonium and refining it and stuff. But we
18 didn't know much about it.

19 I mean, the craftsmen didn't
20 really -- aren't really like told a lot about
21 that, because, you know, like custodial people
22 have told me, told you guys right here and so,

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1 I mean, they just told you hey, you've got to
2 do this job and this and you need to get this
3 done. We're putting in a new evaporator. So
4 we were just told, you know, this would be
5 done and get this work done.

6 And so we would come out totally
7 hot. They would throw our film badges away.
8 And I came up just one point, five points
9 short, I think it was, on my dose
10 reconstruction when I filed for my claim when
11 I had cancer. And I couldn't understand.

12 You know, you guys didn't have --
13 they didn't have my badges, how could they
14 have totally come up with -- and, you know,
15 they said oh, well, if you refile, they might
16 just come up with a lower dose, that's what I
17 was told when I went to go ask them about it.

18 Well, you can refile, you know. They tell
19 you you can refile, but they tell you well,
20 you will mostly going to come back with a
21 lower dose. And I'm thinking like what, if I
22 refile?

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1 So I never even refiled, because
2 they told me that they are going to probably
3 give you a lower dose the next time you
4 refile. So I kind of got discouraged about
5 that. I never did refile. I closed -- I let
6 it just drop, because I got frustrated,
7 because it's kind of a hassle. I mean, I took
8 all this time and effort. I gathered all this
9 information to refile, you know.

10 I don't know how many film badges
11 I lost going into these rooms. I worked in
12 tritium rooms there where I lost film badges.

13 You know, every day, you know, from 8:00 to
14 9:00, you take a break, work until noon and
15 sometimes it would just get hot in that room
16 also, you lose your film badge and, you know,
17 they give you a temporary one, but you never
18 get that back. You never know the results.

19 So, you know, it didn't happen
20 every day. I'm not saying it happened every
21 day. But for one month, it happened this last
22 -- this past I think it was May. I turned in

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1 a film badge. I had foot surgery, so I didn't
2 think I was going to be out that long. I
3 turned my film -- the lady that took care of
4 the -- our PNADs, so I sent in my dose.

5 She must have given me the wrong
6 number to send the PNAD in to. I sent it in
7 and they keep sending me these delinquent
8 things saying that I have a zero dose and that
9 was one of our busiest months, because we got
10 these milestones that the lab has to reach
11 this year, because I'm in the weapons
12 surveillance program now.

13 So, you know, we were pretty busy
14 that month. So I sent it in and I have the
15 zero reading now for that month, when I should
16 have had a pretty good dose. And, you know, I
17 haven't heard nothing back yet. I didn't file
18 the proper paperwork which is probably going
19 to be giving me a lower dose than what I
20 should be getting this year with RP-1
21 associate group leader.

22 So my dose record is going to be a

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1 little bit lower than what it should be. And
2 things like that just kind of fall through the
3 cracks.

4 I know what [Identifying
5 information redacted] has gone through with
6 her husband, because I worked with him and I
7 know -- you know, we have had issues like that
8 where things don't always measure up to that,
9 you know. I mean, things aren't always like
10 they should be up there.

11 The custodial people don't know
12 like because of our Sigma-15s in my area,
13 these people aren't being told -- I can't tell
14 them exactly what I deal with, but I try to
15 tell them, I try to educate them and tell
16 them, please, get in the beryllium system.
17 You know, when they tell you to get into the
18 beryllium program, please, sign up for that.

19 I try to tell the custodial people
20 and the craftsmen, my ex-pipefitting buddies
21 get into the beryllium program, please, guys.

22 You don't want to -- you know, it's the same

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1 blood test. It's the same blood test you are
2 going to do every year, you know. And you're
3 only going to do that blood test the same
4 time. Don't go away from that, you know,
5 because if you come up later on and they do
6 find it and it's too late, you know, what are
7 you going to say?

8 Because I know what we deal with
9 in my area and these guys work side-by-side
10 with us and they don't know what we deal with.

11 And I'm trying to educate them and a lot of
12 them aren't really told about what is going on
13 in certain areas. And I think that has been
14 lost.

15 I didn't know a lot of stuff when
16 I was a pipefitter. I was a pipefitter for 16
17 years. I didn't really tell you guys that.
18 But I was a pipefitter for 16 years and then I
19 went to the plutonium foundry.

20 One incident I had we were in an
21 evaporator. There was one of the team leaders
22 was laying down some plastics and he said he

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1 had cleaned up the room. This room was over a
2 million counts. And it was -- he said it was
3 all cleaned up. I won't mention his name, but
4 he said oh yeah I had cleaned up the room. I
5 got it all cleaned up and all that.

6 He sent me and another pipefitter
7 in there under supplied air. You couldn't
8 breath in it, because it is too hot. It's
9 over a million count, reading over a million
10 counts. So we went in there, two double
11 coveralls, double cloth coveralls. We went in
12 there, kneeled down to remove a small sump
13 pump.

14 We were taking this pump apart and
15 I told my buddy oh, man, I could feel an
16 itching and a burning on my leg. And I said
17 I'm hot, buddy. I said -- I started pulling
18 the bolts off this pump. I said I'm hot,
19 let's -- I've got to get out of here, man.
20 I've got acid on here.

21 So I had acid on there. It was
22 358,000 counts by the time they -- we got --

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1 got me checked out and pulled out of there. I
2 had to strip down and get decontaminated. I
3 went home with a bag around my leg for five
4 months wrapped around my leg.

5 It came off that one -- that
6 night. I had these guys -- like what happened
7 to [Identifying information redacted], they
8 had to come to my house, check my bed, check
9 my clothes, check all that stuff and, you
10 know, the hairs on my leg, every time they
11 would come off, they would have to take them
12 off and count them and do all this stuff every
13 day for five months when I was at work and at
14 my house.

15 Do little things like that and,
16 you know, things, issues that we go through
17 and stuff like that and I just kind of get
18 frustrated with just the paperwork thing of
19 filing. You know, it's just not easy. It's
20 pretty hard.

21 And I appreciate you guys taking
22 your time and listening to us, you know. It's

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1 hard. And my dad has filed, too, and his went
2 into the bone. I told my mom if it goes into
3 the bone, you can -- you are -- you can
4 refile, but she has just gone through a lot
5 with what my dad had filed. And she needs to
6 refile and go through her paperwork with her,
7 you know, situation with her. But it has
8 already been six years for my dad and, you
9 know, it's going to be six years for him now
10 in December.

11 I just appreciate you guys taking
12 the time out to listen to us.

13 CHAIRMAN MELIUS: Okay. We
14 appreciate you taking the time to meet with
15 us.

16 (Applause.)

17 MR. VALDEZ: Thanks.

18 CHAIRMAN MELIUS: Thank you. I
19 have a [Identifying information redacted].
20 How about a Clyde Medina? Okay. Did Joe
21 leave or change his mind?

22 [Identifying information]

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1 redacted]: Changed my mind.

2 CHAIRMAN MELIUS: Okay. That's
3 fine. You are not --

4 MR. CLYDE MEDINA: My name is
5 Clyde Medina. I work at Los Alamos for 25
6 years. I'm retired. In 1999 --

7 CHAIRMAN MELIUS: Can you pull the
8 mike down a little bit? We're having -- the
9 Court Reporter --

10 MR. CLYDE MEDINA: In 1999 --

11 CHAIRMAN MELIUS: That's fine.

12 MR. CLYDE MEDINA: -- I had a
13 brain tumor. And I was off of work for six
14 months. And I actually don't work for the
15 lab. I work for Los Alamos County. But the
16 lab got started in the residential district of
17 Los Alamos County in the '40, '50s and '60s.

18 And we used to replace all the gas
19 lines and sometimes we would dig holes and the
20 dirt would be white and sometimes brown and
21 sometimes black.

22 And then I retired in 2004. And

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1 In 2005, my tumor grew back again. And the
2 second time they couldn't take it out, so they
3 send me to Phoenix, Arizona and they cut me
4 here and plugged the veins and then they
5 operated.

6 So I thank God that I -- I look at
7 my life like I got a second chance. And, you
8 know, that's my story and I'm going to stick
9 to it.

10 CHAIRMAN MELIUS: Okay. Thank
11 you -

12 MR. CLYDE MEDINA: Thank you.
13 (Applause.)

14 CHAIRMAN MELIUS: Very much, sir.
15 Okay. I have, a little trouble with the last
16 name, but it is, Rose Ann Quintaz or --

17 MS. QUINTANA: Quintana.

18 CHAIRMAN MELIUS: Quintana, okay.
19 I couldn't quite read the tail end of it
20 there.

21 MS. QUINTANA: My name is Rose Ann
22 Quintana and I am here to represent my

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1 [Identifying information redacted] who has
2 [Identifying information redacted]. He can't
3 speak because when his -- when the
4 [Identifying information redacted] was
5 removed, they removed quite a bit of his
6 [Identifying information redacted], so you
7 wouldn't be able to understand him.

8 I also did work at the labs and so
9 I thought I had something to contribute. I
10 was -- I worked at the labs as a student in my
11 high school years back in 1980 through '82.
12 As a science participant, they wanted to get
13 me interested in all the science departments,
14 so they send me to all the different areas to
15 look and see if I was interested in them.

16 I never wore a badge. So if I was
17 contaminated in any area, I wouldn't have
18 known it. I also worked in another area in
19 the stocking room. I don't know what site
20 that was, but I recall my coworkers telling me
21 that after the fact, that they drove semis and
22 they were contaminated and they had to go dump

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1 them and bury them underground and cover them
2 up.

3 They were around us. They were in
4 the same clothes that they were in the morning
5 in the afternoon. If we were contaminated
6 because they were, that was never told to us
7 or anybody else. I'm just saying that because
8 that might help you guys in determining are
9 all these other people really being truly
10 diagnosed or not.

11 I'm not filing a claim, but I am
12 for my [Identifying information redacted]. He
13 worked in different sites as well. And when
14 you guys are doing the dose reconstruction, I
15 don't know on his -- I haven't let him sign
16 the agreement, because I disagree strongly
17 with what you guys are saying.

18 He can't speak. He can't talk on
19 the phone. He can't -- if he has an
20 emergency, he can't call 911. And I have been
21 filing and filing a claim. You -- they made a
22 determination without even getting his

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1 doctor's notice that says that he is disabled
2 and he couldn't speak.

3 So and they don't -- so they also
4 made a determination after I sent them over
5 and over all the W-2s stating that we worked
6 many years prior to that time and they still
7 made the determination, based on years that he
8 -- when he started at the labs, not when he
9 was working as -- for -- he was working with
10 contractors.

11 And so I had to prove that fact
12 and yet I'm getting back letters and
13 recommendations. And so I don't really think
14 that your dosage -- you know, that they are
15 looking at all the places that he really did
16 work at is working.

17 And that's all. I just wanted to
18 say thank you.

19 (Applause.)

20 CHAIRMAN MELIUS: Thank you for
21 coming. We don't have anybody else signed up,
22 but if there is anybody in the audience who

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1 hasn't had a chance to speak that would like
2 to say anything to that? Yes. And could you
3 introduce yourself?

4 MR. CORIZ: Good evening, Mr.
5 Chairman, Members of the Board. My name is
6 Elias Coriz, Rio Arriba County Commissioner,
7 also a security officer for over 25 years up
8 at Los Alamos.

9 I would like to just be brief,
10 that the price of national security comes at a
11 high price. As you know, the discussion that
12 has taken place here this evening with many
13 people that have fallen in harm's way through
14 the exposure at the laboratory, definitely is
15 devastating.

16 I have had the opportunity to work
17 at Los Alamos and has also reaped the economic
18 benefit. I do want to find some balance in
19 what happens in Los Alamos.

20 I had the opportunity to train in
21 some of those canyons that they have talked
22 about here earlier this evening and some of

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1 those canyons that actually have -- they found
2 contamination. I have also been in the middle
3 of where there were machining beryllium where
4 we saw machinists using PPE and the security
5 officer standing guard and escorting some of
6 this machine parts and no PPE was ever offered
7 any masks for protection.

8 So in regards to that, I think, a
9 lot has been said here this evening. But
10 again, we also have to consider that as a
11 commissioner, I represent a lot of the work
12 force up in Los Alamos from custodial and all
13 the crafts. And they come before the
14 Commission to grieve some of those concerns
15 that are happening at the National Laboratory.

16 But I also have to look at finding
17 that balance. The Rio Arriba County has
18 supported the National Laboratory through
19 resolution and in many areas that we feel that
20 are beneficial to our country.

21 But again, there has to be some
22 balance. And I hope that this evening we can

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1 come to the consensus that we need to find
2 balance, so that these people can get
3 compensated for what they have suffered up in
4 Los Alamos.

5 I think that overall we also need
6 to recognize that there are individuals that
7 are here that are no longer here with us,
8 parents, grandparents and brothers and sisters
9 that definitely, I feel that we also, need to
10 support.

11 So I would like to thank you for
12 giving me that opportunity here this evening
13 and for hearing all these residents that are
14 really, really looking for some support in
15 some way, if it's monetary or counseling or
16 whatever it might be.

17 I hope that in the future we have
18 those resources available for every individual
19 that works in Los Alamos. So again, thank you
20 on behalf of the people of Rio Arriba County.

21 CHAIRMAN MELIUS: Thank you.

22 (Applause.)

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1 MR. CORDOVAN: Good afternoon.
2 Thank you for being here. My name is Rocindo
3 Cordovan. I got 31 years with security. The
4 first few years that we were working with mace
5 and handgun security, we didn't have a safety
6 program.

7 The safety program didn't get
8 started until 1986. We started to learn
9 safety then, but before that, we would be
10 doing work like the commissioner mentioned
11 without any PPE, milling, SM-102, that was one
12 of the biggest places.

13 We got to work down at the -- at
14 TA-41, a pretty bad place. TA-41 was one of
15 the worst places. We had to go into this room
16 where we actually had to walk through
17 canisters, barrels that were rotten and you
18 could see the white powdery stuff. We walked
19 all over it. We would get monitored. We
20 would monitor ourselves. The readings were
21 pretty high.

22 We did some training on the

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1 canyons, like he mentioned. I was on the SWAT
2 Team for 14 years and out of those 14 years,
3 we got to do all kinds of crawling going
4 through fences, going through areas. As a
5 matter of fact, at TA-69 at the hot down, we
6 were doing some training there. We never knew
7 that it was a hot down.

8 What happened here is that they
9 didn't educate their supervisors, not telling
10 them, alerting where not to go. We have been
11 all over like custodians, fire fighters, you
12 know, security guards. Wow, we could write a
13 book on that. But I do thank you for
14 listening to us and that's it. Thank you.

15 CHAIRMAN MELIUS: Okay. Thank
16 you.

17 (Applause.)

18 MS. MAEZ-CLOVIS: Priscilla Maez-
19 Clovis. I just have a couple of things I want
20 to add on my father's claim. He was also
21 disabled in Los Alamos. He fell from, I
22 believe, a 3 or 4 story scaffold and his back

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1 was broken. He had like four different
2 surgeries, corrective surgeries.

3 So not only did he deal with a lot
4 of the exposure stuff, but the disability
5 stuff and being hospitalized and being poked
6 and prodded and tested.

7 And the last like months of his
8 life, he used to have me stop and get him some
9 sanitary napkins because he had rectal
10 bleeding and he refused to go to the doctor
11 any longer, because he said he didn't want to
12 be poked or prodded not one more time. He
13 said just let me die in peace.

14 So I just want to make it known,
15 there was a possibility that he did have some
16 type of prostate cancer or rectal cancer and,
17 you know, whether it was chronic bronchitis
18 or COPD or all these other illnesses, I want
19 you all to know that these are all terminal,
20 just like cancer. There is no getting better.
21 There is no recovery. It is terminal. The
22 conditions that they have to live with. Thank

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1 you.

2 (Applause.)

3 CHAIRMAN MELIUS: Right. Thank
4 you. Anybody else that would like to -- yes,
5 sir?

6 MR. ORTEGA: My name is Raymond
7 Ortega and I worked as a security guard over
8 27 years for Los Alamos. And when I started,
9 we used to work at DP Road, which was one of
10 the worst sites we had. We had stations and
11 that building was so hot that the wall -- the
12 paint would peel off the walls and they would
13 have to go and paint it every so often with
14 lead paint. But it was so hot that the walls
15 would just peel off, you know, the paint.

16 And we had a station there. We
17 used to have a Detex clock that we used to
18 patrol in that area. And we used to go into a
19 large building where they had large -- they
20 were like glass tubes of tritium and we had to
21 go right in front of that stuff and punch
22 these keys for this clock.

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1 Also, there was an area, too,
2 under the shops building that we used to go
3 in. And I don't know why we would go in this
4 area, but we would go down the ladder
5 underground. We would go in about 300 feet
6 under the building, the main machine shop and
7 we had to go check a door.

8 This was -- I was working swing
9 shift then. We had to do it twice a shift.
10 And one day I was talking to one of the main
11 bosses from the shops and I was telling him
12 about this procedure. And he says you are
13 joking, no? I said no. I said we used to go
14 down the ladder with a flashlight, go under
15 the building and check this door. And it was
16 always locked. I mean, it was underground.

17 Why we had to check it, I don't
18 know, but we would do it. He told me I don't
19 believe you went and did that. He says when
20 we go under that tunnel he says we have to
21 wear full respirators and everything. He says
22 we just cannot let anybody go in there. I

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1 said well, we did it for many years and did
2 this procedure, you know.

3 Another procedure that they used
4 to do was at TA-18. And they used to run this
5 ray, okay, it was called a Godiva Ray and they
6 ran it. And they would say that, you know, we
7 would stay in our station and they would say
8 well, nothing will come to you, you know.
9 Well, I think we were being used as guinea
10 pigs and I'll tell you why.

11 Because when they ran this ray,
12 they stopped the traffic up at White Rock and
13 they stopped it up at the top by 55. Nobody
14 was allowed to go through when they were
15 running this ray. But we were there. We were
16 there.

17 And one time we had three security
18 guards or two of them and they used to give us
19 double dosimetries. Well, they went and put
20 their dosimetry badges, the ones they issued
21 them, on the fence and when they got the
22 readings, they were way up there. They even

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1 send a congressional committee from Washington
2 and they wanted to close down the lab, because
3 the doses were in the thousands, you know.

4 And they wanted to know, you know,
5 who had got contaminated. Of course, you
6 know, it was just the guys putting it on the
7 fence, but I mean, it was a big issue. They
8 almost closed down the lab then.

9 So like I said, I think we have
10 gone through a lot. And a lot of it has been
11 that we didn't know anything. You know, we
12 have never been educated in these matters.
13 And I mean, I have been there 27 years and the
14 fire, that Cerro Grande fire when it was on,
15 we were working 16, 18 hours.

16 Some of our buildings, you know,
17 our areas were on fire and we were breathing
18 all that stuff. And we didn't have no masks
19 or anything. They -- at the end, I think they
20 gave us those little like paper respirators,
21 whatever, but we were there like I say for 16,
22 18 hours a day.

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1 And all these fumes and whatever
2 was burning, we were breathing all that. We
3 were at the sites protecting them, you know,
4 and trying to put out fires also with the fire
5 department. And I don't know what we
6 breathed, but, you know, we have gone through
7 a lot.

8 And nobody has ever, you know,
9 really taken the time to, I guess, check us
10 out or whatever, you know. That's all I want
11 to say.

12 CHAIRMAN MELIUS: Okay.

13 MR. ORTEGA: Thank you for your
14 time and thank you for listening.

15 CHAIRMAN MELIUS: No, thank you.

16 MR. ORTEGA: Thank you.

17 (Appause.)

18 CHAIRMAN MELIUS: We have a few
19 more people.

20 PUBLIC PARTICIPANT: I just would
21 like to say, folks, the dose reconstruction
22 process is wrong. They are not looking at

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1 true figures. It is -- you know, in our area
2 there are so many sick people, sickly people
3 walking around.

4 The other day I was at a bingo in
5 Espanola at a church bingo and a lady came up
6 to me and she said my husband finally got his
7 settlement. And I told her how happy I was.
8 And she started walking away and I asked her
9 how long did it take. And she said eight
10 years.

11 Eight years and he is sickly.
12 There is something wrong. You know, it's
13 broken. It is not a true picture. It is
14 wrong. It's wrong. Thank you.

15 (Applause.)

16 CHAIRMAN MELIUS: Okay. Thank
17 you. If you could introduce yourself?

18 MR. GARCIA: Hello, my name is
19 Paul Garcia. I'm a street police officer.
20 I've been up there 25 years. I just want to
21 say, you know, everything that Rose and Elias
22 were saying, it's all true. We worked in a

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1 lot of areas that the majority of time, I'm
2 speaking for us, we never had protection.

3 We would be stationed say right
4 here, right outside these doors and right
5 behind them they would be doing experiments.
6 And they would be covered from head to toe
7 with white uniforms and we would just be on
8 this side and just be standing there.

9 We don't even know what we could
10 have picked up. And it is still going on.
11 Just a couple of years ago, there was a small
12 minor explosion and I happened to be there.
13 And all these people are all suited up. I
14 didn't even know about it. I just turned
15 around and there must have been about 10
16 people all suited up and I'm right there 20
17 feet away.

18 My job was to keep people from
19 going in there. And I moved the perimeter
20 further away, because I didn't know. I asked
21 and they said oh, you have nothing to worry
22 about. But I doubt it. And things like that

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1 happened all the time.

2 And you know, like there at Sigma,
3 Building 141, beryllium and also at shops, the
4 same thing. Like Ray was saying down at DP,
5 they have tritium. We had to go in those
6 buildings and check them with the Detex clock
7 and these are -- you know, we had to go check
8 these places sometimes an hour, two hours.

9 We didn't even wear booties,
10 nothing. We just walked right in and did our
11 checks. And you could see these containers
12 all rotting and steaming and, you know, we
13 would turn it in, but, you know, nothing was
14 ever done.

15 You know, most of that place is
16 probably gone now. But, you know, and like
17 Ray was saying, that's true, those paint --
18 those walls, they would have to paint those
19 every month, within two or three weeks that
20 whole paint was gone. And it is probably a
21 room this size, all the paint was gone.
22 Constantly they are going and painting that

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1 place.

2 I just wanted to say that, thank
3 you.

4 (Applause.)

5 CHAIRMAN MELIUS: Well, thank you
6 for that. Anybody else? Yes?

7 MR. JOHNSON: So many of these --

8 CHAIRMAN MELIUS: Yes, if you
9 would step up to the mike, that's all, so we
10 can hear you.

11 MR. JOHNSON: My name is Richard
12 Johnson.

13 CHAIRMAN MELIUS: Right.

14 MR. JOHNSON: What I originally
15 was going to speak to was, basically, the same
16 thing she was telling about eight years.

17 Well, I was denied and I appealed.
18 I won the appeal and until last, what was it,
19 February two years ago, you were in
20 Albuquerque?

21 I have never had acknowledged the
22 affidavits and evidence that I sent in.

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1 Finally, just in the recent months, they are
2 talking to me. This is getting close to a
3 death date. I mean, this is getting -- for so
4 many of these people, this is just a little
5 bit ridiculous.

6 They boss you around for months
7 and years and then the same thing with the one
8 fellow, he thought if he applied again, they
9 would just lower the reading more. That's a
10 pattern.

11 Getting out to talk to people,
12 that is a pattern. So take it for whatever it
13 is worth.

14 (Applause.)

15 CHAIRMAN MELIUS: Okay. Thank
16 you. One more here.

17 MR. ORTIZ: Howdy. Thank you for
18 listening to all of us. And my name is Lloyd
19 Ortiz and I have worked at the lab 34 years
20 already. And I'm just here to kind of
21 reiterate what a lot of these people have said
22 and even with the experiences that I have

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1 experienced myself there.

2 Just what this gentleman finished
3 saying, that's one of the things I have
4 written down here as comments to mention to
5 you people is the fact that, like I said, I
6 started working there in '76, 34 years that I
7 have been there.

8 And when I started working there,
9 they had certain levels that you were allowed
10 to work in a certain area that was either
11 potential or was an area that they worked with
12 plutonium or any kind of isotopes or whatever.

13 So the fact is that as I have seen
14 the progression of the lab in the years that I
15 have been there, every year it's just like
16 that gentleman said, they keep lowering the
17 limits that they allow for people to work in
18 there. And then it goes back to like other
19 people have said, they -- whoever the team
20 leaders, the group leaders or whoever they are
21 that have set these standards, half of them or
22 some of them don't even know half of what they

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1 should know to set these limits.

2 And that's why a lot of these
3 people are getting contaminated or sick with
4 cancer and things like that, you know.

5 Now, the example I was going to
6 use, just as one scenario, is that at one
7 time, well, I used to work at the CMR Building
8 and I worked at TA-55 also. And when I worked
9 at TA-55, there was a team leader and a
10 project leader that were in charge of getting
11 certain tasks done, okay?

12 I won't go into all the details of
13 it, okay? But the fact was that they wanted
14 to get this job done, because they had a
15 deadline. And their mentality is we're going
16 to stick you in there and get the job done no
17 matter what happens or what conditions those
18 are and you get the job done, so we can get
19 this job done and off their paperwork or
20 whatever, you know?

21 So I was the RCT in charge. They
22 put me as the RCT in charge of that project.

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1 When I went in there, since I was the lead
2 RCT, to look over, take over this project, it
3 was done inside a tent. It was -- they built
4 a tent and all this work was going to get done
5 in there.

6 So we had to wear full respirator
7 and all the PPE that needed to be used. So I
8 went in there and I was taking readings of
9 contamination or, in other words, making sure
10 that everything was appropriate for things to
11 get -- work to go on in there.

12 So one of the things that I found
13 was there was not a proper flow rate for what
14 we needed in there to work in there. So I
15 walked back out and I stopped the job.

16 What happened is after I stopped
17 the job, the team leader and the project
18 leader were trying to make it look like I was
19 the one that failed to do my job and because
20 of the fact that the job -- I stopped the job,
21 they, like I said, tried to make it look like
22 I was the one that failed to do the job.

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1 When, yet, what they wanted is
2 just to get the job done and you get in there
3 and do it, you know? And what I'm saying with
4 all that, there is a lot more to say to it,
5 but what I don't like about it either is that
6 is one of the things.

7 The other thing is then after they
8 get that job done after they stick people in
9 there to get that job done, then they come
10 back and they give each other rewards or
11 certificates saying that they did a good job,
12 you know? And yet, what happens to the
13 worker? They never recognize the worker for
14 what he does.

15 You know, he or she, whatever, you
16 know? So that's why I am again like
17 reiterating where all these people said that
18 the whole picture is wrong and something needs
19 to get done. And a lot of -- my dad has a
20 claim. So there again, you know, all these
21 people are suffering, yet, they are taking
22 years and years to make a determination with

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1 numbers that they don't even have.

2 So anyway, thank you for listening
3 to me. And I appreciate your time.

4 (Applause.)

5 CHAIRMAN MELIUS: Thank you.
6 Okay. One last comment and then we sort of
7 need to wrap up. We've got a Court Reporter
8 here who has been sitting here very patiently
9 for over four hours.

10 MR. CORDOVAN: I'm sorry.

11 CHAIRMAN MELIUS: No, that's okay.

12 MR. CORDOVAN: Rocindo Cordovan.

13 CHAIRMAN MELIUS: Yes.

14 MR. CORDOVAN: I failed to mention
15 a couple of things. In security, we are doing
16 a lot of double shifts. We are working 12, 16
17 hours, three or four times a week. So we are
18 getting double exposure. We are going -- you
19 know, that's one of the things that I failed
20 to mention.

21 The other one was the fire back in
22 2000. All different kinds of chemicals

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1 throughout the mountains and buildings and
2 stuff like that. We got exposed to stuff like
3 that. So just to clarify that.

4 Thank you.

5 (Applause.)

6 CHAIRMAN MELIUS: Okay. Thank you
7 very much. And thank everybody here very much
8 --

9 (Applause.)

10 CHAIRMAN MELIUS: For making the
11 effort in coming out and making comments.

12 Now, we may have some people on
13 the phone that want to make comments. Is
14 there anybody on the phone that wants to make
15 comments? We should have more time tomorrow
16 night for -- I don't hear any.

17 Okay. Okay. There is nothing.
18 We are adjourned until tomorrow morning.

19 (Whereupon, the above-entitled
20 matter went off the record at 7:04 p.m.)

21

22

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