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CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

convenes

MEETING 48

ADVISORY BOARD ON RADIATION AND WORKER HEALTH

VOL. II

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Meeting of the Advisory Board on Radiation and
Worker Health held at the Red Lion Richland Hanford
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*STEVEN RAY GREEN AND ASSOCIATES
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JULY 18, 2007

9:45 a.m.

P R O C E E D I N G S

WELCOME AND OPENING COMMENTS

1
2
3
4 **DR. ZIEMER:** Good morning, everyone. We're
5 going to open our second day of our session
6 here in Hanford of the Advisory Board on
7 Radiation and Worker Health. I'd like to
8 remind all of you -- I'd like to remind all of
9 you, if you haven't already done so, to
10 register your attendance in the foyer. Even
11 if you did that yesterday, you need to do that
12 again today -- Board members, visitors,
13 government staff people.

14 Also again I'll remind you there are copies of
15 the agenda and other documents on the table in
16 the back. Please avail yourself of those, as
17 appropriate.

18 We're pleased to have Dr. Lew Wade back with us
19 this morning, our regular Designated Federal
20 Official. Lew, welcome, and if you have some
21 opening remarks we'd be pleased to hear from
22 you.

23 **DR. WADE:** Thank you, Paul. Very briefly, I
24 apologize for not being with you yesterday.
25 There was an unavoidable scheduling conflict

1 that had me doing other NIOSH business in
2 Washington, D.C. and I apologize for not being
3 here. I thank Ms. Chang for filling in in my
4 absence. And as always I'll -- I'll start my
5 comments by thanking the Board members for the
6 tremendous effort that they put forward on
7 behalf of the Department and the people that we
8 all try and serve with -- with quality. So
9 thank you and let's move on.

10 **DR. ZIEMER:** Okay. For the record, I want to
11 double-check and make sure Dr. Roessler is on
12 the line. Gen, are you there?

13 **DR. ROESSLER:** I am on the line.

14 **DR. ZIEMER:** How's the sound level today,
15 better?

16 **DR. ROESSLER:** Sound today is -- is very good.

17 **DR. ZIEMER:** Very good. And then Brad Clawson
18 I don't believe will be able to be with us due
19 to another conflict, so we have ten Board
20 members here, which is a quorum of course, plus
21 Dr. Roessler.

22 **CHAPMAN VALVE SEC**

23 At our previous meeting -- which previous
24 meeting? A couple of meetings ago we had the
25 Chapman Valve SEC on our agenda. The workgroup

1 made a presentation on -- and a recommendation
2 on that SEC. Dr. Roessler made that
3 presentation. That was a time at which there
4 was a document that the petitioners had not yet
5 received. I believe it was the SC&A report on
6 -- on Chapman Valve, as I recall. And so the
7 motion from the workgroup, which was a motion
8 concerning that SEC, was tabled in order to
9 permit the petitioners to -- to review the
10 document that they had not seen.

11 So it would be appropriate now for us to remove
12 that motion from the table and then to have
13 discussion, both from the petitioners and from
14 the workgroup on the Chapman Valve SEC petition
15 so I would entertain a motion to remove the
16 Chapman Valve motion from the table and bring
17 it back before the group, and that motion was -
18 -

19 **DR. POSTON:** So moved.

20 **DR. ZIEMER:** Dr. Poston has moved that we un-
21 table the motion. Is there a second?

22 **MS. MUNN:** Second.

23 **DR. ZIEMER:** And seconded. Now we will vote on
24 bringing the mo-- the motion to the table.

25 You're not voting for or against the SEC, but

1 simply to consider that previous motion. Any
2 questions on that?

3 Okay. A question on this motion to take --

4 **DR. MELIUS:** I actually have a comment on the -
5 - just like to speak about the motion 'cause --

6 **DR. ZIEMER:** The motion to bring the -- yes,
7 sure.

8 **DR. MELIUS:** Yeah, right, right, yeah, yeah --
9 which I th-- my recollection, and I may be
10 wrong 'cause I didn't look at minutes or
11 anything, but was that the -- there was another
12 concern that -- about the Chapman and that was
13 the covered period issue and that we were also
14 hoping for additional information -- be
15 available regarding the covered period. There
16 was -- my understanding -- supposed to be some
17 evaluation going on as to -- to that issue and
18 I don't believe we had -- that NIOSH was in a
19 position to provide us with an update on that
20 at the last meeting and I -- I guess I would
21 question sort of the usefulness of going on
22 until we've heard more about the status of that
23 particular issue.

24 **DR. ZIEMER:** So your question is whether to
25 bring the motion on the table -- in other

1 words, do we have the information that caused
2 it to be tabled in the first place? Is that
3 what you're asking?

4 **DR. MELIUS:** Yeah, you -- cor-- correct.

5 **DR. ZIEMER:** Can we -- can we get -- that's a
6 point of information, basically.

7 **DR. MELIUS:** Yeah.

8 **DR. NETON:** I -- I could comment on that, if I
9 -- if I may. I think the additional
10 information that was requested is not relevant
11 to voting on this particular time period. The
12 time period here is 1948 and 1949. The
13 additional activities that occurred were
14 believed to be well before that time period, so
15 it would not have any bearing necessarily on
16 voting on this particular class designation. I
17 think that we discussed that at that time.

18 **DR. ZIEMER:** Uh-huh.

19 **DR. MELIUS:** Well, I -- I think -- I don't
20 think it's your prerogative to tell me what we
21 can consider or not consider --

22 **DR. NETON:** Well --

23 **DR. MELIUS:** -- in voting. I'd consider it to
24 be relevant, Jim, and I guess I'm -- all I'm
25 asking for is do we have additional

1 information?

2 **DR. NETON:** At this time we do not have any
3 additional information from the Department of
4 Labor on the activi-- on their evaluation of
5 those additional activities that occurred prior
6 to 1948.

7 **DR. MELIUS:** So -- so there's -- there's been
8 no follow-up or discussion -- I'm just looking
9 for an update. Is --

10 **DR. NETON:** Yeah.

11 **DR. MELIUS:** -- and if you're basically saying
12 there's been no communication --

13 **DR. NETON:** We have not heard back from the
14 Department of Labor as to -- on their
15 deliberations on this additional covered
16 exposure.

17 **DR. MELIUS:** Have you asked? I mean I --

18 **DR. NETON:** I don't recall asking in the last
19 month or so, but maybe Larry can help out.

20 **MR. ELLIOTT:** This was -- the -- this issue was
21 brought up at the May Denver Board meeting, I
22 believe, and DOL was in the room.

23 **DR. MELIUS:** Uh-huh.

24 **MR. ELLIOTT:** We understood them to hear this.
25 I have not followed up with Pete Turcic on the

1 status of it. I don't know where DOL's at on
2 this or if they're pursuing it at all, so I'm -
3 -

4 **DR. MELIUS:** Okay.

5 **MR. ELLIOTT:** -- I'm sorry that -- that we
6 haven't taken any action on this, but it's a
7 DOL responsibility and we feel that they need
8 to come forward if they're going to adjust the
9 time frame for the AWE.

10 **DR. MELIUS:** Okay, appreciate the update. I --
11 I --

12 **DR. ZIEMER:** So the brief answer then is
13 there's no -- to our knowledge, there's no
14 change in the status on that particular issue,
15 as I understand it. At least we're not aware
16 of it.

17 **MR. ELLIOTT:** All I know is that DOE and DOL
18 have been reviewing various site time frames
19 and site descriptive -- you know, in DOE's
20 listing. They've been reviewing that. They've
21 -- they've taken off three or four sites that
22 are now not covered. I have not heard anything
23 from either agency about Chapman Valve and --
24 and changing its covered period or its
25 designation as an AWE.

1 **DR. ZIEMER:** Okay, thank you. Wanda, did you
2 have an additional question?

3 **MS. MUNN:** Yes, I did. Once we have voted to
4 bring this issue back on the table, I'm
5 assuming that we then will have additional
6 discussion opportunity and additional
7 presentation to renew our -- our memories. I
8 may be the only one here who does not clearly
9 remember exactly what we said.

10 **DR. ZIEMER:** Yes, and indeed we -- we also have
11 I believe on the line someone from Senator
12 Kennedy's staff who wishes to make remarks
13 regarding Chapman Valve, so we would do that as
14 well.

15 **MS. MUNN:** Good.

16 **DR. ZIEMER:** Other comments? This -- this is a
17 motion to bring the item from the table for
18 consideration. Are you ready to vote?

19 **UNIDENTIFIED:** Yes.

20 **DR. ZIEMER:** Okay, so the vote would be on
21 whether -- whether we will consider Chapman
22 Valve today, basically.

23 Now all who favor this, say aye?

24 (Affirmative responses)

25 And opposed?

1 **DR. MELIUS:** I'm opposed.

2 **DR. ZIEMER:** Okay, let -- let's get a -- let's
3 get a show of hands and -- so we can get a --
4 accurate count here.

5 Ayes raise your hand. We've got one, two,
6 three, four -- I'll vote -- five in favor. And
7 Gen Roessler?

8 (No response)

9 Gen Roessler?

10 **DR. ROESSLER:** Yes, (unintelligible) --

11 **DR. ZIEMER:** Are you vot--

12 **DR. ROESSLER:** Yes, I vote aye.

13 **DR. ZIEMER:** Okay, that's six.

14 And nays? One, two, three, four, five -- five
15 nays. The ayes have it so the motion is back
16 before us.

17 Let me ask Dr. Poston to review for us what the
18 motion is from the working group.

19 **DR. POSTON:** I'd asked Jim Neton to give us
20 sort of an update and then I was going to go
21 over a short presentation of what we've done so
22 far.

23 **DR. ZIEMER:** Okay.

24 **DR. NETON:** I -- I was just going to take a few
25 minutes to refresh the Board's memory as to a

1 little bit about the specifics of Chapman
2 Valve. It was presented initially at the
3 September 2006 Las Vegas Board meeting, at
4 which time a working group was established to
5 review, in conjunction with SC&A, the
6 evaluation report for Chapman. That group was
7 assembled and chaired by Dr. Poston.
8 Just to refresh your memories again, Chapman
9 was a facility that machined natural uranium
10 rods into slugs for the Brookhaven Graphite
11 Research Reactor in the 1948/'49 time frame.
12 They actually partitioned off a -- a section of
13 the plant known as Building 23 where they did
14 these activities.
15 The definition of the class -- expanded
16 definition of the class was all workers who
17 were monitored, or should have been monitored,
18 for work performed in Building 23 from January
19 1st, 1948 through December 31st, 1949, and
20 there was also a residual contamination period
21 from 1991 to 1993.
22 The -- we -- in the evaluation report that we
23 presented we recommended that the -- we -- we -
24 - class be denied in that we could perform dose
25 reconstructions with sufficient accuracy at

1 that facility. The working group has met on
2 several occasions and I think Dr. Poston is
3 prepared to talk about the conclusions of the
4 working group.

5 **DR. WADE:** Just for the record, the working
6 group was chaired by Dr. Poston, members
7 Griffon, Clawson, Roessler and Gibson.

8 **DR. ZIEMER:** Okay. Thank you. You have some
9 slides, John?

10 **DR. POSTON:** Yes.

11 **DR. ZIEMER:** Okay.

12 **DR. POSTON:** These -- just to refresh
13 everyone's memory, as Dr. Wade said, Brad
14 Clawson, Mike Gibson, Mark Griffon and
15 Genevieve Roessler served on this working group
16 with me.

17 And the -- these are just a history of what
18 happened in terms of the outreach meetings and
19 so forth, and then down at the bottom the
20 meetings of the working group. I did accompany
21 John Mauro and Dr. Makhijani to -- to the site
22 and participated in the interviews, the tours
23 and so forth at the -- at the site so that I
24 could better understand the issues that the
25 working group was charged to -- to -- to make

1 decisions on. So that's -- we both had face-
2 to-face meetings and teleconferences to try to
3 resolve these issues.

4 This is what Jim just read to you. It does
5 focus specifically on Building 23. There is a
6 -- a specified time frame, January the 1st,
7 1948 through December 31st, 1949, so a two-year
8 period. The production period was shorter than
9 that actually, according to the records, but
10 that was the period. And then the second
11 period that was considered is more recent.
12 Dr. Melius raised an issue that has never been
13 brought to the working group in terms of a
14 period before this, before 1948. We didn't
15 address it. We weren't charged to. We only
16 focused on -- on the two time periods that are
17 in the -- in the SEC petition.

18 We did do a fair amount of work and had a good
19 working relationship with the NIOSH folks, as
20 well as SC&A. We looked at a lot of different
21 reports, and one of the most valuable reports
22 that we were able to review was the H. K.
23 Ferguson report which gave a lot of details on
24 the machining of the uranium and its use in the
25 Brookhaven reactor. So there was a fair amount

1 of documentation that we were able to look at
2 to understand the issues and understand the
3 exposure pathways and so forth associated with
4 this -- this operation. It is a metal
5 machining operation, so such things as lots of
6 airborne radioactivity and so forth are -- are
7 somewhat minimal in this particular situation.
8 So looking at NIOSH, they took the position
9 that they did have data to bound -- provide
10 bounding estimates of the exposures at Chapman
11 Valve. They -- they took some -- they made
12 some assumptions which are quite -- using a
13 health physics term, quite conservative; that
14 is that really, in -- in I think the opinion of
15 the workgroup, overestimated the doses that
16 people could have received from these -- these
17 exposures.

18 So we -- as a working group, we agreed with the
19 time period for the petition. The dose
20 estimates do rely heavily on a limited number
21 of bioassay samples, but the conservative
22 assumptions that went into the calculations I
23 think take that into account.

24 So after a lot of discussion back and forth
25 among all the participants, not just the

1 working group but -- but the NIOSH staff and
2 SC&A staff, we -- we concluded that the appro--
3 the NIOSH approach wou-- to dose reconstruction
4 would provide a bounding but very claimant-
5 favorable estimates of doses to the workers
6 over the period of interest in this particular
7 petition. And based on this conclusion, we did
8 not recommend that SE-- SEC status is warranted
9 for this particular situation.

10 I think that's -- there may be one more, but I
11 think that's just -- yeah, that's it.

12 **DR. ZIEMER:** Thank you. Let me check and see
13 now if we have on the phone Sharon Block --

14 **MS. BLOCK:** Yes, I am.

15 **DR. ZIEMER:** -- who's with Senator Kennedy's
16 staff.

17 **MS. BLOCK:** Yes, I'm here on the phone.

18 **DR. ZIEMER:** Sharon, you have some comments, I
19 understand. Would you like to present them?

20 **MS. BLOCK:** First -- yes, I just wanted to let
21 you know that Portia Wu, who I think has been
22 participating in this --

23 **DR. ZIEMER:** Right, uh-huh.

24 **MS. BLOCK:** -- process from the beginning,
25 wishes that she could be with all of you, but

1 she's with the Senator right now on another
2 matter, but she might try to get on if she can.
3 But I think Portia, if she was here, and I
4 would just like to express, you know, from the
5 Senator's point of view disappointment with
6 this process. It's just been an incredibly
7 frustrating process I think for the
8 petitioners. It's gone on so long, you know.
9 We're almost now at two years since the
10 petition was filed and, you know, from what
11 we're hearing, we obviously have serious
12 concerns about where the Advisory Board is
13 heading on this and -- and I think our concerns
14 are generated by, you know, I just -- a litany
15 of events throughout this process that have
16 called into question sort of the -- the -- the
17 accuracy of the outcome. You know, things like
18 the -- the original site profile not taking
19 into account the employees' evidence and
20 information, using data from other sites, the
21 difficulty that everybody is having getting
22 information which, you know, begs the question
23 of whether there is other information out there
24 that -- that hasn't come out. So we just
25 wanted to express, you know, on behalf of the

1 Senator's constituents who -- who have been
2 through this process and found it so
3 frustrating, our concerns. And we'd like to
4 provide a -- a more formal written statement to
5 the Board, you know, following this meeting.

6 **DR. ZIEMER:** That would be fine, Sharon. Are
7 there any other representatives of the
8 petitioners on the line at all?

9 (No responses)

10 Okay. Okay, apparently not, so -- now this
11 motion is open now for discussion. The motion
12 that comes back to the table is basically the
13 one that you've summarized at the end of your
14 presentation, so we'll now open the floor for
15 discussion. The motion that's before us is a
16 motion to support the NIOSH position that dose
17 can be reconstructed with sufficient accuracy.
18 Dr. Melius.

19 **DR. MELIUS:** Yeah, my first question is do we -
20 - do we know that the actually -- that the SC&A
21 report actually did get to the petitioner?

22 **DR. ZIEMER:** I think -- who can confirm that
23 for us? I -- my understanding is they -- they
24 actually got it the day of our meeting, but
25 let's see if we can get a confirmation here.

1 **MS. BREYER:** It was sent. We always send the
2 documents FedEx, so we did send it FedEx and
3 then we did receive receipt confirmations that
4 they received them.

5 **DR. MELIUS:** And they -- they were aware of the
6 meeting today and --

7 **MS. BREYER:** Yes, I contacted -- one contacted
8 me a month ago when the agenda wasn't out, and
9 I did tell her the dates -- we did know the
10 dates at the time -- and I told her it'd be the
11 same number and pass code, and then I left the
12 messages as well last week with the call-in
13 number and the pass code, and neither returned
14 my call before I left. But I did leave all the
15 information on voice mails for them.

16 **DR. MELIUS:** Uh-huh, okay.

17 **MS. BREYER:** And e-mails, 'cause I had e-mail
18 addresses for them both as well, so they both
19 got e-mails from me.

20 **DR. MELIUS:** Okay.

21 **DR. ZIEMER:** Thank you, Laurie.

22 **DR. MELIUS:** Thank you.

23 **DR. ZIEMER:** Other comments or questions? Yes,
24 Jim Lockey.

25 **DR. LOCKEY:** I have a question for Jim. Jim,

1 were -- is there a concern on your part about
2 the expos-- about the -- before 1948, that
3 there might have been something going on at the
4 plant site at that time frame that wouldn't be
5 reflected in '48 on?

6 **DR. MELIUS:** Correct, and there's this issue,
7 and my recollection is this was uncovered
8 during one of the site visits there, or in
9 subsequent follow-up from SC&A. I believe it
10 was referenced in the SC&A report that was
11 brought to the workgroup or maybe to some
12 discussion. I don't -- I was not part of the
13 workgroup --

14 **DR. ZIEMER:** Maybe we can get some --

15 **DR. MELIUS:** -- so I don't know if a printout
16 would be --

17 **DR. ZIEMER:** -- clarification of that --

18 **DR. MELIUS:** Yes.

19 **DR. ZIEMER:** -- and whether or not that would -
20 - that could be a subject of even a separate
21 petition, I suppose, but Jim?

22 **DR. NETON:** Yeah, I -- I'll try to -- to the
23 best of my ability -- reflect on what happened,
24 and I think SC&A can -- can chime in if I'm
25 off-base, fill in the gaps.

1 My recollection was, during an interview with
2 some of the workers during a worker outreach
3 meeting at the Blockson -- at the Chapman site,
4 it was brought to light by one of the workers
5 that there may have been a shipment of -- I
6 think they were barriers, is that correct?
7 Some type of uranium --

8 **UNIDENTIFIED:** Manifolds.

9 **DR. NETON:** -- manifolds -- manifolds from --
10 from the Oak Ridge facility that were shipped
11 to the site and possibly could have contained
12 trace amounts of enriched uranium. And that
13 might have explained the -- might help explain
14 the discovery of some -- what appear to be
15 enriched uranium samples outside about the
16 facility. But it was also -- and this was an
17 early time frame, prior to 1948.

18 **DR. MELIUS:** Uh-huh.

19 **DR. NETON:** It was also mentioned, I believe,
20 though, that those things were shipped --
21 although they were shipped to the site, they
22 were fairly quickly transported to another
23 building somewhere remote from the actual
24 Blockson (sic) facility that we're reviewing
25 today.

1 **UNIDENTIFIED:** Chapman.

2 **DR. NETON:** For Chapman -- I'm sorry, I've got
3 too many facilities on my mind today.

4 So that -- that, in essence, created yet
5 another facility designation because Building
6 23 is the designated class for what we're
7 reviewing today. This has -- you know, we
8 believe it had merit. We passed on that
9 information to the Department of Labor and, as
10 Larry said, we're still waiting to hear their
11 opinion on that.

12 If Arjun can fill in a few of the gaps --

13 **DR. MAKHIJANI:** Yeah, well, John and I and Dr.
14 Poston were there during -- during this
15 interview. This was a person that did not work
16 during the Manhattan Project at Building 23.
17 This person -- this worker was at another
18 facility and actually knew of these --
19 personally knew because -- handled the
20 paperwork around this and was able to provide
21 quite a lot of detail around what was involved,
22 but no radiological details other than
23 manifolds came from Oak Ridge, and provided
24 names of contacts and so on -- which of course
25 those -- those who have Privacy Act materials

1 have that information, including NIOSH. I
2 don't know if it's been passed on to the
3 Department of Labor.

4 We -- we don't know about the quantities of --
5 of the materials. We did a little bit of
6 research, which is in our report, that leads
7 one to suspect or make an educated guess that
8 it might have been from the electromagnetic
9 separation during the Manhattan Project.
10 This person also did tell us that the project
11 that the employee was aware of ended a few
12 months after World War II.

13 **DR. ZIEMER:** Let me ask maybe Arjun or John or
14 Jim, is there any reason to think that that
15 material would have any impact on the time
16 period we're talking about here? As I
17 understand it, this was earlier and was moved
18 away from the --

19 **DR. POSTON:** Yeah, we were -- when we spoke --

20 **DR. ZIEMER:** John.

21 **DR. POSTON:** I participated in the -- as Arjun
22 said, I participated in the interviews. This
23 was an elderly woman who was a secretary or --
24 who processed the paperwork for these
25 shipments. But we were also told by other

1 workers that none of those manifolds entered
2 the building. They -- there was a -- a rail
3 spur there that they brought these in, they
4 transferred them to a truck and took them to
5 another facility. So when we considered the
6 dose reconstruction, we did not consider that
7 that was relevant to what we were charged to
8 do.

9 **DR. ZIEMER:** Thank you. Mark, did you have a
10 comment on that as well?

11 **MR. GRIFFON:** I guess I just -- reflecting on --
12 -- and I don't disagree with the description by
13 Arjun or Jim, but I do note in -- in both of
14 their descriptions -- here's the concern I
15 have. We're saying believe to be -- I think
16 Jim used the phrase "believed to be" before the
17 time period, and Arjun said might have been
18 from this other facility. And I think we're --
19 you know, I'm saying, you know, I wish we had
20 more information at this point. We have -- you
21 know, it's not like we're just -- it's not like
22 we have no information, but we have a lead that
23 there was other -- other processing, other sort
24 of operations that may have gone on and, you
25 know, we -- we're guessing that it was before

1 this time period in question. I mean we -- we
2 have this one inf-- interview that says it was,
3 but we have these other samples that were taken
4 in the 1990s and they're near Building 23.
5 They're not associated with this other
6 building, so you know, I'm not sure that I'm
7 convinced that it was definitely before the
8 time period in question and I -- my -- my
9 opinion is, you know, why -- why vote on this
10 time period until we hear back from DOL and
11 let's make sure it doesn't overlap or something
12 or -- or there's not other operations that we
13 don't even know of that -- you know.

14 **DR. NETON:** Well, I used the word "believe"
15 because there was one assertion made by one
16 person at the time, and I think Arjun indicated
17 that it was -- ended prior -- or shortly after
18 World War II, 1946. So you know, it wouldn't
19 have been in the 1948 time frame --

20 **MR. GRIFFON:** But -- but we also have those
21 questionable samples (unintelligible) --

22 **DR. NETON:** And the samples -- the samples that
23 were detected, if I'm not mistaken, were
24 actually -- one of the enriched uranium samples
25 was at the loading dock outside the building.

1 It was not actually in the building itself,
2 which sort of supports this possible drop-
3 shipment theory, so -- and we have no evidence
4 of any other --

5 **MR. GRIFFON:** Possible.

6 **DR. NETON:** -- enriched uranium -- well, I mean
7 I can't prove a negative, Mark. I mean that
8 seems to be a recurring theme here and, you
9 know, there is no other information besides
10 that. It could take six months, it could take
11 a year, we may never find that information.
12 And -- and in light of that, this evaluation
13 report would languish for a long extended
14 period of time for some po-- some long-term
15 possibility.

16 Right now the information, as we have it,
17 suggests nothing beyond the rolling operations.
18 We have a very detailed report for this
19 project, the H. K. Ferguson report. It's a 97-
20 page document that -- that details in
21 excruciating detail every piece -- every
22 operation that was done, the thickness of the
23 uranium that was removed for all these slugs,
24 the exact numbers and how they were shipped to
25 Brookhaven. Nothing in this time period, which

1 is all documented in this report, suggests that
2 there were any other activities at this plant
3 during that time period.

4 **DR. ZIEMER:** Okay. Larry, a comment?

5 **MR. ELLIOTT:** I stepped out a moment ago and
6 called Roberta Moser at DOL. She is deputy to
7 Pete Turcic, and I asked her where they stood
8 on this issue. I had expected to hear from
9 them, I haven't. I don't have anything in
10 writing. She was going to search for that. I
11 don't know if Roberta is on the line now or if
12 Jeff Kotsch is on the line now, but I asked
13 that they try to make themselves available for
14 the Board to hear their opinion on this. I
15 can't share that because, you know, it needs to
16 come from them.

17 **DR. ZIEMER:** Okay. Thank you, Larry. Jim,
18 additional comment?

19 **DR. MELIUS:** Yeah, I would just point out --
20 and part of my concern about this issue has
21 been raised by the unfortunate in-- incidents
22 in communication we've had regarding the -- the
23 Dow site, and I think all the Board members saw
24 some of the problems there, and it seems that
25 these particular issues of covered period and

1 so forth seem to get lost and there's poor
2 communication on -- and poor follow-up on --
3 and -- and I'm concerned about sort of letting
4 go of these issues in a way that they then ap--
5 appear to disappear and we have, you know,
6 petitioners that are concerned. We have people
7 that have -- have ra-- you know, raised this
8 is-- issue as part of a -- a NIOSH -- you know,
9 Board evaluation of the site and I think we
10 need -- we have some duty to -- to follow up on
11 it and I get concerned when we go to a meeting
12 and -- and NIOSH then has to call DOL to get an
13 update. And I don't think we can, you know,
14 give up on our responsibilities to -- to follow
15 up on these, as appears to -- what has happened
16 with the Dow site, which we'll talk about
17 tomorrow.

18 **DR. ZIEMER:** Thank you. John, with a comment?

19 **DR. POSTON:** Well, I'd just like to point out
20 that -- first, that I respect my colleagues
21 here on the Board, but when we made this
22 recommendation, it was unanimous. And I think
23 the record will show that Mark indicated orally
24 during that time that he didn't think that the
25 slightly enriched uranium-235 had anything to

1 do with this case. So now I'm a little bit
2 confused that this seems to be a huge roadblock
3 to something that was unanimous among the
4 working group that we should proceed with this.

5 **DR. ZIEMER:** Okay, thank you. Wanda?

6 **MS. MUNN:** There is nothing that will prevent
7 an additional petition from being filed if in
8 fact any evidence presents itself or is
9 uncovered which would indicate that any of the
10 activities that occurred prior to this time
11 should be the topic of an SEC or further
12 investigation in terms of technical accuracy.
13 That being the case, the fact that some other
14 time period may have been involved does not
15 appear to be a valid basis for failing to move
16 on this particular SEC at this time.

17 **DR. ZIEMER:** Thank you. Other comments. Mark.

18 **MR. GRIFFON:** I -- I guess I have to defen-- I
19 -- I haven't looked back at my trans-- you
20 know, what I said on the record, but I -- I
21 don't think I said it had nothing to do with
22 this case, but I certainly did -- and I still
23 feel that the enriched uranium -- you know, the
24 -- the work that we looked at, I think that
25 dose reconstruction could be done with -- with

1 the data we had. It's this -- this question of
2 it -- it is likely that that enriched uranium
3 or -- or some other activities were prior to,
4 but you know, my only hesitation is that, you
5 know, if -- if we -- if these processes or
6 other operations could have occurred
7 overlapping this time period, then are we --
8 are we hastily voting potentially against this
9 -- this covered time period. So I -- I guess I
10 would -- I would just clarify my -- and if I
11 said that before, you know, that -- that's my
12 only hesitation, and it's not that I don't
13 think that -- that they didn't demonstrate
14 fairly well that -- and the H. K. Ferguson does
15 detail those activities that we looked at, and
16 I'm convinced very well that for those
17 activities that doses can be reconstructed.
18 But I have -- I'm -- I'm hesitant because of
19 the -- this question mark about other
20 activities. And if they did overlap this time
21 period, then what are -- what's the recourse
22 for those that would have already been voted
23 out in this time period? I'm not sure.

24 **DR. ZIEMER:** Let -- let me ask a question on
25 that shipment that's been referred to. Was

1 there supporting documentation that showed that
2 shipment arriving there and being transferred
3 and so on? How do we know -- or is it the re--
4 recollection of the one person that it even --

5 **DR. POSTON:** Right.

6 **DR. ZIEMER:** -- was there to start with?

7 **DR. POSTON:** Yes, it was -- as I said, it was a
8 secretary who remembered processing the
9 paperwork for these manifolds, and she
10 described them as being quite large, about the
11 -- she pointed to a huge window that was in the
12 meeting room which was probably about seven
13 feet by seven feet, and she said they were
14 roughly that -- that big. And Arjun and John
15 and I talked about it and we concluded they
16 probably came from the Y-12 operation with the
17 electromagnetic separation.

18 **DR. ZIEMER:** And was it her recollection that
19 they had been transferred, or was that someone
20 else's?

21 **DR. POSTON:** The -- I for-- I don't remember.
22 I think -- but we were told --

23 **DR. ZIEMER:** John Mauro perhaps --

24 **DR. POSTON:** -- that those manifolds never
25 entered the building. They were simply

1 transferred, there was a trans-shipment there.

2 **DR. MAURO:** Yeah, my recollection is she
3 referred to a relocation to a -- a facility on
4 Dean Street --

5 **DR. POSTON:** Yeah.

6 **DR. MAURO:** -- where they were tested --
7 pressure tested, I think that they -- the way
8 it was described, so these manifolds were sent
9 there for particular testing if they would hol-
10 - withhold a certain pressure at a -- at that
11 facility and I -- that's I think the extent of
12 the description that -- that -- that was
13 provided.

14 **DR. ZIEMER:** And that is another -- a different
15 Chapman facility, Dean Street?

16 **DR. POSTON:** Yes.

17 **DR. NETON:** Yes.

18 **DR. MAKHIJANI:** Well, it -- it -- it was a
19 different location, yes, and there was a trans-
20 shipment point and might have been cleaning of
21 these manifolds involved, also. We -- we did
22 not go to the Dean Street facility at that
23 time. We just kind of made notes and the --
24 the -- the notes from that meeting are in an
25 attachment to the report and there's a fair

1 amount of detail in there.

2 **DR. ZIEMER:** So that if -- if indeed such
3 material went to Dean Street and work was done
4 there, that would have to be established
5 separately as a covered site, which it is not
6 now. Is that correct?

7 **DR. MAKHIJANI:** Yeah, the -- the -- the trans-
8 shipment happened -- I mean presum-- from this
9 one account. I'm just telling you --

10 **DR. ZIEMER:** Yeah.

11 **DR. MAKHIJANI:** -- what -- what was said. It -
12 - it -- at -- at the Chapman Valve main
13 facility, so presumably workers over there
14 would have been transferring the thing from the
15 train on which it arrived to a truck which took
16 it to the Dean Street facility, but that --
17 that extent of work would have happened there
18 and -- and fr-- and then we didn't -- I
19 personally went -- when John and I drafted the
20 report, I did -- I did look at the official
21 Manhattan Project history. There -- there are
22 further details as to contractors that were
23 involved. I believe it was Stone and Webster.
24 So there was -- it wasn't just a recollection.
25 There was -- there was more rich detail that

1 led -- you know, more credence to the idea that
2 -- that such a thing actually happened because
3 it checked -- whatever coul-- I could check
4 out, checked out with the official AEC history.

5 **DR. ZIEMER:** Thank you. Ji--

6 **MR. GRIFFON:** But -- but also this -- you know,
7 if this transfer was rail to truck, I'm not
8 sure how this loading dock being -- having a
9 potentially elevated U-235 sample sort of
10 supports this whole scenario, you know. I mean
11 it -- it doesn't sound like it ever got to the
12 loading dock, from what I'm hearing from John
13 and from Arjun, you know, so --

14 **DR. NETON:** Well, I don't know, but -- but what
15 I would point out, though, and remind the Board
16 that the -- the class definition here
17 specifically refers to work in Building 23.
18 And if one looks at the H. K. Ferguson report,
19 there's a very detailed account how Building
20 23, in 1948 and '49, was specifically set up
21 and -- and partitioned off to handle the slug
22 work for the Brookhaven Graphite Research
23 Reactor. So in -- in a sense, we have a very
24 good accounting of what transpired in Building
25 23 that was specifically configured for that

1 operation in 1948 and '49. It would not
2 preclude the addition of a class at other
3 sections of -- of the main Blockson (sic)
4 facility, or even this Dean Street fac-- I'm
5 sorry, I keep saying -- I've got a Blockson
6 report later this afternoon and so I --

7 **DR. ZIEMER:** We understand.

8 **DR. NETON:** So anyway, it -- it is just
9 Building 23 that we're -- we're discussing
10 here, not the balance of the plant.

11 **DR. ZIEMER:** Thank you. Okay, Jim Lockey, then
12 Jim Melius.

13 **DR. LOCKEY:** If -- if perchance it was -- when
14 you -- if more information is made available,
15 it's found that in somehow Building 23 was in
16 some way involved with these -- this manifold
17 that were being shipped there, how would that
18 be handled in relationship to the petitioners?
19 Could they refile another SEC at that point or
20 --

21 **DR. ZIEMER:** Well --

22 **DR. LOCKEY:** I'm just looking for
23 clarification.

24 **DR. ZIEMER:** -- let Larry answer, but the issue
25 for NIOSH would be whether they could

1 reconstruct dose if that material was handled
2 in that building, and --

3 **MS. MUNN:** (Off microphone) (Unintelligible)
4 just a trace.

5 **MR. ELLIOTT:** Yes, we -- if -- if information
6 come to light that indicated Building 23 with
7 enriched uranium, then we would have to re-
8 examine our evaluation as to whether we can
9 reconstruct that dose. If it comes to light,
10 or as we hear in the speculation, that it went
11 to another building across the street, that's
12 not part of the covered facility here. That's
13 -- that's what I think DOL is wrestling with,
14 is my under-- I'm stepping out here where I
15 didn't want to be and speak about DOL's
16 responsibility, but what they're looking at is,
17 one, is there -- does the AWE designation for
18 Chapman Valve cover this reported manifold
19 transfer and cleanup or whatever happened to
20 it. If it doesn't, should it; should a new AWE
21 designation be granted for Chapman Valve to
22 include that building. The other thing that I
23 think they're looking at is whether or not this
24 is covered work. They -- they have opined that
25 the Dow situation is not covered work, and I

1 think they're also examining Chapman Valve
2 under the same lens; is that covered work for
3 this program. I don't know where they're at on
4 either one of these examinations and I wish
5 they were on the phone to tell you.

6 **DR. ZIEMER:** Thank you. Jim and then Josie.

7 **DR. MELIUS:** Yeah. I actually wish they --
8 they were here, too. I mean they've had -- had
9 several months to do that. I'm -- I'm not
10 faulting the work of the -- first of all, the
11 workgroup -- do that. I understand what they
12 did and so forth. I just think that before we
13 as a Board reach closure on this that I would
14 like to have better information on the status
15 of this follow-up from DOL -- that's maybe them
16 calling Larry now -- and -- and understanding
17 and -- and -- about it. And I think that
18 that's there, and given some of the
19 communication issues we've already had with
20 this -- remember we've had a -- the SC&A report
21 that somehow got lost for six months and I
22 found out that it'd never been submitted to the
23 petitioners by accident at the May meeting as I
24 was trying to understand what was -- ha--
25 trying to understand what everyone had done on

1 the site, and I think it's only fair to the
2 petitioners and so forth, given how old the
3 site is, given their limited resources and --
4 thing, and given the limited access to the --
5 to the process that -- that we wait and get an
6 update and find out what -- what DOE -- DOL is
7 doing about this site and have a presentation
8 from DOL about it and not a last-minute phone
9 call.

10 **DR. ZIEMER:** Thank you. Josie?

11 **MS. BEACH:** My question is do we have a sense
12 of if the workforce moved from Chapman Valve
13 over to Dean facility, were they mobile? Did
14 you look at that at all?

15 **DR. POSTON:** We -- we did not specifically ask
16 that question, as I recall, or -- but it was my
17 impression that the Dean Street facility was a
18 separate facility and had a separate workforce.
19 And Arjun probably can --

20 **DR. MAKHIJANI:** Yeah, the -- the -- the Dean
21 Street facility was a physically separate
22 facility, but I believe the workforce was a
23 Chapman Valve workforce institutionally. And
24 the person who gave us --

25 **DR. POSTON:** (Off microphone) (Unintelligible)

1 question, Arjun.

2 **DR. MAKHIJANI:** Sorry? No, the --

3 **DR. POSTON:** (Off microphone) (Unintelligible)
4 question.

5 **DR. MAKHIJANI:** I'm -- I'm trying to finish the
6 answer.

7 **DR. POSTON:** Well, I think you're answering a
8 question that she didn't ask. She -- as I
9 understood it, and the way I answered it, she
10 was wanting to know did the people in Building
11 23 go to the Dean Street facility to do work.

12 **DR. MAKHIJANI:** What I'm saying is the reverse
13 did happen, is the person who told us this
14 subsequently went to work at the main plant, so
15 that would indicate that the personnel were
16 interchangeable. I don't know of anybody that
17 went the other way, but we do know that this
18 person went from working for this Dean Street
19 project when it closed, or when she said it
20 closed, to the main facility.

21 **DR. POSTON:** The sec-- the secretary, you're
22 talking about.

23 **DR. MAKHIJANI:** (Off microphone)
24 (Unintelligible)

25 **MR. GRIFFON:** Yeah.

1 **DR. POSTON:** Okay.

2 **DR. ZIEMER:** Thank you. Further comments? Oh,
3 okay. The latest update?

4 **MR. ELLIOTT:** I feel like the -- don't shoot
5 the messenger. Okay?

6 DOL has not memorialized this -- their opinion
7 in a documentation yet. That is forthcoming.
8 I have no idea, I asked her when it was coming.
9 Essentially what I said earlier are the two
10 issues they're wrestling with, and right now
11 they're saying that they have no primary
12 evidence other than this re-- this -- this
13 anecdotal comment, and that's it. And DOE has
14 no primary evidence and so they're going to
15 provide written documentation of their position
16 on this. What it will say, I can't -- I can't
17 speak to.

18 **DR. ZIEMER:** Okay. Thank you. Other comments?
19 Anyone wish to speak for or against the amend--
20 or the --

21 **MR. GRIFFON:** Just -- just to --

22 **DR. ZIEMER:** -- motion. Yeah.

23 **MR. GRIFFON:** Just to say one more thing on the
24 -- and -- and I agree with -- with Jim Neton
25 that -- I don't want to let this linger

1 necessarily. I guess the -- the -- the other
2 side of it is that I think if I looked at the -
3 - we had a slide yesterday and I can't remember
4 the exact numbers, but a lot of the Chapman
5 Valve cases have been completed, so I'm not
6 sure how our vote here is affecting any work or
7 any claims processing or ver-- very many. I
8 mean a lot of these claims have been completed.
9 Isn't that correct?

10 **MS. MUNN:** Yes.

11 **MR. ELLIOTT:** We have not pended any claims or
12 any action on dose reconstruction for Chapman
13 Valve. I'd have to look up -- I don't have it
14 here. I'd have to go look up in the --

15 **MR. GRIFFON:** The DOL slide from yesterday had
16 some numbers in it. It looked like --

17 **MR. ELLIOTT:** Okay. Well, then you have that.

18 **MR. GRIFFON:** -- looked like a high percentage
19 were already completed.

20 **MR. ELLIOTT:** I think there is a high
21 percentage.

22 **MR. GRIFFON:** Right.

23 **MR. ELLIOTT:** I could go get my data, but --

24 **MR. GRIFFON:** Denied, yeah, and -- but denied,
25 I -- I agree, yeah, yeah.

1 **DR. ZIEMER:** Okay.

2 **MR. GRIFFON:** Anyway...

3 **DR. ZIEMER:** Further comments?

4 **DR. WADE:** Comment not pertaining to this, but
5 after the Board does its business, I would like
6 to have a discussion with the Board about how
7 we proceed from a procedural point of view to
8 sort of avoid these issues in the future. I
9 don't think we should have that discussion now,
10 but after you conclude your business on this I
11 think we should talk about this.

12 **DR. ZIEMER:** Okay. Wanda, did you have an
13 additional comment?

14 **MS. MUNN:** I was -- just in response to the
15 question about the number of -- of cases. The
16 slide that was presented to us yesterday showed
17 NIOSH dose reconstructions of 73 and Part B
18 approvals of 34 completed of a total of 215
19 claims.

20 **DR. NETON:** I have the numbers from the
21 evaluation report that was issued --

22 **MS. MUNN:** The final decision number was 175.

23 **DR. NETON:** -- August -- August of '06, so
24 these are a little bit out of date, but these
25 are the numbers that were in Table 4-1 of the

1 Chapman Valve evaluation report, and it says
2 that there were a total number of cases
3 submitted for Energy employees who meet the
4 proposed class definition was at 106. The
5 number of dose reconstructions completed for
6 those employees were -- was 91, so Mark's
7 correct, we -- we've done the vast majority of
8 those cases. I guess those were the two
9 relevant numbers out of this table, but again,
10 a -- a fair number of these have been denied,
11 and I'm sure there are people out there waiting
12 with hope that if this decision is made and
13 their -- their case may turn over one way or
14 another based on what happens with the SEC
15 process.

16 **MR. GRIFFON:** Yeah, I -- I know they're
17 waiting, but I would also like to see, you
18 know, exactly what DOL did to investigate this.
19 I mean if -- if they didn't look for any more
20 data, I'm sure they didn't find any primary
21 data, so I'd like to see to -- to what extent
22 did they investigate what -- we actually gave
23 them some potential things to research,
24 including the -- the contractor. I don't know
25 if everybody's ever looked at the contractor

1 that came in and did the cleanup. We asked for
2 those -- that data and the data for shipments
3 that probably went to Clive, Utah, you know,
4 that -- that might shed some light on some of
5 the nature of the contamina-- you know, the
6 contamination that they removed, so I don't
7 know if any of that was followed up on. Some
8 of it was in the later time period, but some
9 might also reflect on overall operations that
10 occurred at the site, so --

11 **DR. NETON:** Right.

12 **MR. GRIFFON:** -- I'd like to see what DOL
13 investigated this to make their determination.

14 **DR. ZIEMER:** Okay. Further comments? Wanda,
15 additional comment or --

16 **MS. MUNN:** At the risk of being repetitive, we
17 have determined that a bounding case can be
18 made for these workers and, in the event that
19 additional information occurs, there's nothing
20 to prevent an SEC from being filed covering
21 this new information. I -- there seems to be
22 no reason why we shouldn't proceed with this
23 one, with the full understanding that
24 additional information is wide open to any
25 additional claimants.

1 **DR. ZIEMER:** Thank you. Jim, a comment?

2 **DR. MELIUS:** Yeah, and I would argue the
3 opposite, that no harm done in delaying until
4 we've got a full report from -- I won't say a
5 full report, but at least a report from DOL on
6 -- and DOE on what their evaluation is of the
7 covered period and covered facility for the
8 site. And therefore I think -- believe this is
9 the right way to proce-- procedurally, in terms
10 of voting, I would move to re-table the motion
11 until our next meeting.

12 **DR. ZIEMER:** Okay, there's a motion to -- to
13 table this --

14 **DR. MELIUS:** Table, yeah.

15 **DR. ZIEMER:** -- and is there a second?

16 **DR. MELIUS:** Uh-huh.

17 **MR. SCHOFIELD:** Second.

18 **DR. ZIEMER:** And it's seconded. This is not a
19 debatable motion. We must vote immediately.
20 Those who favor tabling the motion, say aye --
21 raise -- raise your hand if you vote -- if you
22 favor tabling the motion.

23 One, two, three, four, five.

24 **DR. WADE:** We have -- have Gen.

25 **DR. ZIEMER:** And Gen Roessler?

1 **DR. ROESSLER:** There are people on the line who
2 are not muting their phones so I -- I did not
3 hear the latest --

4 **DR. ZIEMER:** This is motion -- this is a motion
5 to table the Chapman Valve motion.

6 **DR. ROESSLER:** Right. I vote against it.

7 **DR. ZIEMER:** Okay, you're voting no. Let me
8 see the ayes again, there were -- ayes?

9 (Affirmative responses)

10 Okay, the no's? One, two, three, four, the
11 Chair votes no, that's five --

12 **DR. WADE:** And Gen.

13 **DR. ZIEMER:** -- and Gen is six. The motion
14 fails. So we're back to the main motion now.
15 The main motion is that the Board support the
16 position of NIOSH on the Chapman Valve
17 petition. Are we ready to vote on that? Any
18 final comments, pro or con? You can -- okay,
19 we're ready to vote?

20 Okay, those who favor the recommendation of the
21 workgroup will say -- or vote -- raise your
22 right hand. Okay, one, two, three, four, the
23 Chair votes aye is five, Gen Roessler?

24 **DR. ROESSLER:** I vote for.

25 **DR. ZIEMER:** That's six. Those voting against?

1 One, two, three, four, five.

2 The vote is six to five, so the motion carries,
3 and the Chair will prepare a -- a letter to the
4 Secretary so indicating. I assume that the
5 usual 21-day caveat for preparation of that
6 would be in effect.

7 The Chair would note that the fact that this is
8 a split vote will perhaps cause the Secretary
9 some concern or -- he has to make the final
10 decision, but this is not a strong endorsement
11 at this point. We recognize that, but
12 nonetheless the Board has so voted and that
13 will be the recommendation.

14 Again, a note that if additional information is
15 uncovered or developed, subsequent petitions
16 could be addressed appropriately.

17 A comment now, Lew.

18 **DR. WADE:** Well, first on the -- the recently-
19 completed action, the process we have been
20 trying to follow is that a draft of the -- the
21 motion would be put together and shown to all
22 tomorrow during our working session. We need
23 to deal with the issue of the 250 days and we
24 need more specificity in terms of --

25 **DR. ZIEMER:** Right.

1 the work of the -- of this Board in a timely
2 way, and we all understand that pressure.
3 We'll talk more about that this afternoon. And
4 then there's an equal pressure to do a complete
5 job, to see that the people are indeed served,
6 the workers are indeed served by seeing that --
7 that all of the questions have been addressed
8 adequately. And there's a tension that will
9 always exist between those two things of
10 timeliness and complete. And again, we can
11 deal with that.

12 Except now there's a new wrinkle in front of us
13 and that is that the work that needs to be done
14 for the Board to feel that everything has been
15 done completely is not work to be done by the
16 Department of HHS. It's -- now we're talking
17 about DOL and DOE need to do certain things.
18 And I don't question that in these cases, those
19 that have asked for that work to be done in a
20 timely way are correct and justified, given the
21 charter of the Board. So the question is what
22 do we do.

23 I guess I would -- I would make a preliminary
24 proposal to you that I would like you to think
25 about and improve, and again I'll ask counsel

1 to comment on it as we go. I think it's
2 appropriate that at the end of each of -- at
3 the end of each Board meeting that I prepare a
4 letter to a contact point in DOE and a contact
5 point in DOL identifying issues that the Board
6 would like to see discussed at the subsequent
7 Board meeting, and giving them a time certain
8 for that discussion and identifying the issues.
9 I have to point out to you that there is
10 nothing binding in what I ask for and that
11 might not take place, but I don't think we want
12 to find ourself in a situation where we are
13 expecting something and we realize it's not
14 been forthcoming. Again, there is no guarantee
15 in what I do, but I think we need to do the
16 best staff work we can to avoid this issue. So
17 I'd like some discussion of that and refinement
18 of that and -- and guidance on that.
19 And first of all, counsel, I'm sure I can write
20 such letters.

21 **DR. ZIEMER:** And it certainly makes sense that
22 we at least formalize that process if -- if we
23 want Labor to -- if we would like Labor to do a
24 certain thing -- again, we can't -- or DOE, we
25 cannot mandate it, but we can certainly go on

1 record as asking for it and -- and that would
2 certainly formalize it so that we are -- we're
3 not just assuming because they heard something
4 that they will necessarily follow up
5 automatically.

6 **DR. WADE:** And it's Labor and Energy both. I
7 think in --

8 **DR. ZIEMER:** Yeah.

9 **DR. WADE:** -- in both cases --

10 **DR. ZIEMER:** Right.

11 **DR. WADE:** -- I think it comes to play. And
12 then I would -- my last little wrinkle of that
13 is that I could draft such letters and share
14 them with the Board before they went -- they
15 would be sent. And again, all I would ask for
16 would be individual comments from the Board, no
17 consensus on the letters.

18 Larry?

19 **MR. ELLIOTT:** Along this line of discussion, at
20 the -- at the conclusion of the May meeting in
21 Denver I took it upon myself to task my folks
22 to get with DOL and DOE. We sent an e-mail on
23 May the 8th to both DOE and to DOL asking them
24 about their position on Chapman Valve,
25 providing them all the information we had at

1 that time. I would -- you know, I would
2 welcome Lew's volunteering to take on as the
3 intermediary here because I think it does need
4 to come from the Board. It comes from me, I --
5 I get a response. I know that Shelby Hallmark
6 is now on top -- at DOL is now on top of what's
7 going on with Chapman Valve at DOL. He's
8 sending us an e-mail saying he will follow up
9 on this and get a written response to the
10 Board. But you can see my frustration as well.
11 We've taken action as we thought necessary and
12 we're still waiting.

13 **DR. ZIEMER:** Yeah.

14 **DR. WADE:** And you can also strike my name from
15 the proposal and put Paul's. I mean I just
16 think something needs to happen.

17 **DR. ZIEMER:** Well, I --

18 **UNIDENTIFIED:** (Off microphone)

19 (Unintelligible)

20 **DR. ZIEMER:** Yeah, I -- I think it's fine if it
21 comes from you acting in behalf of the Board.
22 Wanda, you have a comment?

23 **MS. MUNN:** Nothing is more helpful to an
24 individual -- and I assume to an organization -
25 - with multiple, differing sites and issues to

1 deal with than a simple action list. An action
2 list is the most direct and simple tool of
3 which I am aware that can be used in
4 circumstances like this, and it appears to me
5 that any agency or individual who received it
6 would be extremely pleased at having before
7 them exactly what is being asked of them and
8 the time line as to when that might occur.

9 **DR. ZIEMER:** In fact, hav-- having heard you
10 say that, I might just follow up and suggest
11 that a -- an action list for all follow-up
12 activities would be perhaps useful, is a
13 certain workgroup to do something. Some of
14 these things we -- can slip through the crack.
15 We -- we talk about it and say okay, such-and-
16 such a workgroup should follow up and -- and
17 you know, if we don't have a list like that,
18 it's easy for those things to fall through the
19 crack, for them to forget to do it or for us to
20 forget to follow up. So I'm wondering if we
21 shouldn't think about expanding that, not only
22 what we would like in terms of the -- the
23 agencies to do as follow-up but what we need to
24 do internally, whether it's workgroups or
25 individuals.

1 **DR. WADE:** I mean I agree with that. I -- I
2 mean I -- I think that's been needed for quite
3 some time. I've been working to try and get
4 staff dedicated to that. It's my sincere hope
5 that at the next face-to-face meeting of the
6 Board there will be staff here who can keep a
7 real time record of action lists so I'll assume
8 the responsibility at this meeting. Hopefully
9 we can more formalize it at the next. But just
10 so you tell me when to add something to the
11 action list, I'll add it.

12 **DR. ZIEMER:** And this would include
13 contractors, if -- if we want SC&A to do
14 something -- normally we're tasking them
15 anyway, but we -- we may need to include those
16 kinds of things.

17 Jim.

18 **DR. MELIUS:** I would just point out that we've
19 had action lists before and they last about two
20 meetings and then they disappear.

21 **DR. ZIEMER:** They disappear, uh-huh.

22 **DR. MELIUS:** We never see them again, and it
23 continues to be extremely frustrating -- NIOSH
24 is not committing adequate resources to doing
25 the kind of follow-up that's needed for this

1 program on -- on activities as well as -- as
2 sharing information with the petitioners and so
3 forth, and I think it's -- continues to hurt
4 the credibility of this program with the people
5 that are supposed to be served by the program,
6 as well as their elected representatives and I
7 -- I think I -- I question whether it's even
8 worth doing another action list because we
9 don't seem to ever follow up on it.

10 **DR. ZIEMER:** Well, are you speaking against an
11 action list? I -- I think you --

12 **DR. MELIUS:** I mean I --

13 **DR. ZIEMER:** -- you would like an action list
14 that would work, that is -- that -- that we
15 follow up on and somebody's responsible for the
16 action list.

17 **DR. MELIUS:** Yeah, I've been asking for the
18 last three meetings that there be some action
19 planned for dealing with Privacy Act reviews
20 and I still don't have any -- that and it still
21 continues to be a -- a problem. And I'm
22 getting pretty cynical about whether this is --
23 I bel-- I will, I'll say it, I believe this is
24 intentional on the part of the agency to try
25 to, you know, slow down our process and slow

1 down anybody trying to -- that may take --
2 disagree with their actions and their
3 decisions.

4 **DR. ZIEMER:** Thank you. Robert?

5 **MR. PRESLEY:** Well, I thank Lew for what he's
6 offered to do, but I have one comment. Would
7 it have more teeth in what you plan on doing to
8 bounce this to the Secretary and let the
9 Secretary then bounce it over to Labor and put
10 more teeth in that Labor needs to take a little
11 bit better action or take more action and
12 faster action. And if there's a problem with
13 HHS, then maybe he could put some -- some teeth
14 into that, too. But would that -- that take
15 some of the -- the problems off of your back
16 once you do this and -- and bounce it to the
17 Secretary.

18 **DR. WADE:** Oh, I mean certainly if the
19 Secretary was to send such a letter it would
20 have much more teeth. I don't think it's going
21 to happen and I think the staff work that it
22 would take to make happen would be an order of
23 magnitude more than what I'm proposing.
24 Secretaries aren't necessarily in the business
25 of telling each other their -- what to do, and

1 --

2 **MR. PRESLEY:** I realize that.

3 **DR. WADE:** -- so you know, if that's the sense
4 of the Board, I'd be pleased to pursue that. I
5 would advise against it, though.

6 **DR. ZIEMER:** Thanks. Other comments? Okay.
7 Thank you.

8 (Pause)

9 We -- some of these items are sort of fixed
10 time in terms of folks that are going to join
11 us by phone, including Bethlehem Steel and
12 Blockson, so let's look ahead a minute, some
13 items -- perhaps some housekeeping items that
14 we can take care of -- what, schedules?

15 **DR. WADE:** Well, first to finish that item, is
16 it the sense of the Board that I'll send these
17 letters?

18 (Affirmative responses)

19 **DR. ZIEMER:** Well, let me --

20 **MR. PRESLEY:** Do we need a motion or --

21 **DR. ZIEMER:** We don't need a motion if it's the
22 sense of the Board. Lew has agreed to do it
23 and there would -- he would develop an action
24 list which presumably would get distributed and
25 would advise us -- each meeting we'd have the

1 previous meeting's action list before us, I --
2 I would assume, to make sure that -- that we
3 have put on the agenda the items that need
4 follow-up and -- and have some method of
5 assuring that the actions actually occur, so --
6 I mean once you have the action list, it has to
7 be tracked to be effective. Jim's comment that
8 having an action list, by itself, doesn't
9 assure anything because you have to take action
10 on the action list. So -- but and then that's
11 --

12 **DR. WADE:** (Unintelligible)

13 **DR. ZIEMER:** -- that's a staff support thing,
14 but certainly been -- I think it's -- unless
15 somebody objects wildly, the sense of the Board
16 is that it would make sense to do this, so...

17 **DR. WADE:** Okay. If that's the case, then my
18 second question would be should I put anything
19 on the list relative to Chapman Valve for DOL
20 and DOE? Or is that issue behind you or do you
21 want me to task them, as best I can, with
22 coming forward with anything for the next
23 meeting?

24 **DR. ZIEMER:** Okay, Jim and then Mark.

25 **DR. LOCKEY:** I would like to hear from both DOL

1 and DOE at the next meeting regarding this
2 question 'cause it may provide an avenue if in
3 fact (unintelligible) was occurring in this
4 particular building that the petitioners can
5 refile a new petition, so that's important
6 information for the Board to hear.

7 **DR. ZIEMER:** Mark, you --

8 **MR. GRIFFON:** Yeah, I guess --

9 **DR. ZIEMER:** -- you (unintelligible) that?

10 **MR. GRIFFON:** -- I guess Larry -- I'm just
11 basically saying the same thing Jim said. I
12 think Larry indicated that they do have a more
13 formal report and we -- I think we should keep
14 it as an action on the list then to -- to see
15 or hear from them -- see the report or hear
16 from them.

17 **DR. ZIEMER:** I see others nodding. It seems to
18 be the consensus that a follow-up is warranted
19 in this case.

20 **DR. WADE:** And the specific question then is,
21 if I could have it framed.

22 **DR. ZIEMER:** Well, I need some help on this. I
23 -- I think it has to do with is -- in this
24 particular case, is the covered facility
25 description adequate; that is, should -- should

1 it be expanded. I believe there's a time frame
2 issue, also, and maybe workgroup -- what --
3 what are the -- what are the cogent questions
4 that either -- well, those who had concerns
5 about the petition to start with or workgroup
6 members, what are the issues? I -- it's -- the
7 time frame is one, right? For the covered
8 period?

9 **MR. GRIFFON:** Yeah, the ti-- the covered time
10 frame, the covered facility or facilities, and
11 I guess did they research -- their -- results
12 of their research regarding other activities;
13 e.g., enriched uranium activities.

14 **DR. LOCKEY:** And also cross-employment, was
15 there any cross-employment (unintelligible) two
16 buildings, if in fact there was manifold work
17 there.

18 **DR. WADE:** Okay, and your -- your desire would
19 be to have -- have this reported at the next
20 face-to-face Board meeting?

21 **DR. ZIEMER:** Or as soon as possible.

22 **MR. PRESLEY:** Yeah. Yeah, I have no -- I have
23 no problem (unintelligible) the report and
24 sending it to us so we can read it.

25 **DR. ZIEMER:** Yeah.

1 **MR. PRESLEY:** I have no problem with them
2 sending the report to -- e-mail and -- and so
3 we can read it and if something needs to come
4 up, then at that time we can put it back on the
5 -- the table at the next face-to-face.

6 **DR. ZIEMER:** Let me ask a question. Is this
7 strictly a follow-up by Labor? Are there some
8 DOE things that come into play here? I don't -
9 -

10 **MR. GRIFFON:** (Off microphone) (Unintelligible)
11 relies on DOE for some of the (unintelligible).

12 **DR. ZIEMER:** Yeah, Larry, can you help us on
13 that?

14 **MR. ELLIOTT:** The AWE designation as to whether
15 all the buildings that are included in that
16 designation are complete and accurate is a DOE
17 responsibility. The time frame for Chapman
18 Valve, Building 23, is a DOL issue, DOL
19 responsibility to respond on.

20 **DR. ZIEMER:** So we've got both.

21 **MR. PRESLEY:** We've got both.

22 **DR. LOCKEY:** Say it's both.

23 **DR. ZIEMER:** Okay. Thank you.

24 **MR. GRIFFON:** Can I -- can I ask just -- just
25 to follow up on Lew's offer, what is this

1 action list? Is this going to go -- cover all
2 Board activities, subcommittee activities,
3 workgroup ac-- I mean are you going to sort of
4 track -- are you going to have staff track
5 actions related to, you know, the Board's
6 requests to SC&A, NIOSH, et cetera, but also
7 internally, or -- or what -- what's -- I guess
8 what's the proposal here for --

9 **DR. WADE:** Well, I mean my proposal started
10 with a -- a letter to DOL and DOE, following
11 the meeting, with specific action items the
12 Board feels it needs to have completed for its
13 -- for it to do its work. So it starts with
14 that.

15 It's now grown to if you indicate to me you
16 would like a particular action captured on a
17 list of actions, then I'll do that. I can go
18 beyond that, but that's what I've done to this
19 point.

20 **DR. ZIEMER:** Wor-- certainly workgroups will
21 have their own internal --

22 **MR. GRIFFON:** Right.

23 **DR. ZIEMER:** -- action items, but if the Board
24 asks a workgroup to report at the next meeting
25 on something or other, then it seems to me that

1 could go on the action list. If you --

2 **MR. GRIFFON:** I was wondering where the cutoff
3 was on --

4 **DR. ZIEMER:** No, I -- certainly at this point
5 workgroups have to keep track of their own
6 business. I don't think we can ask Lew to do
7 that at this point. Ji-- or Bob.

8 **MR. PRESLEY:** Do we have somebody here at this
9 point in time from Labor?

10 **DR. ZIEMER:** No.

11 **MR. PRESLEY:** We don't, do we? Could that be a
12 point of discussion, that we make sure that
13 Labor does have a representative --

14 **DR. ZIEMER:** They had someone here yesterday
15 and I think normally they have covered our
16 meetings almost completely. I'm not sure what
17 occurred this time.

18 Comment, Larry?

19 **MR. ELLIOTT:** I don't know why they're not here
20 other than they have told me that there are
21 various -- well, Mr. Turcic is on vacation.
22 There's a lot of activity going on at DOL that
23 required Jeff Kotsch to be there for that. I
24 don't know why DOE has no one here other than I
25 know that Pat Worthington is locked up in some

1 classified vault down in Los Alamos or NTS or
2 somewhere and -- and you know, Libby White has
3 moved on and now we have Regina Kano* and she's
4 busy doing something other -- somewhere else
5 for DOE. They committed to have somebody
6 during the agency updates for Dow tomorrow on
7 the phone, but the rest of the meeting I was to
8 call and, you know, get their input as best I
9 could. So that's where I'm left. That's where
10 we're all left.

11 **MR. KOTSCH:** (Unintelligible) Labor.

12 **MR. ELLIOTT:** That sounds like Jeff Kotsch on
13 the line. Thank you, Jeff.

14 **MR. KOTSCH:** Yeah, I -- I came on a little
15 while ago. Unfortunately I'm in and out as far
16 as attendance goes, but I'm at least picking
17 up, a little bit belatedly, on the Chapman
18 Valve discussion.

19 **DR. ZIEMER:** Okay. And Jeff, do you -- do you
20 have any other general comments? You heard the
21 discussion on our -- our action list?

22 **MR. KOTSCH:** I -- yeah, I heard on the action
23 list. I -- I missed I guess the earlier
24 portion, you know, where the Board was voting.
25 I was told by Shelby that we'll try to get a

1 response tomorrow to the Board -- a written
2 response, but I don't know if that's too late
3 now.

4 **DR. ZIEMER:** No, actually one of the follow-up
5 things is we're still interested in the other
6 issues pertaining to the extension of the time
7 periods and -- and the location. Part of
8 that's a DOE responsibility and part Labor, so
9 --

10 **MR. KOTSCH:** Yeah, I was instructed to inform
11 you that there will be something coming out. I
12 mean I'm not the principal on that particular
13 piece of -- that --

14 **DR. ZIEMER:** Yeah.

15 **MR. KOTSCH:** -- that document, but there will
16 be something they're going to try to get you
17 tomorrow.

18 **DR. ZIEMER:** Thank you very much. Another
19 comment. Josie.

20 **MS. BEACH:** The original evaluation report
21 qualified the SEC through 2005, and then
22 further down in the report -- and John, you may
23 be able to answer that -- it said that to
24 expediate (sic) it, they changed the dates to
25 '93 and that NIOSH was still looking at those

1 later years. Do we expect to hear something
2 from NIOSH on those later years?

3 **MR. RUTHERFORD:** Whenever we determine
4 feasibility that we can do dose reconstruction,
5 we focus our class only on what was proposed by
6 the petitioner. So we do not go beyond that.
7 So in this case we would not -- we would not do
8 any additional feasibility work past the years
9 that were identified by the petitioner.

10 Do you understand?

11 **MS. BEACH:** Okay, the original said it was
12 through '95, so --

13 **MR. RUTHERFORD:** No, the actual -- the original
14 petition is as described in the class -- I
15 believe, if I've got the -- Jim, do you have
16 the actual -- let me see it.

17 (Pause)

18 I see -- okay, I do see -- you are correct, it
19 does say up to '95 and -- I'll let Jim
20 follow...

21 **DR. NETON:** I think up to -- up to '94 or '95
22 were considered the remediation period --

23 **MS. BEACH:** Correct.

24 **DR. NETON:** -- where a sub-- I forget which
25 contractor took over, and we are still pursuing

1 records from Bechtel. We don't have them yet,
2 but you know, that's -- that's still marked as
3 reserved in the site profile and we will be
4 making attempts to make sure we have that. I
5 can't give you an update as to exactly where we
6 are with those records searches right now,
7 though.

8 **DR. ZIEMER:** Okay. Yeah, Jim, okay.

9 **DR. LOCKEY:** This is for you, Lew. In
10 relationship to the action items for the
11 Board's edification and -- and for us to stay
12 up to date with what we proposed in the past or
13 what we were looking for in the past, is it
14 feasible to have a DOE/Board action item list
15 and a Board/DOL action item list that we have
16 in our folder for each meeting, with the dates
17 and requests and who they went to so we can
18 keep track of things we requested and whether
19 we've gotten a response or not?

20 **DR. WADE:** I mean what I would propose to do is
21 to, after each meeting, send a communication
22 and make that communication then part of the
23 record, and those communications would be the
24 record. If you'd like me to do more, then tell
25 me.

1 **DR. LOCKEY:** For me it's easier -- when I come
2 to this meeting if I say well, this is what we
3 requested last meeting and the meeting before
4 we requested this, and then I can make a note
5 did we ever hear from anybody about these
6 issues.

7 **DR. WADE:** So if I was to give you all of those
8 requests, would that satisfy your needs?

9 **DR. LOCKEY:** It would, but in another respect,
10 by sending copies of those action item lists to
11 DOE and DOL, it notifies them that the Board
12 will be looking at these lists on an ongoing
13 basis and looking for responses. And that
14 sometimes can prod responses otherwise you may
15 not get.

16 **DR. WADE:** Okay, I think I understand. So if I
17 was to send them a note after this next meeting
18 and ask for three things, and those three
19 things happened to the Board's satisfaction,
20 then that would be finished. If it didn't
21 happen to the Board's satisfaction, then I
22 would add it to the list that would go out
23 after that next meeting.

24 **DR. LOCKEY:** That's correct.

25 **DR. WADE:** Okay, that I --

1 **DR. ZIEMER:** So it would be sort of a
2 cumulative list, things could drop off and
3 other things could be added, I think is the --

4 **DR. LOCKEY:** That's correct and --

5 **DR. ZIEMER:** May have to try some
6 configurations to see what that looks like.

7 **DR. LOCKEY:** And -- and before the next
8 meeting, DOE and DOL get that list and --
9 saying we need updates before the next meeting
10 'cause it's on the agenda and this is the
11 items.

12 **DR. ZIEMER:** Good suggestion. Thank you.

13 **DR. WADE:** But again, I have no wherewithal to
14 make it happen. All I can do is --

15 **DR. ZIEMER:** Understood.

16 **DR. WADE:** -- send them.

17 **DR. ZIEMER:** Understood. Lew, do you want to
18 talk about the -- the sched-- future schedules.

19 **DR. WADE:** Well, the next -- well, we do have a
20 schedule out -- I won't remind you of it,
21 although I can once I find it. But I would
22 like to talk about the location of the next
23 meeting. The next face-to-face meeting is
24 scheduled for October 3, 4 and 5. There is a
25 call on September 4. So the question is where

1 on October 3, 4 and 5. I guess we have -- the
2 only material we received -- Laurie, you want
3 to come up and tell us?

4 **MS. BREYER:** I received a request from the
5 NUMEC petitioners, which I forwarded on to Dr.
6 Ziemer and Dr. Wade, asking that it be in
7 Kiskee Valley, Pennsylvania. After speaking to
8 the petitioners, they have agreed that
9 Pittsburgh is about 25 miles away from that
10 area and they would like it to be in Kiskee
11 Valley, but that Pittsburgh would be acceptable
12 with them as well, so they've requested that
13 the meeting be held there because we're hoping
14 that the NUMEC petition will be ready to be
15 discussed at that time.

16 And I believe the Hanford petitioners have also
17 asked at one point, several months back, that
18 the follow-up meeting possibly be in Richland
19 as well. So those are the two requests I've
20 had to come through me.

21 **DR. WADE:** The other -- the other discussion
22 I've had is for somewhere in Illinois,
23 following up on a number of the sites in
24 Illinois.

25 **MS. BREYER:** I heard that through the

1 grapevine, but not made through me.

2 **DR. MELIUS:** And I thought there was discussion
3 of Nevada Test Site, also.

4 **DR. WADE:** Correct.

5 **DR. MELIUS:** Yeah. Just want to throw
6 everything --

7 **DR. WADE:** Right.

8 **DR. MELIUS:** -- out there.

9 **DR. WADE:** Right.

10 **DR. MELIUS:** And I al-- understand that there
11 was some issues regarding NUMEC regar-- with
12 the report or status of the report, refresh --
13 memory.

14 **MR. ELLIOTT:** I reported yesterday in my
15 program status report that -- or afterward,
16 that NUMEC 180-day mark had come to pass last
17 week. We contacted the petitioners and
18 informed them that we weren't going to be able
19 to deliver the evaluation report in the time
20 that we had under the 180-day deadline, and
21 that was due to -- primarily that the report is
22 -- is -- is being reviewed right now for
23 security concerns. And once we have that out,
24 then -- then we'll put it in front of
25 everybody. We anticipate that'll happen by the

1 next Board meeting.

2 I would -- I would advocate for Hanford or
3 Nevada Test Site rather than Pennsylvania. I
4 think you're going to -- you'll see more
5 claimants in those two sites and I think the
6 outcome of the petitions would be best
7 warranted for Board discussion in those venues
8 than the NUMEC one -- without divulging the
9 outcome of the -- but you can maybe see which
10 way we're leaning.

11 Other comments? So potential sites are
12 Pittsburgh, Nevada -- Las Vegas and Hanford and
13 Illinois would again be -- what, western
14 suburbs, I suppose, and -- what do we need? Do
15 you just need some --

16 **DR. WADE:** I -- there's a strong sense --

17 **DR. ZIEMER:** -- some 'druthers, do you -- some
18 'druthers?

19 **DR. WADE:** Or you could just -- we could leave
20 it open.

21 **DR. MELIUS:** Can I ask a question? What issues
22 would be ready for the Illinois one for the
23 next meeting? I guess -- trying to
24 understand...

25 **DR. WADE:** I don't know what the Board will do,

1 for example, with regard to Blockson, with
2 regard to Dow -- there are a number of issues -
3 - General Steel Industries --

4 **DR. MELIUS:** Yeah.

5 **DR. WADE:** -- that -- that really await this
6 discussion this week, but I wanted to put it
7 out there, since it is I think a possibility.

8 **DR. ZIEMER:** Uh-huh, okay. Wanda?

9 **MS. MUNN:** It appears that Nevada is one of
10 those places that's reasonably easy access by
11 air, and certainly has adequate meeting space
12 for anyone who wants to -- to have additional
13 side meetings and things of that sort. We
14 certainly have a great deal to do with respect
15 to that site before the October meeting, and
16 I'm sure later in the -- in the meeting we'll
17 hear some information with respect to where we
18 are with NTS. But there's a great deal to be
19 said for that particular site. And of course
20 you're always welcome back here, any time you
21 want to fly in and out of Pasco. I'm sure
22 Josie and I both welcome you.

23 **DR. ZIEMER:** Thank you. Robert and then Jim.

24 **MR. PRESLEY:** Okay, I've -- Larry and I've been
25 going back and forth, and he says that they can

1 be ready by the next Board meeting for NTS. We
2 do have some work to do. Once we get the
3 report I do want to give a couple of weeks to
4 SC&A and the working group to look at this, but
5 we do have time for a face-to-face in
6 Cincinnati on this and hopefully be ready for
7 our recommendation by October the 3rd or the
8 4th.

9 **DR. ZIEMER:** Thank you. Larry?

10 **MR. ELLIOTT:** We're on pace to deliver that
11 evaluation on NTS in August --

12 **MR. PRESLEY:** Right.

13 **MR. ELLIOTT:** -- late August I think, so --

14 **DR. ZIEMER:** Very good.

15 **MR. ELLIOTT:** -- that would give adequate time,
16 I hope.

17 **MR. PRESLEY:** I would -- I would say that we
18 can be ready to do our thing, hopefully, in NT-
19 - on NTS in Vegas in October.

20 **DR. ZIEMER:** Okay. Jim?

21 **DR. MELIUS:** Yeah, I guess this is sort of a
22 question you -- we also have the 250-day issue,
23 and I guess my question to Arjun and to Jim
24 Neton is do you think -- I mean we -- it
25 certainly is going to require at least one

1 meeting of the workgroup, but do you think the
2 timing would be such that we'd be ready for an
3 Octo-- early October meeting?

4 **DR. MAKHIJANI:** I can have a response to what
5 Jim has put up on the O drive in mid-August,
6 and so we'll be able to meet on that.

7 I just wanted to make a clarification about
8 what Mr. Presley was saying, and I think what
9 Larry just said. Larry was talking about the
10 evaluation report for the SEC petition from '63
11 onward, and I believe Mr. Presley was talking
12 about the revised site profile. And Mr.
13 Presley and I talked yesterday, and of course
14 we do get that we'll have some comments -- at
15 least in a preliminary nature -- on the revised
16 site profile, but I don't -- the Board hasn't
17 charged us to do anything on the SEC from '63
18 onward. I just wanted to clarify, since there
19 were two different things being talked about.

20 **MR. PRESLEY:** (Off microphone) (Unintelligible)
21 talking about site profile (unintelligible).

22 **DR. WADE:** We don't have to decide it now. It
23 would be -- be well, I think, for you if we
24 decided it tomorrow, you know, at the end of
25 the meeting. But I thought it'd be worth

1 hearing inputs and letting you comment.

2 **DR. ZIEMER:** Well, it may be that we can make a
3 final decision. You've heard some preliminary
4 ideas and maybe come to closure tomorrow after
5 we see where we are and --

6 **DR. WADE:** You seem to be leaning towards
7 Nevada, but we'll hear a number of Illinois
8 issues and if that sways the Board, that's
9 fine.

10 **DR. ZIEMER:** Right, so we'll delay a final
11 decision on that till tomorrow afternoon then.
12 Very good.

13 Do we have any other brief housekeeping things
14 we need to address? It's almost lunch hour
15 now.

16 **DR. WADE:** Well, we have -- we do have
17 Bethlehem on our agenda. Right?

18 **DR. ZIEMER:** Yeah, but we only have --

19 **DR. WADE:** We could --

20 **DR. ZIEMER:** -- we only have five minutes --

21 **DR. WADE:** Yeah, that's -- that's -- it's not
22 worth it.

23 **DR. ZIEMER:** -- till the break time, so --

24 **DR. WADE:** I think lunch is good.

25 **DR. ZIEMER:** Yeah, we'll go ahead and recess,

1 take our lunch break. We are scheduled to be
2 back here at 12:30, so it's kind of an early
3 lunch hour, but 12:30, Bethlehem Steel SEC is
4 on the agenda. Thank you.

5 (Whereupon, a recess was taken from 11:25 a.m.
6 to 12:40 p.m.)

7 **DR. ZIEMER:** We're ready to resume our
8 deliberations. Let me check and see if Dr.
9 Roessler is on the line again.

10 **DR. ROESSLER:** I'm on the line.

11 **DR. ZIEMER:** Thank you, Gen.

12 **UNIDENTIFIED:** Okay, I can hear you.

13 **DR. ZIEMER:** And others can hear, as well?

14 **DR. ROESSLER:** Yeah, Paul, I'm on the line, but
15 your voice is very -- very hard to hear.

16 **DR. ZIEMER:** Okay, I -- let's -- let's check
17 the sound level. How is this, any better?

18 **DR. ROESSLER:** Well, I can hear you, but I -- I
19 think, again, it's probably people on the line
20 who are not able to mute their phones.

21 **MR. BROEHM:** I also -- this is Jason Broehm. I
22 have a message from Dan Utech in Senator
23 Clinton's office; they can't hear.

24 **DR. ZIEMER:** Okay. We'll see if the sound
25 person can help us here.

1 **DR. WADE:** And while they're doing that, I'd
2 ask everyone out there if at all possible, if
3 you can mute the instrument you're dealing
4 with, mute it. Don't be on a speaker phone.
5 When you speak to us, speak on a handset. Be
6 mindful of background noises and try and put
7 yourself in a situation where they're not
8 there.

9 It's important that we be able to conduct our
10 business by phone sometimes, and it takes
11 discipline on all of our parts. So I'd ask
12 each one of you to consider your own situation
13 and do what you can to improve it for others
14 that are on this call. Start by muting, if at
15 all possible.

16 **DR. ZIEMER:** Okay.

17 **DR. ROESSLER:** Lew, this is Gen. I think
18 you're giving your usual recommendation to the
19 people on the phone line, but I could barely
20 hear you so I don't think they could, either.

21 **DR. WADE:** Okay, let me -- let me try again.
22 If you're on the telephone, mute your phone.
23 Please mute your phone.

24 **DR. ZIEMER:** We're getting a lot of echo and
25 feedback here, but -- Gen, can you hear any

1 better?

2 **DR. ROESSLER:** I can hear -- I can get by.

3 **DR. ZIEMER:** And the folks at the Senator's
4 office, any better?

5 **UNIDENTIFIED:** I really can't hear you and my
6 phone is a government phone; I can't mute it.

7 **DR. ZIEMER:** Well, that's the problem, it's a
8 government phone.

9 **UNIDENTIFIED:** I know, blame them for
10 everything.

11 **DR. ZIEMER:** Okay. Well, we're trying to
12 correct that here. We had that problem
13 yesterday. We thought we had it corrected this
14 morning. The sound man is working feverishly
15 to try to correct it.

16 I think we'll try to proceed and we'll try to
17 talk loud, although we're getting a lot of
18 feedback here, echo, but --

19 **UNIDENTIFIED:** You know what, I'm going to hang
20 up and try to call back from another line that
21 I can --

22 **DR. ZIEMER:** Okay, good, let's do that.

23 **UNIDENTIFIED:** Okay. Thanks.

24 **DR. WADE:** Anybody else out there have any
25 particular issues they want to raise in terms

1 of sound quality? Can you hear me better now,
2 Gen?

3 **DR. ROESSLER:** Not much better. In fact, your
4 voice is kind low. I don't hear the background
5 noise, but your voice is low.

6 **DR. ZIEMER:** Okay. Well, we're going to try to
7 proceed here. We'll do --

8 **DR. WADE:** What would --

9 **DR. ZIEMER:** -- we'll do the best we can.

10 **DR. WADE:** What would you like us to do on
11 that? We --

12 **DR. ROESSLER:** I'm going to call in on another
13 line and see if that helps.

14 **UNIDENTIFIED:** (Off microphone)
15 (Unintelligible) signal.

16 **DR. ZIEMER:** Okay. Try -- try not to --

17 **DR. WADE:** Don't touch the mike and speak
18 normally.

19 **DR. ZIEMER:** Okay. Maybe -- maybe with us
20 yelling, it makes it worse.

21 **DR. WADE:** Grabbing hold of the microphone.

22 **BETHLEHEM STEEL SEC**

23 **DR. ZIEMER:** Speak slowly, right? Okay, the
24 next item on our agenda is the Bethlehem Steel
25 SEC. Just to remind you of what has progressed

1 before, we had the SEC at our May meeting. It
2 was presented -- or the report from NIOSH was
3 presented. And then a question was raised on
4 the use of surrogate data. And because we had
5 a desire to learn from NIOSH counsel about the
6 agency's interpretation of the use of surrogate
7 data, we held off on any motions or actions on
8 Bethlehem Steel, in a sense just deferred to
9 today. So we don't actually have a motion
10 before us. We do have the SEC petition for
11 which we will need some sort of action.
12 We might take a moment and ask NIOSH if they
13 have any general comments on their evaluation
14 report, and then an opportunity for the
15 petitioners -- am I still on? It seemed to
16 sound a little changed -- an opportunity for
17 the petitioners to comment.

18 I did want to check and see if Ed Walker is on
19 the line. Do we know if Ed -- representing the
20 petitioners?

21 He was going to be on the line.

22 **DR. WADE:** Yes, he was. Maybe he can't hear
23 us. Laurie, are you in the room? I can't make
24 eye contact.

25 **DR. ZIEMER:** We may have to check independently

1 to see if Ed is either on the line or going to
2 join us.

3 **MR. UTECH:** This is -- this is Dan Utech with
4 Senator Clinton's office. Ed was on --

5 **MR. WALKER:** Yeah --

6 **MR. UTECH:** -- a few minutes ago.

7 **MR. WALKER:** -- I'm on now, Dan.

8 **MR. UTECH:** Oh, okay.

9 **DR. ZIEMER:** Okay, very good. Okay, we're
10 going to hear briefly from Jim Neton from
11 NIOSH, and then we'll have an opportunity for
12 Ed and for representatives from the Senator's
13 office to address the assembly, as well. Jim?

14 **DR. NETON:** Yeah, just very briefly I'll set
15 the stage. I don't have a lot to add. The
16 Bethlehem Steel evaluation report was presented
17 to the Advisory Board at the May, 2007 meeting
18 in Denver. I think that was actually
19 Westminster, Colorado, which was the first
20 Denver meeting -- not the second one that we
21 had the follow-up for the Rocky site profile.
22 It was presented by Sam Glover. I think Sam
23 had a fairly extensive, 50-something-slide
24 presentation that spoke about the rolling
25 operations that occurred in Bethlehem Steel

1 between 1949 and 1952. He provided a fairly
2 detailed report on how we prepared those dose
3 reconstructions, how we did them and how we
4 interacted a fair amount with the Advisory
5 Board and SC&A on -- on going through and
6 documenting what we had done for those dose
7 reconstructions and reviewing the scientific
8 validity and accuracy of them.

9 With all that said, we -- our conclusion was
10 that we could do dose reconstructions with
11 sufficient accuracy for Bethlehem Steel and
12 that we recommend that the petition be denied.

13 **DR. ZIEMER:** Okay. Thank you, Jim. Now let's
14 hear from Ed Walker --

15 **MR. RAMSPOTT:** This is John Ramspott, I...

16 **DR. ZIEMER:** I'm sorry?

17 **UNIDENTIFIED:** ... at the -- at the meeting. I
18 will tell Lew that they're having trouble with
19 the phone.

20 **UNIDENTIFIED:** Okay, thanks.

21 **UNIDENTIFIED:** Thank you.

22 **DR. ZIEMER:** Ed Walker, can you hear us?

23 (No responses)

24 **DR. ZIEMER:** Who was that from the Senator's
25 office?

1 **DR. WADE:** Dan Utech, I think.

2 **DR. ZIEMER:** Dan Utech, are you there?

3 **MR. UTECH:** ... hear you. I don't know if Ed
4 can. I -- Dr. Ziemer, I can hear you. I
5 couldn't hear Jim Neton at all.

6 **MR. WALKER:** Yeah, I --

7 **MR. UTECH:** And I don't know whether --

8 **MR. WALKER:** -- I can --

9 **MR. UTECH:** -- I think Ed can hear me and I
10 don't know if he can hear you or -- or what the
11 situation is.

12 **MR. WALKER:** No, I can only hear you, Dan.

13 **DR. ZIEMER:** Okay, let's -- Dan, if you would
14 ask Ed to -- ask Ed to go ahead and make his
15 presentation, if you would.

16 **MR. UTECH:** Can you all hear Ed?

17 **DR. ZIEMER:** Yes. We're -- at least --

18 **MR. UTECH:** Ed, they can hear you, if you want
19 to present. I mean I guess...

20 **DR. ZIEMER:** Well, now we're not hearing
21 anyone.

22 **UNIDENTIFIED:** (Off microphone)

23 (Unintelligible) change lines again.

24 **DR. ZIEMER:** I'm going to -- we're going to
25 change lines again.

1 (Pause)

2 Now we're apparently back on. Ed or Dan, can
3 you hear us?

4 **MS. BIRMINGHAM:** I can hear you. This is Sarah
5 from Senator Schumer's office. Can you hear
6 me?

7 **DR. ZIEMER:** Yes, very well.

8 **MS. BIRMINGHAM:** Hmm.

9 **MR. WALKER:** Yes, I can hear you, too, Sarah.

10 **DR. ZIEMER:** Okay.

11 **MS. BIRMINGHAM:** But Mr. Walker, can you hear
12 the people in Washington?

13 **MR. WALKER:** In Washing-- no.

14 **MS. BIRMINGHAM:** The Board?

15 **MR. WALKER:** No.

16 **MS. BIRMINGHAM:** No, you --

17 **MR. WALKER:** Now -- now that -- just -- I can't
18 make out a thing. I can just hear mumbling
19 like.

20 **MS. BIRMINGHAM:** Yeah.

21 **DR. ROESSLER:** Ed's not the only one. This is
22 Gen Roessler. I -- I hear a very faint signal
23 from the Board.

24 **MS. BIRMINGHAM:** Yeah.

25 **DR. ROESSLER:** I sent a message through --

1 hope-- hopefully somebody there knows we have a
2 problem.

3 **DR. WADE:** We know you have a problem and we're
4 working on it.

5 **MS. BIRMINGHAM:** I'll relay that. They know we
6 have a problem and they're working on it.

7 **DR. ROESSLER:** Okay.

8 **MR. WALKER:** Oh, I see, okay.

9 **MS. BIRMINGHAM:** I can't hear you very well. I
10 can just make out the barest...

11 **DR. ZIEMER:** We're able to hear you quite well
12 at this end, so I'm not quite sure -- well, I
13 guess -- I guess --

14 **MS. BIRMINGHAM:** Hmm.

15 **DR. ZIEMER:** -- none of us is sure what the
16 problem is, but they're --

17 **DR. ROESSLER:** We're probably shouting at you,
18 thinking the connection is bad.

19 **MS. BIRMINGHAM:** Hmm.

20 **DR. WADE:** Give us a moment.

21 **MS. BIRMINGHAM:** Okay. He said give us a
22 moment.

23 (Pause)

24 **DR. ZIEMER:** We're still working on it, hang --
25 stand by.

1 do, but -- I kind of -- hear what you had to
2 say first, but --

3 **DR. ZIEMER:** Well, let me just tell you that
4 Jim Neton made about a one-minute summary of
5 the evaluation report because it had already
6 been presented to us at our previous meeting,
7 so he just pointed out that -- reminded us that
8 that had been heard, and that's where we are.

9 **MR. WALKER:** Uh-huh.

10 **DR. WADE:** You're under no obligation, Ed, to
11 make comments. You can wait until you hear
12 discussion and then comment as you would like.
13 We just wanted to afford you the opportunity.

14 **MR. WALKER:** If that's Jim talking, I can't
15 hear him.

16 **DR. WADE:** Okay.

17 **DR. ZIEMER:** No, that was Lew Wade --

18 **MR. WALKER:** Oh.

19 **DR. ZIEMER:** -- asking if you wanted to make
20 comments or if you would rather wait until --

21 **MR. WALKER:** I --

22 **DR. ZIEMER:** -- the discussion.

23 **MR. WALKER:** I would ra-- I would rather wait
24 until -- I -- I would rather wait to -- now I'm
25 getting an echo. I hear myself --

1 **DR. ZIEMER:** Okay.

2 **MR. WALKER:** -- so I -- I'll try and wait, and
3 hopefully the connection will --

4 **DR. ZIEMER:** Okay, we'll -- we'll hold off on
5 your comments.

6 **MR. WALKER:** Okay.

7 **DR. ZIEMER:** We have comments from Senator
8 Schumer's office?

9 **DR. WADE:** Clinton or...

10 **DR. ZIEMER:** Or Clinton's office?

11 **MS. BIRMINGHAM:** Was that question directed to
12 me?

13 **DR. WADE:** No, I think we have a letter going
14 to be read into the record.

15 **DR. ZIEMER:** Oh, okay.

16 **MS. BIRMINGHAM:** Yes.

17 **DR. ZIEMER:** Okay, Jason is going to read into
18 the record a letter from the Senator's office.

19 **MS. BIRMINGHAM:** Excellent.

20 **MR. BROEHM:** Yes. Can you hear me on this
21 mike? All right. I think that's Sarah
22 Birmingham on the phone from Senator Schumer's
23 office. She shared this testimony from Senator
24 Charles Schumer to the Advisory Board, so I'll
25 read that into the record.

1 (Reading) Thank you, Mr. Chairman, for allowing
2 me the opportunity to submit testimony to the
3 Board on the subject of the petition to have a
4 class added to the Special Exposure Cohort for
5 the former workers of the Bethlehem Steel mill
6 in Lackawanna, New York.

7 As you know, hundreds of men and women worked
8 at the Bethlehem Steel plant during the 1940s
9 and '50s. Their contributions were crucial to
10 the United States' development of the
11 overwhelming nuclear force that deterred
12 Communist aggression and ultimately brought the
13 Soviet Union to its knees.

14 The superiority of the American arsenal they
15 helped to create was so absolute that it
16 prevented an escalation of the Cold War into a
17 hot war. The sacrifice that these workers made
18 was integral to our nation's and allies'
19 continued safety and prosperity, and they
20 deserve our deepest gratitude for having
21 protected us.

22 In light of the work that these men and women
23 did to protect America from her enemies, they
24 should be honored as veterans of one of our
25 nation's longest and ugliest wars. These Cold

1 War veterans deserve to have their government
2 make reparations to them for the harms caused
3 them by their service. Everyone who is sick
4 with one of the 22 covered cancers should be
5 fully compensated, and so I urge you to add
6 this class to the SEC as quickly as possible.
7 When Congress created the Energy Employees
8 Occupation Illness Compensation Program Act in
9 2000, it provided two paths to compensation
10 under Part B, dose reconstruction and the SEC.
11 The existence of the SEC is an acknowledgement
12 of the potential weaknesses of dose
13 reconstruction. While dose reconstruction is
14 widely recognized as a very useful and often
15 very accurate tool for determining causation,
16 it is only a practical tool in those cases
17 where there is sufficient background evidence
18 to make accurate calculations. Even the best
19 formula are rendered useless by a lack of good
20 data.

21 The National Institute for Occupational Safety
22 and Health recently reinforced this when it
23 added the Rocky Flats class because of
24 insufficient data on the levels of neutron
25 exposure experienced by employees. The

1 situation at Bethlehem Steel is not dissimilar.
2 If NIOSH was willing to recognize the lack of
3 data available in the Rocky Flats case, surely
4 the same consideration can be given to those
5 workers from Bethlehem Steel. As with Rocky
6 Flats, in the case of Bethlehem Steel there are
7 no good data available to make these
8 calculations.

9 As a result, NIOSH and Sanford & Cohen (sic)
10 have been using data to use these dose
11 reconstructions from the Simonds Saw and Steel
12 Corporation, another factory in New York.
13 Unfortunately, employees from Bethlehem have
14 consistently pointed to vast discrepancies
15 between the conditions under which they worked
16 at Bethlehem and the conditions at Simonds.
17 The Simonds plant is simply not similar enough
18 to Bethlehem Steel to provide a meaningful
19 comparison.

20 As I stated in my letter to Dr. Ziemer of June
21 21 of this year, I do not believe it is fair to
22 use proxy data to perform dose reconstructions.
23 EEOICPA requires that all probabilities of
24 causation be made in, quote, claimant-friendly,
25 unquote, paradigm, and it is impossible to

1 apply that principle when using proxy data. To
2 be claimant friendly, the calculations must
3 give claimants the benefit of any doubt on
4 every possible criterion.

5 For example, if NIOSH does not know where an
6 air filter was located in a facility, they must
7 assume that every applicant was working at the
8 point in the facility farthest from the filter,
9 thereby increasing their exposure to airborne
10 particles. But when using proxy data there are
11 too many unknown variables to determine whether
12 or not an assumption is claimant friendly.

13 Surely it would be claimant friendly to assume
14 that an air filter is farthest away from the
15 employee than it really was -- farther away
16 from the employee than it really was. But in
17 the case of Bethlehem Steel, NIOSH is assuming
18 that the concentration of radioactive particles
19 in the air was the same in both Simonds and the
20 Lackawanna site. There is no way to know
21 whether the assumption is claimant friendly or
22 not, and so the use of proxy data cannot meet
23 the legal req-- legal requirement under EEOICPA
24 that the dose reconstructions are claimant
25 friendly. For this reason I urge you to

1 declare Bethlehem Steel a class of the SEC.
2 One of the greatest tragedies of this
3 controversy is that many of the victims of this
4 Cold War battle are not only sick but also
5 aging. Many of them are in their mid-eighties.
6 In such a case it is crucial not only that
7 NIOSH add this class, but that it be added as
8 quickly as possible. These men and women need
9 their government's assistance, and they and
10 their families need to be assured that their
11 country acknowledges their enormous sacrifices
12 and is deeply grateful to them.
13 It is because of this that I, along with
14 Senator Clinton, introduced S-776 on March 6th
15 of this year. This bill, and its companion
16 legislation in the House, would amend EEOICPA
17 to include the former employees of Bethlehem
18 Steel in the SEC. These veterans have
19 sacrificed for America and they are owed the
20 thanks of a grateful nation.
21 Please, I encourage you to grant their SEC
22 petition as quickly as possible.
23 Thank you for allowing me to share these
24 thoughts with you. I eagerly await the outcome
25 of this week's meeting.

1 echo.

2 **DR. ZIEMER:** Okay. Maybe you should proceed,
3 Jim.

4 **DR. MELIUS:** Okay.

5 **DR. WADE:** Ed, are you back on, just as a
6 courtesy? Ed Walker?

7 (No responses)

8 Eddie, are you back on?

9 (No responses)

10 Okay, I -- we'll proceed.

11 **DR. MELIUS:** Okay. Well -- well, my concern
12 continues to be the problem with the use of
13 data from other sites. And the fact that we
14 have never developed criteria for that that
15 evaluates when is that appropriate, when is
16 that not appropriate and how will we reach, you
17 know -- determine that, in this case I feel
18 that in Bethlehem we've gone to an extreme
19 where for certain time periods we're almost
20 entirely reliant on data from another site,
21 this -- Simonds Saw, and that that has some --
22 I have serious questions about the validity and
23 appropriateness of doing that. I think that
24 there may be other situations where it -- in
25 other types of circumstance where it may be

1 appropriate. I believe in Chapman Valve, for
2 example, that it was used as -- as sort of a
3 comparison, a -- a check on the data there by
4 comparing some similar data from another site,
5 but the primary data for dose reconstruction
6 was -- was from the Cha-- was the actual
7 monitoring data from Chapman Valve. And
8 Bethlehem, as I said, for -- at least for part
9 of the time period we're almost entirely
10 reliant on da-- data from another source. It
11 certainly has issues in terms of credibility
12 with the people involved and it also I think,
13 from the point of view of how we -- how we
14 approach these, that does not, you know, I
15 think appear to be an appropriate approach for
16 all circumstances and I think it's -- behooves
17 the Board to take a look at this issue and make
18 a determination on -- on when can such data be
19 used, when -- when is it appropriate, what are
20 -- when is it not appropriate, that...

21 **DR. ZIEMER:** Okay, thank you. Other comments?
22 While you're thinking of your comment, let me
23 insert one myself here. I know that early on -
24 - this is -- this is a site we looked at quite
25 a while back, in -- in some depth, also with

1 the help of our contractor, and -- and
2 struggled with the very questions I think that
3 you've asked there, Jim, both to applicability
4 and appropriateness. And the ultimate question
5 was could -- was this a way to fairly bound the
6 doses. And we -- we asked our contractor to
7 help us with that question as well. And I
8 thought that we had arrived at a conclusion at
9 that time that, although there was a fair
10 amount of use of the Simonds Saw's data, that
11 in fact it was -- it did fairly bound the doses
12 for Bethlehem Steel because of both the
13 comparison of parameters as well as those
14 intercomparison of where we did have some
15 datapoints for Bethlehem as well to cross-
16 validate. And of course that remains the
17 question, did we fairly bound the doses. But I
18 just remind you that as we reviewed the site
19 profile and went through that process, that was
20 indeed what we were asking. Now we may have
21 second thoughts on that, but at least I
22 certainly felt at the time that -- that
23 although the Simonds Saw data was -- played a
24 big role, that it was not an unfair use of that
25 data in terms of finding that sort of upper

1 boundary or bounding the doses in the manner
2 that is required to assess the -- the dose
3 reconstructions.

4 **DR. WADE:** Well, Pa-- I'd like to add just --
5 and maybe it's nuance, but I think it's worth
6 informing the discussion. The early work that
7 the Board did relative to Bethlehem Steel had
8 to do with the review of the site profile --

9 **DR. ZIEMER:** Right.

10 **DR. WADE:** -- which is a document to support
11 dose reconstruction. Now the Board is looking
12 at a question under a slightly different lens,
13 and that is SEC. It could be that they -- they
14 coincide in your mind and that's fine. I would
15 just point out that the previous workgroup
16 looked at site profile issues. Now you're
17 considering an SEC petition. Whether or not
18 they're the same issue, that's for you to
19 decide.

20 **DR. MELIUS:** Can I elaborate on that --

21 **DR. WADE:** Sure.

22 **DR. MELIUS:** -- a little bit. We may have to
23 hire a Board historian or something, we've gone
24 through so many meetings, but I also re-- I
25 think we can re-- if I recall correctly, the

1 discussion on -- initial discussion on
2 Bethlehem Steel was be-- prior to us having
3 Special Exposure Cohort regulations. That --
4 that part of the Act had not been implemented
5 yet, and so we were operating without the
6 consideration for how -- how those would and --
7 and I recall -- maybe this is -- you know,
8 maybe not be totally correct, I don't -- it was
9 a long time ago, but that we -- we raised
10 issues and members of the public raised issues
11 about the use of -- of being so reliant on data
12 from another source for this particular site
13 and that we've, you know, agreed at the time
14 that it was an issue we needed to examine.
15 Like many issues that we wanted to examine or
16 expressed desire to examine, we've
17 procrastinated on doing that, largely 'cause
18 we've had so much else to do. But particularly
19 on -- on a lot of the proce-- sort of the
20 procedural issues, there are now another number
21 of I bel-- TIBs that also instruct dose
22 reconstructors on the utilization of data from
23 other sources. It's -- it's actually come up I
24 believe in some of the other SECs that we've
25 done, though. I don't recall any SEC that

1 we've turned down on the ba-- where the --
2 there's such a heavy reliance on data from
3 other sources, and I recall one where we
4 actually -- the issue I believe was radon with
5 Ames, one of the Iowa sources, where we
6 actually -- Iowa sites where we actually turned
7 down that particular -- I -- was it -- I
8 believe radon or something that they were using
9 data from a different site to try to
10 reconstruct the radon? Is -- is that wrong,
11 Mark? I --

12 **MR. GRIFFON:** (Off microphone) I -- I -- I
13 don't -- I don't remember (unintelligible).

14 **DR. WADE:** No, not radon.

15 **DR. MELIUS:** I know there's something. Anyway,
16 that -- that where we -- I don't know if we
17 formally rejected, we certainly ended up giving
18 the SEC there, so I -- I just think it would --
19 again, it -- we'd be better given the fact that
20 this was considered at such an early time prior
21 to the existence of the SEC regulations, and --
22 and that since the start that the Board has not
23 evaluated this issue in any sort of systemic --
24 systematic way that -- that it would behoove us
25 to do that before acting on the Bethlehem

1 Steel.

2 **DR. WADE:** Right. I'll speak as the Board
3 historian of recent vintage, and we did talk
4 about the Bethlehem Steel site profile after
5 the SEC rules were in place, but I don't say
6 that to take away the strength of your point.
7 What I would like to do is read from the
8 Board's charter as to what the Board is
9 supposed to do, and there is some difference
10 here. Under the functions of the Board, it
11 says the Advisory Board on Radiation and Worker
12 Health shall (a) advise the Secretary HHS on
13 the development and guidelines under Section
14 (2)(b)(i) of Executive Order 13179B, advise the
15 Secretary HHS -- okay, that's -- you've done
16 that. That's the development of the -- the
17 rules.
18 Then it says (b) advise the Secretary HHS on
19 the scientific validity and quality of dose
20 reconstruction efforts performed under this
21 program.
22 And I pause, that's when you look at dose
23 reconstruction reviews and site profile reviews
24 which support dose reconstruction reviews.
25 And then (c) upon the request of the Secretary

1 HHS, advise the Secretary on whether there is a
2 class of employees at any DOE facility who were
3 exposed to radiation but for whom it is not
4 feasible to estimate their radiation dose.
5 And then it goes on. So there is a difference
6 between your task relative to dose
7 reconstructions, which is scientific validity
8 and quality, and then with regard to SECs which
9 asks you to comment on whether or not it is
10 feasible to estimate the radiation dose. Now
11 whether you find distinction there or not, I
12 leave to you. But those are two of the things
13 you're asked to do.
14 Much of the Bethlehem Steel work that was done
15 was done under the dose reconstruction mantle.
16 Now you're considering something under the SEC
17 mantle.

18 **DR. MELIUS:** And ag-- again --

19 **DR. ZIEMER:** Go ahead.

20 **DR. MELIUS:** -- to remind -- I think before you
21 were part of our efforts, Lew -- I mean one of
22 the problems with -- well, comment two things.
23 One of the problems that the Board noted in our
24 comments on the original SEC regs, the ones
25 that are currently in place, was the fact that

1 the lack of a conne-- a tight connection
2 between -- of going from dose reconstruction to
3 do-- tho-- essentially it's the absence of a --
4 of a good definition of sufficient accuracy or
5 criteria for sufficient accuracy, and that's
6 what's made a lot of our work very difficult
7 over the years in considering various Special
8 Exposure Cohorts.

9 Secondly, I would also note that on the dose
10 reconstruction issue we approved a set of very
11 sketchy regulations. We did those in order
12 that there be a -- at least some framework for
13 NIOSH to develop -- to go ahead and do dose
14 reconstructions in the early days of the
15 program. We actually reserved and actually
16 included in those regulations and the
17 prerogative that we would need to go back and
18 look at the implementation of certain sections,
19 particularly when there were new -- and I
20 probably use the wrong legal term here, but
21 essentially sig-- you know, new procedures or
22 significant changes in procedures that -- that
23 were developed as -- as part of the
24 implementation of that. We've struggled a
25 little bit -- we've done that very few times.

1 I think we've only done that once or mayb-- at
2 the most, twice. And I -- I certainly think
3 that this type of issue, the use of data from
4 other sources -- from other sites, is the type
5 of issue that we need to -- to -- and should
6 take a -- a look at systematically. And I
7 would think that we need to do it both from the
8 perspective of individual dose reconstructions
9 as well as how it comes up in Special Exposure
10 Cohorts -- evaluations 'cause I think they are
11 interconnected. I mean it's one or the other.
12 I mean it's -- it -- it -- do that. And -- and
13 I think it's -- it's hard to separate, but I --
14 I -- I think it is important that -- that we do
15 that, much as we're, you know, reviewing other
16 procedures and so forth overall. But if we --
17 taking a bigger look at this I think would be -
18 - would be helpful.

19 **DR. ZIEMER:** If I can further annotate what
20 you've said, Jim, you seem to be arguing for a
21 systematic look at how one uses data from other
22 sites, not specifically only the Bethlehem site
23 but generically --

24 **DR. MELIUS:** Right.

25 **DR. ZIEMER:** -- how one might do this. And I

1 think a good argument can be made for doing
2 that very thing, to examine the conditions and
3 parameters under which data from one site can
4 be said to be applicable to another site.
5 On the Bethlehem Steel case, one could argue --
6 I'm not going to claim that this argument is
7 necessarily fully convincing, but one could
8 argue that, based on existing results of dose
9 reconstructions there, that is an outcome
10 argument, looking at Bethlehem Steel compared
11 to other sites and asking the question do -- do
12 the outcomes look greatly different.
13 For example, I guess I -- I'm -- would argue
14 that if the success of claims were
15 substantially lower than other sites, one might
16 have a prima facie evidence that something is
17 wrong. We -- we know in fact that in the
18 Bethlehem case the success rate of claimants is
19 quite high. It may -- I'm not certain, it may
20 be higher than any of the other sites.
21 Now that doesn't necessarily prove, but one
22 could argue that it at least indicates that
23 there was a kind of success in bounding because
24 of the -- simply the success rates of the
25 claimants. Now I'd -- I'm -- I understand that

1 that --

2 **DR. MELIUS:** Yeah.

3 **DR. ZIEMER:** -- the argument I just made is not
4 necessarily one that is, by itself -- it
5 doesn't stand fully convincing, but it is a
6 type of argument one could make to say that at
7 least we're not way off in the wrong direction.
8 But at the same time, the suggestion of
9 examining the -- the issue generically, I
10 certainly agree that that's useful and one
11 could argue that if you're going to do that,
12 one might want to hold off on the Bethlehem
13 till it's done.

14 **DR. MELIUS:** Yeah, I -- yeah, if -- if I could
15 just respond. I -- I think we've -- to some
16 extent may have been comforted in our decision
17 by the fact of what the success rate has been
18 on individual dose reconstructions there, given
19 the original site profile, as well as the
20 subsequent changes to that -- that site
21 profile. I just worry about that then becoming
22 -- I guess two-fold, two issues. One is --
23 well, you -- you never know. I mean I think,
24 as you recognize, you never know what -- what
25 really should have happened there 'cause you

1 can have a site that has more exposure versus
2 less and so forth and -- with that. But
3 probably more importantly is that we -- we set
4 a precedent for how -- what would happen at
5 other sites, and then in some -- essence we're
6 giving directions to NIOSH on how they should
7 approach other sites, and that's as much my
8 concern with this as you -- maybe it's not just
9 the issue of Bethlehem, but it's how are we
10 going to generally approach Special Exposure
11 Cohorts --

12 **DR. ZIEMER:** Exactly, it's a --

13 **DR. MELIUS:** -- and with a lot --

14 **DR. ZIEMER:** -- generic issue that's important.

15 **DR. MELIUS:** Yeah, and with a lot of these
16 older sites that are -- come up or will come
17 up, I mean that -- they -- I think the choice
18 may very well come down to do you utilize data
19 from another site as -- as part of the process
20 for dose reconstruction or do you not. And you
21 know -- and -- and that'll make certainly
22 significant impact on how those sites -- sites
23 are handled. So again, I think the argument
24 would be that we -- if we could take a -- you
25 know, again, a -- back up, take a broad look at

1 this and -- and think about where it's
2 appropriate, where it may not be, and -- in
3 these circumstances.

4 **DR. ZIEMER:** Okay, other comments? We don't
5 have a particular motion on the floor. We have
6 the report that we're responding to, the
7 evaluation report, and at some point we -- we
8 do need some sort of a motion to move us
9 forward, but --

10 **MS. BEACH:** (Off microphone) (Unintelligible)

11 **DR. ZIEMER:** -- it's open discussion on the
12 report. Josie and then -- then Jim.

13 **MS. BEACH:** Just a quick question. Didn't we
14 say that SC&A looked at this for us, this
15 issue? Did we get a report from them?

16 **DR. ZIEMER:** No, not -- we have a -- we have a
17 report on the site profile.

18 **MS. BEACH:** Site profile.

19 **DR. MAURO:** Correct, we were never formally
20 requested to review the evaluation report, so
21 when the evaluation report did come out we just
22 read it to see the degree to which -- and this
23 was not directed to us by the Board, just my
24 own desire to see how things have changed, so
25 but -- but no -- the answer is no, we were not

1 asked to formally review it and address all of
2 the issues.

3 **DR. ZIEMER:** Thank you. Jim Lockey?

4 **DR. LOCKEY:** Josie asked one of my questions,
5 but maybe I can follow up on -- with SC&A.
6 Have you -- have you done any review for the
7 panel where you've looked at something similar
8 to Bethlehem Steel where -- where other
9 facilities were used as surrogate for exposure?

10 **DR. MAURO:** I would say I've been very close to
11 reviewing many of the exposure matrices for AWE
12 facilities in general, and many cases. And I
13 could say that whenever I look at -- whether
14 it's an exposure matrix or a case -- I always
15 look at data from other AWE facilities that had
16 similar or related activities to reinforce to
17 and con-- help me convince myself that the data
18 that I'm looking at for a given facility does
19 in fact ring true. So I for one, in terms of
20 doing my job in reviewing either a case or an
21 exposure matrix for an AWE facility, find it
22 extremely valuable and essential -- not
23 valuable, but essential that I look at the
24 bigger picture of the experience at a broad
25 range of AWE facilities when I'm looking at a

1 particular one.

2 **DR. LOCKEY:** In follow-up to that question
3 then, you've done that and you've done a number
4 of those reviews, and what's your general
5 feeling about the comparisons?

6 **DR. MAURO:** Whenever I make these comparisons
7 and I see a disjunction -- that is, something
8 doesn't ring true -- that becomes a finding.
9 Other words, if I see -- and whether it's a
10 case or it's -- for example, Chapman Valve will
11 be the perfect example. Whether it's a case or
12 it's a -- an AWE site profile and I see
13 something that does not ring true with the vast
14 amount of data -- there's quite a bit of data
15 on many, many -- but the -- it's piecemeal.
16 Some places there was more and some places
17 there's -- was less regarding -- whether it's
18 air sampling, breathing zone sampling or
19 bioassay sampling, and the different types of
20 activities, different types of controls, a lot
21 was written on the subject. And when I see
22 things don't ring true, very often what I would
23 do is make that a finding and say I -- I notice
24 a disparity and this is something I believe is
25 important that we discuss.

1 **DR. ZIEMER:** Let me point out, however, that
2 this is not quite the same question. You --
3 you're looking at similarities in a certain
4 sense, whereas here we're looking at using data
5 from one site to clarif-- to characterize
6 another site. It's not quite the same
7 question. I mean you -- you are operating
8 under an assumption that there's a kind of --
9 there is a kind of similarity. I mean after
10 all, you have a number of facilities doing
11 similar things. If the outcome in one is very
12 different, why does that occur.

13 **DR. MAURO:** Yes.

14 **DR. ZIEMER:** But -- and it raises a flag, but
15 it is not quite the same question. Just keep
16 that in mind.

17 Another comment, Jim.

18 **DR. MELIUS:** Yeah, I was actually just -- I
19 think -- reinforced the point I was going to
20 make, so -- yeah. Yeah, I -- I -- I think it's
21 -- it's -- it's not a question we -- I don't
22 think anyone was proposing to ignore, you know,
23 data from other facilities. The question is
24 how is it utilized for dose reconstructions and
25 how is it utilized in -- in the context of

1 Special Exposure Cohorts and -- and...

2 **DR. ZIEMER:** Okay. Further comments?

3 **MR. WALKER:** Dan?

4 **DR. ZIEMER:** Yes -- Ed, are --

5 **MR. WALKER:** Can anybody hear me?

6 **DR. ZIEMER:** Yes, who is it?

7 **MR. WALKER:** Eddie -- Eddie Walker.

8 **DR. ZIEMER:** Yeah, Ed, go ahead.

9 **MR. WALKER:** I've only heard I would say maybe
10 15 percent of the conversation, but you're --

11 **DR. ZIEMER:** I hope you heard the good 15
12 percent.

13 **MR. WALKER:** Probably the bad. But I think you
14 were talking about comparing facilities and --
15 with similarities, of course -- with Bethlehem
16 Steel, and I just -- what I do here, you know,
17 I like to get in what I can. Bethlehem Steel
18 was a state-of-the-art facility in its time.
19 There was no other facility that came close to
20 having -- to doing that procedure in the -- in
21 the world, as a matter of fact. So there is no
22 similarities. When you talk about size of the
23 plant, I had a little of that in my
24 presentation that I was working on, the size of
25 it, and what went on at Simonds Saw, and

1 compared the procedures that they were using --
2 isn't anywhere near close. They had two
3 rollers compared to six. They were hand-
4 operated as far as putting in and taking out.
5 Bethlehem was continuous, running at a much
6 higher speed. There's a -- there's a lot of
7 discrepancies on the similarity between the
8 two. They only had basically two machines
9 running and that in an area of about 100 feet
10 by 100 feet. Bethlehem Steel, just the 10-inch
11 bar mill alone was 1,000 feet long and 100 feet
12 wide, ten times the size of Simonds Saw, so --
13 and the cooling bed, again, was almost that --
14 almost that in -- in size that we had that --
15 Simonds Saw didn't even have a cooling bed.
16 They had a quench -- a water quencher, which
17 is, for better -- lack of words, a bathtub
18 where they put the thing in -- hot uranium in
19 and cooled it with water, where Bethlehem Steel
20 air -- air -- done air cooling. That was,
21 again, 450 feet, 70 feet across, with all these
22 rods, covered the whole thing six inches apart
23 the full length of that while they air-cooled
24 and the people were walking by it.
25 So I can't see where there was any similar

1 procedures done at Bethlehem Steel than there
2 was at -- at Simonds Saw. The other ones I
3 can't attest for, but being a state-of-the-art
4 facility, I don't believe you can compare it
5 with any facility in the world. Not only in
6 the United States, in the world. So I'll get
7 off for a minute and if I hear anything that
8 maybe I can interject, I'll try and put in --
9 if it's okay with you.

10 **DR. ZIEMER:** Yeah, okay. Thank you, Ed.
11 Thanks.

12 Other comments? Jim.

13 **DR. LOCKEY:** I wanted to ask NIOSH, when I
14 reviewed the -- the report, my impression was
15 from Simonds Saw and Steel that the data used
16 for dose reconstruction at Bethlehem was the
17 1948 data. Is that correct? That was
18 available?

19 **UNIDENTIFIED:** Yes.

20 **DR. NETON:** Yeah, the -- the data that we used
21 from Simonds Saw and Steel was from 1948. We
22 were -- we were using that to reconstruct the
23 inhalation exposures at Bethlehem Steel in 1949
24 and 1950.

25 **DR. LOCKEY:** And was that -- was that pre- or

1 post-inhalation data at Simonds Steel?

2 **DR. NETON:** This was prior to them installing
3 ventilation at Simonds Saw and Steel. Now
4 there -- there is -- and we cover this in the
5 site profile. There was a small hood over the
6 quenching station that Mr. Walker just spoke
7 about, but there was no active ventilation
8 directly over the rolling operation itself.
9 That was installed after the -- the time period
10 in which those air samples were taken. And
11 they were taken by the Health and Safety
12 Laboratory in New York City, which is the same
13 -- the same people that took the air samples at
14 Bethlehem Steel in 1951 and '52. They were
15 evaluating the same operations, basically,
16 throughout the complex at the time.

17 **DR. LOCKEY:** Okay. Thank you.

18 **DR. ZIEMER:** Jim Melius.

19 **DR. MELIUS:** Yeah. I would -- I'm not going to
20 do this as a motion initially, but what I would
21 like to propose is that we set up a working
22 group that would work with SC&A and NIOSH that
23 would examine the issue of how data from other
24 sources or use the various procedures that are
25 entailed in that; that as a first step we ask

1 our contractor to work with NIOSH to identify
2 those procedures and that -- and that the
3 workgroup evaluate that and then come back to
4 the Board with recommendations on, you know,
5 how to proceed and -- and with some, you know,
6 recommendations.

7 **DR. ZIEMER:** Okay. Right now you're-- you're
8 offering this as a trial suggestion --

9 **DR. MELIUS:** Trial suggestion, yes.

10 **DR. ZIEMER:** -- to see how people --

11 **DR. MELIUS:** Yeah.

12 **DR. ZIEMER:** -- react to this before --

13 **DR. MELIUS:** Yeah.

14 **DR. ZIEMER:** -- it's a formal motion.

15 **DR. MELIUS:** Correct.

16 **DR. ZIEMER:** Jim Neton.

17 **DR. NETON:** I'd just maybe like a point of
18 clarification. Would that be a generic
19 evaluation or would that be specific to
20 Bethlehem Steel? Because Bethlehem Steel was
21 evaluated over a period of a year and a half,
22 between SC&A and NIOSH and the Board, and we
23 reviewed those extrapolations in some detail
24 and in fact made adjustments to our
25 extrapolations to accommodate SC&A's concerns.

1 So I'm not sure revisiting that again would --
2 would -- I'm not sure what that would
3 accomplish if we were specifically focusing on
4 the Bethlehem Steel evaluation. We've gone
5 over that in some detail.

6 **DR. MELIUS:** I will -- would look at that -- I
7 think that's up to the workgroup to decide the
8 level of detail they go. I think first we want
9 them -- I would propose that they step back and
10 look at all of the situations -- procedures
11 that -- where data from other sites are being
12 used and how they're being used and that -- to
13 put the Bethlehem situation into -- to context,
14 and then come back to us with -- with
15 recommendations. And those recommendations
16 would -- that review would include, you know,
17 what is the context for -- for Bethlehem; how
18 does that fit in that -- the overall
19 procedures. What are some of the weaknesses and
20 so forth, but I think it's up to the working
21 group to reach conclusions on -- on that.

22 **DR. ZIEMER:** Jim?

23 **DR. NETON:** I would just add that I think SC&A
24 has reviewed almost all of our procedures by
25 now, including those that use extrapolations

1 such as TIB-4, which is the DOE complex-wide
2 approach, and so -- again, I'm -- I'm not sure
3 -- we have not had any findings from them that
4 these were inappropriate extrapolations, so
5 unless there's some other way to look at it, I
6 guess -- maybe it's from the SEC perspective, I
7 don't know, but we -- we've gone through these
8 in some detail.

9 **DR. ZIEMER:** Okay. Mark?

10 **MR. GRIFFON:** Jim, aren't there -- aren't there
11 a couple new procedures -- or maybe it's one
12 new procedure -- looking at the group of AWE
13 facilities, uranium-type facilities, metal or
14 processing uranium facilities?

15 **DR. NETON:** That's --

16 **MR. GRIFFON:** I mean that's --

17 **DR. NETON:** That's the new TIB-6000 --

18 **MR. GRIFFON:** -- fairly new on the --

19 **DR. NETON:** -- right.

20 **MR. GRIFFON:** It seems like that -- that seems
21 like one --

22 **DR. NETON:** Okay, that -- that one is fairly
23 new, that's correct.

24 **MR. GRIFFON:** I don't think SC&A has looked at
25 that yet, or...

1 **DR. NETON:** But -- but there are a number of
2 other ones that --

3 **MR. GRIFFON:** Yeah.

4 **DR. NETON:** -- rely on very similar approaches,
5 but you're right, TIB-6000 is a new one that
6 appro-- that addresses specifically AWE sites.

7 **DR. WADE:** And if I might speak briefly at this
8 point from a clarif-- clarifying point of view,
9 now I'm speaking as the contracting off-- the
10 technical project officer for the SC&A
11 contract. They have a task to look at
12 procedures, and I think that it would not be
13 inappropriate for the Board to ask SC&A to take
14 a -- a group of procedures, possibly all
15 procedures that deal with this question, and
16 look at it within a certain light or against a
17 certain question. And I think that would be
18 appropriate -- if those are the kinds of
19 procedures you're referring to, Dr. Melius, the
20 procedures that exist for the work that NIOSH
21 does. And I think there is a task in the SC&A
22 contract to do that. You can bundle some
23 procedures. You can put a particular question
24 on that task. And I think we can do that under
25 your Task III then, John.

1 David Staudt, are you on the phone?

2 (No responses)

3 Okay. I'll assume that's okay then with the
4 contracting officer.

5 **DR. ZIEMER:** In his silence. Let me ask a
6 question. Under the proposed motion which is
7 not yet a motion, the -- is it -- is it implied
8 or explicit in the motion that action on the
9 petition evaluation report would then be
10 deferred to a later date? Because that's still
11 a separate issue.

12 **DR. MELIUS:** It -- it -- it's a separate issue
13 and it -- it's -- it is implied where I was --
14 wanted to separate the issues. I wanted to
15 have a better understanding of the -- the
16 timing and -- and -- of -- and how other Board
17 members felt about the idea of the workgroup
18 and -- and then a sense of what -- so I -- I
19 think it would -- should be deferred. I'm not
20 sure it has to be necessarily deferred until
21 that workgroup has reached its, you know,
22 ultimate report back to us. They -- they may
23 find there's another area they want to look at
24 in more detail or something like that, but you
25 know, may recommend that -- example, that the

1 process and so forth used at Bethlehem is well
2 within the parameters of -- of what they
3 believe that we should support, they -- they
4 may not, and I'd like to leave that -- leave
5 that open.

6 **DR. ZIEMER:** Okay. I guess, Jim, that must
7 have answered your question then.

8 **DR. LOCKEY:** The one I had a moment ago.

9 **DR. ZIEMER:** Wanda.

10 **MS. MUNN:** Being a part of the procedures
11 workgroup, I'm struggling here with trying to
12 sort out in my mind how this particular kind of
13 procedures review fits into what we're already
14 doing with the overall procedures review, and
15 I'm trying to define whether this is such a
16 completely separate activity that it should be
17 viewed in an entirely different light or
18 whether it falls under the same category of the
19 kinds of things that we've been putting
20 together matrices for with respect to findings
21 from -- regarding --

22 **DR. ZIEMER:** Certainly a good question, and let
23 me give you my initial response -- others may
24 see it differently -- but it seems to me that
25 this is a somewhat different task. It -- it is

1 -- would ask, as Lew's -- has sort of framed
2 it, a different -- it would ask a specific
3 question and ask how the procedures apply in
4 this case, whereas your workgroup is looking at
5 all procedures in a more generic way and -- and
6 asking is NIOSH following the procedures.

7 **MS. MUNN:** Yes.

8 **DR. ZIEMER:** Or ORAU, as the case may be. This
9 -- this is asking more how those procedures
10 apply to the-- this particular issue. I think
11 it's a separate workgroup.

12 **DR. WADE:** I think it's a separate workgroup,
13 but I do think it would happen under the
14 contract task already in place, and that's
15 important to us because we only have certain
16 contract tasks. So I'm convinced that, as
17 you've defined it, it could be bundled and
18 assigned to SC&A under Task III. I happen to
19 agree with your logic that possibly a different
20 workgroup would look at it.

21 **MS. MUNN:** So do I.

22 **DR. ZIEMER:** Other -- another comment, Jim?

23 **DR. MELIUS:** No.

24 **DR. LOCKEY:** Just one point of clarification.
25 If -- if -- using comparison populations to do

1 dose reconstruction will have -- will filter
2 through the whole system. It's not just
3 Bethlehem Steel, it's everybody. Is -- if in
4 fact SC&A and the Board goes back and we look
5 at this and find that there has to be
6 adjustments made in that comparison data, does
7 that -- can that reopen the application for --
8 I mean would NIOSH then have to go back and
9 adjust their dose reconstruction for that
10 population? And at that point they found --
11 finding that, with this adjustment, they can't
12 do that, then that would move into a Special
13 Exposure Cohort at that point?

14 **DR. WADE:** I would bow to the...

15 **DR. NETON:** As with any -- any advice we
16 receive from the Board, we would go back and
17 re-look at those cases to see what effect they
18 may or may not have on -- on the past dose
19 reconstructions. And in fact if -- if it's
20 determined that we couldn't use the surrogate
21 exposure data, that we couldn't adequately
22 bound the exposures, then it may make that site
23 a ca-- a candidate for a SEC.

24 **DR. WADE:** I would -- one clarification to what
25 you said. It's not based upon the strength of

1 the Board's recommendation only. The agency
2 would have to hear the Board and then decide
3 upon its reaction. But that said, everything
4 that Jim said then follows on.

5 **DR. ZIEMER:** Phil.

6 **MR. SCHOFIELD:** (Off microphone) I would
7 definitely (unintelligible) --

8 **DR. ZIEMER:** Use your mike there for...

9 **MR. SCHOFIELD:** I'd definitely back Jim on
10 this, that I think the -- there needs to be a
11 working group to look at this entire issue of
12 using data from other sites. And the second
13 part on this, since we are discussing Bethlehem
14 Steel, from the photos we saw, I have questions
15 about the cooling -- those people who worked
16 around and under those cooling beds and how
17 they're going to be handled with the data from
18 Simonds Saw since they didn't have anything
19 comparable.

20 **DR. ZIEMER:** I actually -- well, go ahead, John
21 and then Jim.

22 **DR. MAURO:** I guess I have more of a question
23 'cause I -- I have to see if I understand this
24 correctly. Is this discussion regarding the
25 procedures that we have already reviewed -- and

1 there are 100 and -- over 100 procedures now.
2 What am I -- am I hearing to go back and say to
3 what degree did these procedures, when they
4 were written, capture -- make use of
5 information from other sites. Other words --
6 and that also goes for perhaps some site -- I
7 mean -- and bear with me, I'm struggling with
8 this. There are site profiles, there are TIBs
9 and there -- this whole array of procedures.
10 Now is the question to what degree and under
11 what conditions is information from one site or
12 data from one site have been brought in and
13 used to support a position taken in a given
14 procedure or protocol, or is it -- and to what
15 degree is the procedure really self-contained.
16 Perfect example, let's say we're looking at a
17 procedure for doing a dose reconstruction at
18 Rocky Flats, and let's say it's -- whatever the
19 -- a neutron exposure, and there is some
20 protocol for a cohort protocol. Now the
21 question could be to what degree does that
22 protocol depend on information that comes from
23 another site. And we've never -- I can say
24 right now, when we review the procedures, we --
25 we never pose that question to ourselves. We

1 just look at the technical merits of the
2 procedure as it stands, but never ask ourselves
3 the question to what degree do they draw upon
4 these other site. But we do ask ourselves the
5 question when we -- when that happens, and I
6 can't say off the top of my head when that was,
7 you know, whether or not that makes sense. So
8 -- and to a certain degree, when we do review
9 our procedures and we come out with our
10 findings, if there's some aspect to it that we
11 say oh, the neutron-to-photon ration you used
12 here you got from this place, and I -- and we
13 would raise that as an issue. So I -- I would
14 say that to some degree we have captured some
15 of these issues, but I think I -- is that what
16 we're talking about, seeing the degree to which
17 that's done?

18 **DR. ZIEMER:** It appears to me that that's
19 certainly a part of it. We may have to go back
20 and pick up those and -- and see to what extent
21 -- that's sort of using one site's information
22 and applying it to another site. And we may
23 have to -- if -- if this proceeds, we would
24 have to go back and I think identify what
25 procedures are in those categories.

1 **DR. WADE:** The workgroup.

2 **DR. ZIEMER:** The workgroup would have to do
3 that. Jim.

4 **DR. NETON:** I'd just -- I'd just add my two
5 cents. I guess I sort of view this as -- as an
6 evaluation of how well NIOSH has used their
7 source term evaluation, because in a way this
8 is really taking source term --

9 **DR. ZIEMER:** Yeah.

10 **DR. NETON:** -- (unintelligible) to Bethlehem
11 Steel, we knew how much uranium was there --

12 **DR. ZIEMER:** Right, right.

13 **DR. NETON:** -- and saying how much could have
14 been generated, and we constructed exposure
15 models from other facilities based on the
16 source term that we know the workers are -- are
17 working with.

18 **DR. ZIEMER:** And in a sense, this --

19 **DR. NETON:** And that's -- that's a --

20 **DR. ZIEMER:** -- this is a good question to ask.

21 **DR. NETON:** Yeah, I mean I -- I don't disagree
22 with that. I just -- there's a -- it's a
23 pretty daunting task. There's a lot of water
24 under the bridge by now, but I -- I think I
25 have a clearer picture of what you're talking

1 about now because really it -- our rule
2 specifies that source term is an option. And -
3 -

4 **DR. ZIEMER:** Yeah.

5 **DR. NETON:** -- normally we have to know
6 something about the source term, and that's
7 actually in one of the rules, before we would
8 use this extrapolation of surrogate material.

9 **DR. ZIEMER:** Right.

10 **DR. NETON:** And -- okay.

11 **DR. ZIEMER:** Yeah. Okay, Dr. Melius, another
12 comment.

13 **DR. MELIUS:** Yeah, I -- I -- just to follow up
14 on Jim's comment, I mean I -- I agree it's
15 potentially a daunting task, but I also think
16 we've -- may have waited too long and -- in
17 doing this, and I think it -- it behooves us to
18 -- to get on with it and -- and do it and so
19 forth. And again, it's not a value judgment
20 that -- on -- moment on, you know, whether
21 what's been done is right or wrong, but let's -
22 - let's -- let's take a step back and take a
23 look at what we have in place and -- and you
24 know, evaluate that.

25 **DR. ZIEMER:** Mr. Glover.

1 **DR. GLOVER:** Thank you. I did -- I did want to
2 mention briefly, Dr. Griffon (sic), as part of
3 the Board, you actually did move to approve
4 that Simonds Saw was an appropriate surrogate
5 data as part of the review. There actually was
6 a specific motion that was approved by the
7 Board that that was appropriate to use as
8 surrogate data. If you like, I'd be happy to
9 discuss some of the -- why that's an
10 overestimate at the rolling mill. I don't want
11 to belabor particular issues when it sounds
12 like we're talking about broader issues, but if
13 -- if that could be done at a better time, I'd
14 certainly -- would be happy to discuss that --
15 or you'd like to wait.

16 **DR. ZIEMER:** Well --

17 **DR. GLOVER:** It's really at the Board's --

18 **DR. ZIEMER:** -- we'll do that. Actually let's
19 sort of finish up this discussion and -- this
20 is still part of the Bethlehem Steel issue
21 anyway, so we'd be glad to hear that. I just
22 want to try to -- we've heard from a few
23 people. I'd sort of like to get the sense of
24 the Board, and I think you were asking, Jim,
25 for what is --

1 DR. MELIUS: Yeah.

2 DR. ZIEMER: -- the sense of the Board on this.
3 Is this worth floating a real motion or are we
4 just having a general discussion here.

5 DR. MELIUS: Can I just clarify proce--

6 DR. ROESSLER: Can I comment?

7 DR. MELIUS: -- what I would suggest it --

8 DR. ROESSLER: Hello?

9 MR. PRESLEY: Gen has a comment.

10 DR. ROESSLER: Hello?

11 DR. ZIEMER: Hang on -- hang on, Gen.

12 DR. ROESSLER: Okay.

13 DR. MELIUS: What I would suggest is that if
14 there's some general agreement that this could
15 be a way forward, that I would write up a
16 motion or work with somebody else to wri--
17 write up a motion for us to consider, and that
18 motion would include a more specific charge for
19 that -- that workgroup and fle-- flesh that out
20 a little bit so we have some -- you know, make
21 it a -- a little bit more definite and some--
22 something people can, you know, react to.

23 DR. ZIEMER: Okay. Gen Roessler?

24 DR. ROESSLER: Yes, Paul. Ed Walker is trying
25 to make a comment and I don't think you can

1 hear him.

2 **DR. ZIEMER:** No, we couldn't.

3 **DR. ROESSLER:** Yes, so maybe if he's still on
4 the phone, he could try to make his comment
5 now.

6 **DR. ZIEMER:** Good. Ed?

7 **MR. WALKER:** Yes, Doctor, thank you. I don't
8 know what you were talking about. I -- I don't
9 know if -- where I'm butting in, I -- I may be,
10 you know, a half-hour off on when this should
11 have been brought up, but last night as I was
12 going through the technical base (sic) document
13 and putting some of my notes together, I see
14 where the technical base (sic) document states
15 time and time again where we rolled natural
16 uranium at Bethlehem Steel. I have sent out --
17 you probably have got the e-mail, but I kind of
18 (unintelligible) times, but I found types of
19 uranium that were rolled ba-- in the late '40s.
20 And we rolled -- we done the finished rolling
21 for Simonds Saw, so anything that went through
22 Simonds Saw, we handled -- according to what
23 all the documentation says. They used, and it
24 went through Simonds Saw, recycled uranium in
25 both forms; normal uranium and depleted uranium

1 were rolled at the Simonds Saw plant, according
2 to the receipts from Hanford. So apparently it
3 wasn't natural uranium we rolled at Bethlehem
4 Steel for four years because during those four
5 years it's all that Simonds Saw handled, plus
6 thorium. But being that the records are lost
7 for so many years -- deliberately or not, I
8 don't know why -- but how do we know? We know
9 that they rolled what they had and we know what
10 they rolled now, and I was asked by another
11 health physicist, do you have any connection
12 between Simonds Saw and Bethlehem Steel that
13 you rolled and any railroad receipts or
14 transportation receipts. And I have a document
15 that says there was eight tons sent out from
16 Simonds Saw to Lake Ontario Ordnance. It set
17 it on the ground. Two ton of it got corroded
18 at the base. They took that two ton, send it
19 into Buffalo to another small facility and
20 ground the corrosion off of it, send it back to
21 Lake Ontario, put it with the remaining six ton
22 that was there and shipped the total eight ton
23 of this to Bethlehem Steel. So there is a
24 connection between what this document has that
25 I have, the types of uranium rolled at Simonds

1 Saw and Bethlehem Steel. And if Simonds Saw
2 rolled it and, as NIOSH has claimed all along,
3 we done all the finish rolling, it -- to me,
4 it's reasonable to think that we rolled the
5 same thing they did. And I think this is
6 important issue and still the technical base
7 (sic) document calls it natural uranium. The
8 DOE called it normal uranium that -- when --
9 after it was depleted, they called it normal
10 uranium. So it's wrong in the technical base
11 (sic) document on what you said we rolled
12 there.

13 **DR. ZIEMER:** Okay. Thank you, Ed. I
14 understand that someone from Senator Clinton's
15 office is waiting to make comment -- or Jason,
16 are you going to provide the comment?

17 **MR. BROEHM:** Yes, I just got a statement e-
18 mailed to me by Dan Utech, who's on the phone
19 from Senator Clinton's office but is having a
20 little bit of the same phone difficulties
21 everyone else is so he asked me to read this
22 and that he may have some additional comments
23 to make on his own.

24 So this is the written testimony of Senator
25 Hillary Rodham Clinton on behalf of the SEC

1 status for Bethlehem Steel workers.
2 (Reading) The President's Advisory Board on
3 Radiation and Worker Health has the authority
4 and responsibility to oversee the work the
5 agencies that implement the Employees
6 Occupational Illness Compensation Program. One
7 of the Board's specific responsibilities is to
8 make recommendations to the Secretary of the
9 Department of Health and Human Services about
10 whether to approve Special Exposure Cohort
11 petitions that have been referred by NIOSH.
12 You have such a petition before you for a class
13 of workers at Bethlehem Steel. I urge you to
14 recommend approval of the petition.
15 Like workers at many other sites around New
16 York and our country, Bethlehem Steel employees
17 were essential to our Cold War effort. These
18 people literally built our nuclear arsenal in
19 the decades after World War II, and helped us
20 eventually to win the Cold War.
21 In the late 1940s and early '50s, the
22 government contracted with Bethlehem Steel to
23 roll uranium at their plant, but the workers
24 weren't told what they were working with. They
25 weren't provided with safety equipment to

1 shield them from radiation. They weren't
2 monitored to determine how much radiation they
3 were being exposed to. Many of these workers
4 subsequently got cancer. And for decades
5 they've petitioned their government for help
6 and have been denied.
7 Congress finally did the right thing in 2000
8 with the Act that you're part of administering.
9 This was a landmark law, and it was such in the
10 tradition of our country to acknowledge the
11 wrong that the government had done, and
12 promised timely compensation to workers and
13 their survivors. When Congress passed the law
14 in 2000 it recognized that reconstructing doses
15 would be impossible in many cases, and that's
16 why the Special Exposure Cohort process was
17 included in the law.
18 The statute, to my reading, is pretty clear.
19 It says that if the government doesn't have the
20 information to reconstruct doses, then workers
21 should be given the benefit of the doubt and
22 their claims should be paid. More precisely,
23 it provides for classes of workers to be added
24 to a Special Exposure Cohort if it's not
25 feasible to estimate the radiation doses with

1 sufficient accuracy, and there is reasonable
2 likelihood that the radiation dose may have
3 endangered their health.

4 I don't think we could have a clearer case than
5 Bethlehem Steel, where not a single worker wore
6 a radiation badge, where the only radiation
7 measurements we have are a handful of air
8 samples, where workers rolled uranium and where
9 many of them got radiation-related canc--
10 radiation-related cancers.

11 I have introduced legislation with Senator
12 Schumer that would require approval of Special
13 Exposure Cohorts in such cases, as I believe
14 the original statute requires. But I appeal to
15 you today to bring the Bethlehem Steel process
16 to a conclusion by recommending approval of the
17 petition. Thank you.

18 **DR. ZIEMER:** Sam, you want to proceed?

19 **DR. GLOVER:** Just -- I -- briefly, some of the
20 uranium discussion that Mr. Walker just
21 provided, I want to make sure it is very clear
22 to the Board that Simonds Saw was the primary
23 rolling contractor for Hanford. Bethlehem
24 Steel rolled a very small fraction of the
25 finished uranium -- a very small fraction.

1 Mostly Hanford -- or Savannah -- Simonds Saw
2 provided that directly to Hanford. Only one of
3 the rollings from Simonds actually came to
4 Bethlehem Steel. Other than that, it was from
5 another rolling. Those were experimental
6 rollings until the very end, which they had a
7 few before Fernald kicked in. So I did want to
8 be very clear about the -- the extent of the
9 Bethlehem Steel rolling. They did not finish-
10 roll the entire feed stock for the Department
11 of Energy.

12 **DR. ZIEMER:** Thank you. Board members, any
13 other comments on the general approach that's
14 been suggested here -- in terms of evaluating
15 the issue of use of surrogate data and the
16 implications for the Bethlehem Steel petition?
17 John Poston.

18 **DR. POSTON:** I don't have a -- a stated opinion
19 yet, but could you -- suppose we vote this -- I
20 understand what happens if we approve Jim's
21 unmade motion, but what if we don't approve it;
22 what's the next step?

23 **DR. ZIEMER:** Well, I -- I think Jim's -- Jim's
24 motion was going to include something in terms
25 of -- or was it separate -- for Bethlehem, per

1 se. We've got to do something on the Bethlehem
2 Steel petition.

3 **DR. MELIUS:** Yeah, it'd include both but it'd
4 be delaying a decision on Bethlehem Steel.

5 **DR. ZIEMER:** It would delay a decision on
6 Bethlehem Steel until the completion or till
7 something was --

8 **DR. MELIUS:** Yeah.

9 **DR. POSTON:** But if -- that's --

10 **DR. WADE:** And if it was to be --

11 **DR. POSTON:** -- the motion --

12 **DR. WADE:** -- if that was to be voted down,
13 then you would have Bethlehem Steel in front of
14 you again to consider.

15 **DR. POSTON:** All right.

16 **DR. WADE:** Yeah.

17 **DR. ZIEMER:** Other comments?

18 (No responses)

19 Jim, I'm -- I'm going to suggest that you --
20 that you frame a trial motion to get it on the
21 floor.

22 **DR. MELIUS:** Uh-huh.

23 **DR. ZIEMER:** If it is -- we can then defer
24 action on it till tomorrow, to get the wording.
25 Or -- or we can just defer this till tomorrow

1 anyway if you want to --

2 **DR. MELIUS:** No, I mean I can --

3 **DR. ZIEMER:** Or -- or someone can make a
4 different motion. I mean --

5 **DR. MELIUS:** Yeah -- yeah, let --

6 **DR. ZIEMER:** -- but we need some -- we need to
7 take some action.

8 **DR. MELIUS:** Yeah. In order to sort of promote
9 the action and recognizing that there's --
10 we'll need to sort of fill in some of the
11 issues and -- particularly in terms of the
12 specific charge to the -- the workgroup, but I
13 -- I would move that we delay consideration of
14 the Bethlehem Steel SEC evaluation review
15 pending a report back to us from a newly-
16 established workgroup that would evaluate the
17 use of -- evaluate the -- the NIOSH procedures
18 involving the use of data from other sources
19 for dose reconstruction.

20 **DR. ZIEMER:** Or if we might say surrogate data
21 or --

22 **DR. MELIUS:** Surrogate data for dose -- yeah.

23 **DR. ZIEMER:** Is there a second to that motion?

24 **MS. BEACH:** I'll second.

25 **DR. ZIEMER:** Seconded. And we've already had a

1 lot of discussion on the anticipated motion.
2 The suggestion is that, before we act on the
3 motion, we get the exact wording which could
4 occur later in the meeting, perhaps tomorrow,
5 but we can have additional discussion now.
6 John Poston.

7 **DR. POSTON:** Are we going to discuss the -- the
8 motion again tomorrow?

9 **DR. ZIEMER:** We may.

10 **DR. POSTON:** Well, I think --

11 **DR. ZIEMER:** I don't think we have the exact
12 words. We have the intent of the motion.

13 **DR. POSTON:** Yeah.

14 **DR. ZIEMER:** But we can -- we can discuss it.
15 You can --

16 **DR. POSTON:** Well, does that mean --

17 **DR. ZIEMER:** -- pro and con and we'll simply
18 delay the actual action until we have the exact
19 wording, but --

20 **DR. POSTON:** Okay. Well, with-- without a
21 motion on the floor, then it's --

22 **DR. ZIEMER:** Well, we have -- we have --

23 **DR. POSTON:** -- not proper to comment.

24 **DR. ZIEMER:** -- we have -- we have the general
25 motion. We don't have the exact words. The

1 intent of the motion --

2 **DR. POSTON:** Well, to me, there's two things.
3 One, there are many times when using surrogate
4 data makes a whole lot of sense, scientifically
5 valid approach to doing a dose reconstruction.
6 And you know, to me, it is a very site-
7 dependent kind of situation. We -- as John
8 pointed out -- John Mauro pointed out, we
9 started down that road with Chapman Valve. We
10 were fortunate enough to find a very valuable
11 report that took us off that path, but we were
12 going that direction because we had no other
13 way --

14 **DR. ZIEMER:** Uh-huh.

15 **DR. POSTON:** -- other way to do it. Then SC&A
16 did invest a fair amount of time looking at
17 other sites that -- and that was suggested and
18 agreed-upon by NIOSH and -- and the working
19 group that that was probably the way we should
20 do it. So this -- this is such a generic
21 situation that it doesn't seem to me that
22 establishing a workgroup, unless they're going
23 to do all the site evaluations, is -- makes any
24 sense. I mean it's a -- it's a site-specific
25 kind of evaluation. So I -- I just see this as

1 delaying the inevitable of making a decision on
2 -- on the -- this particular SEC and not really
3 providing any guidance or anything to -- to the
4 committee at all. So I would -- I'm -- I'm
5 very opposed to this motion.

6 **DR. ZIEMER:** Thank you. Other comments, pro or
7 con? Wanda?

8 **MS. MUNN:** I, too, am concerned about how this
9 process can be worded in such a way that it
10 would be specific enough to be of any value to
11 any unique SEC or group, and still be broad
12 enough to be realistic in terms of the world we
13 actually live in. As I think I inferred
14 earlier, certainly not enthusiastic about
15 including this in the other views that we are
16 currently undertaking with respect to all of
17 the procedures, but it's an uncomfortable thing
18 that's being posed to us here. It's
19 particularly discomfiting, partly because of
20 its being based on the Bethlehem Steel site
21 which, as Mr. Glover pointed out, we really
22 covered very thoroughly when we were looking at
23 the site profile. We did a lot of work on
24 Bethlehem Steel. We heard a lot of testimony.
25 There was a great deal of scrutiny given to

1 each of these issues. The issues that we're
2 discussing right now were discussed in
3 significant detail at that time.
4 Viewing it from an SEC point of view does put
5 an entirely different light on it, but it still
6 raises very similar kinds of questions which we
7 have covered in such depth that it's
8 uncomfortable to think about going through that
9 entire process again unless we are being very
10 concise about where we're going. So I look
11 forward with great expectation to the precise
12 wording of what's going into this because there
13 is confusion in my mind right now where we're
14 actually going. I understand, I believe, the
15 intent -- which sounds good until taken to its
16 ultimate goal, and that ultimate goal may put
17 us in a very difficult position with respect to
18 realistic, scientifically-based reviews of
19 SECs, and for that matter, some sites.

20 So I would propose that we wait until we see
21 the actual wording, regardless of the --

22 **DR. ZIEMER:** Well, we will --

23 **MS. MUNN:** -- goodness of the intent.

24 **DR. ZIEMER:** -- we will do that. This is --
25 nonetheless I'm allowing a little bit of

1 discussion on the idea, but we will have
2 further debate on the -- when we see the exact
3 wording. Jim, do you have some additional
4 comments?

5 **DR. LOCKEY:** I -- I think it's worthwhile to --
6 to have a working group look at how surrogate
7 data can be used. I think that'd be a
8 worthwhile endeavor, but I think -- I think the
9 Bethlehem Steel issue is -- was here before I
10 came on the Board and it sounds like we -- we
11 carried that Bethlehem Steel issue as far as we
12 can at this point in time. And I would think
13 there really are two separate issues. I think
14 there's the generic issue about looking at
15 surrogate data, and I think there's a Bethlehem
16 Steel issue that we should deal with today. I
17 don't think further delay is helpful to
18 anybody. If whatever reasons in the future,
19 the way that surrogate data is used needs to be
20 modified, there's a process in place to allow
21 us to do that, both from dose reconstruction,
22 as well as reapplication for an SEC petition
23 based on perhaps inadequate data based on
24 modifications that have to be made. So I
25 really think there -- there's a Bethlehem Steel

1 issue which I think needs to be taken care of,
2 and then there's a generic issue I think that
3 Jim has mentioned that's worth our looking at
4 further.

5 **DR. ZIEMER:** Other comments?

6 **DR. POSTON:** Gen just sent an e-mail saying
7 that she can't hear anything.

8 **DR. ZIEMER:** Okay. We got an e-mail from Gen,
9 are you still -- are you still there?

10 **DR. ROESSLER:** Still here, can you hear me?

11 **DR. ZIEMER:** Yes, very well.

12 **DR. ROESSLER:** Yeah, the people on the phone
13 cannot hear, and I think there's some confusion
14 as to whether you're talking about Bethlehem
15 Steel or Blockson or what. The connection is
16 very bad and I -- I think that -- that they're
17 not being able to make their comments, and I
18 certainly can't hear. I can hear almost
19 nothing.

20 **DR. ZIEMER:** Yeah. Well, we're not on
21 Blockson, we're on Bethlehem Steel yet and --
22 yeah.

23 **UNIDENTIFIED:** It would be good to have Lew
24 make his speech on telephone etiquette, and it
25 would also be good to check the line.

1 **DR. WADE:** Okay. Well, let's -- let's try and
2 do both.

3 I'll ask the AV person to begin to do what you
4 can.

5 **UNIDENTIFIED:** (Off microphone) take a break.

6 **DR. WADE:** Yeah, we'll take a break in a
7 minute.

8 **MR. WALKER:** Can't hear nothing.

9 **UNIDENTIFIED:** We can barely hear you.

10 **DR. WADE:** Okay, we're going to take a break
11 for five minutes and check the line. We'll
12 come back then and do a little bit of phone
13 etiquette and see where we are. A break for
14 five minutes.

15 (Whereupon, a recess was taken from 2:05 p.m.
16 to 2:23 p.m.)

17 **DR. ZIEMER:** Okay, we're going to re--
18 reconvene and we'd like to come to closure on
19 the Bethlehem Steel-related issues and then
20 we'll move on to Blockston (sic).

21 **DR. WADE:** Use the gavel.

22 **DR. ZIEMER:** Now I -- I have -- I have sensed
23 from Dr. Lockey's comments that -- and I don't
24 know if they reflect others, but a concern that
25 we perhaps think about separating the Bethlehem

1 Steel action from the more generic action,
2 which was the workgroup materials and so on --
3 workgroup investigations of the generic use of
4 surrogate data that Dr. Melius was suggesting.
5 And I need -- I need the Board to help us come
6 to closure on this. Does the Board wish to act
7 separately on the Bethlehem Steel petition
8 today, or to tie it in with the -- the effort -
9 - workgroup effort that was described by Dr.
10 Melius, which is sort of a -- a preliminary
11 motion for which we don't have the final
12 wording.

13 Mr. Presley.

14 **MR. PRESLEY:** I would like to see two motions.
15 I would not like to see this tied together.

16 **DR. ZIEMER:** Okay. What -- what do the others
17 of you feel? Dr. Lockey has expressed a
18 similar thing, I think in part because you have
19 to leave tomorrow to --

20 **DR. LOCKEY:** Well, not -- not necessarily that.
21 I -- I think that -- again, as I understand it,
22 the Board has been dealing with Bethlehem for a
23 long time, relatively long time, and -- I think
24 before I came on the Board. And it sounds like
25 we've taken Bethlehem as far as we can do it,

1 and there is an avenue available for re-
2 evaluation of that process at some point in the
3 future if there's -- if the workgroup, SC&A and
4 the Board feel that the surrogate population
5 data has to be used in a modified manner or --
6 and so I'm -- I see that as a way to -- to
7 relook at not only Bethlehem, but other
8 potential SE (sic) petitions that are in
9 similar situations.

10 **DR. ZIEMER:** Uh-huh, okay. Wanda Munn and then
11 Jim Melius.

12 **MS. MUNN:** There are two separate issues. They
13 should be separated.

14 **DR. ZIEMER:** Okay. Jim?

15 **DR. MELIUS:** Yeah, I would just point out --
16 Jim Lockey's response, I think the Board has --
17 while NIOSH has a procedure and has very
18 appropriately gone back and redone --
19 recalculated dose reconstructions based on
20 changes in procedures or Board findings and so
21 forth, we've never had to go back and un-- undo
22 or redo a SEC petition. And I -- I think it
23 would certainly -- lot of damage to the
24 credibility of the program if we had to -- for
25 example, would turn -- we had to go back and

1 then, at a later time, declare something like
2 Bethlehem a -- a, you know, SEC after we
3 initially had turned down the -- the petition.

4 **DR. ZIEMER:** Okay.

5 **DR. MELIUS:** So I -- I think there's a little
6 difference in terms of the -- sort of the
7 finality of that -- that particular action and
8 the impl-- the implications of the action.
9 Cert-- certainly if it's just a question of a
10 dose reconstruction, that's different, though.
11 I mean it does -- does have implications and I
12 -- be concerned, but...

13 **DR. ZIEMER:** Okay. Jim?

14 **DR. LOCKEY:** Maybe I have to get better
15 understanding. If -- if NIOSH -- if it's
16 determined that the surrogate population is --
17 is -- was not handled correctly and NIOSH is
18 given different directions to look at dose
19 reconstruction and they find they can't do it
20 based on those new -- that new data, does not
21 that group then automatically get qualified as
22 an SEC?

23 **MR. ELLIOTT:** I can't say automatically it
24 would. We'd have -- it'd have to be looked at
25 on -- individual circumstances associated with

1 it.

2 **DR. LOCKEY:** That's what I meant.

3 **MR. ELLIOTT:** If we're talking about Bethlehem
4 Steel, it's important to understand that '48
5 and '49 we have no primary evidence or
6 documentation that shows they even rolled
7 uranium in those two years. We gave them that.
8 So if we find that surrogate data -- in this
9 instance for this example -- is not
10 appropriate, and we consi-- that's what we hear
11 from you and we consider it, it could be that
12 we look at that and say gee, well, there's no
13 data, no evidence that rollings occurred in
14 those two years so there's no exposure. That's
15 entirely different than where we came out the
16 first time around. We gave the benefit of the
17 doubt and we used the surrogate data to provide
18 a model that provides, I think, claimant fav--
19 very claimant favorable dose estimates for all
20 four years.

21 **DR. LOCKEY:** Well, Jim -- well, Jim (sic), let
22 me ask you a question generically then. If --
23 if -- suppose Bethlehem -- there's good
24 evidence they did roll uran-- uranium in '48
25 and '49 -- okay? -- and the surrogate exposures

1 that you were using after the workgroup has
2 made the deliberations indicates that perhaps
3 you have to approach that in a different
4 manner, and you've found that you could not do
5 dose reconstruction, then what would happen at
6 that point?

7 **MR. ELLIOTT:** If we find that we cannot do dose
8 reconstructions, then that is a justification
9 for a class.

10 **DR. LOCKEY:** Okay. Thank you.

11 **DR. ZIEMER:** Okay. That answered your
12 question? Yeah.

13 Now the -- I'm trying to identify possible
14 outcomes for you here as you think about this.
15 The general motion that Dr. Melius referred to,
16 which also defers action on Bethlehem Steel,
17 the effect on that is that there would, at
18 least for now, be no Special Exposure Cohort
19 for Bethlehem Steel.

20 If we separate the action, we have the
21 possibility of an up or down vote. An up vote
22 -- that is, one supporting the motion -- would
23 declare Bethlehem Steel to be a Special
24 Exposure Cohort now. A down vote would have
25 the same effect as the Melius motion,

1 temporarily at least, in that it would not be a
2 Special Exposure Cohort at this time.

3 And I think, Jim, your -- Jim Lockey's question
4 was if that were to happen and something
5 changed later, in the findings of the
6 workgroup, for example, can you go back and
7 sort of make the correction. And I think Dr.
8 Melius was suggesting that there is a down side
9 to doing that, perhaps in terms of how that --
10 how that is perceived from the outside as -- in
11 terms of first saying it is not qualified and
12 then saying it is, for example.

13 So I'm trying to sort out these different
14 issues so -- to help -- if you want to decide
15 what you want to do in terms of going forward.

16 **DR. WADE:** I might offer a comment, and it's
17 not to the technical issues, but you know,
18 speaking on the Secretary's behalf -- again, I
19 mention the constant tension between being
20 complete and being timely, and we'll talk more
21 about that. On the other hand, I think the
22 more this Board can do to approach consensus in
23 its recommendations to the Secretary, the
24 better. It doesn't mean that there aren't
25 situations where we'll have very close votes.

1 And if that's the case, so be it. But I think
2 some effort needs to be made to try and
3 approach a more consensus recommendation by the
4 Board. And I don't say that on either side of
5 the issue, I just say that.

6 Now my -- my original recommendation was going
7 to be to defer action on this till tomorrow so
8 that we could see the wording of the Melius
9 motion, and that could be voted up or down and
10 -- and depending on that outcome, there could
11 be a subsequent motion on the Special Exposure
12 Cohort, if so needed.

13 I am sensitive to the fact that just in respect
14 for Dr. Lockey, who cannot be here tomorrow --
15 although you might want to call in, if that
16 were possible -- he would lose his voting
17 privilege on this particular issue.

18 **DR. WADE:** That's -- that's -- I think that's
19 just the way it is.

20 **DR. LOCKEY:** That's just the way it is.

21 **DR. ZIEMER:** Yeah. Okay. But my original
22 recommendation was that we would simply defer
23 action on the Bethlehem Steel till tomorrow so
24 we could see the -- see the wording of the
25 motion that we've been sort of discussing, and

1 then it could be voted up or down.

2 So without objection, that's what we will do
3 and we will -- this will return to our agenda
4 tomorrow for formal action once we have the
5 wording on the motion.

6 **BLOCKSON CHEMICAL SEC**

7 Let's move on then to Blockston (sic) Chemical.
8 Blockston Chemical -- we had a presentation on
9 that at -- but then additional information came
10 to light and the evaluation report was pulled
11 by -- by NIOSH, so basically it went back off
12 the -- off the agenda and we had no -- I don't
13 believe we ever were able to take action 'cause
14 NIOSH -- we had it on the agenda and NIOSH
15 reported to us that this new information had
16 come in, so they pulled the evaluation report.
17 I think we now have the new evaluation report -
18 - or is it a revision?

19 **DR. NETON:** It's a revision.

20 **DR. ZIEMER:** So Dr. Neton will give us that
21 revision and then we'll have opportunity -- do
22 we have petitioners? -- we do have petitioners
23 on the line that will speak to us, as well --
24 if they can hear us.

25 **UNIDENTIFIED:** I can hear you.

1 **DR. ZIEMER:** Very good. Here's Dr. Neton.

2 **DR. NETON:** Thank you, Dr. Ziemer. It's my
3 pleasure to present to you a revision to the
4 Blockson Chemical Company SEC evaluation report
5 that as --

6 **DR. WADE:** Can people hear Dr. Neton speak?

7 **UNIDENTIFIED:** No.

8 **UNIDENTIFIED:** I can.

9 **UNIDENTIFIED:** He needs to speak to the back of
10 the room.

11 **DR. NETON:** Testing, can you hear me now --
12 better?

13 **UNIDENTIFIED:** This is (unintelligible). I
14 cannot hear.

15 **DR. NETON:** I'm not sure I can speak any more
16 directly or -- or loudly into this microphone.

17 **DR. WADE:** Can you hear me speak? This is Lew
18 Wade, can you hear me speak?

19 **UNIDENTIFIED:** (Unintelligible), yes.

20 **DR. WADE:** Yes?

21 **UNIDENTIFIED:** (Unintelligible) can hear you.

22 **UNIDENTIFIED:** Yes, I can hear you.

23 **DR. WADE:** Okay, Jim, you might have to do it
24 from here -- or can we make such arrangements?

25 **UNIDENTIFIED:** (Off microphone)

1 (Unintelligible)

2 **DR. ZIEMER:** He's fine, go ahead.

3 **DR. NETON:** I'm fine?

4 **DR. ZIEMER:** Go ahead.

5 **DR. NETON:** Okay. This is SEC evaluation
6 report number 00058. As Dr. Ziemer mentioned,
7 it was presented originally by Brant Ulsh at
8 the Naperville Board meeting in December of
9 2006. I think it's probably gone to sleep on
10 me here.

11 **DR. WADE:** Okay, stay still.

12 **UNIDENTIFIED:** (Off microphone) Try to turn
13 towards (unintelligible).

14 **DR. ZIEMER:** There it is.

15 **DR. NETON:** And precisely for the reasons Dr.
16 Ziemer mentioned, the report was withdrawn
17 shortly after the meeting in Naperville because
18 we -- we came to the realization that we did
19 not have all of the covered exposure dealt with
20 properly in the -- in the site profile.

21 The original site profile covered Building 55
22 operations, which was to extract uranium out of
23 the phosphate-generating process that Blockson
24 dealt with in its normal operations. And then
25 we had the uranium covered, and I believe we

1 also on the original site profile covered radon
2 exposure, with the idea being that even though
3 Building 55 was remote from the plant, the
4 radon, being an inert gas, wafted about the
5 site. We couldn't really guarantee that it was
6 confined only to the areas of the general
7 plant.

8 But these related activities involving rock
9 calcining -- that's oxidation, essentially,
10 under high temperature to get rid of organic
11 material -- acid oxidation and other support
12 activities in the balance of the plant were not
13 covered in the original site profile.

14 This little diagram sort of depicts what I mean
15 by that. Blockson Chemical took phosphate
16 rock, primarily from Florida, that had a very -
17 - and made -- made phosphoric acid out of it.
18 And what they would do is -- is calcine it,
19 heat it at a high temperature, drive off the
20 organic material and dissolve it in sulfuric
21 acid. Under that process, the phosphoric acid
22 would go through the plant and they would --
23 the end product would be technical grade
24 phosphates -- monosodium phosphate, trisodium
25 phosphate -- and the remainder, the balance

1 that did not go into solution, would go into
2 the phosphogypsum phase and go out into the
3 waste piles.

4 Well, phosphate rock, by its very nature, has
5 some natural radioactive contaminants, that
6 being uranium and its associated progeny --
7 which we're assuming, for purposes of these
8 dose reconstructions, are in 100 percent
9 equilibrium with the uranium parent. And
10 because of that, through the various processes
11 in the plant, workers were exposed to radium,
12 lead-210, radon, those -- those types of
13 radionuclides. And in fact there was also some
14 smaller quantities of thorium decay series
15 present in this operation.

16 A brief history of what's going on at Blockson,
17 the AEC approached Blockson Chemical in early
18 1951 to explore the possibility of retrieving
19 some of the uranium that was naturally present
20 in this ore as part of their normal plant
21 operations. Blockson agreed to do that, and in
22 1951 they constructed a pilot plant -- we're
23 not exactly sure where or what that was, but
24 pilot plant operations did commence in early
25 '51 trying to essentially develop the process.

1 They had I think two or three pilot operations
2 that had a several-week duration where they
3 tried to perfect and optimize that process.
4 And in fact, eventually a patent was issued to
5 Blockson Chemical -- or actually a patent was
6 issued to the Atomic Energy Commission for the
7 uranium recovery process from the phosphoric
8 acid.

9 At the same time, Building 55 -- the early
10 pilot plant processes were so successful that
11 they concurrently started construction of
12 Building 55 between 1951 and '52. This was a
13 building that was separate from the main plant,
14 a fairly small, one-story building that was
15 under 20,000 square feet. I think it was 100
16 by 175 feet in dimension. And this was where
17 the uranium was going to be precipitated out of
18 the phosphoric acid pipeline, if you will, and
19 -- and drummed and shipped to the Department of
20 -- not the Department of Energy at that time
21 but the Atomic Energy Commission.

22 It was a fairly modest operation, as things go.
23 Blockson, on average during the 10-year period
24 -- the contract started in '51 and ended at the
25 end of '62 -- they averaged somewhere in the

1 vicinity of one barrel of uranium a week. So
2 we're not talking a major production operation
3 here. It's a fairly small operation, as
4 uranium production facilities go.

5 Just as a side note, the ownership was
6 transferred from Blockson Chemical to Olin
7 Mathieson Chemical Corporation in 1955.

8 The SEC petition was qualified in March of
9 2006, but that was the first petition we
10 received, which was SEC-0045. Subsequently we
11 received a second petition, which is SEC-0058,
12 and that was qualified on August 9, 2006.

13 Subsequent to that, these two petitions were
14 merged into SEC-0058 as one petition and it was
15 merged to form one petition on August 30th,
16 2006, and the relevant time period was 1951
17 through 1962 and the entire duration of the two
18 end years, January 1st, '51 through December
19 31st, 1962.

20 The initial class definition that was proposed
21 by the petitioners is shown here, which was all
22 Atomic Weapons Employers contractors and
23 subcontractors who worked in Building 55 --
24 this was the stand-alone operation that
25 generated the uranium product -- from '51 to

1 '62. NIOSH looked at that class definition and
2 expanded it to include all Atomic Weapons
3 Employer personnel who worked on activities
4 related to the production of uranium at
5 Blockson Chemical from '51 to '62, the
6 significant difference here being that the
7 balance of the plant would now be covered for
8 their exposures to the progeny in the uranium
9 decay series, and to some extent, a lesser
10 degree, the progeny -- thorium-232 decay series
11 and some associated progeny there, as well. So
12 we've really increased the exposure profile of
13 these workers in doing this.

14 At the Board meeting in Naperville this class
15 definition was somewhat different. I think it
16 was only workers who worked in Building 55 and
17 the pilot plant were originally covered. And
18 as I mentioned at the beginning of my
19 presentation, we recognized that legally we had
20 to cover the other exposures.

21 A little bit about the petition bases. There
22 were four -- four -- four main bases filed in
23 this petition, and these are shown here -- that
24 there was no monitoring of the worker exposures
25 or that the worker exposure monitoring data

1 were not available, had been lost somehow;
2 particle size was not claimant favorable --
3 that is they -- they challenged the use of a
4 five micron default particle size; asserted
5 that the inhalation to ingestion pathway was
6 not considered; and that the uranium daughters,
7 specifically the short-lived daughters of
8 uranium -- thorium-234 and protactinium-234(m)
9 -- were not addressed. And I'll spend a few
10 minutes going over each of those -- NIOSH's
11 response to each of those petition bases a
12 little later on in the presentation.
13 First I'd like to go over some of the available
14 information that we had at our -- our disposal
15 to -- to perform dose reconstructions, and
16 these are the NIOSH site research database --
17 that's a compendium of a huge volume of data.
18 I think we had something on the order of 96
19 documents in the site research database that we
20 could rely on. We also had available
21 information from the petitioners, which
22 included in this case interviews from five
23 former workers at the facility who were
24 interviewed by telephone and -- not transcripts
25 necessarily, but minutes of those discussions

1 were -- were recorded and are on our web site.
2 Not on our web site, but on our -- in our
3 files. And we did go back and conduct worker
4 outreach meetings in Joliet, Illinois on
5 January 24th and 25th to hear more about the
6 workers' perspectives as to how these
7 operations actually -- actually came about
8 during the covered period.

9 In addition to the discussion with the wor--
10 the petitioners, I -- I'm not sure if I
11 mentioned that we also do the Computer-Assisted
12 Telephone Interviews, so every -- every
13 claimant is interviewed, as you well know, in
14 this process to determine -- to garner any
15 relevant information related to their
16 exposures.

17 And the phosphate industry itself -- it's been
18 well-known for years in the health physics
19 community that there's natural radioactive
20 materials associated with the processing of
21 phosphate ores, so there's numerous studies of
22 the phosphate industry available in technical
23 journals such as the Health Physics Society
24 journal, *Journal of Environmental Chemistry* and
25 -- and other such documents.

1 I have a little bit of amplification on each of
2 those points here. The site research database
3 had a fair amount of information related to the
4 contract. The original contract was a letter
5 contract with Blockson Chemical Company, later
6 converted into a formal contract, that detailed
7 in some -- some specific detail the nature of
8 the operations, the employees that would be
9 involved, how many, that sort of thing.

10 A fair amount of information about the Blockson
11 Chemical process. I had mentioned that this --
12 this process was actually patented, and if any
13 of you have gone through a patent application,
14 there's a lot of information that's supplied as
15 part of that. So we know -- the good news is
16 we know a fair amount about the chemistry
17 associated with this operation.

18 Production data was available in DOE reports
19 and internal Blockson Chemical memoranda.
20 And we also had in the site research database
21 from one of our data capture efforts -- I
22 forget where we retrieved this information;
23 most likely HASL, though I don't recall --
24 bioassay data during operations from 1954
25 through '58. We actually had bioassay data for

1 -- I think it's 122 samples -- 122 samples
2 representing 25 individuals, which is somewhat
3 significant because I mentioned that we knew
4 quite a bit about the operations and the number
5 of employees involved. And it appears that no
6 more than 20 to 25 people worked on this
7 operation in Building 55 over -- at a -- over
8 the ten-year period of the production of
9 uranium.

10 We have some facility radiological data from
11 1978. Argonne National Laboratory went into
12 Blockson as part of the FUSRAP, Formerly
13 Utilized Site Remedial Action Program, to do
14 some fairly extensive surveys of the site to
15 look at residual contamination, and we took
16 advantage of that to develop our dose
17 reconstruction approach during the residual
18 contamination period. And there are various
19 other AEC documents and memos that -- that were
20 at our disposal.

21 The worker interviews -- I've highlighted here
22 some bullets that -- that describe some of the
23 information that we learned from conducting
24 these interviews. We -- we learned that the
25 access to Building 55 required a security

1 clearance. This was fairly common in the early
2 days in AEC operations. We -- we saw that same
3 exact thing at Chapman Valve. They actually put
4 up a security post, and in fact it's typically
5 -- in those days was required that workers have
6 Q clearances to work on these operations. We
7 did not go back and retrieve the listing of the
8 people who had Q clearances. We didn't think
9 that would be very expedient or necessarily
10 fruitful, but it was -- did require a security
11 clearance and was controlled by posted guards.
12 The work crews in Building 55 were small.
13 There were about two to six people per shift,
14 and they did have a night shift -- we learned
15 that -- that had two operators. However, as
16 with many operations of this nature, various
17 maintenance personnel and others entered
18 Building 55 as necessary. This sort of led us,
19 as you'll see later, to the opinion that we
20 really can't position any worker on this
21 process in time and space very well. That is,
22 we have a somewhat generic model, similar to
23 what we did at Chapman Valve, where we
24 basically have two classes of workers: Those
25 who were either clearly involved in the

1 production operations or tangentially involved,
2 then the second part of workers are those who
3 are administrative personnel who had very
4 little chance for exposure.

5 We learned something about the process. The
6 operators actually had to manually remove the
7 filter cake that contained the uranium. This -
8 - this material in Building 55 came out of the
9 -- the process was precipitated into these
10 collection trays that were about two and a half
11 feet by two and a half feet -- I forget now,
12 several inches in depth. They would dry them,
13 and then these trays would be actually manually
14 scooped and placed into drums -- which is
15 something different than we originally thought.
16 We thought originally there was some sort of a
17 hopper -- hopper process involved.

18 Kind of getting ahead of my little self a
19 little bit here, but this talks about the
20 uranium concentrate, how it was dried and
21 dumped by hand.

22 None of the workers we talked to recalled any
23 dosimetry program or radiological control
24 program. However, I did mention we have the
25 bioassay data, so clearly there was some --

1 some bioassay program taken, although it's not
2 uncommon for workers, in my experience, to
3 confuse medical monitoring and radiological
4 monitoring for urine to be the same process.
5 Work areas in the plant were swept or washed
6 down every shift. They did indicate that they
7 thought a dust collector was used, and various
8 other details were -- were learned.

9 A little bit about the phosphate industry
10 studies, this is the Florida Institute of
11 Phosphate Research. A fair amount of research
12 has been done by these people. We -- we
13 actually used one of their studies to help
14 bound the exposures in the plant for external
15 exposure in the non-uranium areas.

16 The EPA also has done some -- a fair amount of
17 work in this area of the phosphate
18 manufacturing business. They've gone out and
19 done surveys -- radiological surveys, airborne
20 surveys at phosphate plants and we've used that
21 to fill in some of the details of our dose
22 reconstructions.

23 And I mentioned previously these technical
24 reports that appeared in *Health Physics* and
25 *Journal of Environmental Radioactivity*.

1 Okay, I mentioned I was going to get into the -
2 - our discussion of the four bases that the
3 petitioners raised and our responses to them.
4 This is the first one, that the -- there was no
5 monitoring data or that if there was, no
6 exposure records were kept.

7 It is true that we have no external exposure
8 data that we were able to locate for this
9 facility. However, this was a uranium
10 facility, so we were able to model the exposure
11 from the drums of the uranium using Monte Carlo
12 techniques.

13 We have no evidence of air sampling data in the
14 covered period. But we do have, as I
15 mentioned, results of 122 bioassay samples that
16 were taken over this four-year period -- which,
17 by the way, was a higher production period. It
18 was somewhat smaller in production, the early
19 days, as you can imagine. And they ramped up
20 to this -- about 50,000 pounds a year. And we
21 have this available for 25 workers, so we did
22 have multiple samples on a number of workers.
23 And there are a few reports available for
24 radiological surveys. I mentioned the Argonne
25 National Laboratory FUSRAP report in '78, and

1 in 1996 Building 55 was actually demolished.
2 And about halfway through the demolition
3 process they stopped and took some samples
4 around the facility and we -- we have those
5 data.

6 Particle size, I -- I mentioned they challenged
7 the use of the five micron particle size as not
8 claimant friendly. We saw no evidence that a
9 five micron was not appropriate. This is the
10 default recommended in the ICRP-66 lung model.
11 It seems that possibly the petitioners' concern
12 was that we might have been using a discrete
13 particle size of five microns. However, if you
14 look at the ICRP-66 lung model, it's a five-
15 micron geometric mean with a geometric standard
16 deviation. And I'm forgetting now, but I think
17 it's about two and a half, so it has a fairly
18 substantial geometric standard deviation,
19 meaning that a large spectrum of particle sizes
20 are allowed under the ICRP-66 five-micron
21 default and -- and would -- would deposit into
22 the lung.

23 Also, just to mention that the -- if -- if we
24 did look at a one-micron particle size with a
25 GSD of two and a half, it would raise the

1 committed doses at least by about 15 percent
2 over that of a five-micron exposure. This
3 example shown here just to demonstrate that the
4 -- even if it were true that five micron was
5 not valid, then we could still do dose
6 reconstructions using a smaller particle size
7 if -- if the data did indicate that.
8 The inhalation to ingestion pathway, the
9 concern was that material that is ingested is
10 not -- we're not accounting for the material
11 that is cleared from the lung via the
12 mucocilliary ladder. That is, every time you
13 inhale something, a substantial portion of the
14 contaminant is cleared up the mucocilliary
15 ladder and subsequently swallowed. And the
16 fact is, ICRP-66 explicitly considers inhaled
17 material -- the dose from material that is
18 cleared to the GI tract through that process,
19 so that is covered.
20 In addition, we do have a direct ingestion
21 pathway covered in this model. There are
22 certain conditions under which the inhalation
23 is not the bounding dose for -- for exposure.
24 And specifically I'm referring to the GI tract.
25 If one ingests a lot of materials chronically,

1 the GI tract dose would be higher, so we've
2 allowed for taking the urinalysis data and
3 doing both an inhalation dose and an ingestion
4 dose and taking the higher of the two, as need
5 be.

6 The next concern referred to the lack of taking
7 into account the short-lived daughters,
8 progeny, of -- of uranium, thorium-234 and
9 protactinium-234(m). We actually have done
10 that. The ICRP models that we use account for
11 the ingrowth of the -- I think it's a 24-day
12 half-life thorium-234 daughter, and it is
13 specifically addressed in the site profile. It
14 may not be obvious to one who doesn't do
15 internal dose calculations all the time, but
16 it's -- it's clearly explicitly addressed in
17 the model.

18 Also as I mentioned earlier, we do have
19 exposure to the progeny of the entire uranium
20 and thorium decay series covered in this
21 analysis. That is, the trace contaminants that
22 were carried through the chemical process of
23 the plant are addressed at each step along the
24 way.

25 By the way, I should mention that Tom Tomes and

1 Sam Glover of -- of NIOSH did this work, and I
2 -- I think they've done a really good -- good
3 job at this.

4 Okay. The evaluation report was issued on
5 September 1st, 2006. But as -- as we
6 mentioned earlier on, it was withdrawn to
7 correct some omissions in the covered exposures
8 that I've discussed, and the revised site
9 profile -- the revised site profile, and we
10 issued a revision to the evaluation report on
11 early July of this year. I think actually the
12 site profile came out more towards the end of
13 June and then the -- we couldn't complete the
14 evaluation report till the site profile was
15 done, so they -- they followed each other, but
16 pretty much toward the end of June we signed
17 off on the site profile and then incorporated
18 those elements that were relevant into the
19 revision to the evaluation report.

20 Okay, I've talked about some of these so I'll
21 go through them fairly quickly. We included
22 additional information that we learned from
23 talking to the workers. We also included an
24 evaluation of the dose outside of Building 55;
25 that is, all the exposure from the radium decay

1 series -- radon, polonium-210, lead-210 and
2 thorium series. I mentioned that again,
3 potential for the exposure to various progeny
4 of uranium and thorium series.

5 And we also revised the original radon exposure
6 value that we had. I think in the -- in the
7 original site profile we used the median value
8 of the radon that was measured in the phosphate
9 industry, and in this site profile we've
10 selected the 95th percentile. This was in
11 response to an SC&A com-- review comment that
12 was made.

13 The external dose outside of uranium operations
14 is estimated from doses received at similar
15 facilities. What we did was we looked at some
16 facilities that processed uranium -- I think
17 this was the Florida Phosphate Research group
18 that did this, and the upper bound dose that we
19 could come up with -- essentially the highest
20 dose that we could -- we could determine --
21 they actually used TLDs to measure workers in
22 the plant so it was -- seemed to be a fairly
23 well-done study -- was about 200 millirem. But
24 we also modeled the Building 55 dose for a
25 worker standing next to a drum of uranium that

1 contains about 1,000 pounds of uranium, and
2 those doses came up somewhere on the order of a
3 couple of rem, depending on the organ. So here
4 we have a huge disparity. We have chosen to
5 assign the Building 55 dose, to be claimant
6 favorable, over the doses that were measured in
7 the balance of the plant since we wouldn't know
8 actually where -- if we don't know where the
9 worker was positioned in time and space.
10 And some of the Building 55 modeled doses have
11 been increased over the original site profile.
12 The original one only assumed that uranium was
13 being dumped into the -- into the drums. But
14 we've also recognized now that -- in modeling
15 the chemistry process that some of the
16 contaminants from the original ore come along
17 with the uranium, so we've accounted for the
18 dose to some of the trace amounts of radium and
19 its daughters that appear in the uranium
20 product itself, so that -- that's covered as
21 well now.
22 The internal dose, the intakes outside of 55
23 were estimated using a bounding airborne dust
24 estimates. I mentioned that the EPA has been
25 involved in looking at phosphate plants. They

1 evaluated a number of operations at a wet
2 phosphate plant very similar to the Blockson
3 Chemical plant, and the highest measured dust
4 loading they came up with in their evaluation
5 was somewhere around 50 milligrams per cubic
6 meter, a fairly high dust loading. We did have
7 some -- some fairly contemporary data at -- at
8 Blockson Chemical in Building 55. I forget
9 exactly what time frame that was taken, it was
10 somewhere in the '80s, I believe. The dust --
11 the highest dust loading that was measured at
12 Blockson was around six milligrams per cubic
13 meter. We chose to use the bounding value of
14 the EPA report of around 50.

15 The Building 55 intakes were -- were based on
16 the bioassay measurements that I mentioned that
17 we had access to. We took the 122 samples and
18 fit a lognormal distribution for the workers'
19 intakes -- from a chronic worker intake
20 scenario and selected the 95th percentile of
21 that distribution to assign to workers in
22 Building 55. That would be if we were sure
23 that the worker was there working as a chemical
24 operator or something in that building. If it
25 was more of a accessory worker, an ancillary

1 staff member, we would assign the 50th
2 percentile of the distribution. That's up to
3 the discretion of the dose reconstructor, of
4 course based on -- based on the data that he
5 has at hand.

6 The uranium progeny and natural thorium progeny
7 were added as a function of the uranium intake.
8 That is, we just scaled the amount of uranium
9 one -- one breathed in, we just scaled -- we
10 knew the percentages of the contaminants in the
11 uranium feed -- feed stream, and we just scaled
12 those val-- those dose values concomitantly.
13 And the radon exposures are based on a TIB -- I
14 forget, TIB-42 I think it is -- is that TIB--
15 43? I was one off. TIB-43, Technical
16 Information Bulletin 43 had some time ago
17 established a methodology for reconstructing
18 doses from radon exposures at phosphate plants.
19 We have -- Blockson's just not the only AWE of
20 this type. We have several others that we need
21 to cover so we developed a generic approach to
22 modeling the radon at these facilities.
23 Our usual summary about what we have at hand as
24 far as our dose reconstruction demand. There
25 are 111 cases as of July 2nd, 2007 that meet

1 the class definition that we talked about, and
2 we've completed 102 of those dose
3 reconstructions thus far.

4 You've seen this slide many times so I won't
5 belabor it, but there's a two-pronged process
6 here. First we have to determine if it's
7 feasible to estimate the dose with sufficient
8 accuracy. And if we can't, is there a
9 reasonable likelihood that such radiation dose
10 has endangered the health of the members of
11 this class.

12 Well, after looking through all these data and
13 doing 102 dose reconstructions, it's our
14 opinion that the monitoring records, process
15 descriptions and source term data are
16 sufficient to estimate these doses with
17 sufficient accuracy.

18 And this is a summary of the normal checklist
19 that we provide that talks about what dose
20 reconstructions are feasible and what's not.
21 And so here we have internal, and we've broken
22 it into the various categories of uranium and
23 progeny, thorium and progeny are feasible.
24 Radon is -- is really a uranium progeny, but
25 we've broken it out separately because of its

1 special nature. Being an inert gas, it doesn't
2 follow the particulate dispersion like the
3 other daughters.

4 And in the external area we have determined
5 that we can do the beta-gamma exposures
6 associated with those operations, as well as
7 the occupational medical X-ray dose. We don't
8 have an explicit line here for environmental
9 dose, but since we're doing occupational dose
10 reconstructions on each and every member of the
11 class, we don't need to have environmental dose
12 models for the workers.

13 And I think with that, that's my last slide,
14 except for this recommendation that says we are
15 -- it's feasible to do dose reconstructions
16 from January 1, '51 to December 31st, '62, and
17 that we didn't have to do a health endangerment
18 analysis because we could do the dose
19 reconstructions.

20 That's it. Thank you.

21 **DR. ZIEMER:** Thank you, Jim. Board members, do
22 you have any questions while Jim is at the
23 mike? Wanda?

24 **MS. MUNN:** Don't have any real questions. A
25 couple of comments as chair of the working

1 group which was charged with overseeing the
2 issues that were brought forward, we got off to
3 a very slow start with this and postponed
4 having any face-to-face meetings until we had
5 the documents that we needed available to us.
6 Compliments to both NIOSH and to SCA on very
7 rapidly, in the last month, those documents
8 have come together and, although we still have
9 not had an opportunity to meet, we've not had
10 that much time with the documents in our hands,
11 both SC&A and NIOSH have clearly done an
12 admirable job of addressing each of the issues
13 that had been brought forward by the SEC group
14 and -- and have apparently addressed each of
15 those very carefully, as best I can tell from
16 Jim's presentation here. We had -- if I can
17 call upon John to make any comment he might
18 have, my -- my short version of -- of SC&A's
19 review of this document that has just been
20 released yet this month was that the two basic
21 issues -- that is, are the adequate number of
22 issues being addressed, and very specifically,
23 were the questions about thorium incorporated
24 properly -- have been pretty much addressed.
25 John, please?

1 **DR. MAURO:** Yes, after receiving your report we
2 did review it and -- and we concurred with
3 virtually all of the points except there are
4 two areas that we feel need to be looked at a
5 little further. One has to do with there is
6 imbedded in the process described here is the
7 assumption that the uranium, yellowcake, that's
8 inhaled is type M. And -- and in the report --
9 Jim's report, NIOSH's report -- they cite
10 certain literature that provides the basis for
11 it. When we reviewed that literature we found
12 the literature was a little bit more ambiguous
13 than that in that it wasn't that clear-cut that
14 in fact type M is universally the type -- form
15 that you would encounter. Our review of that
16 literature and other literature indicate that
17 you really can't rule out type S, and that
18 could be important depending on the cancer. As
19 you could imagine, if in fact you assume it was
20 type S that the person inhaled instead of type
21 M, it could -- it could change the -- the dose
22 substantially. So one of our findings is that
23 at least the literature that's cited in the
24 report does not provide, in our opinion,
25 compelling evidence that in fact the -- the

1 form of the yellowcake is in fact always type M
2 and should be treated as type M. I -- I find
3 that is something that just requires a little
4 bit more development in the report to -- to
5 provide convincing evidence -- or
6 alternatively, use the approach that, depending
7 on the cancer, you could either use type S or
8 type M in order to be claimant favorable. So
9 that was one finding.

10 The other finding I consider to be a little bit
11 more substantial in terms of challenging to
12 deal with. That is, one of our first findings,
13 technically, in our original review was the
14 thorium-230, which is part of the process,
15 wasn't originally addressed in -- in the
16 original work that was done. And in this
17 version, this report, the thorium-230 -- which
18 is a very important radionuclide from an
19 internal emitter point of view -- is in fact
20 explicitly addressed, and it's assumed that the
21 thorium sort of tracks the uranium and ends up
22 in the can with the uranium.

23 We've had a couple of -- we have two
24 independent chemists -- tried to track where
25 they believe the thorium would end up, and in

1 their opinion it's not immediately apparent
2 that it would necessarily follow the uranium.
3 And the only concern we have is if it comes out
4 someplace else, doesn't sort of follow the
5 uranium but comes out in some other raffinate
6 or side-stream, in theory it could come out in
7 a form that perhaps is more concentrated than
8 it is diluted in this large container of
9 uranium, and in theory develop an inhalation
10 scenario that could be higher than the
11 inhalation scenario that is imbedded in the
12 process. So we felt that a little bit more
13 discussion of the chem-- the basis for assuming
14 that the thorium in fact -- and stays with the
15 uranium all the way through the process does
16 not appear to be very well-developed and we'd
17 like to hear a little bit more about the
18 rationale for that.

19 So those are the two comments that are in the
20 report that you folks have now.

21 **MS. MUNN:** Yes, and as a -- as a result of
22 that, it had been my hope that at this meeting
23 all of the individuals who were involved -- the
24 working group, NIOSH and SC&A -- could find a
25 date where we could actually have a face-to-

1 face meeting of this workgroup, by which time I
2 would hope that these technical issues might
3 have been able to be worked out a little
4 better. Although neither of these appear to be
5 overwhelming issues, the thorium issue and
6 where it goes in the raffinate is one of those
7 which I personally had hoped -- especially
8 following the work-- the meeting with the
9 workers on site back in January, I had hoped
10 that that issue would be thoroughly put to bed
11 before we made our final decision on Blockson.
12 Does -- it seems to me that we're not too far
13 from there, but I'd like to hear from other
14 members of the workgroup with respect to
15 whether they agree with my considered approach
16 here.

17 **DR. ZIEMER:** Jim has a --

18 **DR. NETON:** Yeah, I'd --

19 **DR. ZIEMER:** -- response and --

20 **DR. NETON:** -- like -- I just might make a
21 slight follow-on comment to John's comments. I
22 think -- I think we would agree with SC-- I
23 think SC&A and NIOSH would agree that the type
24 M or S issue is not really a SEC-related issue.
25 We've come across this before in -- in other --

1 other evaluation reports, and it's a matter of
2 selecting one or the other. It doesn't
3 necessarily prevent us from bounding the doses.
4 I think it's still our position that uranium
5 diuranate, yellowcake, if you will, is truly
6 more represented by type M than S, and maybe we
7 just haven't done a good enough job documenting
8 that.

9 The second issue I think is -- is a more
10 substantial one, as John raised. But we did
11 have our own expert chemist from Clemson
12 University review this document and we're -- we
13 were fairly convinced that the -- and my
14 knowledge of uranium and thorium chemistry -- I
15 happened to work at that for a while as one of
16 my jobs -- tends to indicate that uranium is
17 much more similar to thorium in its -- its
18 chemical processing parameters -- for the most
19 part; there are differences -- and we believe
20 that it follows through the process. But
21 again, we could meet and discuss our various
22 opinions there and maybe come to some -- some
23 ground.

24 You also would have to entertain the
25 possibility that there is some -- some sperry

1 cake or something process, if you will, similar
2 to Mallinckrodt where the thorium was existing
3 in concentrated form. If in fact the thorium
4 tracked with the phosphogypsum phase, you've
5 essentially diluted this thorium in sort of a
6 gamesh* of materials that would make it
7 somewhat -- you know, a very low concentration
8 contaminant, not -- not really that
9 dosimetrically significant. We believe we've
10 optimized that by including it in the uranium
11 inhalation product. But again, we're open for
12 discussion on that -- that issue.

13 **DR. ZIEMER:** Thank you. Dr. Melius?

14 **DR. MELIUS:** Yeah, I have a comment and then a
15 question for Jim. My comment is just to note
16 that I think one of the things that came up at
17 our December meeting in Naperville about this -
18 - I think when we first talked about this site
19 and it was when we set up the workgroup -- was
20 the issue -- need to do a site visit and I was
21 pleased to see that that site visit was as
22 helpful as it was in terms of better defining
23 the work process there and -- and how people
24 may have been exposed. And certainly something
25 that -- kinds of information you don't get from

1 the sort of the more generic worker interviews
2 or case interviews that are -- that are done as
3 -- as part of the dose reconstruction process,
4 so I was glad that was followed through on and
5 I was glad to see that it was -- proved to be
6 helpful. That was my comment.

7 My question concerns -- I believe there was an
8 issue about sort of definition of the -- of the
9 site and scope of the site and so forth and at
10 the -- came up again at the Naperville meeting,
11 and I believe sometime after that there was a
12 letter from DOL clarifying that. That's
13 certainly part of the public record now on --
14 on -- on this site and I just would like to
15 have someone -- Jim, if you could, or whoever
16 else could explain sort of the process behind
17 that and -- and what the conclusions were and
18 if -- I guess if I'm putting anybody on the
19 spot, I mean I certainly would like -- that's
20 something that we could at least discuss with
21 the workgroup if we can't discuss it here
22 'cause I think it's germane to what -- we've
23 been talking about that site for a long time
24 and may or may not but -- affect our
25 discussions of the SEC petition, but I'd like

1 to get some-- something on the record about it.

2 **DR. NETON:** Okay.

3 **DR. ZIEMER:** Jim, can you respond to that?

4 **DR. NETON:** I guess I'm not exactly clear what
5 -- what the question is, other than how we came
6 about deciding eventually that the other --
7 balance of the plant -- exposures in the
8 balance of the plant were covered exposure?

9 **DR. MELIUS:** Right.

10 **DR. NETON:** Is that the question?

11 **DR. MELIUS:** Yeah --

12 **DR. NETON:** Yeah. It was our opinion early on
13 that -- we knew that there was this oxidation
14 step, and essentially what that was was the
15 addition of chlorine bleach, to use the common
16 term, to the phosphoric acid line to make sure
17 the uranium remained in the right oxidation
18 state to optimize recovery of the -- of the --
19 of the product. It didn't appear to us that
20 that was really something that would involve
21 much exposure. If one would -- someone had to
22 naively think about this, just go and every
23 once in a while inject some -- some chlorine
24 bleach into what is essentially a closed
25 pipeline going through the plant.

1 But then when we looked a little closer at the
2 definition, I -- I have the definition written
3 here. I didn't read it, but it talks about
4 Building 55 as the covered facility, but on the
5 DOE web site it also says (reading) This
6 listing is also intended to cover the AEC-
7 funded lab, pilot plant and oxidation process
8 related to work in Building 55.

9 When you start adding the pilot plant and then
10 the oxidation process, if you look at that a
11 little closer, they did several things. They
12 added chlorine bleach or sodium hyposulfite or
13 something like that, I forget what it was.
14 But they also, we learned in more detail,
15 looking at some records we obtained, modified
16 the calcining process. Now that's a fairly
17 messy process when you start, you know,
18 basically charring off the organics from
19 phosphate rock. And once we learned that, we
20 realized then that then you have processes in
21 the balance of the plant that were modified
22 specifically for the uranium production that
23 would expose these workers to the progeny of
24 the uranium.

25 So it was -- now that -- that parenthetical

1 thing that I just read -- the AEC-funded lab,
2 pilot plant, oxidation processes -- were not in
3 the original definition on the DOE web site.
4 I'll be honest with you, I don't remember when
5 it was added, but at some point it showed up
6 there and -- and -- and, you know, when we
7 looked very closely after the Naperville
8 meeting, it was there, clear as day and -- and
9 you know, we looked at it much more -- examined
10 it much more closely and that's how we came up
11 with our decision.

12 I don't know if that's helpful or not.

13 **DR. ZIEMER:** Does that answer your question,
14 Jim?

15 **DR. MELIUS:** Yeah, it -- it -- it actually
16 helps. There's a letter on the web site and
17 the -- dated February of 2007 to Larry from
18 Pete Turcic --

19 **DR. NETON:** Uh-huh.

20 **DR. MELIUS:** -- regarding this issue and
21 providing some clarification. I -- I think
22 it's better to deal with it in the workgroup
23 issue. I don't want to take up more time here.
24 I was trying to get -- better understand the
25 process and how it affected our decisions

1 and...

2 **DR. WADE:** But no need to follow up with DOL in
3 terms of this --

4 **DR. MELIUS:** Not -- not at this point. I was
5 just -- I -- I think -- I think Jim and Larry
6 and others can provide adequate --

7 **DR. ZIEMER:** Thank you.

8 **DR. MELIUS:** -- clarification.

9 **DR. ZIEMER:** It might be appropriate now if we
10 heard from petitioners. Do we have petitioners
11 on the line for Blockson?

12 **MR. KELLOGG:** Yes, we have one --

13 **UNIDENTIFIED:** Yes, you do.

14 **MR. KELLOGG:** -- Dennis -- Dennis Kellogg from
15 Chicago.

16 **UNIDENTIFIED:** (Unintelligible) Martin from
17 Joliet.

18 **DR. ZIEMER:** Oh, okay, we have two.

19 **MS. PENCETTI:** Cathy Pencetti from San Diego.

20 **DR. ZIEMER:** Three, okay. Other --

21 **UNIDENTIFIED:** (Unintelligible) from
22 (unintelligible), Illinois.

23 **DR. ZIEMER:** Okay.

24 **MS. WALSH:** Mary Walsh from (unintelligible),
25 Illinois.

1 **DR. ZIEMER:** Okay, we have quite a few. Do we

2 --

3 **MR. KELLOGG:** Your Honor, I'd like to start.

4 I'm on the -- I'm the attorney that started the
5 petition.

6 **DR. ZIEMER:** Okay. Give us your name again for
7 the record.

8 **MR. KELLOGG:** Dennis Kellogg, K-e-l-l-o-g-g.

9 **MS. PENCETTI:** And I'm the petitioner for --
10 Number 58, Cathy Pencetti.

11 **DR. ZIEMER:** Okay. Why don't we have the first
12 petitioner begin then.

13 **MR. KELLOGG:** Okay. It was very difficult to
14 hear everything but I'll try to just make my
15 points 'cause I could not hear what was going
16 on, for the most part.

17 But basically we would challenge the concept
18 that this is appropriate for dose
19 reconstruction and we've have four or five
20 arguments in that regard. Number one, the --
21 most of the data's based on estimates with
22 incomplete underlying points. So in other
23 words, 25 workers is not enough workers to
24 really come to the conclusions that you're
25 coming to -- seem to be coming to. The

1 monitoring was based on five workers. The
2 assumption was that each worker worked 40
3 hours, but there was numerous testimony and
4 representations of excessive overtime, so that
5 the exposure would be based on a higher --
6 higher on that basis alone.

7 As far as production, I think it was addressed
8 today but I did not get a understanding of it.
9 But my understanding was from the *USA Today*
10 articles, the production was in the
11 neighborhood of two million pounds, and the
12 figures that I think were used for your data
13 was -- was like 500,000 pounds, about one-
14 quarter of that amount.

15 The radon levels were not addressed properly.
16 They were not addressed in a way that would be
17 meaningful.

18 The -- we would be asking to postpone it --
19 postpone a decision to clarify the discrepancy
20 in production and to hold a meeting for any
21 other -- other -- more data to be inputted
22 (sic) in and we'd be asking for a focus on that
23 radon issue.

24 We -- we feel that the -- though unfortunately
25 we have -- you have some brilliant people

1 working over there, but I think the problem is
2 that the -- they just have an incomplete amount
3 of data and they're reaching some extreme
4 conclusions based unfortunately on not enough
5 information. This is a very appropriate
6 situation for a special cohort status because
7 we're talking about a large number of people
8 with a large number of exposure, and the
9 amounts of information directly available is
10 not really sufficient to make all these extreme
11 and broad conclusions that are being made.
12 I do respect your opportunity and have your
13 attention, and I think that's pretty much what
14 I wanted to say and I appreciate your
15 consideration.

16 **DR. ZIEMER:** Okay, thank you very much. Then
17 we'll hear from the other petitioner.

18 **MS. PENCETTI:** Yeah, I would have to agree with
19 some of the things that Mr. Kellogg --

20 **DR. ZIEMER:** Give us your name --

21 **MS. PENCETTI:** -- brought up.

22 **DR. ZIEMER:** -- for the record -- give us your
23 --

24 **MS. PENCETTI:** Oh, I'm sorry --

25 **DR. ZIEMER:** -- name again.

1 **MS. PENCETTI:** Cathy Pencetti, and I'm in San
2 Diego. There was a lot of usage of the words
3 "estimates", "assumptions" and it's -- it's
4 kind of similar to what you were talking about
5 when you were reviewing the Bethlehem Steel
6 that how much of information that you got from
7 other sites can be extrapolated and applied to
8 this site. There was on a couple of pages in
9 the report, page 39 and 40, where they used the
10 estimate of eight hours a day, one day a week,
11 standing a foot from the drum. And I just
12 wondered what a person did the other, you know,
13 72 hours that they usually worked that week,
14 'cause there was a lot of people working
15 doubles. That was more typical than out of the
16 norm, and I know that was another estimation,
17 but when the guys go on vacation or are out
18 sick -- like my dad was in the hospital for
19 three weeks during that week, specifically
20 because of this stuff -- someone had to cover
21 his job. So if you are doing the hopper, if
22 you're covering for somebody else, you don't
23 keep doing the hopper; you do the other stage
24 that you're covering for. So there was a lot
25 of cross-training and a lot of people doing a

1 little bit of everything. So I wanted to bring
2 that out.

3 And also there was a comment regarding 111
4 applications were submitted and 102 were
5 complete as far as the dose reconstructions,
6 and I wondered if that was based on this report
7 or was that prior to this report being
8 completed, or what?

9 **DR. ZIEMER:** I think those perhaps were the
10 Department of Labor numbers that were presented
11 to us. Does anyone know for sure? Yes.

12 **MR. TOMES:** The -- the numbers that was in the
13 -- in the presentation, 111, those were the
14 actual --

15 **DR. ZIEMER:** Those were -- okay, those were --

16 **MR. TOMES:** Those were the actual claims
17 submitted to NIOSH --

18 **DR. ZIEMER:** To NIOSH.

19 **MR. TOMES:** -- from DOL that fit into the --
20 the proposed class.

21 **DR. ZIEMER:** Okay. Did you hear that?

22 **MS. PENCETTI:** Yeah, and 102 of those were
23 approved to be added to the class, or...

24 **MR. TOMES:** Those were -- those were the ones
25 that had dose reconstructions completed.

1 **MS. PENCETTI:** Based on this information?
2 Based on this report?

3 **MR. TOMES:** I'm sorry, I didn't understand that
4 question.

5 **MS. PENCETTI:** Okay, it said that 102 dose
6 reconstructions were completed?

7 **MR. TOMES:** Yes, ma'am.

8 **MS. PENCETTI:** And that was based on
9 information from this report?

10 **MR. TOMES:** That was based pre-- those were
11 previously completed, prior -- prior -- you
12 know, back -- as of a few weeks ago.

13 **UNIDENTIFIED:** As of a few weeks ago?

14 **MR. TOMES:** Yes, sir.

15 **UNIDENTIFIED:** May I jump in here just for a
16 second? It was my understanding -- I couldn't
17 hear --

18 **DR. ZIEMER:** Give us your name.

19 **UNIDENTIFIED:** -- being said, but I -- from
20 what I could hear, the little bit I could hear,
21 I -- I thought that you were still in the
22 process. Is that correct?

23 **DR. ZIEMER:** Yes.

24 **UNIDENTIFIED:** And the second thing is, those
25 who submitted a claim, all of them will be

1 reviewed, even the ones that were denied. Is
2 that correct, also?

3 **DR. NETON:** Yes, that's correct. We're going
4 to go back and look at all of those 102 cases
5 that have been completed thus far and re-
6 evaluate them in light of the new information
7 that's included in this site profile.

8 **UNIDENTIFIED:** Okay, and from what I was able
9 to pick up, we have some real issues to resolve
10 as to the outcome of this -- this dose
11 reconstruction. Is that correct?

12 **DR. ZIEMER:** Hang on.

13 **UNIDENTIFIED:** Like when you talked about
14 thorium M and thorium S, and then whether or
15 not the plant -- after the -- after the project
16 was finished, the plant was still exposed,
17 you're still looking at that, is that correct?

18 **DR. ZIEMER:** Hang on, we're getting a lot of
19 background noise.

20 **UNIDENTIFIED:** I could hear that.

21 **DR. WADE:** (Unintelligible) an argument of some
22 type.

23 **UNIDENTIFIED:** My question is, I -- it appears
24 that you're looking more closely at that site
25 and the fact that these workers were still

1 possibly exposed, even after the project was
2 over. Is that correct?

3 **DR. NETON:** Yeah, that is included in the -- in
4 the site profile.

5 **UNIDENTIFIED:** Okay, and have -- have you come
6 to any conclusions on that? I couldn't hear
7 the whole --

8 **DR. NETON:** Yes, we have a -- a method in place
9 in the -- in the new site profile to deal with
10 exposure to workers after the production of
11 uranium was -- was completed.

12 **UNIDENTIFIED:** So that tells me that you have
13 taken in consideration that there could be some
14 exposure --

15 **DR. NETON:** Oh, yes, definitely.

16 **UNIDENTIFIED:** Okay, sounds like you -- it
17 sounds like you still have work to do. Right?

18 **DR. ZIEMER:** And ma'am, we need your name for
19 the record here.

20 **MS. MARTIN:** Oh, my name is Gertrude Martin and
21 I'm speaking on behalf of [Name Redacted].

22 **DR. ZIEMER:** Thank you.

23 **DR. WADE:** Yes, so you understand the process,
24 Gertrude, NIOSH has presented its evaluation
25 report to the Board. This Board will have a

1 working group begin to look at issues
2 surrounding that evaluation report, so there is
3 still work to be done.

4 **MS. MARTIN:** That's good.

5 **DR. WADE:** As this -- as this workgroup does
6 its work, we will try and notify all of you of
7 its meetings so that you can participate and
8 bring your expertise to bear on the workgroup's
9 discussions.

10 **MS. MARTIN:** That sounds very good. I
11 appreciate that. I couldn't hear everything,
12 but that part that I did hear made me feel that
13 you were really digging into this and doing a
14 better job than -- than was done the first
15 time.

16 **DR. WADE:** Thank you.

17 **DR. ZIEMER:** Are there any other comments from
18 the petitioners?

19 **MS. WALSH:** My name is Mary Walsh.

20 **DR. ZIEMER:** Mary.

21 **MS. WALSH:** And my father did a lot of shift
22 work and he was on -- he always called it
23 vacation relief, so he always took someone
24 else's part of the -- their job while they
25 weren't there. And I just want to say there

1 was a lot of shift work, so you can't say when
2 you were there, you know, because I don't think
3 they kept the records like we do now.

4 **DR. ZIEMER:** Oh, okay. Thank you. Any other
5 comments from the petitioners?

6 **MS. MACK:** Yes, my name's Monica Mack.

7 **DR. ZIEMER:** Okay.

8 **MS. MACK:** My dad was an electrician out there
9 and he would be called in all hours of the
10 night when they had emergencies, especially
11 when it snowed and blizzards, and he was hardly
12 ever home 'cause he kept getting called into
13 work 'cause of emergencies. And I don't know
14 how they can use eight-hour shifts because my
15 dad never had eight-hour shifts out there.

16 **DR. WADE:** Thank you.

17 **DR. ZIEMER:** Okay, thank you. A comment here
18 from NIOSH.

19 **MR. TOMES:** I'd just like to address the eight-
20 hour shift. We -- we haven't assumed that
21 workers worked strictly eight-hour shifts. We
22 -- we've got an exposure model and we assigned
23 an uncertainty to it that they were exposed in
24 close proximity to the source in -- for eight
25 hours per week, being the drum, but we applied

1 an uncertainty to it that they were also
2 exposed at other times.

3 **MS. MACK:** Yeah, 'cause yours is based on
4 eight-hour work shifts, according to your
5 paperwork.

6 **MR. TOMES:** That -- that is part of the
7 distribution we're using, yes, that they were
8 in close proximity for eight hours.

9 **DR. WADE:** Thank you.

10 **DR. ZIEMER:** Okay, thank you. Okay, Board
11 members, further questions?

12 **DR. WADE:** Just for the record, the workgroup
13 is chaired by Wanda Munn, members Roessler,
14 Melius, Gibson and Brad Clawson an alternate.

15 **DR. ZIEMER:** Now it -- it appears, from what
16 the chair of the workgroup said and from other
17 comments, that there perhaps is additional work
18 to be done. Do we need a motion to that
19 effect?

20 **MS. MUNN:** We can -- I can --

21 **DR. ZIEMER:** We can move deferring action on
22 this report until the workgroup is able to
23 complete its activities and report back, for
24 examp--

25 **MS. MUNN:** That was my intent, coming into this

1 meeting, that we would defer action until the
2 working group had in fact worked out the issues
3 that have been pointed out by SC&A and brought
4 forth by some of the petitioners in their
5 comments today.

6 **DR. ZIEMER:** Okay, so you are making such a
7 motion?

8 **MS. MUNN:** I will in fact request that we
9 postpone further -- that the Board postpone its
10 deliberation on -- or its final deliberation on
11 Blockson until the workgroup has had an
12 opportunity to meet, with the expectation that
13 we will bring a recommendation to you at the
14 October meeting.

15 **DR. ZIEMER:** Is there a second?

16 **DR. MELIUS:** I'll second. I want a chance for
17 some consensus on something, so --

18 **DR. WADE:** Got to be (unintelligible).

19 **DR. ZIEMER:** Okay, let the record show that Dr.
20 Melius has seconded Ms. Munn's motion.

21 **MS. MUNN:** (Off microphone) (Unintelligible)

22 **DR. ZIEMER:** Is there any discussion on this
23 motion, Board members?

24 (No responses)

25 Are you ready to vote? All in favor, aye?

1 (Affirmative responses)

2 Any opposed, no?

3 (No responses)

4 Gen Roessler?

5 **DR. ROESSLER:** Aye.

6 **DR. ZIEMER:** Aye, thank you. The ayes have it.

7 **DR. WADE:** One quick -- is there any chance we
8 could select a date for that meeting now? We
9 have the petitioners on the line. It would be
10 wonderful. If not, we'll do it tomorrow.

11 **MS. MUNN:** I'm certainly prepared to have
12 requests from anyone else. I've already
13 mentioned by e-mail to other members of the
14 working group that since we are -- since --
15 since we have other activities going on in
16 Cincinnati on the last week of August, it would
17 be helpful from my perspective if we could look
18 at that time period as a possibility, possibly
19 the Tuesday of that week. I believe that would
20 be the 25th.

21 **DR. WADE:** Tuesday of the last week of August
22 is the -- the last -- is the 28th, unless
23 you're picky about the fact that Saturday is
24 the 1st of September. So the Tuesday of the
25 last week of August is the 28th of August.

1 **DR. MELIUS:** I'm available that day.

2 **DR. WADE:** Gen, the 28th of August for a
3 workgroup meeting on Blockson?

4 **DR. ROESSLER:** Okay.

5 **DR. WADE:** Mike?

6 **MR. GIBSON:** (Off microphone) (Unintelligible)

7 **DR. WADE:** Okay, do you want to pick a time
8 today?

9 **MS. MUNN:** Is there any reason why the rest of
10 you cannot meet at 10:00 o'clock that day in
11 Cincinnati, at one of the airport hotels?

12 **DR. ROESSLER:** Sounds good.

13 **MS. MUNN:** SC&A and NIOSH folks, is that okay?
14 I'm getting nodding heads.

15 **DR. ZIEMER:** Okay, we have the meeting time set
16 for that workgroup to continue its exploration.

17 **DR. WADE:** For the petitioners and -- and
18 interested workers, the workgroup has agreed to
19 meet at 10:00 a.m. on August 28th. They'll be
20 meeting in Cincinnati, but there will be an
21 ability for you to call in, and I promise you
22 it will be a better system than this. We've
23 used the hotels in Cincinnati and the quality
24 of sound will be much better. We'll be getting
25 out call-in numbers for you. We'll notify you

1 individually after this, but just so you get
2 your first inclination of the 28th of August at
3 10:00 a.m.

4 **UNIDENTIFIED:** Thank you.

5 **UNIDENTIFIED:** Thank you.

6 **UNIDENTIFIED:** Thank you.

7 **UNIDENTIFIED:** Thank you.

8 **DR. WADE:** And please, if you can --

9 **MS. PENCETTI:** Can I have one more thing to be
10 added to the workgroup list of things to look
11 at in that meeting? This is Cathy in San Diego
12 again.

13 **DR. WADE:** Please.

14 **MS. PENCETTI:** Okay, on page 26 you refer to
15 the urine samples ranging from zero to 17 UGs
16 of uranium per liter, and then the range was
17 dropped from two and 3.8 and there's no
18 explanation why -- why the average is so much
19 lower than the 17.

20 **DR. ZIEMER:** Okay, they can follow up on that
21 with you, yeah.

22 **DR. WADE:** Thank you.

23 **DR. ZIEMER:** Thank you very much.

24 **MS. PENCETTI:** All right.

25 **DR. WADE:** And thank you for bearing up with

1 the difficult sound system here. You make our
2 work better, certainly.

3 **UNIDENTIFIED:** Well, thank you for letting us
4 in on the meeting.

5 **UNIDENTIFIED:** Thank you.

6 **UNIDENTIFIED:** Thank you.

7 **DR. ZIEMER:** Thank you very much. The Board is
8 going to take a break now and we'll resume at -
9 - at 3:00 -- at 4:00 o'clock actually for the
10 Ames discussion.

11 **DR. WADE:** Well, we have a -- we have -- the
12 timeliness discussion we have, as well, so
13 maybe a shorter break?

14 **DR. ZIEMER:** We can, how -- 20 -- we're going
15 to take a break now, in any case.

16 **DR. WADE:** Come back quickly.

17 **DR. ZIEMER:** Okay.

18 **DR. WADE:** I would like to broach the
19 timeliness issue --

20 **DR. ZIEMER:** Yeah.

21 **DR. WADE:** -- and get it discussed --

22 **DR. ZIEMER:** Okay.

23 **DR. WADE:** -- if we could.

24 **DR. ZIEMER:** We'll have time for the timeliness
25 issue.

1 **DR. MELIUS:** If we don't make it back on time,
2 start without us.

3 **DR. WADE:** Thank you.

4 (Whereupon, a recess was taken from 3:35 p.m.
5 to 3:55 p.m.)

6 **DR. MELIUS:** Let the record show that I was on
7 time for the timeliness discussion.

8 **DR. WADE:** And who wasn't?

9 **TIMELINESS DISCUSSION**

10 **DR. ZIEMER:** Yeah. We will try to stick as
11 close as we can to the Ames schedule at 4:00,
12 but we want to at least get underway with the
13 time-- timeliness discussion. And to kick that
14 off, we need -- we need advice from legal
15 counsel on what the word means, so Emily has a
16 timely presentation for us.

17 **DR. WADE:** As Emily walks to the microphone --
18 I mean this is -- we will constantly be faced
19 with the -- the pressures of timely versus
20 complete versus accurate versus fair versus
21 uniform, and I think we need to discuss it
22 periodically. And I asked Emily just to -- to
23 refresh us as to where the word appears in --
24 in the governing documents.

25 **MS. HOWELL:** So at Lew's direction what I've

1 done is just gone through and found some
2 various places where the Act and the
3 regulations, as well as the Executive Order,
4 discuss timeliness, first beginning with the
5 Act, EEOICPA.

6 In Section 73.84(d) under the establishment of
7 the Energy Employees Occupational Illness
8 Compensation Program, letter (b), purpose of
9 program, that reads (reading) The purpose of
10 the compensation program is to provide for
11 timely, uniform and adequate compensation of
12 covered employees and, where applicable,
13 survivors of such employees suffering from
14 illnesses incurred by such employees in the
15 performance of duty for the Department of
16 Energy and certain of its contractors and
17 subcontractors.

18 And that's pretty much the only place within
19 the actual Act itself that timeliness comes
20 into play for Part B and what this Board is
21 concerned with.

22 **DR. WADE:** And there you have the tension
23 between timely and uniform.

24 **MS. HOWELL:** Yes. Then in the Executive Order
25 13179 dated December 7th of 2000, providing

1 compensation to America's nuclear weapons
2 workers, timeliness appears a couple of times
3 and I'll just read to you where it appears.
4 Quote, While the nation can never fully repay
5 those wor-- these workers or their families,
6 they deserve recognition and compensation for
7 their sacrifices. Since the administration's
8 historic announcement in July of 1999 that it
9 intended to compensate DOE nuclear weapons
10 workers who suffered occupational illnesses as
11 a result of exposure to the unique hazards in
12 building the nation's nuclear defense, it has
13 been the policy of this administration to
14 support fair and timely compensation for these
15 workers and their survivors.
16 Later on in that paragraph the Executive Order
17 reads (reading) The Departments of Labor,
18 Health and Human Services and Energy shall be
19 responsible for developing and implementing
20 actions under the Act to compensate these
21 workers and their families in a manner that is
22 compassionate, fair and timely. Other federal
23 agencies, as appropriate, shall assist in this
24 effort.
25 Timeliness also appears throughout the

1 discussion in the preambles in both the dose
2 reconstructions and the Special Exposure Cohort
3 rules. However, I'm -- the only place that it
4 appears in the actual regulations themselves is
5 within the Special Exposure Cohort rule found
6 at 42 CFR Part 83 under section 83.1, what is
7 the purpose of the procedures in this Part. It
8 reads, in part, (reading) The procedures are
9 also design-- I'm sorry. The procedures are
10 also designed to give petitioners and
11 interested parties opportunity for appropriate
12 involvement in the process, and to ensure that
13 the process is timely and consistent with
14 requirements specified in EEOICPA.
15 And then later on, under Section 83.13, how
16 will NIOSH evaluate petitions other than
17 petitions by claimants covered under Section
18 83.14, it reads, under letter (a) -- I'm sorry,
19 under letter (b), (reading) The Director of
20 OCAS may determine that records and/or
21 information requested from the Department of
22 Energy, an AWE or other source to evaluate a
23 petition is not or will not be available on a
24 timely basis. Such a determination will be
25 treated, for the purposes of the petition

1 evaluation, as equivalent to a finding that the
2 records and/or information requested are not
3 available.

4 So those are the main instances where
5 timeliness comes up. There's some other
6 scattered references that aren't really
7 germane, but if anybody has any questions...

8 **DR. ZIEMER:** So it appears that the definition
9 doesn't actually appear, that it's --
10 timeliness in the regulation almost is in the
11 eye of the beholder. What -- there is not a --
12 a clear-cut definition.

13 **MS. HOWELL:** Correct, there are other deadlines
14 associated with the program --

15 **DR. ZIEMER:** Yeah, right, right.

16 **MS. HOWELL:** -- but timeliness itself is kind
17 of a general --

18 **DR. WADE:** Value.

19 **MS. HOWELL:** -- value, yes.

20 **DR. ZIEMER:** Okay. Thank you. Comments on
21 that -- and Lew, now do you want to add to that
22 at this point?

23 **DR. WADE:** No, I mean I think it's obvious it -
24 - that timely, as opposed to or in competition
25 with fair, uniform, compassionate, consistent,

1 those are the issues that we face on the Board.
2 I think we've been through enough that we start
3 to know where the pinch points are, and I think
4 periodically we need to talk about them and
5 decide how to deal with them. It not only
6 applies to NIOSH and DOE and DOL, but it
7 applies to us as a Board, as well. And so I
8 don't have any magic to say to you other than I
9 think it's -- it's a value we all aspire to. I
10 think we need to talk about it and how we're
11 doing and how we can do better at it. And I'd
12 like to spend some time tomorrow talking about
13 that.

14 **DR. ZIEMER:** Uh-huh, okay. Yeah.

15 **MR. GRIFFON:** (Off microphone) (Unintelligible)
16 to add quickly (on microphone) two other
17 adjectives -- competing adjectives, if -- to go
18 on with what Lew said, thoroughness and
19 completeness. I think we've -- we've certainly
20 run up against that question of timely versus
21 complete-- or thoroughness, so...

22 **DR. ZIEMER:** All right. Okay. Well, that's a
23 good prelude to -- tomorrow you can give some
24 thought to what we might do other than keep the
25 value in mind as we proceed and make sure that

1 in -- in giving attention to the other values,
2 that we don't neglect the issue of timeliness.
3 Is there --

4 **DR. WADE:** I don't know if Robert Stephan -- I
5 know Robert Stephan had a desire to -- to make
6 mention of issues -- is Robert with us?

7 (No responses)

8 Okay, so be it. Thank you.

9 **DR. ZIEMER:** And -- on this issue?

10 **DR. WADE:** Yeah, on timeliness. This is
11 Senator Obama's staffer.

12 **DR. ZIEMER:** Right. If -- if Robert does come
13 on the line, why we can insert that at some
14 point if necessary.

15 **DR. WADE:** Right.

16 **AMES SEC**

17 **DR. ZIEMER:** Let's then proceed with
18 consideration of the Ames SEC. We're going to
19 hear from LaVon Rutherford from NIOSH, and then
20 we do -- let me check and see if the
21 petitioners are on the line. Dr. Fuortes, is
22 he -- are you on the line?

23 **DR. FUORTES:** Yes, sir.

24 **DR. ZIEMER:** Very good. How about Bob Staggs?

25 **MR. STAGGS:** Present, sir.

1 **DR. ZIEMER:** And Ralph Applegate? I was told
2 Ralph may not be on the line, but after we hear
3 from LaVon and then we'll hear from Dr. Fuortes
4 and from Mr. Staggs. LaVon.

5 **MR. RUTHERFORD:** Thank you, Dr. Ziemer. Thank
6 you to the Board and public for giving me this
7 opportunity to speak on behalf of NIOSH and our
8 evaluation of the Ames SEC petition, and that's
9 SEC-00075.

10 Some of you may recall we actually have added a
11 class for Ames for the years -- roughly 1943
12 through 195-- end of 1954, and that will come
13 up during the discussion.

14 This petition was actually received on October
15 26th, 2006. We qualified the petition on
16 January 30th, 2007, and we issued our report
17 May 11th, 2007 to the Board and the
18 petitioners.

19 The petition was submitted to NIOSH on behalf
20 of a class of employees. It was focused on
21 maintenance workers, sheet metal workers, other
22 workers of that type that were involved in
23 maintenance and renovation activities in
24 Wilhelm Hall during the period of January 1,
25 1955 through December 31st of 1970. Their

1 basis that the petitioner provided was that
2 there was no monitoring data for these
3 employees who conducted these renovation and
4 remediation or maintenance activities during
5 this time period.

6 We reviewed the existing claims which we had,
7 which we had eight claims at the time, and
8 determined that there was no monitoring data
9 for those individuals and we qualified the
10 petition.

11 As indicated, we have determined that, by our
12 review, we have eight claims that currently
13 would fall within the cla-- the current class
14 definition, as defined. However, the final
15 determination is made by the Department of
16 Labor.

17 The Ames Laboratory actually started thorium
18 production operations before the Wilhelm Hall
19 operations. They actually started thorium
20 production operations in 1943, or -- or around
21 that time period. They were doing uranium
22 production work. They designed -- came up with
23 a uranium process for making -- or for coming
24 up with uranium metal, and then they were asked
25 to look at doing a similar process for thorium.

1 They started work on that in the early 1940s or
2 around 1943 time frame in a building called
3 Little Ankeny or -- it was the old ladies'
4 gymnasium, and from 1943 through 1949 period
5 the thorium production work was conducted in
6 that facility.

7 In 1949 they had built a new facility, Wilhelm
8 Hall. It was actually called the Metallurgy
9 Building, and they moved thorium production
10 operations from the Little Ankeny to Wilhelm
11 Hall. In Wilhelm Hall they conducted thorium
12 operations from 1949 through 1953. They -- at
13 that time period they -- they turned over the
14 thorium production operation, or that process,
15 to industry. And from that point they moved
16 away from thorium production.

17 There was a D&D effort that was conducted at
18 that time period at Wilhelm Hall removing
19 equipment -- they focused mainly on removing
20 equipment from the facility. The radiological
21 operations we're going to look at are actually
22 to a class of -- the class of workers I had
23 mentioned, the maintenance workers, sheet metal
24 workers and support staff that did renovation
25 and remediation activities from 1955 through

1 1970 in the Wilhelm Hall facility.
2 During this evaluation we looked at a number of
3 sources for information. A lot of these are
4 standard sources that we go through when we're
5 doing this. We looked at Technical Information
6 Bulletins that ORAU has already developed to
7 see if they would help us in our evaluation.
8 We looked at the Ames Laboratory site profile.
9 We did interviews with former Ames Laboratory
10 employees. We interviewed not only workers
11 involved during that time period, but we also
12 interviewed a health physicist who was actually
13 working during that time period, in 1963 to
14 1970, to get his input on how much, you know,
15 radiological monitoring and exposure -- or --
16 and -- and coverage was provided to these
17 employees, and to the relative hazard.
18 We looked at case files in the NIOSH database.
19 We looked at the site research database. We
20 looked at -- and then we reviewed a lot of
21 information -- Dr. Fuortes did a great job of
22 providing information to us during the
23 evaluation, as well as the petitioners. And
24 then we reviewed affidavits provided by those
25 petitioners.

1 The occupational exposures that employees
2 within the class may have -- or dur-- these
3 operations could have caused exposures to the
4 employees during -- internal and external
5 exposures to the employees -- painting and
6 sealing spots of contamination -- and this is
7 not all-inclusive; remediation activities are
8 kind of broad, and maintenance activities, as
9 well, but these are some of the -- some of the
10 things that we've actually defined during our
11 evaluation -- removing and replacing
12 contaminated duct work, removing contamination
13 (sic) lab hoods, dismantling machine shop,
14 removing ceiling and floor tile, and removing
15 contaminated roof equipment.
16 Principal external exposures, from this
17 activity of remediation of thorium-contaminated
18 equipment, there's not a significant external
19 exposure from that activity of beta-gamma
20 external exposure. However, there -- there are
21 -- there were other exposures that were
22 occurring at the Ames site. I just want to
23 make note of that. This class -- this activity
24 and -- and class is not really part of that,
25 but there were other exposures at the Ames

1 Laboratory and -- and I will discuss how they
2 relate to this evaluation later.

3 The principal internal exposures were from
4 thorium -- from inhalation and ingestion of
5 thorium-contaminated equipment during the
6 remediation and renovation process.

7 I will make note that there is a report -- if
8 you look on the X drive -- a report on an
9 assessment of the thorium-2-- thorium-232
10 hazards, uranium-238 and beryllium hazards
11 associated with Wilhelm Hall. It was actually
12 -- it was done in 1998 and it was done --
13 written by a health physicist and it's a pretty
14 detailed report. In that report you'll find
15 that inaccessible areas to -- inaccessible
16 areas to the routine workers within a facility,
17 such as pipe runs, pipe tunnels, things like
18 that, areas where maintenance staff may -- may
19 go into, there were contamination levels in
20 that actual 19-- and post-1970 that -- in
21 excess of 10 CFR 835 limits, occupational
22 exposure limits. So even up through this --
23 after this class period, there is contamination
24 that you can recognize that -- you know, prior
25 to that that there was probably much higher

1 contamination prior to the remediation
2 activities.

3 External monitoring data -- Ames Laboratory
4 started their film badge monitoring in 1953.
5 However, the focus was on professional level
6 staff workers that worked at the operations
7 where there were known radiation hazards. So a
8 lot of the support staff were not mon-- or were
9 not provided film badges, and that's kind of
10 consistent with what we've found with the --
11 our data we have with the existing claimants.
12 Of the eight claimants, none of them had
13 external monitoring data.

14 Internal monitoring data -- there was thorium -
15 - some thorium bioassay that was done in
16 1952/'53 time period at the end of the actual
17 production operations -- thorium production
18 operations that -- that was actually pushed by
19 I think HASL and -- and their involvement at
20 that time. And -- but there was no thorium
21 bioassay data after 1953.

22 I've included the tritium bioassay data just to
23 give you an understa-- indication of there was
24 -- there was monitoring that occurred at Ames
25 for other activities, and tritium bioassay data

1 -- we have that from 1965 through 1981, and
2 that was for work that was being done with the
3 five megawatt heavy water research reactor.
4 Again, we have no internal monitoring data for
5 the class.

6 As you've seen earlier with Jim's evaluation --
7 with his presentation, the two-pronged test:
8 Is it feasible to estimate the level of
9 radiation dose of individual members of the
10 class with sufficient accuracy; and is there a
11 reasonable likelihood that such radiation doses
12 may have endangered the health of members of
13 the class.

14 NIOSH found that the available monitoring
15 records, process description and source term
16 data are insufficient to complete dose
17 reconstruction for the proposed class of
18 employees. NIOSH currently lacks access to
19 sufficient informa-- monitoring source term
20 data and process information to estimate the
21 internal dose from thorium.

22 NIOSH found that we were available to
23 reconstruct other radionuclides. However,
24 recognize that -- that associated with this
25 activity of renovation and remediation there --

1 there is no real other -- other isotopes to
2 deal with for this given activity.
3 I will give an example for the tritium
4 monitoring data that we -- I discussed earlier.
5 The site profile has a coworker model that was
6 developed based on the data that they had from
7 1965 through 1981, the operation-- operational
8 years.
9 NIOSH found that the available external
10 monitoring data, process description and source
11 term data are sufficient to reconstruct
12 occupational beta-gamma exposures, including
13 medical X-rays. And the reason why we came up
14 -- even though there was no monitoring data --
15 in fact there's -- you know, when I say there's
16 no monitoring data, internal or external, there
17 -- there is no personal monitoring, either
18 bioassay or film badge; there is no dose rate
19 surveys; there is no air samples; there are no
20 contamination surveys or anything during that
21 class period. So -- but the external component
22 we feel we can -- we can reconstruct the
23 external component based on the knowledge that
24 we have of thorium with other operations, as
25 well as we do have a coworker model that was

1 developed because of the -- the exposures --
2 the significant external exposure at the site
3 was from other activities. A coworker model
4 has been developed that addresses the external
5 exposure.

6 NIOSH has determined that is it not feasible to
7 complete dose reconstruction with sufficient
8 accuracy and health of employees was
9 endangered. And evidence reviewed indicates
10 that workers in the class received chronic
11 internal and external exposures from
12 remediation, renovation of former thorium and
13 uranium production facilities.

14 I would like to correct that somewhat. That
15 slide -- it says thorium and uranium production
16 facilities. The actual uranium production was
17 at -- was not at this facility at all. The
18 only uranium work that was at this facility, by
19 the records, are R&D type activities that were
20 conducted.

21 Recommended class definition is sheet metal
22 workers and physical plant maintenance and
23 associated support staff who were monitored, or
24 should have been monitored, for potential
25 internal radiation exposures associated with

1 the maintenance and renovation activities of
2 the thorium production areas in Wilhelm Hall,
3 also known as Metallurgy Building or Old
4 Metallurgy Building, at the Ames Laboratory for
5 the time period from January 1, 1955 through
6 December 31st, 1970.

7 And I won't read the other part. It just
8 basically says 250 days or aggregated.

9 Okay, in summary -- and -- NIOSH feels that we
10 cannot reconstruct the internal component to
11 thorium-232 or the progeny. We do feel that
12 other ex-- internal doses can be reconstructed,
13 and all external components can be
14 reconstructed.

15 However, let me point out in this slide as
16 well, the neutron component -- there was no
17 neutron component associated with this
18 activity. There were neutron exposures at the
19 site in which -- the site profile has a -- a
20 methodology for reconstructing the neutron
21 component, and those neutrons were from
22 neutron-generating devices, so...

23 Come on. Okay, quit on me. Thanks, Jim. Is
24 that a lessons learned? Okay.

25 So our recommendations for the period of

1 January 1, 1955 through December 31st, 1970,
2 NIOSH finds that radiation dose estimates for
3 thorium-232 and progeny cannot be
4 reconstructed, so our feasibility is no and our
5 health endangerment is yes.

6 That's it. Questions?

7 **DR. ZIEMER:** LaVon, could I ask you to clarify
8 a couple of things --

9 **MR. RUTHERFORD:** Sure.

10 **DR. ZIEMER:** -- in the report. I was looking
11 at Table 6-1 which delineates the dosimeter
12 program at Ames and it lists various vendors or
13 suppliers of --

14 **MR. RUTHERFORD:** Landauer and --

15 **DR. ZIEMER:** -- film badge and so on. I -- I
16 see Land-- in fact, that was my question. I
17 see Landauer in your reference list. I don't
18 see them as a provider. Are they -- did I miss
19 something here?

20 **MR. RUTHERFORD:** No, I -- and Tom may be able
21 to correct me if I'm wrong in here. I think we
22 checked with Landauer and -- and their -- but I
23 don't think for -- and I would -- I'd have to
24 go back and check on that for sure.

25 **DR. ZIEMER:** Well, in -- in fact, all of these

1 Landauer references seem to be for years beyond
2 this pro-- this petition, so I was wondering
3 what -- what that meant in the reference list.

4 **MR. RUTHERFORD:** Well, like I said, I think we
5 checked with Landauer because they took over a
6 lot of those operations --

7 **DR. ZIEMER:** Later.

8 **MR. RUTHERFORD:** Yes.

9 **DR. ZIEMER:** Okay, so you were just checking --
10 'cause it's -- Landauer's in the reference list
11 but not mentioned as -- okay.

12 Are you allowed to say who you contacted, or is
13 that privileged information? On these
14 references it --

15 **MR. RUTHERFORD:** Yeah.

16 **DR. ZIEMER:** -- it identifies people as --

17 **MR. RUTHERFORD:** I can give you job titles, or
18 --

19 **DR. ZIEMER:** Well, there are some -- okay, let
20 -- that will help me.

21 **MR. RUTHERFORD:** Sure.

22 **DR. ZIEMER:** Let me give you the reference and
23 you can tell me the job title. I think I can
24 figure out -- I'm wanting to make sure that you
25 contacted a certain person. Personal

1 communication with a health
2 physicist/industrial hygienist who worked from
3 '63 to '93.

4 **MR. RUTHERFORD:** Yes.

5 **DR. ZIEMER:** That person --

6 **MR. RUTHERFORD:** Do you want --

7 **DR. ZIEMER:** Well, is -- is that the job title?

8 **MR. RUTHERFORD:** You just said it was a health
9 physicist.

10 **DR. ZIEMER:** Well, but --

11 **MR. RUTHERFORD:** He was -- the individual --

12 **DR. ZIEMER:** -- was he the radiation safety
13 officer, is what I'm going to ask.

14 **MR. RUTHERFORD:** At that time, you know, I --

15 **DR. ZIEMER:** Oh -- we'll talk separately then.

16 **MR. RUTHERFORD:** Yeah.

17 **DR. ZIEMER:** Okay, I don't --

18 **MR. RUTHERFORD:** We do--

19 **MS. HOMOKI-TITUS:** (From the audience and off
20 microphone) (Unintelligible) --

21 **DR. ZIEMER:** You're not --

22 **MS. HOMOKI-TITUS:** -- (unintelligible) --

23 **DR. ZIEMER:** -- oh, no, we're not allow-- he's
24 not allowed to say the name. Is that right?

25 **MR. RUTHERFORD:** I actually --

1 **MS. HOMOKI-TITUS:** (Off microphone) It depends
2 on what that person's doing at the time
3 (unintelligible) interview them and what they
4 (unintelligible) --

5 **DR. ZIEMER:** Okay, I'll --

6 **MS. HOMOKI-TITUS:** (Off microphone) It's not a
7 (unintelligible) question I can stand up and
8 answer.

9 **DR. ZIEMER:** Okay, I --

10 **MR. RUTHERFORD:** Yes.

11 **DR. ZIEMER:** -- I'll just waive that. I was
12 just --

13 **MR. RUTHERFORD:** I -- I -- you know, I will --
14 you know, I think --

15 **DR. ZIEMER:** It's not -- it's not going to end
16 up being pertinent to (unintelligible).

17 **MR. RUTHERFORD:** This individual actually
18 worked at another AEC site prior to his period
19 in 1963 when he started, and -- and they -- he
20 was hired as industrial hygienist/health
21 physicist. His main reason for hiring was for
22 res-- the research reactor that they were
23 building at the time and he was going to work
24 on that.

25 **DR. ZIEMER:** Okay.

1 **MR. RUTHERFORD:** However, he was asked to
2 provide additional support as needed. And you
3 know, I think it's a good -- since you brought
4 it up, you know, one of his -- I -- I brought
5 that interview with me because that was one of
6 the interviews that we -- we really -- I mean
7 you take all the interviews' information and
8 everything, but one of the things this person
9 said is he confirmed his view that most of the
10 renovation work and most hazardous renovation
11 work performed in Wilhelm Hall occurred from
12 1960 through 1966 and that the work involved
13 was poorly monitored, if at all.

14 **DR. ZIEMER:** Yeah.

15 **MR. RUTHERFORD:** So...

16 **DR. ZIEMER:** Thank you. Other comments or
17 questions? Mark Griffon.

18 **MR. GRIFFON:** Just a -- a question in terms of
19 the way you define the class, same old kind of
20 question that we --

21 **MR. RUTHERFORD:** Yeah.

22 **MR. GRIFFON:** -- run across, you know --

23 **MR. RUTHERFORD:** You know, we took the -- and I
24 -- I know where you're coming from.

25 **MR. GRIFFON:** The who -- the who question, huh?

1 **MR. RUTHERFORD:** Yeah.

2 **MR. GRIFFON:** How are we going to identify
3 these people and have you considered how many
4 people this likely covers, is it -- in terms of
5 who would fall into that category, is it most
6 the...

7 **MR. RUTHERFORD:** Well, all I'm -- we actually
8 talked to -- we actually talked to Department
9 of Labor, and I'm not going to speak for the
10 Department of Labor, but I will tell you that --
11 -- that it would be very difficult for -- for --
12 it -- maintenance personnel worked all over the
13 site, just leave it at that.

14 **DR. ZIEMER:** Jim Melius.

15 **DR. MELIUS:** Yeah, a follow-up to that, I -- I
16 guess I was a little confused about why specif-
17 - why specifically you separated out sheet
18 metal workers then. It -- it --

19 **MR. RUTHERFORD:** That was a specific title that
20 was given to us by the petitioner as a -- as a
21 separate title that -- during that period and
22 clearly the sheet metal workers removing the
23 duct work and rein-- putting in new duct work
24 would have fallen with-- easily fallen within
25 that class.

1 **DR. MELIUS:** You -- you know, and I understand
2 that, but it just seems that they're also
3 encompassed under maintenance and --

4 **MR. RUTHERFORD:** Yeah.

5 **DR. MELIUS:** -- that -- that's just --

6 **DR. ZIEMER:** All maintenance --

7 **MR. RUTHERFORD:** Yeah.

8 **DR. ZIEMER:** -- and shop personnel includes
9 them.

10 **DR. MELIUS:** I mean I don't object to --

11 **MR. RUTHERFORD:** Yeah.

12 **DR. MELIUS:** -- including them, it just -- is
13 there some sort of distinction or something? I
14 wouldn't --

15 **MR. RUTHERFORD:** No --

16 **DR. MELIUS:** -- think so.

17 **MR. RUTHERFORD:** -- I -- I don't think there
18 is.

19 **DR. MELIUS:** Okay.

20 **DR. ZIEMER:** Other questions?

21 (No responses)

22 Well, let's then hear from Dr. Fuortes. Are
23 you still there, sir?

24 **DR. FUORTES:** I -- I'm here. I -- I really
25 have nothing to add other than thank you. Bob

1 Staggs can clarify much better than -- than I
2 can individuals or groups at highest risk. We
3 -- we tried to be relatively narrow in -- in
4 terms of ensuring that -- that we write down --
5 applying a population who we thought were at
6 significant risk. We -- we could have
7 certainly id-- identified the population in the
8 same air space or -- but -- but that just
9 seemed very complicated and so I -- I worked
10 with Bob to try to identify who are the people
11 who worked in the basement or in the production
12 areas who probably had the highest exposure
13 that these maintenance workers and -- and
14 technical staff are the people who I think
15 really did have -- have very high exposures.
16 They described being completely covered with
17 dust on certain days, smoking their cigarettes
18 and eating their lunch completely covered with
19 dust from the exhaust -- duct work and roofing
20 -- sorry, roofing -- ceiling panels that they
21 had been removing.

22 **DR. ZIEMER:** Okay. Thank you. Bob, do you
23 have additional comments?

24 **MR. STAGGS:** Yes, sir, I -- I would like to --
25 to maybe help the Board clarify your -- your

1 question of why so much of this work fell to
2 the sheet metal workers. It has to be noted
3 that to transform this -- this building from a
4 thorium production area into conventional
5 laboratory spaces that you would normally find,
6 predominantly all the work really fell to the
7 sheet metal people because they had to rip out,
8 rudimentary as it was, the -- the older dust
9 collection system that was in place during
10 thorium production, from the basement to the
11 roof, and also other maintenance trades were
12 involved in rebuilding of walls and tearing old
13 walls out and taking liners out of masonry
14 chases, if you will, that went from the
15 basement to the roof, and completely renovating
16 those spaces from ceiling tile to floor tile.
17 During production the production workers had
18 the, quote, luxury, if you will, of having
19 ventilation air during production, even though
20 by today's standards the ventilation might have
21 been somewhat rudimentary. But they sensed for
22 conversion of this building to normal
23 laboratory spaces, all the hoods, all the duct
24 work, was necessitated to be pulled out and
25 then new put in. So we see those that were

1 tearing out this duct work, they didn't have
2 the luxury of -- of any ventilation and -- and
3 large quantities of -- of tramp thorium were --
4 were lodged in -- in a lot of this duct work
5 and -- and chases and Mr. Applegate at times
6 described to me that we -- we took --
7 especially at the bottom of a chase and the
8 bottom of the duct work where the air stream
9 would not carry it up to the rototone*
10 collector on the roof, they took this stuff out
11 by the really -- they -- they used small scoops
12 that you might scoop up bulk quantities at a --
13 at a older grocery store. They used those
14 aluminum scoops and -- and their hands, at
15 times, to remove this -- this excess material
16 that had collected. So the fact that you --
17 you mention that maybe sheet metal trades you
18 thought might be overly represented here, all
19 of this -- all of this renovation work of this
20 type really fell -- fell to them.
21 Is -- is there anything else that I might --
22 might clarify there?

23 **DR. ZIEMER:** No, that's -- that's helpful, Bob.
24 I -- I think the question that arose was why
25 they were separated out from other maintenance.

1 I -- I think you've indicated that certainly
2 they had the -- sort of the main part of the
3 job. They still are covered by the other parts
4 of the statement, but -- so it's a little
5 redundant, but perhaps is of no great
6 consequence as far as the -- the final
7 statement is concerned. So thank you very
8 much, though, for clarifying that.

9 **MR. RUTHERFORD:** Dr. Ziemer, we did -- we did
10 send --

11 **MR. STAGGS:** Cert-- certainly we're -- we're
12 not saying that other trades were not involved
13 in the renovation process --

14 **DR. ZIEMER:** No, understood.

15 **MR. STAGGS:** -- but after the sheet metal
16 workers got through their job, the bulk of the
17 -- of the dirty work really -- really was
18 accomplished.

19 **DR. ZIEMER:** Uh-huh, okay. Thank you.

20 **MR. RUTHERFORD:** I just wanted to --

21 **DR. ZIEMER:** LaVon?

22 **MR. RUTHERFORD:** -- note, we did share the
23 class definition with the Department of Labor
24 and they said they could administer the class.
25 That's fine.

1 **DR. ZIEMER:** Very good. LaVon, one other
2 question for clarification. You -- you
3 mentioned in talking about occupational
4 exposure something about exceeding 10 CFR 835.
5 Clarify me -- for me what --

6 **MR. RUTHERFORD:** I just -- yeah, I brought that
7 up because -- you know, the remediation
8 activities did not stop in 1970. There was --
9 there -- there was very -- there was more
10 remediation activities, but the documentation,
11 the survey information and everything picked
12 up. And one of the assessments that was done -
13 - and I'd mentioned earlier was an assessment
14 of the -- you know, the mitigation of that
15 hazard that was done by a health physicist, and
16 the report is on the X drive for your review
17 and it's actually referenced -- it's the Hokel,
18 1998, I believe. And it -- it points out, you
19 know, as -- or actually the assessment and --
20 and the report points out that there -- there
21 was inaccessible areas to the average person
22 that still had contamination in excess of 10
23 CFR 835 free release limits in -- in the --

24 **DR. ZIEMER:** Okay, in 1999 the --

25 **MR. RUTHERFORD:** Yeah.

1 DR. ZIEMER: Oh, I --

2 MR. RUTHERFORD: Yeah, yeah, that was my point.

3 DR. ZIEMER: Yeah.

4 MR. RUTHERFORD: I just point --

5 DR. ZIEMER: 'Cause 835 didn't exist --

6 MR. RUTHERFORD: Right.

7 DR. ZIEMER: -- at the time of this --

8 MR. RUTHERFORD: Sure.

9 DR. ZIEMER: -- so I -- I wasn't quite clear on
10 why that was referenced. It's because they
11 still existed --

12 MR. RUTHERFORD: Right.

13 DR. ZIEMER: -- at the time 835 was in effect.

14 MR. RUTHERFORD: Right. And I think the point
15 was to show that -- that, you know, some people
16 may think that -- you know, that there's --
17 there may have not been a great hazard. But if
18 you look at the contamination levels that were
19 left in '53 --

20 DR. ZIEMER: After the cleanup.

21 MR. RUTHERFORD: -- you know, exactly, you
22 know, so...

23 DR. ZIEMER: Okay. Thank you. Other comments
24 or questions?

25 (No responses)

1 Thank you, LaVon. Board members, it would be
2 appropriate to have some sort of a motion on
3 this recommendation. I've got three people
4 wanting to make a motion.

5 **MS. MUNN:** No, fine -- go right ahead, John.

6 **DR. ZIEMER:** Okay. Robert?

7 **MR. PRESLEY:** I make a motion we accept this
8 SEC petition.

9 **MS. MUNN:** Second.

10 **DR. ZIEMER:** A motion is made and seconded that
11 we -- that we recommend to the Secretary that
12 this SEC petition be approved. I've reworded
13 your motion. I think that was the intent.

14 **MR. PRESLEY:** (Off microphone) (Unintelligible)
15 yield to the Chair (unintelligible).

16 **DR. ZIEMER:** And it's been seconded. Is there
17 discussion on the motion?

18 **DR. WADE:** Dr. Melius.

19 **DR. ZIEMER:** Dr. Melius, are you willing to
20 amend it -- or to modify it further for a final
21 vote tomorrow when we -- we'll need some more
22 exact wording?

23 **DR. MELIUS:** Yeah, I -- I was going to ask a
24 procedural question. I'd be -- certainly could
25 either -- I mean it's up to how the Board would

1 -- and NIOSH I think would like to proceed. I
2 can either offer a friendly amendment to Bob's
3 motion that would I think convey the -- a -- a
4 full motion verbally, or if people would rather
5 read -- get it, you know, printed out and then
6 we could read it in the morning and -- read it
7 and then vote on it then. It's up to the Board
8 how you'd prefer to proceed.

9 **DR. ZIEMER:** I would suggest, if -- if the
10 Board is comfortable with this, that we go
11 ahead and -- you apparently have the wording
12 ready --

13 **DR. MELIUS:** Yeah.

14 **DR. ZIEMER:** -- and we can still get the
15 printout tomorrow to see if there's any
16 editorial glitches, but why not close it
17 tonight --

18 **DR. MELIUS:** Okay.

19 **DR. ZIEMER:** -- if we're able to. Is that
20 agreeable?

21 **DR. MELIUS:** Yeah, I'm --

22 **DR. ZIEMER:** This is -- so it would now
23 transform the -- Robert's motion, which I went
24 through the first transformation. It would
25 give us yet another transformation, put it in

1 the form to which we are accustomed as far as
2 transmitting it to the Secretary.

3 **DR. MELIUS:** Yeah. So if Bob will accept this
4 as a friendly amendment, I will read it.

5 The Board recommends that the following letter
6 be transmitted to the Secretary of Health and
7 Human Services within 21 days. Should the
8 Chair become aware of any issue that in his
9 judgment would preclude the transmittal of this
10 letter within that time period, the Board
11 requests that he promptly informs the Board of
12 the delay and reasons for this delay and that
13 he immediately works with NIOSH to schedule
14 emergency meeting of the Board to discuss this
15 issue.

16 The Advisory Board on Radiation and Worker
17 Health (the Board) has evaluated SEC Petition
18 00075 concerning workers at the Ames Laboratory
19 in Iowa under the statutory requirements
20 established by EEOICPA and incorporated into 42
21 CFR Section 83.13. The Board respectfully
22 recommends Special Exposure Cohort status be
23 accorded to all sheet metal workers, physical
24 plant maintenance and associated support staff
25 (includes all maintenance shop personnel of

1 Ames Laboratory), and supervisory staff who
2 were monitored, or should have been monitored,
3 for potential internal radiation exposures
4 associated with the maintenance and renovation
5 activities of the thorium production areas in
6 Wilhelm Hall (as known as the Metallurgy
7 Building or "Old" Metallurgy Building) at the
8 Ames Laboratory for the time period from
9 January 1st, 1955 through December 31st, 1970
10 and -- and who were employed for a number of
11 work days aggregating at least 250 work days
12 either solely under this employment or in
13 combination with work days within the
14 parameters (excluding aggregated work day
15 parameters) established for other classes of
16 employees included in the SEC.
17 The Board notes that although NIOSH found that
18 they were unable to completely reconstruct
19 radiation doses for these employees, NIOSH
20 believes that they are able to reconstruct
21 components of the internal dose (other than
22 thorium) and all external doses. This
23 recommendation is based on the following
24 factors:
25 Number one, people working at the Ames

1 Laboratory during this time period worked on
2 maintenance and renovation activities at the
3 thorium production areas at Ames Laboratory.
4 The NIOSH review of the available monitoring
5 data, as well as the available source term and
6 other information, found that they lacked
7 adequate information necessary to conduct
8 accurate individual dose reconstructions for
9 thorium and its progeny during the time period
10 in question.

11 Three, NIOSH determined that health may have
12 been endangered for these Ames Laboratory
13 workers. The Board concurs with this
14 determination.

15 Enclosed is supporting documentation from the
16 recent Advisory Board meeting held in Richland,
17 Washington where this Special Exposure Cohort
18 was discussed. If any of these items are
19 unavailable at this time, they will follow
20 shortly.

21 **DR. ZIEMER:** Thank you. Do you accept that as
22 a friendly amendment?

23 **MR. PRESLEY:** Yes, sir.

24 **DR. ZIEMER:** Jim, would you repeat the sentence
25 near the beginning that says the Board

1 respectfully recommends?

2 **DR. MELIUS:** The Board -- it's a long one.

3 **DR. ZIEMER:** Yeah.

4 **DR. MELIUS:** The Board respectfully recommends
5 Special Exposure Cohort, parentheses, SEC
6 status be accorded to all sheet metal workers -
7 -

8 **DR. ZIEMER:** Okay, that -- you can stop there.
9 I wanted to make sure it was -- we had the word
10 status in there now.

11 **DR. MELIUS:** Yeah, yeah.

12 **DR. ZIEMER:** In the earlier letters we left
13 that out and were calling it a Special Exposure
14 Cohort, as opposed to a --

15 **DR. MELIUS:** Yeah, yeah.

16 **DR. ZIEMER:** -- a class. Okay.

17 **DR. MELIUS:** This is cut and pasted from the
18 NIOSH --

19 **DR. ZIEMER:** Most recent ones.

20 **DR. MELIUS:** -- document so I -- well, both the
21 -- our most recent letter, as well as the NIOSH
22 proposed definition, so I think I got it right
23 -- not blame Microsoft, I guess.

24 **DR. ZIEMER:** Okay. Board members, are you
25 ready to vote on this motion?

1 **MS. MUNN:** Yes.

2 **DR. ZIEMER:** And we'll have written copy of it
3 available for you tomorrow. Yes?

4 **MR. GRIFFON:** Just -- just one -- one item --
5 one item for discussion. I just wanted to ask
6 LaVon about the non-thorium -- you may have
7 gone over this, but the non-thorium that you
8 say you can reconstruct.

9 **MR. RUTHERFORD:** As I mentioned, for this
10 activity -- the renovation and remediation
11 activities -- the real exposure was only
12 thorium and its progeny. And there were other
13 activities at this site, and that's what I
14 indicated that we could reconstruct the
15 internal dose from.

16 **MR. GRIFFON:** And those other activities,
17 though, you have no -- no data still. You're
18 still in the same situation as far as data,
19 though. Right?

20 **MR. RUTHERFORD:** Exactly, but we have also all
21 the other professional staff workers were
22 monitored internally and -- for those things,
23 like tritium, we have a coworker model --

24 **MR. GRIFFON:** So you do have data in that --
25 for those other --

1 **MR. RUTHERFORD:** Yes. Yes.

2 **MR. GRIFFON:** Okay, I (unintelligible) --
3 that's what I (unintelligible) clarify.

4 **MR. RUTHERFORD:** Yeah, we don't have -- for
5 those eight claimants that we have, we don't
6 have internal monitoring (unintelligible) --
7 got it.

8 **DR. ZIEMER:** Yes, and is that the class size?
9 What is the class size on this?

10 **MR. RUTHERFORD:** Well, I -- you know, I don't
11 know what the class potentially could be, but -
12 - and I don't know what Department of Labor's
13 final evaluation will be, but our initial
14 review of the claimants that we have at Ames,
15 we came up with eight that we thought would fit
16 into it. It may be more, I'm not sure.

17 **DR. ZIEMER:** Yes, understood.

18 **MR. RUTHERFORD:** Okay.

19 **DR. ZIEMER:** Okay, are you ready to vote then?
20 Okay, all in favor raise your right hand.

21 (Affirmative responses)

22 It appears to be unanimous here. Gen Roessler?

23 **DR. ROESSLER:** I -- in favor.

24 **DR. ZIEMER:** In favor? Okay, let the rec-- any
25 of you -- any no's?

1 (No responses)

2 Any abstentions?

3 (No responses)

4 Then this motion carries and the recommendation
5 will be transmitted to the Secretary, as
6 indicated, and you will have a written copy of
7 this motion for your record tomorrow.

8 **DR. WADE:** And the vote is unanimous.

9 **DR. ZIEMER:** Yes. Thank you very much.

10 **DR. WADE:** We can go back to timeliness a
11 little bit.

12 **DR. ZIEMER:** We have a little time for
13 timeliness. Lew, help stimulate us on this.
14 We -- we have talked about what the -- what the
15 law says. We have sort of said timeliness is
16 like some other things, I can't define it but I
17 recognize it when I see it or I recognize it
18 when it isn't there. But what -- what can we
19 do to assure -- for example, are there some
20 specific steps that we need to be thinking
21 about or have you thought about what we could
22 do? Are there some tracking issues that would
23 help us on this to be able to say you know,
24 we're letting something slip through the cracks
25 because we haven't paid attention to it. I

1 know we have some site profiles we haven't had
2 a chance to look at and so on. A lot of these
3 things have to do with timeliness issues, but
4 surrounding that are our own ability to -- to
5 handle a lot of things almost at once. But --

6 **DR. WADE:** Well --

7 **DR. ZIEMER:** -- give us some wise counsel on
8 how we need to think about this.

9 **DR. WADE:** Okay, I'll try, although --

10 **DR. ZIEMER:** Or -- or some not-so-wise counsel,
11 whatever it may be.

12 **DR. WADE:** I think that -- the one thing that
13 occurs to me most frequently when -- when I
14 think about this is that the Board or a
15 workgroup will have an issue in front of it,
16 and to take that issue to 100 percent closure
17 can take an awfully long time with a great deal
18 of resource. To take it to anything less than
19 100 percent closure is unacceptable to some of
20 us. And yet this is where the tension comes in
21 to completeness versus timeliness. And I think
22 the Board needs to have a discussion, the Board
23 as a whole needs to have a discussion of this
24 issue and begin to establish some -- I'm not
25 even sure it's deserving of the word

1 parameters, but some understanding of this
2 issue and what it means. The Board also has to
3 decide how thick its skin is with regard to the
4 -- the charges that come to the Board about not
5 being timely or not being complete. And I
6 don't know that there's any right answer to it.
7 I think that it's appropriate that -- that
8 periodically the Board discusses this issue.
9 And then secondly, the Board needs to, in its
10 advisory capacity, look at the agencies,
11 particularly in this case HHS agencies, NIOSH,
12 and offer any guidance it might want to the
13 agencies in terms of their timely behavior, and
14 then it can look to its contractor. So I mean
15 I have no magic answer other than I think it's
16 an important enough issue that I think it needs
17 to be periodically discussed, and I think
18 there's enough tension now that it would be
19 appropriate for us to have some discussion.
20 And I know some of you live it more regularly
21 than I do, and I think it's important that we
22 hear from you.

23 **DR. ZIEMER:** And Jim, then Wanda.

24 **DR. MELIUS:** Yeah, one suggestion that -- that
25 I would have is the -- although we do workgroup

1 reports at each meeting, we -- we really --
2 really don't sit down there and then -- you --
3 sort of look at those from a perspective of
4 some sort of a master schedule, where we --
5 when are we going to, you know, really catch up
6 with some of these things that are -- that are
7 outstanding and when can we fit them in and
8 make sure that we use our Board meeting time
9 efficiently. There -- there are -- and -- and
10 this -- this is difficult 'cause you -- we've
11 got to schedule in people on calls and -- and --
12 - and so forth and -- and -- and these aren't -
13 - aren't easy and -- and you know, some of us
14 arrive late and leave early and all those
15 things that -- that -- that go on and got to --
16 got to juggle that, but -- but I -- there are
17 times when I think, you know, we -- we do have
18 -- have time that we could, you know, fit in
19 discussion of certain issues that -- there and
20 -- or that we sort of lose track of what's
21 happening with, you know, petitions or
22 evaluations and -- and don't properly address
23 them, or at least in a timely fashion. So I --
24 thinking -- keeping a better schedule and --
25 and really reviewing that schedule at each

1 meeting, you know, as the workgroups update
2 people -- 'cause I -- I think the workgroups
3 actually have been fair-- you --

4 **DR. ZIEMER:** They've been active.

5 **DR. MELIUS:** -- pretty responsible. They're
6 active and they're responsive and try to be
7 and, you know, the times when NIOSH may be
8 holding up things, SCA, may be times when the
9 workgroups are just on scheduling issues, but -
10 - but we ought to really just sit down and
11 review that at each meeting and -- and make
12 sure that we're planning the following meetings
13 to make as good a use of our time here as -- as
14 we can and I -- I don't think we've always done
15 that, and not because the agendas aren't full
16 or don't look full, but you can't tell. Ames -
17 - Ames could have lasted another hour. You
18 don't --

19 **DR. ZIEMER:** Yeah.

20 **DR. MELIUS:** -- it's -- it's a guess, and that
21 makes -- that makes it hard.

22 **DR. ZIEMER:** Are you suggesting something like
23 a master status sheet that we would have
24 perhaps at each meeting that would give us the
25 status -- for example, what's going on at

1 Hanford, all the sites on the list?

2 **DR. MELIUS:** And -- and -- and look at when are
3 we going to finish out Fernald, when are we
4 going to finish out Hanford, when are we -- you
5 know, when --

6 **DR. ZIEMER:** And even perhaps establish some
7 tentative timetables --

8 **DR. MELIUS:** Yeah, yeah --

9 **DR. ZIEMER:** -- on some of these?

10 **DR. MELIUS:** -- yeah.

11 **DR. WADE:** That is certainly valid.

12 **DR. ZIEMER:** Wanda, what is your comment?

13 **MS. MUNN:** Well, until you started that
14 business about a master deficiency list, I just
15 had a couple of brief comments, but when I
16 contemplate what such a list would appear to
17 be, especially requiring not just periodic
18 updates but almost continual updates, that
19 appears to be such a daunting task that we may
20 have to institute an additional branch of
21 government to do that. I'm not sure that's
22 even -- I'm not sure that's feasible, but --

23 **DR. WADE:** I don't know it's feasible. It's
24 worth an attempt -- certainly it's worth an
25 attempt.

1 **DR. ZIEMER:** Department of Timeliness.

2 **MS. MUNN:** Yes, the Department of Timeliness
3 would be well-accepted, I'm sure.

4 My -- my two brief comments originally were
5 going to be that the issue of thick skin is one
6 I think that we've all had to address in order
7 to stay in our chairs from time to time. And
8 it's -- it's -- that in itself is a fine line
9 to find. One needs to be very sensitive to the
10 comments that one hears, but at the same time
11 you have to decide what's realistic and what
12 isn't.

13 The most frustrating issue with respect to
14 timeliness, from my perspective, has always
15 been an issue of priorities. This is one of
16 the few circumstances that I can imagine where
17 it is almost impossible to prioritize the work
18 that's before us. Everything that comes to me
19 appears to be urgent and requiring of immediate
20 attention. I find it very difficult to think
21 well, I can -- we can postpone this one, we can
22 postpone this one, we can postpone this one --
23 there just is -- is no way to -- that I can
24 see, to intelligently prioritize the work that
25 we have.

1 **DR. ZIEMER:** Or to say that one's -- one
2 facility's workers are less important than
3 another, for example.

4 **MS. MUNN:** I'm unable to do that, and if there
5 are people available to us who can do that, it
6 would be delightful to hear from them at some
7 junction.

8 **DR. ZIEMER:** Josie?

9 **MS. BEACH:** I just wanted to jump on in what
10 Jim was saying, that possibly we could put that
11 on with the action item list, combine those two
12 so we don't end up with two separate lists of
13 things that need to be accomplished.

14 **DR. ZIEMER:** Status report and action items,
15 uh-huh.

16 **DR. WADE:** Right. To be realistic about
17 approaching this, maybe at the next meeting
18 I'll bring you a master schedule for Blockson,
19 Hanford, and if you want to add another or two
20 -- I -- I don't think it would be appropriate
21 for me to come to you with 50, but if we want
22 to pick a couple of three and start to do that,
23 then we can -- based upon your reaction to
24 that, next time we can expand the list to -- to
25 hopefully include more and more of what we do.

1 So I'd be open to three or four that I could
2 use as example-- Blockson seems a good one to
3 me.

4 **UNIDENTIFIED:** Right.

5 **DR. WADE:** I mean that one should be relatively
6 fine. I -- Hanford seems more open-ended and -
7 - so there might be -- you have another --

8 **MS. BEACH:** What about Linde? Linde's been on
9 the back burner for a while, as well.

10 **DR. ZIEMER:** There may be several. I think Lew
11 is suggesting he doesn't want to try 100 of
12 them at once or something --

13 **DR. WADE:** I'd like to -- to pick some
14 representative ones in terms of the -- our
15 business, and bring them to you.

16 **DR. MELIUS:** But that's --

17 **DR. ZIEMER:** Jim.

18 **DR. MELIUS:** -- that's exactly my concern,
19 though, is that -- I -- I think we -- we do --
20 I -- it is difficult, but we do need to
21 prioritize, but at the same time we can't let
22 certain sites keep, you know, falling between
23 the cracks simply because there's not a -- you
24 know, a vocal petitioner or a vocal senator or
25 congressman or whoever that -- that's, you

1 know, pushing us on it. And so, you know, the
2 Blocksons and some of the other sites tend to
3 get moved forward all the time and Linde, you
4 know, falls by the wayside. And -- and I think
5 -- and yet I -- you know, frankly, I think that
6 the -- frankly, the petitioners that are
7 pushing us in terms of timeliness and the
8 Congressional people and otherwise would
9 understand when we say I'm sorry, we also --
10 you know, Linde's been sitting there for
11 however long; we need to address that. They
12 might tell us to work a little harder or
13 something, but --

14 **DR. WADE:** Okay.

15 **DR. MELIUS:** -- but -- but I --

16 **DR. WADE:** Understood.

17 **DR. MELIUS:** -- so I -- I guess for the -- and
18 -- and I worry that if we just take on the four
19 and -- you know, if you try to prioritize and
20 schedule the four, you know, ones that -- sort
21 of the greasy wheels, then -- then I think
22 we're going to -- squeaky wheels, excuse me --
23 I think we're going to be --

24 **DR. WADE:** I understand. I'll -- I'll try and
25 bring you a full list. I don't know I can

1 bring you full detail on the full list --

2 **DR. MELIUS:** Yeah -- yeah, no, I --

3 **DR. WADE:** -- but I'll include everything --

4 **DR. MELIUS:** -- you start -- yeah.

5 **DR. WADE:** -- and then a couple of
6 representative examples to run down.

7 **DR. ZIEMER:** Yeah, and actually we have a start
8 to that list. You may recall -- actually we
9 had a list of -- of the sites for which site
10 profiles had been completed and those for which
11 SC&A had done their reviews and the resolution
12 process, and -- and that's a start on some of
13 this if we can expand on that because a lot of
14 that is -- leads to the end product, so --

15 **DR. WADE:** We have LaVon's look forward at SEC
16 petitions that are coming up.

17 **DR. ZIEMER:** Right.

18 **DR. WADE:** We have the procedures review -- we
19 have a number of streams --

20 **DR. ZIEMER:** Right.

21 **DR. WADE:** -- that need to get blended and
22 brought to you.

23 **DR. MELIUS:** But -- but I also think that --
24 that that also would better force some issues
25 that we -- we haven't taken up, and one of

1 which is do we need another subcommittee.

2 **DR. ZIEMER:** Uh-huh.

3 **DR. MELIUS:** We've established one, and -- but
4 that means that, you know, half of us are
5 meeting and the other half, you know, get a
6 half-day off. And you know, maybe we need
7 another subcommittee and -- and I think we just
8 have to recognize that -- that we're not going
9 to be able to be as involved in all those
10 issues as -- every issue maybe as much as we
11 would like to be, but that we have to -- going
12 to have to defer actions to -- to a
13 subcommittee and then -- that. So I think it's
14 things like that we have to consider, also.

15 **DR. ZIEMER:** Josie, you have an additional
16 comment?

17 **MS. BEACH:** Can we consider dates? Aren't
18 there dates that these are -- established that
19 we could go by instead of schedules?

20 **DR. ZIEMER:** In some cases there are.

21 **MS. BEACH:** In some cases?

22 **DR. ZIEMER:** Yeah.

23 **DR. WADE:** See, another tension this Board has
24 -- offering my respectful opinion -- is that --
25 that the Board as a whole also wants to

1 consider issues and sometimes redo the work of
2 the subcommittee or the workgroup. And that's
3 fine because, again, people's -- people value
4 their votes, and again that's something we have
5 to take into consideration.

6 **DR. MELIUS:** Well --

7 **DR. ZIEMER:** Jim.

8 **DR. MELIUS:** While we're -- I mean another,
9 more recent issue is -- was Rocky Flats, and in
10 thinking about what went on at Rocky Flats, one
11 -- one thing that would -- would have been
12 helpful, I think -- twofold. One, it was very
13 hard for those of you not -- those of us not on
14 the workgroup to grasp that -- the issues that
15 were being discussed and what was going on, and
16 particularly because it was changing up to the
17 last minute. You know, we had -- you know, a
18 NIOSH report, an SCA review of that report and
19 then a NIOSH, you know, retort to that at the
20 last minute that, you know -- and seems -- so
21 we're trying to sort of understand what -- gone
22 and -- what was going on and so forth and I
23 think we need to think about well, do we need
24 to have a cutoff date, we're not going to
25 consider any more -- and I think -- which I

1 think actually Wanda suggested and -- is that
2 we -- I think the workgroups probably have to
3 produce a -- at least a small closure report,
4 something that goes out to the -- the rest of
5 the Board, you know, two weeks ahead of time,
6 let us better understand the issues, and then
7 go through and catch up with whatever
8 documentation we have and -- and so forth and
9 on. I know it's more -- more work and again,
10 I'm not faulting the Rocky Flats group, but --
11 but something like that, I -- I would have
12 found very helpful and would have given me
13 time. Instead, ca-- came to the meeting and
14 there's all this other data flying out at the
15 last minute that was very hard to fig-- figure
16 out what was going on.

17 **DR. ZIEMER:** In fact, establishing some sort of
18 end-point dates may be valuable because it --
19 it goes to the issue of when is something 100
20 percent complete. There's always another
21 document out there somewhere that someone's
22 going to discover. And at some point you have
23 to say we've got to make the decision based on
24 what we have. We're not going to wait another
25 six months or a year for every last piece of

1 information to come in.

2 **DR. MELIUS:** And -- and we also need to be fair
3 to the petitioners and so forth and
4 (unintelligible) --

5 **DR. ZIEMER:** And that's part of being timely.

6 **DR. MELIUS:** -- and the only way to do that, I
7 think, is to sort of cut things off, get the
8 information to them, too, and -- understanding.
9 But it's easier said than done, by
10 (unintelligible).

11 **DR. ZIEMER:** Lew -- Mark has a comment, and you
12 have that on your action list for...

13 **MR. GRIFFON:** Oh, yeah, I -- I agree with --
14 with most of these rec-- you know,
15 recommendations, good comments, and I certainly
16 agree with Jim's comments regarding Rocky
17 Flats.

18 I guess I -- most of our discussion so far has
19 -- has pointed internally, and I know it's the
20 close of the meeting, but I think there's also
21 this question that -- that through this
22 workgroup process with Rocky Flats, I think one
23 thing we -- or I felt, anyway, was that you --
24 you had this -- we -- we have this basic thing
25 we -- I think we need to look -- reflect on,

1 which is NIOSH's hurdle for their evaluation
2 report is -- is to come back to the -- to the
3 Board, the workgroup -- the Board saying that -
4 - do they have enough information available to
5 do dose reconstructions. And we add some
6 hurdles in our internal SEC procedures which
7 say -- and -- and every time they're the same.
8 So I -- I would almost say -- and I think we
9 said this in Mallinckrodt. We said this in Y-
10 12. I think I'm saying it again with Rocky.
11 You know the data integrity issue's going to
12 come up. You know the other radionuclides
13 issues are going to come up. If -- you know, I
14 think somehow we have to -- to better address
15 those before an evaluation report is out.
16 Now I know NIOSH has a clock running, too, so
17 that's -- that's an issue. But I think what
18 ends up happening is we -- we're -- we -- we're
19 investigating these things real time and they
20 haven't been -- you know, they're not a hurdle
21 necessarily from NIOSH's point of view from the
22 regulations standpoint that -- the hurdle says
23 information, it doesn't -- you know, the -- and
24 -- and the final hurdle we add on is that --
25 the proof of process, which I think we -- we've

1 -- this has sort of evolved through our Board
2 deliberations and I -- I still believe we need
3 that, but it's not necessarily a hurdle for the
4 original evaluation report. So when we start
5 with this evaluation report and start
6 critiquing it and examining it, we ask all
7 these questions, we're asking for more
8 information -- what happened with Rocky is --
9 is yes, some of the models weren't complete.
10 It didn't mean that all the information weren't
11 -- wasn't there, you know. It's just that they
12 didn't fully develop the coworker models yet.
13 So then we have a -- a time frame. I mean
14 there -- and I'm not criti-- criticizing
15 anyone, but that's just the reality of what we
16 ran across throughout this. So I think we need
17 to -- to somehow reflect on that, how can we
18 improve that or -- you know, part of it might
19 be NIOSH anticipating some of these issues
20 'cause they know the Board's procedures exist.
21 So I don't know, I just -- I just thought that
22 was one thing.
23 And then -- and then once we start that
24 process, we -- we constantly have the tension
25 of when is enough enough. I mean how -- how

1 far do we take the data integrity analysis.
2 But I think to the extent it would -- would --
3 it could be done prior to an evalu-- evaluation
4 report, it would make it a lot easier.
5 The other thing that -- that comes up in that
6 whole process is then we have this -- this sort
7 of interesting situation where we have NIOSH,
8 who had to get an evaluation report out, you
9 know, on a clock, basically, so they -- they
10 have a document with their report saying they
11 have sufficient information. And we're -- in
12 the workgroup we're asking them basically find
13 information that may argue against your own
14 data integrity argument, you know. So we --
15 and that's -- that's an awkward sort of
16 situation to ask the -- the defender of the
17 evaluation report to go and find information
18 that may refute their -- their own report.
19 And -- and I don't say that they weren't doing
20 that in good faith, but I'm just saying it was
21 a dif-- interesting situation for the workgroup
22 to handle and sometimes it seemed like unless
23 the workgroup made very specific requests, we -
24 - we had little delays in that regard, so...

25 **DR. ZIEMER:** LaVon?

1 **MR. RUTHERFORD:** Yeah, I'd just like to offer
2 up that here's, you know, another thing that
3 affects timeliness is during the review --
4 SC&A's review and -- of our evaluation and, you
5 know, getting theirselves (sic) up to speed,
6 the working group getting themselves up to
7 speed, it happens every time that we also
8 identify other issues that weren't identified
9 up front. You know, our goal is -- what we
10 typically do when we evaluate a petition, we
11 evaluate the issues identified by the
12 petitioner and issues that we know that we have
13 on the plate at that time. And what tends to
14 happen, especially with these big evaluations -
15 - Hanford, Rocky Flats -- Hanford hasn't
16 happened yet, but it will. It will. Hanford,
17 you know, and Rocky Flats, the -- you know,
18 these other sites where these large time
19 periods is that when you get -- when it moves
20 to the working group and it moves to SC&A,
21 other issues become identified that are
22 actually issues that were not directly
23 evaluated within the site -- or evaluation
24 report. And that's not -- you know, someone
25 could argue, though, the evaluation report

1 should have -- you guys should have seen that.
2 Well, you're -- you're focused on evaluating
3 issues identified by the petitioner and the
4 issues on the plate. We've got to do that in a
5 time frame, and so we get that done and we get
6 our proof. I just wanted to point that out.

7 **DR. ZIEMER:** Yeah.

8 **DR. WADE:** That's fine.

9 **DR. ZIEMER:** Thank you. And I'm --

10 **MR. GRIFFON:** I also -- I just -- you know --
11 and you understand my point is that --

12 **MR. RUTHERFORD:** Oh, I -- I do.

13 **MR. GRIFFON:** -- I -- I hope that and I think
14 you -- you can -- it's kind of obvious, some --
15 some can be anticipated. NTA film might come
16 up again, you know.

17 **MR. RUTHERFORD:** Oh, sure.

18 **MR. GRIFFON:** You know --

19 **MR. RUTHERFORD:** Exact (unintelligible).

20 **MR. GRIFFON:** -- certain things -- certain
21 things can be (unintelligible).

22 **DR. ZIEMER:** Yeah, as we gain experience, that
23 will become evident. I'm wondering also if --
24 in many cases if we allow ourselves sufficient
25 time to do the task that we say needs to be

1 done. I know that we're pushing our contractor
2 often. We'll say can you have this in three
3 weeks and -- and if it takes four, then we're
4 going to have a big problem. Or we -- we push
5 NIOSH on these. In many cases we're pushing up
6 close to our meetings, to start with, and any
7 delay or new piece of information causes that
8 problem. So to get a report two weeks ahead of
9 time, before a meeting, becomes very
10 problematical. I think we've been very --
11 overly optimistic as to how long some of these
12 tasks will take that we assign, either to the
13 workgroup or to our contractor or to NIOSH.
14 They're all -- all pushing those deadlines.
15 Other comments?

16 (No responses)

17 This has been a good discussion. Lew, I think
18 we -- oh, Jim --

19 **DR. LOCKEY:** Just one -- one comment.

20 **DR. ZIEMER:** -- a final comment.

21 **DR. LOCKEY:** The -- the subcommittee that's
22 going to be set up to look at surrogate
23 exposures -- I mean I --

24 **UNIDENTIFIED:** (Off microphone) Workgroup.

25 **DR. ZIEMER:** Workgroup.

1 **DR. LOCKEY:** -- that -- that could be a very
2 long, involved process and I -- I think that
3 perhaps we need to deliberate on that tomorrow.
4 You may want to consider how long -- how long
5 is that going to delay the Bethlehem Steel
6 decision 'cause that's not going to be -- I
7 can't anticipate how long that's going to take,
8 but it could take a substantial amount of time.

9 **DR. ZIEMER:** Uh-huh, and that's another
10 timeliness issue. It's the same kind of thing,
11 yeah.

12 Okay, I think we'll recess for dinner. We're
13 going to reconvene at 7:30 this evening for the
14 public comment session, so we'll see you all
15 then. Thank you.

16 (Whereupon, a recess was taken from 5:00 p.m.
17 to 7:30 p.m.)

18 **PUBLIC COMMENT**

19 **DR. ZIEMER:** Good evening, everyone. We're
20 going to get underway this evening. This is
21 the public comment session of the Advisory
22 Board on Radiation and Worker Health. My name
23 is Paul Ziemer and I serve as the Chairman of
24 the Advisory Board.

25 I know that a number of you were here yesterday

1 for our public comment session so I'm not going
2 to repeat all the comments that I made at the
3 beginning of the session yesterday, but I will
4 briefly tell you that this Advisory Board is
5 not part of the Department of Energy, nor is it
6 part of the Department of Health and Human
7 Services, nor is it part of the Department of
8 Labor. This is an independent board which has
9 been appointed by the President to oversee, as
10 it were, the work of NIOSH, the National
11 Institutes for Occupational Safety and Health,
12 as they carry out their part of the
13 compensation program, namely the dose
14 reconstruction activities.
15 This board is advisory. We are not a board
16 that makes final decisions. We do not handle
17 the individual claims and cases. We are not a
18 -- an appeals board. We are advisory to the
19 Secretary of Health and Human Services and our
20 advice is -- can be taken or it can be ignored,
21 but we do try to advise the Secretary on the
22 operation, as it were, of the compensation
23 program in terms of trying to identify is it
24 being carried out according to the -- the
25 wishes of Congress and the laws of the U.S.; is

1 it being carried out fairly; is it being
2 carried out in accordance with what has been
3 set forth in the law.

4 So this Board, as part of its deliberations at
5 its regular meetings, has public comment
6 sessions so that we can get feedback from
7 individuals who have had experience with the
8 program -- usually claimants. Not always, but
9 individuals who can advise us on their
10 experiences; sometimes good, sometimes not so
11 good, but we like to hear from you.

12 We have found that because we have quite a few
13 folks that like to comment that we've had to
14 impose a time limit. We didn't really want to
15 do this, but we've had to start imposing a time
16 limit and that time limit is ten minutes. And
17 as I mentioned to the folks yesterday, that's
18 not a goal to be achieved, but is an upper
19 limit to try to hold it to so that you -- there
20 -- so there's an opportunity for others here to
21 make their comments, as well.

22 We also expect to have some comments by phone.
23 They're -- these meetings are open to the
24 public, not only locally but nationally. These
25 meetings are announced in the *Federal Register*,

1 so there are normally some commenters by phone
2 and we expect to have some this evening as
3 well. I know of at least one; there may be
4 others.

5 We have had problems earlier today with the
6 phone lines. We're hopeful that that's been
7 corrected. If we do have that problem, we hope
8 you'll bear with us as we try to listen to
9 those who might join us by phone.

10 So with that, I'm just going to go down the
11 list. We'll take them in the order of the
12 sign-ups here and give folks an opportunity to
13 talk, starting with Rosemary Hoyt.

14 Rosemary, welcome. You can use the mike right
15 there, if you wish.

16 **MS. HOYT:** (Off microphone) My sister and I
17 (unintelligible) coin and she lost and so she -
18 -

19 **DR. ZIEMER:** She's going to go first, so this
20 would be Mary Ann Carrico, okay. I think she
21 won, she gets the first say.

22 **MS. CARRICO:** My name is Mary Ann Carrico. I'm
23 speaking for myself and for my sister, Rosemary
24 Hoyt. The Advisory Board has followed the law
25 and obtained an independent contractor to

1 review NIOSH's work, SC&A, Sanford Cohen &
2 Associates. The Sanford Cohen & Associate
3 report is two years old and the findings from
4 that report have not been implemented in the
5 way NIOSH does its evaluation, to our
6 understanding.

7 There's been an enormous amount of money spent
8 on the SC&A contracts. According to them, the
9 Hanford site profile has serious flaws in its
10 science and is not claimant favorable in many
11 evaluations. The Technical Basis Doc, TBD, and
12 the Technical Information Bulletins, TIB,
13 revisions have not yet been sent to SC&A for
14 review. NIOSH has not used this report -- the
15 SC&A report for the EEOICP dose reconstruction
16 or for the SEC evaluation. We feel they should
17 accept the SC&A report when claimant favorable
18 rather than ignoring, disputing or redoing the
19 same work.

20 NIOSH. NIOSH has said in the 51-7 evaluation
21 report that they are able to do external dose
22 reconstruction for the period covered. We
23 challenge their ability and do not believe that
24 the science was available at that time and that
25 the calculations are presumptive and

1 speculative. During the March and June worker
2 outreach meetings in Richland former workers
3 stated that they kept logbooks as -- of their
4 exposures or of others' exposures as part of
5 their job. Dr. Glover stated that they are
6 still trying to find these logbooks.

7 The excerpt here from Section F-2 of the SEC
8 petition states -- this is the form that we
9 filled out to submit the petition -- quote,
10 that indicates that radiation monitoring
11 records for members of the proposed class have
12 been lost, falsified or destroyed. Dr. Glover
13 has stated that NIOSH has the capability to do
14 internal and external dose reconstruction
15 without any of the lost records. He stated to
16 my sister Rosemary that all of the findings of
17 SC&A's Hanford finds have been resolved. They
18 have not.

19 We do not feel NIOSH team's work has been
20 claimant favorable or objective. Their
21 priority is in getting the job done. Our point
22 is that now it has to be redone to resolve the
23 SC&A findings, and the super S is an example of
24 this.

25 The law states that if monitoring records are

1 not available and dose reconstruction is not
2 feasible, that a SEC class should be
3 established. It does not say you can borrow
4 information and extrapolate data from
5 sororigate (sic) sites. Using sororigate data
6 is pure conjecture, as far as we can see. All
7 possible variables cannot be established or
8 verified. We don't think a reasonable person
9 would consider this.

10 The Advisory Board was rightfully very
11 concerned this morning about a statement from
12 one secretary at the Chapman Valve site, and
13 discussed it at length. SEC-5-- SEC petition
14 57 includes three affidavits that records were
15 lost, falsified and destroyed. A diary was
16 also submitted stating falsification of
17 monitoring records as a daily practice, and
18 coercion by supervisors and management to
19 falsify records.

20 These are instances -- instances where we --
21 where in -- there are instances where we were
22 intentionally misled by NIOSH. During our
23 recorded interview with NIOSH representative
24 Pat and health physicist Monica we were
25 outright lied to when we were informed that all

1 the findings of the Hanford SC&A report were
2 resolved. Further, they stated we could not
3 use the SC&A report for our basis of our SEC
4 because it was in draft form.

5 Conflict of interest is a serious problem.
6 Former management personnel are creating
7 amendments and influencing the process. The
8 suggestion of a member of the Advisory Board
9 that claimants file a new SEC as opposed to
10 delay for careful consideration all of the data
11 is distressing. Filing of any SEC is a
12 formidable undertaking. The SEC process is
13 overwhelming. We've been working on this for
14 years.

15 The final minutes of the March Hanford worker
16 outreach meeting were not available for use at
17 the June meeting. In fact, they were not
18 posted until July 12th, 2007. At the June
19 meeting Dr. Glover excused this as a funding
20 problem. Frankly, funding management does not
21 relieve NIOSH or OCAS of its responsibility for
22 timely posting of information.

23 It is my hope and my sister's hope that NIOSH
24 will speed up and improve communications, but
25 take care to fully explore all data when

1 considering EEOICP claims and the SEC petition.
2 A child growing up in Richland was a unique
3 experience, and we're going to speak to this.
4 We had to bring home a waiver from school that
5 said our parents knew we were drinking milk at
6 school from cows that had eaten grass
7 contaminated with iodine-131. This was not all
8 over the United States. This was unique to
9 this area. Parents told stories about being
10 exposed. This was a frightening experience for
11 a child. There were stories of houses being
12 closed, furniture being removed, even the
13 floorboards at times were removed due to
14 contamination. Fathers came home in different
15 clothes than they went to work in due to
16 contamination. We came home from school. Dad
17 was already home because he had been
18 overexposed. This also was very frightening to
19 a child. Lots of dads died, devastating
20 families. These men did not know they were
21 giving their lives.

22 **MS. HOYT:** This is a very emotional issue. The
23 news media has immortalized the greatest
24 generation. They got the job done, did what
25 was necessary to win the war, went to work when

1 sick to get the job done, falsified their
2 records to keep on working. This greatest
3 generation now has many faces in the EEOICP and
4 the SEC petition process. Not approving this
5 SEC would be a great disservice to them and to
6 the families they left behind. Thank you for
7 your time.

8 **DR. ZIEMER:** Thank you very much, Mary Ann and
9 Rosemary. Next we'll hear from Dan McKeel.
10 Dan is actually here representing not Hanford
11 but a different group. And Dan, I would
12 preface your remarks by saying that we have
13 received -- I think it's been distributed to
14 all the Board members -- the -- your detailed
15 critique of the GSI Appendix B document --

16 **DR. MCKEEL:** Right.

17 **DR. ZIEMER:** -- that you asked --

18 **DR. MCKEEL:** Good.

19 **DR. ZIEMER:** -- Board members have received
20 this. It will also go on the web site so that
21 it is --

22 **DR. MCKEEL:** Thank you.

23 **DR. ZIEMER:** -- generally available.

24 **DR. MCKEEL:** Thank you, sir. I just did --
25 wanted to say a couple of sentences about that

1 document right now. The Appendix B-B for TBD-
2 6000 was released on the 25th of June, and we
3 feel it was a very flawed and scientifically
4 weak document. Our group, the Southern
5 Illinois Nuclear Workers, has asked that the
6 Board task SC&A to please review this report.
7 John Ramspott and I have written detailed
8 critiques to Mr. Elliott from OCAS, and we're
9 happy that they will be recorded as both pub--
10 public comments and as documents on the public
11 document, specifically about this particular
12 appendix.

13 I just wanted to highlight for the Board before
14 you've read it that one of our main concerns in
15 this document is that five of six unique source
16 terms are completely omitted, and there's no
17 calculation of Betatron neutron doses, as just
18 examples of some of the major flaws we think
19 there are in that document.

20 Most of what I'd like to talk to you tonight
21 about is my experience as the SEC petitioner
22 for the Dow Madison site and as a preface to
23 tomorrow's session on agency updates on the Dow
24 Chemical Company. I want to thank Dr. Ziemer
25 in particular, who kindly allowed me to have

1 input into both drafts of the letter he and the
2 Board forwarded to Secretary Mike Leavitt of
3 HHS on May the 24th, and this letter was
4 concerning the passage of Dr. Melius's motion
5 to explore the 1961 to 1988 residual period
6 that the Board passed unanimously at the Denver
7 -- first Denver meeting.

8 I then received a letter from Peter Turcic of
9 Department of Labor dated 5/22/07, so two days
10 before Dr. Ziemer wrote his letter and sent it,
11 and Mr. Turcic's letter was responding to a
12 letter I had sent him on March the 27th in
13 which I asked him to invoke the subpoena power
14 of -- of Section 73.84(w) of the Act to obtain
15 records that substantiated that some of the Dow
16 Madison thorium activities were related to the
17 AEC work done there. Mr. Turcic declined to
18 submit that subpoena in his letter. But in
19 addition, he provided reasons why Labor would
20 not change the coverage period for Dow Madison,
21 and he said, quote, that no legible document
22 supported this, end quote. Mr. Turcic did not
23 say he had reviewed my May 4th Board
24 presentation, including the specific
25 Mallinckrodt AEC purchase order to Dow Madison

1 to buy magnesium alloy 21-A. There was a very
2 specific document labeled TDCC316.

3 I interpreted those letters and numbers to
4 refer to magnesium-thorium alloy HM-21, a
5 mainline Dow product. Mr. Turcic's letter did
6 not say that Department of Labor had weighed
7 worker testimony that Dow Madison shipped
8 thorium alloy, not only to Rocky Flats but also
9 to Oak Ridge and Los Alamos, that were in
10 addition to Mallinckrodt.

11 I now know from today's testimony that Mr.
12 Elliott had sent Department of Labor a -- a May
13 8th e-mail that may have prompted that last
14 part of Mr. Turcic's letter. I just found out
15 about that today.

16 The letter that Dr. Ziemer wrote to HHS on May
17 24th suggested that the HHS Secretary contact
18 the Secretaries of Labor and Department of
19 Energy to examine the facility description and
20 coverage period for Dow Madison for 1961 to
21 1988, so an extension of the SEC that was voted
22 on from '57 to '60. This was asked in light of
23 new information that I had presented to the
24 Board on May 4th in Denver.

25 Dr. Ziemer's May 24th letter also tasked both

1 NIOSH and SC&A to analyze the feasibility of
2 reconstructing thorium doses during 1961 to
3 1988 -- 1998, and report back to the Board,
4 quote, at its next meeting, end quote. No
5 reports by either agency were given at the June
6 Board meeting, which was the next meeting.
7 SINuW helped SC&A and Mr. Phillips of that
8 organization conduct a very successful fourth
9 Dow worker meeting in East Alton, Illinois on
10 the 20th of June. Simmons Cooper, who's
11 working with us at no charge, again paid for a
12 court report when SC&A was unable to do so.
13 Grady Calhoun from OCAS attended part of that
14 meeting. SC&I -- SC&A declined to seek entry
15 into the Madison site the next day. Mr.
16 Phillips had expressed interest to me in seeing
17 the plant and in reviewing archived records we
18 believe reside there that are highly relevant
19 to establishing links to AEC activities related
20 to thorium shipments.
21 Anyway, we sent the verbatim transcript of the
22 6/20 SC&A outreach meeting to all parties a
23 week ago.
24 Then on July the 6th Robert Stephan of Senator
25 Obama's office forwarded me a letter dated May

1 23rd, 2007 from Pat Worthington of Department
2 of Energy, which was addressed to Larry Elliott
3 and responded to two questions that his deputy,
4 Dave Sundin, had asked her in a -- in a e-mail
5 dated 5/8/07. I communicated orally and in
6 writing to Regina Kano* and Pat Worthington of
7 DOE my concerns that the May 23rd letter
8 contained inaccuracies that needed to be
9 corrected with respect to the first question
10 that Mr. Sundin had posed, and that was about
11 whether the purchase orders were -- were
12 legible. Specifically, I was concerned that
13 the specific purchase order of interest DOW
14 TDC316 may not have been examined closely since
15 it was not commented upon by Ms. Worthington in
16 her brief responses. I learned at that time
17 that Roger Anders, a historian for the
18 Department of Energy, had had major input into
19 the Worthington letter before he retired from
20 DOE on June the 1st.

21 I also objected to the fact that -- that
22 neither DOE nor OCAS had copied the 5/23 letter
23 to me as a petitioner that -- that was sent six
24 weeks earlier. So far I've not gotten a direct
25 response from Ms. Worthington about my -- my

1 concerns.

2 Then last week I learned that the Dow SEC was
3 not on the agenda for this meeting. In
4 pursuing that I learned from Regina Kano that
5 no letter had been received by her agency from
6 HHS more than six weeks after the May 24th
7 letter from Dr. Ziemer and the Board had been
8 sent to HHS. I was very surprised, to say the
9 least, and I still am.

10 Finally, I was unable to learn from Dr. Wade or
11 Dr. Ziemer whether either NIOSH or SC&A were
12 going to present written reports to the Board
13 on the thorium issue at this second meeting
14 follow-- following the 5/24 Board letter to HHS
15 with its mandate to report at the next Board
16 meeting. John Mauro, on May 4th, had presented
17 excerpts from a draft report to the Board that
18 has not been released, to my knowledge. I have
19 not gotten any reports or feedback on any Dow
20 SEC-79 activities from either NIOSH or SC&A
21 from May 4th until now, apart from the June
22 20th worker meeting held for the benefit of
23 SC&A and -- and NIOSH by us at Simmons Cooper.
24 In summary, I am very concerned that NIOSH,
25 Department of Energy, Department of Labor and

1 SC&A have not kept me properly updated on
2 progress with the analysis of the Dow SEC
3 extension to cover the residual period from '61
4 to 1998. This coverage of the Dow residual
5 contamination period under an SEC is analogous
6 to today's consideration of the second Ames SEC
7 petition. I believe that getting a legal
8 opinion from HHS about this Dow matter is
9 paramount. It is still my view the Board has
10 the authority to recommend an extension of the
11 SEC-79 class to 1961-1998, even without getting
12 this legal opinion first, and I would simply
13 submit that this is supported by the -- today's
14 favorable Ames SEC deci-- decision.

15 So I thank you for letting me address you. I
16 look forward to the session on Dow tomorrow
17 morning.

18 **DR. ZIEMER:** Thank you, Dr. McKeel, and I -- I
19 would note that we will have an opportunity I
20 believe on the morning's schedule to discuss
21 Dow relative to --

22 **UNIDENTIFIED:** (Off microphone)
23 (Unintelligible)

24 **DR. ZIEMER:** -- 11:30. We had to change the
25 time there becau-- but DOE will be available,

1 at least by phone, and we can try to address
2 some of those issues and clarify where the
3 agencies are on those issues. Thank you very
4 much.

5 One of Dan's colleagues, John Ramspott, was
6 hoping to be with us by phone. I want to see
7 if John is on the phone.

8 **MR. RAMSPOTT:** Sure, can you hear me?

9 **DR. ZIEMER:** Yes, can you --

10 **MR. RAMSPOTT:** (Broken transmission) had a
11 little (broken transmission) so we still have a
12 little bit of phone (broken transmission) but
13 much better.

14 **DR. ZIEMER:** John, let me tell you also that
15 your material that you sent to NIOSH, which is
16 an extensive -- again, your -- I think it's
17 your analysis of the Appendix B -- has been
18 received by the Board and the Board members do
19 have copies of that as well and that will be
20 also posted on the web site. So we'd be
21 pleased to hear your comments.

22 **MR. RAMSPOTT:** Fantastic, thank you. Again, my
23 name is John Ramspott. I am assisting and
24 representing a number of workers from General
25 Steel Industries in Granite City, Illinois. My

1 involvement was brought to light because my
2 father-in-law worked at General Steel
3 Industries for 35 years, died of leukemia and
4 various other cancers, so thus my involvement.
5 The purpose of my (broken transmission) tonight
6 (broken transmission) are to acknowledge and
7 share with everyone that we did have an
8 Appendix (broken transmission) posted on the
9 OCAS web site (broken transmission) General
10 Steel Industries (broken transmission) that's
11 normally a very good thing, but in this case
12 it's quite lack(broken transmission) in
13 information and hopefully with the
14 correspondence that I sent will be a little
15 (broken transmission) with NIOSH and of course
16 we're going to ask Board to be aware of what is
17 taking place with this Appendix. We think
18 (broken transmission) extremely important
19 because listening (broken transmission) the
20 meeting (broken transmission) it is quite clear
21 that other (broken transmission) do impact
22 (broken transmission) site (broken
23 transmission) you go down the road. So to have
24 a flawed appendix involving a unique (broken
25 transmission) device or procedure (broken

1 transmission) one (broken transmission) or one
2 site (broken transmission) definitely cause
3 problems for others (broken transmission) the
4 road.

5 This document, the Appendix (broken
6 transmission), is extremely lacking in accuracy
7 (broken transmission) many of the facts, all of
8 which have been (broken transmission) NIOSH
9 numerous others over the past two years. My
10 concerns are shared by very many of the former
11 workers and site experts (broken transmission)
12 have also reviewed and seen this report. Most
13 of them attended the NIOSH outreach meeting
14 which was held and actually described as one of
15 the best that had ever taken place. Of course
16 these workers now are wondering why was all
17 that good information essentially (broken
18 transmission) regard and there (broken
19 transmission) in this docu(broken transmission)
20 Ramspott reply, about 24 pages, is an honest,
21 accurate critique of items we feel are flawed
22 or possibly even missing completely.
23 Now I did receive an e-mail acknowledgement
24 from Mr. Elliott of NIOSH indicating that a
25 reply would be forthcoming. We appreciate the

1 fact that (broken transmission) rapid response
2 (broken transmission) seemed sincere, so
3 (broken transmission) going to be able to
4 (broken transmission) this.

5 We're also requesting, as Dr. McKeel had
6 indicated earlier, that the Board please
7 consider including SC&A in the review of the
8 Appendix. We know they have the specialty
9 capability of analyzing. We've seen that in
10 the past. And some of the particular areas
11 that we're going to ask special attention be
12 paid is the inaccurate information included in
13 the section regarding activation of uranium and
14 other alloys while using a Betatron particle
15 accelerator. The Appendix and (broken
16 transmission) anyone on the Board and anyone
17 else that's interested please take a look at
18 that, you'll see an oversimplification in those
19 sections, in my opinion, and that truly -- in
20 my opinion and, I'm sure, others -- is lacking
21 in scientific quality. This one-size-fits-all
22 narrow analysis is appalling. We have provided
23 scientific data to NIOSH. Our (broken
24 transmission) collection scientific articles
25 actually including a physicist who has assisted

1 us and (broken transmission) noted in this
2 Appendix not even mentioned. We believe an
3 independent review is the only way we can get
4 an accurate accounting. Workers have always
5 been suspect of some of the dealings and now
6 they actually feel betrayed by the system, and
7 that's a shame. That -- that's not how this
8 (broken transmission) is also underway all of a
9 sudden a rush to do GSI dose reconstructions
10 using this flawed information as a scientific
11 basis upon which to perform dose
12 reconstruction. I mean I personally think
13 that's ridiculous 'cause why go ahead with bad
14 and incomplete data to do dose reconstructions.
15 And I did send an e-mail before my formal
16 critique, which Mr. Elliott was kind enough to
17 reply to and, you know, I'm definitely going to
18 follow through on that because it appears
19 there's already a conclusion that's been made
20 that (broken transmission) part of the
21 correspondence said this would be (broken
22 transmission) I guess this is supposed to be a
23 good time because it's going to be the
24 claimant's first opportunity to file an appeal.
25 So (broken transmission) have to file an appeal

1 (broken transmission) this (broken
2 transmission) more sense to do it right the
3 first time.

4 So should the workers be happy about this
5 poorly-done appendix? I doubt it. And I don't
6 think they really want their first opportunity
7 to appeal (broken transmission) and in this
8 tight money time and economic times that we've
9 heard about, it seems to me like it'd also be
10 quite a waste of money to do dose reconduc-- or
11 do dose reconstructions in a hurry and then
12 redo them. Seems to me it'd make more sense to
13 stop the dose reconstructions (broken
14 transmission) seem to be in a hurry now for a
15 reasonable time, 30 to 60 days, whatever seems
16 reasonable, to review the Appendix with the
17 help of SC&A, with the help of ourselves --
18 we've always offered to help, put our heads
19 together and come up with the right answer on
20 this.

21 So those are a few (broken transmission)
22 thoughts that I wanted to share because, you
23 know, this fast approach reminds me of the
24 movie "Titanic", full speed ahead, and if we
25 hit an iceberg we're going to have another

1 disaster. Why do that? Why not do it right
2 the first time.

3 So I appreciate your time (broken transmission)
4 and my concern really is that this could affect
5 not just GSI workers but we know there are a
6 lot of these other devices out there and other
7 sites and to have that set as a precedent just
8 seems like a really, really bad thing (broken
9 transmission) to do. Actually we heard some
10 discussion about that type of thing today,
11 using other site information.

12 So I appreciate your time and I've tried to
13 watch my time. Thank you very much.

14 **DR. ZIEMER:** Okay. Thank you very much, John.
15 Next we'll hear from Faye -- is it Vliegen --
16 Vliegen?

17 **MS. VLIIEGER:** (Off microphone) (Unintelligible)

18 **DR. ZIEMER:** Thank you.

19 **MS. VLIIEGER:** (Off microphone) First of all,
20 let me thank (unintelligible) for
21 (unintelligible) (on microphone) about this.
22 I'm a former Hanford worker and I have been
23 helping with some posthumous claims. I don't
24 have a radiation claim myself. However, my
25 experience with the Hanford site started with

1 my work there in 2001. After my injury I
2 became well-acquainted with their methods for
3 not revealing documents.

4 In my work in helping claimants -- we just get
5 together and we talk and we try to get the
6 records together -- I have found the same
7 reticence from history, starting with the
8 Atomic Energy Commission, which -- rightly so,
9 it was a war time -- kept classified material.
10 As a former military person I understand that
11 need. That time has passed.

12 My records reviews have proven that the
13 documents are not kept by personnel name, so
14 when you ask for them by name that's not how
15 they're kept. Even today accident records are
16 coded without personnel name. So when the
17 Department of Labor makes a good-faith effort
18 to get them, they're not accessible. You have
19 to learn the code words and the secret words
20 and the -- the systems that they put the files
21 under. Being a former military person, they
22 taught me that well.

23 What I have found: The records are there, if
24 you look by facility type, by program type, by
25 contract numbers -- which are obscure, so you

1 have to pull a thread from a side and work in.
2 Then when you do find records, you're going to
3 find that many of them are missing. People
4 were issued dosimeters (sic), but the records
5 for their exposure may not be there because it
6 was particularly frightening. In my own
7 experience as an employee out there I had full
8 run of the tank farms and I had a dosimeter and
9 it was collected twice in two and a half years.
10 So we know how accurate that would be, just as
11 somebody who's supposed to be only an
12 administrative type.

13 In looking at the declassified document site
14 for Hanford just this evening before I came, I
15 found an amazing amount of information -- not
16 listed by any program, just records. I know
17 y'all don't have them. I know you weren't
18 given them, and the Department of Labor has the
19 subpoena power to get those records.

20 As an employee, when I make the request for
21 records there is a cursory search done -- by
22 name and Social Security number -- of records
23 which are not by name and Social Security
24 number. And then if you go back and say well,
25 what about the records for this facility? You

1 get a polite letter that says you're going to
2 have to pay for it. If you want more records,
3 you will pay in advance, thank you very much.
4 And that's usually where it stops, 'cause most
5 people can't afford \$35 to \$70 an hour for a
6 records research that probably is going to be
7 fruitless again.

8 So why am I here? As a former military person
9 and government employee, I am appalled that
10 this is continuing. As a military person, we
11 had a term for intentionally hiding documents
12 and lying, and it was called "you'll be
13 lunching at Leavenworth on a permanent basis."
14 There is no way to explain how important this
15 is to people.

16 On a posthumous basis in trying to get these
17 records together, you don't have the ability to
18 say where did you work, where did you have
19 access, did you have any events that we should
20 look for. So in denying that something existed
21 and therefore making an assumption with -- as I
22 was here earlier in your discussions --
23 surrogate data, or assuming that this is close
24 enough for government work, you're doing a
25 disservice to the people.

1 Now I'm a current employee and I didn't have
2 some of the bad experiences that the people did
3 starting at the site. But I can tell you that
4 the institutionalized stonewalling goes on, and
5 I will just give you one small taste of what's
6 going on.

7 I have a partially-settled claim against the
8 site in January for my injury. Somehow I was
9 exposed to phosgene inside a building that was
10 not a process building. That claim has been
11 substantiated. I have permanent damage. I am
12 not able to work. However, when I went to DOE
13 FOIA office this spring trying to do my EEOICPA
14 claim, the letter I got back -- not once, but
15 twice -- was we have no record that you were
16 ever injured on the site. But no less than
17 four attorneys were involved, including DOE's
18 attorney. All of my previous managers, all of
19 the managers at DOE locally, DOE headquarters
20 was made aware of my claim against them, as
21 well as their attorney for their local
22 administration of self-insurance.

23 Please don't be fooled or lulled into some
24 false sense of security that you're being told
25 the truth because there are many of us who can

1 tell you that, according to them, we were never
2 injured.

3 **DR. ZIEMER:** Thank you, Faye. Roberta
4 Montgomery -- Roberta?

5 **MS. MONTGOMERY:** I'm going to have her read
6 this for me and --

7 **DR. ZIEMER:** Okay, we'll --

8 **MS. MONTGOMERY:** -- then I'll (unintelligible).

9 **DR. ZIEMER:** -- we'll get the mike to you there
10 or -- there you go.

11 Okay, reading on behalf of Roberta.

12 **UNIDENTIFIED:** On behalf of Roberta, yeah.
13 Roberta's somebody I advocate for, so she wants
14 to make a public comment.

15 **DR. ZIEMER:** And can you give us your name, as
16 well, so we can show that?

17 **MS. OGLESBEE:** Okay, it's Gai Oglesbee again.
18 I gave comment last night --

19 **DR. ZIEMER:** Yes.

20 **MS. OGLESBEE:** -- our Special Exposure Cohort,
21 which Roberta's part of. She has signed onto
22 it, long ago, so...

23 **DR. ZIEMER:** Thank you.

24 **MS. OGLESBEE:** Okay. She's got all her
25 information here so we'll just give you a copy

1 of this afterwards.

2 (Reading) Thank you for listening to and
3 accepting my public comment. I am the daughter
4 of a deceased Hanford worker, [Name Redacted].
5 My dad worked at Hanford since 1951 until he
6 retired in the 1970s. My father was a brave
7 and dedicated man who suffered more than I will
8 ever fully understand. His character caused
9 him to be a person who tried to get along with
10 all people and to be congenial.

11 I was diagnosed with MS years ago and was
12 finally confined to a wheelchair. I have
13 struggled with the health effects caused by my
14 thyroid disease and other relevant toxic
15 exposure elements for years. I am classified
16 as a downwinder. I believe my father brought
17 the contamination home and harmed me and my
18 family members. I am apprised of the health
19 effects caused by the "Sea of Green" Hanford
20 pollution. One of my brothers has been
21 diagnosed with terminal cancer. My brothers
22 and I were adopted by these fine people that
23 were my parents in every way that counts for
24 all of my life.

25 With that said, after several attempts to

1 clarify my defendant position -- or no, my
2 dependent position regarding my father's
3 support in order for me to survive, the
4 Department of Labor finally agreed to
5 officially classify me as being a dependent
6 survivor. I am aware of other adult survivors
7 who have been compensated by DOL who were not
8 dependent on their worker father or mother at
9 when -- when they died. After I was there to
10 observed (sic) my father's and my mother's
11 painful deaths that caused much suffering.
12 After years of processing through the various
13 phases of this bad and unenforceable EEOICP, I
14 realized that I am more than deserving and
15 entitled to present evidence of my father's
16 pain and suffering that was caused by his
17 nuclear facility workplace toxic exposure and
18 his management's tormenting ways and means that
19 were intimidating and harmful.

20 I have never received any dose reconstruction
21 papers from Health and Human Services. The DOL
22 Seattle District Office agents were directed to
23 reassemble my complaint package that they had
24 rendered chaotic and unidentifiable. But even
25 though I was told the claims package was

1 getting escalated to the next phase, dose
2 reconstruction, I never -- I've never heard
3 from the NIOSH agents. Dose reconstruction has
4 never occurred. Today I have not been apprised
5 of the accurate status of my Part B and D aka E
6 claims.

7 It is well documated -- documented that my
8 EEOICP claims have been rejected and reinstated
9 several times. My claims re still active right
10 now. I like many others -- I, like many
11 others, are waiting and waiting and waiting for
12 a final decision. Many of us have decided to
13 exhaust all possibilities having to do with the
14 various phases of the EEOICP. However, it is
15 becoming increasingly obvious that the EEOICP
16 is dysfunctional.

17 My claims files have processed through many so-
18 called case examiners, who frankly demonstrate
19 that they don't have any knowledge of the
20 evidence before them. In my case, the case
21 examiners express that they have little to no
22 knowledge of the -- of my supporting evidence.
23 All case examiners have proven to me and my
24 family that they are especially unqualified to
25 assess medical evidence. One of the most

1 revealing aspects that came to my attention in
2 2001 was a case -- local -- was a local case
3 examiner's statement made to me, "What is a
4 Hanford?" This exclamation -- exclamation was
5 witnessed. Another statement made to me by one
6 of the examiners when my father's accumulative
7 dose was being discussed was, "Why, that would
8 kill a man." The dose did kill a man; it
9 killed my father.

10 My father's dosimetry records clearly
11 designated that he took a 30,072 millirem dose
12 since about 1954 or 1953. I am informed this
13 amount is compensable if I decide to file a
14 federal court action. One of his peer group
15 function managers' death certificate designates
16 that the manager died from his acute radiation
17 exposure, or excess body radiation. The
18 manager's body was covered with radiation burns
19 that were first discovered during a company
20 doctor's ex-- examining -- company doctor, who
21 was Dr. Fuquay. Keep in mind that the
22 Department of Energy's and company doctor, Dr.
23 Fuquay's name is important because his name
24 appears on other Hanford victims' medical
25 records and my father's medical records as the

1 person in charge. The correlating dates of
2 this matter-of-fact evidence is very important.
3 During the same time frame, my father and other
4 witnesses I have discovered had burns on their
5 bodies, too.

6 My father should be declared a Special Exposure
7 Cohort because his dosimetry about three years
8 of -- about three years of missing data that
9 would definitely increase the official dose
10 measurements that were recorded. Just like my
11 father's coworkers and the function manager's
12 demise, the missing dosimetry readings are
13 during this same time frame from 1951 to about
14 1954. There is no apparent way I -- I have
15 found to discover -- to recover the missing
16 dosimetry. And who among us would ever know
17 for sure if the dosimetry is accurate or not
18 accurate?

19 In my father's case, the personnel records
20 reveal that he was tormented by his management
21 and certain company psychologists when my
22 father dared to come forward to disclose his
23 medical complaints. That is a very painful,
24 emotional and alarming reality for me to
25 contend with. We know that the historical

1 records are falsified. And after close
2 examination of my father's records, I have come
3 to the conclusion that my father's signature
4 was forged on certain company medical release
5 forms other. Upon review, the questionable
6 signatures seem to be reason -- resemble his
7 manager's signatures.

8 For instance, one of the medical records
9 indicate that my father allegedly lit a match
10 over an alcohol bottle that -- excuse me --
11 that blew up and burnt him while he was being
12 examined by a company doctor, which is absurd.
13 My father was never diagnosed with encephalitis
14 that was constantly being perpetrated by the
15 company physicians. The company doctor's bogus
16 diagnosis was intended to explain why my father
17 was a troubled man with psychological problems.
18 I have expert witness that will affirm that the
19 encephalitis company diagnosis is a bogus
20 claim. After review of certain Department of
21 Energy released personnel records held by my
22 father, I knew then and there that I would do
23 what I can to clarify this harrowing problem.
24 The company's doctors -- the company doctor's
25 diagnosis are contrary to my father's personal

1 physicians' diagnosis and prognosis.
2 My father was a decent, fine man who once
3 studied to be a Catholic priest. His personal
4 -- personnel records and Hanford media coverage
5 reveal that he often received safety and
6 humanity awards. He was a very dedicated man
7 and a good provider who took good care of me
8 and my needs, especially my medical needs.
9 The controversy I am having with the Department
10 of Labor regarding my claims is that they
11 continue to designate that my records are
12 incomplete, have gaps in them and thus are not
13 worthy. The many DOL allegations are not
14 relevant to my family and I be-- and I because
15 we have written many affidas-- affidavits that
16 pertain to the gaps in the records. Those
17 affidavits are not considered by the DOL
18 assessors. There aren't actually any gaps in
19 the records because my father's deceased
20 personnel (sic) physicians thoroughly explained
21 what they were doing about the prostate cancer
22 and leukemia issues, as well as other relevant
23 diseases.
24 For instance, my father's prostate cancer began
25 to be diagnosed because his rising PSA levels

1 needed to be carefully monitored. My father
2 and my stepmother [Name Redacted] decided to
3 simply monitor the progression because my
4 father's other life-threatening ailments were
5 priority concerns. The deceased physician
6 treating the prostate cancer agreed and
7 indicated that he would let my father know when
8 he believed it was time to perform the
9 necessary surgery. Prostate surgery was
10 eventually performed. The ever-changing DOL
11 case examiners continuously fail to review the
12 evidence in detail. Is the -- let's see -- if
13 the problem with the DOL agents was not such a
14 dire circumstance, the whole affair would be
15 laughable. How did it come to be that
16 unqualified government agents are so lax in
17 presenting a believable accountability?
18 After careful review and re-review of my
19 father's historical record, it is easy to
20 detect relevant exposure and reta-- and rad--
21 and retaliation information that caused his
22 medical problems and emotional state. It is
23 conclusive that exposure to radiation and other
24 toxic elements at Hanford -- Hanford's
25 workplace caused his deteriorating health.

1 For instance, certain Hanford exposure
2 incidents caused the Hanford security to hunt
3 him down when he left the site because he was
4 contaminated. The guards would escort him back
5 to the site to decon-- decontaminate him.
6 Sorry. They burned his street clothes and
7 would send him home in a company-furnished
8 coveralls which were likely contaminated, also.
9 I remember that my mother would be upset
10 because the Hanford administration refused to
11 reimburse the cost of the street clothes they
12 had destroyed. And my mom washed the
13 contaminated clothes that he wore and brought
14 home to decontamin-- to -- brought home to
15 contaminate us. I am aware of other witnesses
16 who have already submitted sworn statements
17 that verify the same.
18 I am one of the SEC petitioners that is
19 recorded on Gai Oglesbee's September 2002
20 Hanford petitions. I have reason to believe
21 that I am or should be included on the two --
22 two sisters, Mary Ann Corsi-- si-- Corsico
23 (sic) and three other petitions.
24 The EEOIC has proven to be a bad and
25 unenforceable law because too many mistakes and

1 poor judgment are involved. I don't know at
2 this point in time if the EEOICPA stipulations
3 would ever be reformed enough or in time to aid
4 the thousands of workers whose claims have been
5 denied. It seems to me that the whole thing is
6 in limbo until such time in the future when the
7 members of Congress decide to act in a non-
8 partisan manner to reform the bad and
9 unenforceable EEOIC law. It seems that too
10 many of the members of Congress believe
11 establishing a SEC status is the only option.
12 The DOL and HHS need to be ousted from the
13 process. This is similar to the reasons for
14 the members of Congress to get rid of the DOE's
15 interference in October 2004. Roberta
16 Montgomery.

17 And she would like to say a few things on her
18 own. Go ahead.

19 **MS. MONTGOMERY:** Well --

20 **MS. OGLESBEE:** You've been wanting to do this
21 (unintelligible) --

22 **MS. MONTGOMERY:** Well, no, actually I -- I
23 don't -- I'm not a good orator.

24 **MS. OGLESBEE:** Go on over there and talk.

25 **MS. MONTGOMERY:** No, I don't -- no, nothing

1 else.

2 **DR. ZIEMER:** Thank you very much, Roberta. You
3 can add to that if you wish.

4 **MS. MONTGOMERY:** Okay. Well, I just feel that
5 --

6 **DR. ZIEMER:** You actually have about two
7 minutes left on your time.

8 **MS. MONTGOMERY:** Okay, well, I could say two
9 minutes -- I just feel this -- that this whole
10 thing that has started has -- has gone wrong
11 and basically every -- the people that you are
12 hiring to do the -- check these out, the
13 adjudicators, they're -- they're -- they --
14 they don't know what they're talking about and
15 you -- you talk to them and they say they're
16 going to do this, and they don't do it. And if
17 they're doing that with me, I'm sure they're
18 doing it with a lot of other people, also, and
19 I think that that needs to be looked at because
20 I -- it -- and I feel that the funding -- that
21 it -- they're misappropriating money all over.
22 They're putting it in the wrong places and we
23 should be taken care of, the people in our
24 country, and not sending money aboard (sic). I
25 get real aggravated about that because they --

1 they worked here and they -- these men and
2 women deserve to -- to be taken care of. And
3 it just infuriates me that I -- the money
4 that's supposed to be appropriated for them --
5 they don't get it because it's -- the powers
6 that be have other things for it, and I
7 shouldn't get into that 'cause I get real
8 aggravated about that. But like I said, I --
9 my -- my dad -- and if you want to get into
10 records and all, they -- they -- they lied
11 about a lot of things in there. When I went
12 through this it was like going through a puzzle
13 and putting everything together, they -- oh,
14 that's -- oh, now I know why this happened or
15 that happened. You -- you can't trust any of
16 those things that -- you -- it's -- I -- I just
17 think it's frustrating for everybody and I feel
18 bad for the whole -- all of them. And I think
19 they need to get a Board that isn't -- isn't --
20 the President hasn't picked out. I think it
21 should be a non-- non-partisan that pick you
22 out because -- anyway --

23 **DR. ZIEMER:** Okay.

24 **MS. MONTGOMERY:** -- that's enough. I get
25 (unintelligible).

1 **DR. ZIEMER:** I don't think this Board is chosen
2 based on our politics --

3 **MS. MONTGOMERY:** Oh, well --

4 **DR. ZIEMER:** -- by the way.

5 **MS. MONTGOMERY:** Well, that's good.

6 **DR. ZIEMER:** We hope that's not the case.

7 Okay, let's hear now from Pete Marsh.

8 **MR. MARSH:** Thank you very much for allowing me
9 to talk tonight. My name is Pete Marsh. I
10 represent the Central Washington Building
11 Trades Council. I'm also the business manager
12 of IBEW Local 112. We estimate that more than
13 100 con-- 100,000 construction and
14 subcontractors have worked at Hanford. That's
15 a lot of workers.

16 These comments apply specifically to
17 construction trades claimants only. We want to
18 be on the record as saying the dose
19 reconstruction process is flawed and it's not
20 working for the thousands of subcontractor
21 workers who worked at Hanford. We've told you
22 this before.

23 I wish I could say that we have no stake or
24 interest in this program because then we could
25 wash our hands of it, but that's not true. A

1 large number of the claimants are either
2 building trades members or their survivors, and
3 they've not been treated fairly. For those
4 construction worker claimants that NIOSH has
5 completed dose reconstruction, from which I can
6 tell are a small minority, it has done so
7 without a valid scientific basis and these
8 claimants can have no confidence in the
9 findings. How do you expect workers or
10 survivors to accept results when there aren't
11 any records, or the workers simply were not
12 even monitored?

13 We are happy to hear about the possibility for
14 the Hanford SEC, but we're dismayed that the
15 first SEC only covered 1944 to 1946. You need
16 to act on the rest of the SEC and approve the
17 covered times from 1942 all the way to 1990.
18 We hear from our members regularly, or their
19 survivors who are having a very difficult time
20 getting through this complex system, that this
21 SEC would help a lot of the eligible workers.
22 It never ceases to amaze me when I hear about
23 this program and how claimant favorable it is.
24 Maybe we should have some of these workers or
25 survivors call you directly.

1 Thousands of construction worker claims are
2 being denied justice and the entitlement to
3 timely resolution because of the dose
4 reconstruction process. It had done so because
5 it is hell-bent on pursuing a scientific model
6 that is virtually impossible to apply to
7 construction workers, and you know this is
8 true.

9 We urge the Board to move forward on the
10 Hanford SEC and to include all years. Enough
11 is enough, and these workers and their
12 survivors deserve better from our government
13 because of what they gave to the government.
14 They are ordinary people that were put in
15 extraordinary circumstances.

16 NIOSH has had seven years to figure this out,
17 and hasn't done it. Claimants not only
18 deserve, but are entitled to better treatment
19 than this. Thank you.

20 **DR. ZIEMER:** Thank you, Pete. Next we'll hear
21 from Richard Barker.

22 **MR. BARKER:** I appealed to NIOSH to produce a
23 dose reconstruction, which they did, and the
24 information they gave me back -- they gave me a
25 number for whole body exposure and I submitted

1 my claim based on those numbers. They came
2 back and apparently they took a whole body
3 exposure and smeared or averaged that over a
4 35-year working career. It doesn't take a
5 rocket scientist to understand if you take a
6 number and divide it by infinity, the result is
7 going to be small. But their analysis was
8 badly flawed.

9 The whole body exposure that I received
10 occurred over a two and a half year period when
11 I worked at N reactor. I worked in a group
12 called reactor core surveillance where we
13 examined the tubes from a position at the front
14 or rear elevators, examined the ball channels
15 from the top of the unit, and examined the
16 control rods from the rod rooms on the right
17 and left side. The work was difficult, and it
18 took a lot of exposure.

19 But the reactor cycle -- we ran on about a six-
20 week cycle. There'd be five weeks of
21 production for producing plutonium, and then
22 there'd be a week left for maintenance and for
23 surveillance. Maintenance would come first.
24 There would be two or three days left to do the
25 surveillance, so the whole body exposure that I

1 incurred is compressed and intensified-- and
2 intensified over shorter and shorter periods of
3 time.

4 The NIOSH analysis doesn't recognize that, so
5 somehow NIOSH needs to be more astute in
6 performing their analysis of -- of the
7 biological effects. Thank you.

8 **DR. ZIEMER:** Thank you, Richard. Next on the
9 list I have Randall Gossin -- Gosin?

10 **MR. GOSSEEN:** Gosseen.

11 **DR. ZIEMER:** Gosseen, thank you.

12 **MR. GOSSEEN:** Mr. Chairman, ladies and
13 gentlemen of the Board, thank you for this
14 opportunity. My name is Randall R. Gosseen.
15 I'm a business (unintelligible) with Local 598
16 for the plumbers and steam fitters here in
17 Pasco. We cover 37,000 square miles of -- of
18 jurisdiction, Hanford being almost right in the
19 middle of it. We've been here since the '40s.
20 I represent a proud local union which has a
21 large number of its members employed -- or has
22 had -- at many Hanford sites. I support the
23 designated -- designation of Hanford as an SEC
24 site for production workers from '44 to '46. I
25 think that's great. However, I feel that it

1 falls far short of what's really needed here.
2 First of all, construction workers at Hanford
3 were exposed to the same hazards and at the
4 same places and sites as the production workers
5 were. I'd also like to include maintenance
6 workers, as well.

7 The walls of our hall are covered with names of
8 our deceased members. The lion's share of
9 those people, since the mid-'40s, have done a
10 lot of work out at Hanford. Still there's some
11 that are -- that can tell you about the things
12 that happened in the '40s. Five decades of
13 workers made a living at Hanford and served
14 their country while they did it. My father was
15 one of those steam fitters and at one time was
16 exposed to over 400 millirem in less than 15
17 seconds, and we have not been able to get those
18 records. They don't exist anymore.

19 Being affiliated with the construction workers,
20 I've heard many more stories like this, and
21 even worse than this. My point is that I'm
22 recom-- that I hope that you would recommend,
23 as soon as possible, that NIOSH be advised to
24 include all Hanford workers who were employed
25 there from 1942 to 1990 'cause I feel it's only

1 right and it's only fair. I'd like to thank
2 you for your time.

3 **DR. ZIEMER:** Thank you very much, Randall. Now
4 the next -- I'm having a little trouble, I'm
5 not sure if it's Chris or Christy Janos -- it
6 must be Chris, okay. Thank you. And I believe
7 we heard you -- from you yesterday. Welcome
8 back.

9 **MR. JANOS:** Right, I was -- I was here last
10 night --

11 **DR. ZIEMER:** Right.

12 **MR. JANOS:** -- as authorized representative for
13 my mom. I'm speaking for myself tonight.
14 [Name Redacted] was a reactor operator, as you
15 recall, and in 1948 he was diagnosed with
16 thyroid cancer after coming here in '43, and it
17 changed his life dramatically. If you know
18 what happens when you get your thyroid removed,
19 you know what happens to the person. They
20 change. They're not the same, ever again.
21 So the reason for my comment here -- it's
22 anecdotal. It has to do with ambient radiation
23 and I'd like the Board just to be mindful of
24 the role ambient radiation, especially
25 radioactive iodine, has on people when you

1 advise NIOSH because my impression is they're
2 ignoring it.

3 And I'm taking -- this is out of context, but
4 it's -- it's -- it's anecdotal and it's
5 analogous. My -- my comment is the
6 mismanagement of ambient radiation on the
7 Colorado plateau, which includes Utah and New
8 Mexico -- and you've probably been aware of
9 this, AEC mis-steps.

10 The following excerpt comes from the book
11 *Killing Our Own, the Disaster of America's*
12 *Experience With Atomic Radiation*, by Harvey
13 Wasserman and Norman Solomon. And the doctor
14 may know these guys.

15 The excerpt says this -- it has to do with
16 uranium tailings. Use of tailings as building
17 material was widespread throughout the '50s and
18 the '60s. Despite repeated warnings from the
19 independent experts, the AEC didn't care, and -
20 - that these tailings could cause harm to
21 people.

22 This carelessness has a direct cost. In Grand
23 Junction, Colorado more than 6,000 structures,
24 including schools, had known tailing deposits
25 in the building materials or the landfill under

1 the buildings. Streets and sidewalks across
2 the town were built with tailings -- 270,000
3 tons were used in Grand Junction, resulting in
4 dangerous radiation levels all over the place.
5 State and federal people tried to clean it up,
6 but it was too late for many people.
7 In 1978 the State of Colorado indicated the
8 cancer rates in Mesa County, where Grand
9 Junction is a major population center, showed
10 acute leukemia -- leukemia rate, twice the state
11 average. More women were suffering from the
12 disease than men, which indicates radiation
13 poisoning.
14 Now what comes from the uranium tailings, and
15 when you think about uranium dust and post-
16 processing, radon and gamma rays. My sources -
17 - the sources quoted in here come from [Name
18 Redacted], who studies radiation exposure, and
19 a Russian person, [Name Redacted], who
20 discovers-- discusses radiation poisoning.
21 Similar life-threatening conditions have been
22 observed in Durango, Colorado, mostly due to
23 radon poisoning, and in -- most especially bad
24 cases of tailing poisoning in Monticello, Utah,
25 not to mention the damages done to the Navajo

1 nation, on whose lands uranium tailings and
2 waste ponds still exist.

3 My conclusion: Ambient radiation from nuclear
4 fuel processing, uranium mining and milling,
5 maims and kills American citizens and Native
6 Americans. What more do the Department of
7 Labor, Secretary of Health and the Congress of
8 the United States need to know about the
9 probability of damage and risks to do the right
10 thing?

11 **DR. ZIEMER:** Thank you very much, Chris. I
12 want to check to see if Terrie Barrie's on the
13 phone -- Terrie's from the Denver area.
14 Terrie, are you there?

15 **MS. BARRIE:** Yes, I am, Doctor.

16 **DR. ZIEMER:** Thank you. We'd be pleased to
17 hear from you.

18 **MS. BARRIE:** Okay, thank you so much. Let me
19 just turn this fan down.

20 Good evening again and thank you so much, you
21 and Dr. Wade, for allowing me --

22 **DR. ZIEMER:** Terrie, can you speak a little
23 louder?

24 (NOTE: Electronic feedback occurring
25 throughout Ms. Barrie's presentation made

1 transcription difficult. A best effort
2 follows.)

3 **MS. BARRIE:** Sure. I -- I want to thank you
4 and Dr. Wade for allowing me to call in my
5 public comments tonight. Can you hear me okay?

6 **DR. ZIEMER:** Yeah, there's a bit of an echo.
7 You're not on a cell phone are you, by chance?

8 **MS. BARRIE:** No, I'm not.

9 **DR. ZIEMER:** Okay.

10 **MS. BARRIE:** Okay.

11 **DR. ZIEMER:** Okay, go ahead -- proceed.

12 **MS. BARRIE:** All right. My name is Terrie
13 Barrie and I'm with the Alliance of Nuclear
14 Worker Advocacy Group. Last week the CDC
15 issued the final rule (unintelligible) SEC
16 petition. I must admit, this issue slid under
17 the radar for me. I know the wheels of
18 government often move slowly, but three years
19 (unintelligible) seems a bit excessive. I was
20 happy to read (unintelligible) that the final
21 rule accepted the fact that Congress intended
22 NIOSH to issue the evaluation report within 180
23 days of the receipt of the petition. I thought
24 wow, we won one.

25 Then I read exceptions to the rule. Now mind

1 you, exceptions are fine. They give everyone a
2 fair shake. But there is one exception that
3 bothers me a bit. The rule states that if
4 NIOSH denies a petition because
5 (unintelligible) insufficient, the 180-day
6 clock doesn't start ticking while the
7 petitioner is revising the petition to remedy
8 any NIOSH-identified deficiencies.

9 Now this may be great for petitioners who may
10 not be well-versed in the documents that NIOSH
11 requires. It would be fair for both NIOSH and
12 the petitioners to start the legislative
13 deadline clock after the petitioners have the
14 opportunity to submit further documentation to
15 support the SEC petition. But I worry about
16 NIOSH abusing the rule in the similar
17 (unintelligible) they abused the law in the
18 Rocky Flats petition.

19 I read that NIOSH anticipates an additional 33
20 SEC petitions may be filed within the next five
21 years. Will NIOSH automatically deny petitions
22 just so they will have more time to provide
23 (unintelligible) evaluation report? The Rocky
24 Flats petition is a good example of this
25 possibility happening.

1 For those of you in the audience who don't know
2 this, Rocky Flats' petition was submitted
3 February in 2005 by the Steelworkers Local
4 8031. It was (unintelligible). NIOSH,
5 however, stated that they needed more
6 information and the Local ends up submitting
7 500 more pages of documents as evidence. NIOSH
8 did not qualify the petition until the end of
9 June 2005. I ask the Board to be vigilant with
10 any new petition, that they are not just
11 dismissed without justification.

12 At the May meeting in Denver many Board members
13 stated that their hands were tied by the law
14 when taking the position against Rocky Flats
15 becoming a member of the SEC petition for
16 (unintelligible) years of the petition. I and
17 many others felt that this was untrue. I think
18 what happened was that, after much legal
19 finagling, the agency found only
20 (unintelligible) that will allow a gross
21 miscarriage of justice done to the sick workers
22 of the Rocky Flats (unintelligible). And this
23 same injustice could just as likely be
24 perpetrated against Fernald and Hanford and any
25 other place that has or will apply for SEC

1 status.

2 The Board laid the blame at Congress's doorstep
3 for how the language of the law was written.

4 It's funny how the claimants and advocates of
5 (unintelligible) understood what Congress
6 wanted, but how is it that the federal agencies
7 did not. In fact, former Colorado Congressman
8 Bob DuPres appeared before this Board last
9 month on behalf of the Rocky Flats workers. He
10 stated I am here to tell you you are not
11 following the intent of Congress, but you, the
12 Board, ignored that.

13 (Unintelligible) important issue I want to
14 raise is the (unintelligible) services report
15 to Congress. This report was due June of 2006,
16 a year ago, but was not submitted to Congress
17 until July of this year. Congress had asked
18 HHS to (broken transmission) should (broken
19 transmission) added to the original legislative
20 (broken transmission). HHS concludes that only
21 one additional cancer could be added, basal
22 cell carcinoma. I have serious concerns about
23 (unintelligible) of this report and question
24 that sound science (unintelligible) applied.
25 Why? One reason is because (unintelligible)

1 medical effects of ionizing radiation was used
2 as the source. Why does this bother me?
3 Because Dr. Fred (unintelligible) was retained
4 by (unintelligible) by the DOE processors to
5 (unintelligible) in state worker compensation
6 systems to deny nuclear weapons workers'
7 claims. The conflict of interest here is just
8 appalling. Use of this research is very
9 questionable, in my mind. I also question why
10 NIOSH's (unintelligible) 2005 research of the
11 Pantex facility was not considered. This
12 report showed, among other things, that there
13 was a definite increased incidence of prostate
14 cancer at Pantex. Why was that research not --
15 and others ignored when considering additional
16 cancers?
17 Many people (broken transmission) expressed
18 concerns, and even offered ideas of how to
19 improve the program. Unfortunately, we (broken
20 transmission) see no real change in status quo.
21 ANWAG wishes the best to the Hanford
22 petitioners. Thank you for your time.
23 **DR. ZIEMER:** Thank you. Terrie, do you --
24 could you provide us with a written copy,
25 perhaps by e-mail, of your testimony. We got a

1 lot of distortion at this end and I think may
2 have had some difficulty in transcribing it.

3 **MS. BARRIE:** Okay, I do have a (unintelligible)
4 --

5 **DR. ZIEMER:** Do you have a written version that
6 you could e-mail either to me or to Dr. Wade?

7 **MS. BARRIE:** Sure, Doctor, I can do that,
8 (unintelligible).

9 **DR. ZIEMER:** That will be good, and then I'll
10 provide that to our court reporter so that we
11 make sure that we have the transcription
12 correct in the record --

13 **MS. BARRIE:** (Unintelligible)

14 **DR. ZIEMER:** -- 'cause we were getting a fair
15 amount of distortion as you gave your
16 testimony.

17 **MS. BARRIE:** And to the Board members, too, who
18 may not have understood, too?

19 **DR. ZIEMER:** Well, if -- if you get it to our
20 court reporter -- or get it to Lew Wade -- you
21 have my e-mail and you have Lew's, I think --

22 **MS. BARRIE:** Yes, I do.

23 **DR. ZIEMER:** -- and if you get it to us, we'll
24 make sure that the others get copies.

25 **MS. BARRIE:** I appreciate that.

1 **DR. ZIEMER:** Thank you very much.

2 (NOTE: A copy of Ms. Barrie's written
3 statement is attached.)

4 **MS. BARRIE:** Thank you, Doctor.

5 **DR. ZIEMER:** Is there anyone else on the phone
6 lines that wish to make testimony tonight?

7 **MR. DRIVER:** Charles Driver.

8 **DR. ZIEMER:** Yes, Charles. Give us your last
9 name again.

10 **MR. DRIVER:** Driver --

11 **DR. ZIEMER:** Driver?

12 **MR. DRIVER:** -- D-r-i-v-e-r.

13 **DR. ZIEMER:** Okay, please proceed.

14 (NOTE: The distorted transmission continued
15 through Mr. Driver's statement. A best-effort
16 transcription follows.)

17 **MR. DRIVER:** I'm from Paducah, Kentucky. I
18 worked at the Paducah Gaseous Diffusion Plant
19 where we processed uranium. I was there for 14
20 years. My concerns are kind of numerous but
21 I'm going to try to be brief. I am nowhere
22 near as well-educated in a lot of these things
23 as some of my friends are -- such as Gai
24 Oglesbee, Vina Colley and Terrie Barrie, who
25 was just speaking -- but I do support these

1 folks. I've been in communication with them
2 for most of seven years now and I know (broken
3 transmission).

4 One problem that I have with NIOSH as an agent
5 of the United States Department of Energy, it
6 is not accountable and it ignores, as DOE does
7 most often, it ignores any data that is not
8 generated by itself. This is something that
9 I've been hearing as I listened to this --
10 these testimonies from other people. They
11 worded it in several different ways, but the
12 bottom line is if they didn't generate the
13 information, and no matter how credible the
14 other sources, they just ignore it and I don't
15 think that that's correct. They should not be
16 doing that.

17 If you go back to the original two-paragraph
18 description of what NIOSH said it was going to
19 do -- this was published at least five years
20 ago -- in that small two-paragraph document you
21 will find at least 14 generalities, statements
22 that go along the line of well, we're going to
23 estimate this, which we base probably on this,
24 or it could be on that and it might be on this,
25 and -- and it -- so-and-so is possibly doing

1 this. One generality based on another
2 generality (broken transmission) other
3 generality, which is totally absurd. I'm 58
4 years old and I've never seen a business or any
5 organization -- six years in the military, 14
6 years at the Paducah Gaseous Diffusion Plant --
7 that (unintelligible) adopt such a policy.
8 It's absolutely ridiculous that they would have
9 so many generalities in the way that they
10 process and try to come up with dose
11 reconstruction (broken transmission).
12 (Unintelligible) see here. Dose reconstruction
13 is impossible due to (unintelligible) exposure
14 in that a worker victim could very easily have
15 had a part of his or her (unintelligible)
16 exposed while another part, maybe where the
17 dosimeters that they were wearing did not get
18 that dose reading. An example would be that in
19 the first three and a half years that I was in
20 the Paducah plant I was in the
21 (unintelligible), and we were sitting in cloth
22 chairs, fabric chairs, on guard posts. These
23 chairs had been there for at least ten, maybe
24 15 years before I ever came on the scene. That
25 (broken transmission) through 1987 -- '87

1 (broken transmission) --

2 **UNIDENTIFIED:** Hello?

3 **MR. DRIVER:** And then in 1996 one of our health
4 physics technicians was checking those chairs
5 that we set in for years (broken transmission)
6 found the highest reading of radioactive
7 material that he'd found at the plant to date,
8 and he has been all over this plant. And in
9 sitting in those chairs --

10 **DR. ZIEMER:** Charles -- Charles --

11 **MR. DRIVER:** Yes.

12 **DR. ZIEMER:** I'm going to interrupt just a
13 moment. We have someone else on the line that
14 is causing a lot of background noise. Folks,
15 if you're on the line and not speaking, please
16 mute your phones. Thank you.

17 Proceed, Charles.

18 **MR. DRIVER:** Okay. Sitting in those chairs
19 there were several security guards that
20 developed various illnesses that could not be
21 attributed to any source that we could find at
22 that time. So my point is that there's many
23 other different areas where -- that workers in
24 the plant could have been partly exposed and it
25 would have never (broken transmission) on a

1 dosimeter, and this is a big part of where that
2 NIOSH (broken transmission) information.
3 The other point that I want to make is that
4 this focus -- and I know that NIOSH is strictly
5 focusing on radioactive material, but in all of
6 the Department of Energy and Department of
7 Labor research it does not appear that they're
8 giving their -- what's the term I should use --
9 consideration to the fact that we were exposed
10 to -- in all these many different plants all
11 across the nation, we were exposed to numerous
12 different types of various toxins and heavy
13 metals that are just hardly mentioned. What
14 DOE and DOL and NIOSH -- what they want to do
15 is they focus on radiation, which they seem to
16 have some control over the literature that
17 they're producing, but they want to ignore
18 other elements such as arsenic, lead, silver,
19 nickel, (broken transmission) big long list of
20 others.
21 Now beryllium is a high-profile element; they
22 have zeroed in on that. But they
23 (unintelligible) and I think we have more
24 people out there that may be suffering not only
25 from radiation exposure but combination of

1 radiation exposure and the heavy metal poison.
2 Also, the other thing that's ignored is the
3 (unintelligible). (Unintelligible) saved my
4 life seven years ago. Had it not been for the
5 (unintelligible), I'm convinced that I would
6 probably be dead by now. And the
7 (unintelligible) is so simple, it's so
8 inexpensive and it is extremely accurate. The
9 reason it's accurate, the problem is that with
10 blood tests quite often these elements that are
11 lodged in the amino fatty acid tissues of the
12 body, they are not exposed. They don't get
13 back in the bloodstream unless someone takes a
14 chelation-type medicine that would
15 (unintelligible). So your blood test and
16 urinalysis do not show (broken transmission)
17 and (broken transmission) would. So I would
18 encourage whoever might be listening that if
19 there's some way that we could start to
20 emphasize that it would help a lot to save
21 lives, and that's the main reason (broken
22 transmission).

23 I can only parrot a lot of things that have
24 already been said. I've already mentioned Gai
25 Oglesbee, Vina Colley and my friend Terrie

1 Barrie. These folks that I've communicated
2 with for a long time, along with these others
3 that have (broken transmission) 100 percent
4 behind them. I give them my full support, and
5 I thank you for allowing me to provide this
6 (unintelligible).

7 **DR. ZIEMER:** Thank you very much.

8 **MR. DRIVER:** Thank you.

9 **DR. ZIEMER:** Now let me see if there's others.
10 I don't have anyone else signed up, but are
11 there others here that wish to make a
12 statement? Anyone else? Yes, sir, please
13 approach the mike.

14 **UNIDENTIFIED:** (Off microphone) I'd like to say
15 that you should limit the telephone calls to
16 the ten minutes that we (unintelligible).

17 **DR. ZIEMER:** Yeah, I -- I'm -- I'm timing them,
18 as well. Thank you.

19 Go ahead.

20 **MR. VALDEZ:** Good evening. My name is George
21 Valdez. I'm here on behalf of my father, who
22 passed away in 1972. Dad worked at the Hanford
23 site as a gandy dancer from 1944 until 1970,
24 rarely missed a day of work, hardworking man,
25 had quite a few mouths to feed at home,

1 retired, a year and a half he was dead from
2 cancer.

3 We decided to go ahead and file this claim with
4 NIOSH and probably all of you have a book
5 that's similar to this. Mine is actually twice
6 this size. They're going in for the third dose
7 reconstruction for my father right now. The
8 first one they did, I think he received 42
9 percent probability. They found another year
10 and a half of employment so that added about
11 another two percent, to 44 -- 44.7. Now I
12 understand they're going in for this super
13 plutonium -- I'm not sure I understand all of
14 that, but anyway, we've been basing our hopes
15 on the SEC petition.

16 So I'd like to commend the people that are here
17 that are speaking out on behalf of the SEC
18 petition. I, too, firmly believe that the --
19 the petition should be -- become, you know,
20 part of the process to finally give
21 compensation to survivors and for those that
22 are still living.

23 My final statement here, I'd just like to thank
24 the two sisters that -- if I hadn't read in the
25 newspaper the interview by [Name Redacted] with

1 the two sisters, I was ready to throw in the
2 towel. This has been an ongoing, long battle
3 for probably four years for me, probably for
4 much longer for many of the others. But
5 fortunately for me, I worked on the Hanford
6 site and I know an awful lot about radiation,
7 the effects of radiation, so I've been able to
8 do a lot of homework. It was kind of
9 interesting at the oral hearing that I had, the
10 adjudicator told me that he'd only seen one
11 other person as well prepared, and that fella
12 was a lawyer.

13 So in any case, the S. Cohen & Associates
14 report I believe is a real key to answering a
15 lot of questions. However, you know, when will
16 Hanford answer those audit reports and
17 findings. That's a real key I think to
18 figuring out just how a dose reconstruction
19 should be performed.

20 So I thank you again. My name's George Valdez.

21 **DR. ZIEMER:** Thank you, George. Are there
22 others here that wish to make statements?

23 **UNIDENTIFIED:** (Off microphone)

24 (Unintelligible)

25 **DR. ZIEMER:** Sure, uh-huh.

1 **UNIDENTIFIED:** (Off microphone)

2 (Unintelligible)

3 **DR. ZIEMER:** Sure.

4 **MR. DENGATE:** I'm re-- my name is Richard
5 Dengate and I'm a retired General Telephone
6 employee. I should have brought my tools with
7 me tonight; I'd have worked on that problem.
8 But anyway, I worked in -- for 21 years out
9 there and I was in every area, all the
10 buildings and -- every place there was a phone,
11 in the attics, underneath the buildings, and we
12 rewired everything out there twice over the
13 time that I worked out there. And I had many,
14 many contaminations on my skin and on my shoes
15 and on my shirt and -- and it -- it took -- it
16 took a long time and a lot of work to prove
17 that General Telephone was a contractor out
18 there.

19 That -- it was -- it was amazing and -- but
20 being a telephone employee, you're kind of just
21 like you're -- you're all by yourself out
22 there. Nobody really pays any attention to --
23 you know, they want a phone here and they want
24 it now and -- or they want it fixed and they
25 want it fixed now and -- and we never had any

1 schooling from 1974 until 1984. The telephone
2 company schooled us on their stuff, but Hanford
3 never tr-- sent us to the training classes un--
4 until I -- one day I was talking to a -- an
5 instructor and I told him when are we going to
6 get some training on this, and you could just
7 see his eyes light up and -- and that --
8 shortly after that we got some -- in the
9 classes then. But that's all I really wanted
10 to say. Thank you.

11 **DR. ZIEMER:** Okay. Thank you very much.
12 Probably could have been a good help to us
13 today, perhaps. Thanks.
14 Yes, another comment here.

15 **UNIDENTIFIED:** I just have a brief comment. I
16 won't take very much more time. There's not
17 very much talk --

18 **DR. ZIEMER:** And for the record, give your name
19 again.

20 **MS. OGLESBEE:** Oh, this is Gai Oglesbee again.
21 There isn't very much talk about chemicals that
22 I've heard. Chemicals are a big factor in
23 producing the byproduct and eliminating it, so
24 I wondered if I could bring up the fact that B
25 Plant is I -- when I was ALARA site and

1 facility chair I saw to it that B Plant was --
2 chemicals, everything, was listed. I gave you
3 a copy of it yesterday. I don't know of other
4 facilities that have it. I think tank farms is
5 correlating a chemical -- a database and I
6 don't have a copy of that right now, but that
7 was a DOE goal that I set for our board and we
8 completed it and it concludes (sic) strontium-
9 90, cesium capsules, all that -- everything
10 that was at B Plant 'cause it hadn't been done.
11 So I'm wondering if there's very many
12 facilities that have those chemicals lists
13 because I don't think there is and I think the
14 NIOSH has a handbook that covers chemicals, but
15 it needs to be applied to the impairment rating
16 because I was exposed to chronic doses of
17 asbestos and they don't even want to talk about
18 asbestos, and that was a big lawsuit issue
19 since 1970, but I was chronically exposed to
20 asbestos on many occasions. And I found out I
21 was exposed to beryllium, so I don't hear NIOSH
22 estimating that in my dose reconstruction,
23 which was inaccurate. And I understand my Part
24 B claim was dismissed and administratively --
25 administratively dismissed because I didn't

1 want to sign a closure waiver on the advice of
2 an attorney because that the dose
3 reconstruction was horribly inaccurate. And so
4 here I am fighting Christie Long and Peter
5 Turcic (unintelligible) and Secretary Chao
6 herself to tell my two Congressmen investigated
7 this that I'm not a RECA claimant, I'm an EEOIC
8 claimant. It has never been clarified and I
9 talked to Christie last night to please write
10 another letter to my Congresspeople to tell
11 them I'm not a RECA claimant 'cause it's in the
12 files. I'm an EEOIC claimant and always have
13 been.

14 I want to say one more thing. I -- I -- my
15 stack of evidence -- my stack of evidence is
16 about that tall. I sent it in -- it cost me
17 \$600 to file it with DOE and with the U.S. --
18 you know, DOL. I've never been reimbursed for
19 that. It's the biggest packet, I'm told, that
20 has been sent in so far. In that packet of
21 information and evidence I submitted a four-
22 inch packet of expert witness data that says
23 I'm irreparably damaged by radiation -- or
24 ionizing radiation and components. That's in
25 my packet. The D-- and NIOSH doesn't recognize

1 that because they don't -- they say they have
2 their own methodology. That's not right. That
3 packet of information cost \$24,000 and I went
4 to a secret place to have the tests done.
5 Also I've been -- twice now my damages have
6 been 100 percent probability and explained why
7 it is, twice, by caus-- you know, the
8 causation, so I have -- these people have
9 conflicts with me because I've been with them
10 for a long time, especially NIOSH. So I have a
11 feeling that they're retaliating, and I don't
12 want to do that anymore because I went through
13 this whole phase for years now, 20 -- 21-plus
14 years. I don't want to fight with them anymore
15 because they have conflicting (sic) and they're
16 denying my claim. And I don't care whether
17 they give me their pittance money. I really
18 don't. I just want somebody in the government
19 to understand that we have made an effort to
20 come forward -- to come forward with our
21 evidence and it costs a very -- a lot of money.
22 So I have had lawyers, I will admit it, but I
23 would like NIOSH to talk me on a level that's
24 not an insult, because they can't just discount
25 what I've already done for myself, and that's

1 what they're doing. Thank you.

2 **DR. ZIEMER:** Incidentally, Gail (sic), you
3 should recognize -- at least in this part of
4 the compensation program -- we're not permitted
5 to look, in a sense, at the chemical exposures.
6 Congress did not include them in the law, even
7 though scientifically we recognize chemicals
8 can contribute to health effects. But in this
9 Part of the -- the dose reconstruction program
10 only addresses the radiation. That's the only
11 thing that we're able to look at from basically
12 what you'd say would be the legal point of
13 view. I understand -- your point is well-made,
14 but the NIOSH part of the program only looks at
15 the radiation part. Other -- Labor does, under
16 the other Part, have the ability to look at
17 some other things, and I know you've worked
18 with Labor on that, too. But sometimes our
19 laws are such that they cannot get a -- a
20 handle on all the issues we would like them to.
21 But be awa-- I think you are aware of that, but
22 just wanted to emphasize that, that it's not
23 that this Board is ignoring the chemicals, but
24 we're only able under -- under the regulation
25 that we work on, to deal with the radiation

1 part, so -- but thank you for making that
2 point.

3 **MS. OGLESBEE:** (Off microphone)
4 (Unintelligible) this advocate and some of the
5 other advocates (unintelligible) --

6 **DR. ZIEMER:** Yeah.

7 **MS. OGLESBEE:** -- (unintelligible).

8 **UNIDENTIFIED:** (Unintelligible)

9 **DR. ZIEMER:** Thank you very much. Was there
10 someone else on the phone line that wanted to
11 speak?

12 **UNIDENTIFIED:** (Unintelligible)

13 **UNIDENTIFIED:** Yes, sir.

14 **DR. ZIEMER:** Okay.

15 **UNIDENTIFIED:** There's an echo here. Are you
16 hearing an echo, too? My name -- can you --

17 **DR. ZIEMER:** Will you --

18 **UNIDENTIFIED:** -- hear me all right?

19 **DR. ZIEMER:** -- identify yourself, please?

20 **MS. FIERING:** Yes, it's Joanie Fiering. I
21 called last night, and I woke up at 4:00
22 o'clock this morning and couldn't go back to
23 sleep thinking about more information that I
24 thought you should have. I'll be brief, but
25 I'm working with Vina Colley, effective

1 yesterday, with Portsmouth/Piketon Residents
2 for Environmental (unintelligible) and
3 Security. And my dad worked at the plant for
4 four years -- or for ten years, and had four
5 different cancers when he died, and my mother
6 had a rare form of cancer. It was endometrial.
7 Doctors in Michigan didn't know how to treat it
8 and they actually named a treatment after her.
9 The reason I'm calling again, and the
10 testimonies tonight have been so moving and I
11 just want people to know that -- that I am, you
12 know, with them. I -- I understand what
13 they're going through.
14 But one of the doctors, because we didn't know
15 what my father had done at the A Plant -- I
16 didn't even know what the A Plant was until I
17 moved back to Portsmouth in 2004. He died
18 silent. He died the good soldier that he was.
19 He was, you know, in the Air Force and then he
20 worked during the Cold War effort at the atomic
21 plant in Piketon, and he never told us so the
22 doctors assumed that this was genetic. Now one
23 of the doctors my mother had during her
24 treatment -- five years of treatment was
25 concerned for her daughters, who at that time

1 were all under the age of 37, and told us that
2 we should have our ovaries removed because they
3 assumed it was a genetic factor. They did not
4 -- we did not know to tell them about this
5 exposure because we did not know about it. But
6 my mother had washed my father's clothes for
7 ten years. And when my little sister, who I
8 spoke to at Christmas time, told me that her --
9 she and her husband don't have children because
10 it just (unintelligible) must not be in the
11 cards for them, I didn't want to tell her that
12 it was probably because of my father's bringing
13 home these toxins on his clothes and exposing
14 my mother and -- and when she was having us
15 girls.
16 And I just want you all to know the impact that
17 telling people it wasn't the toxins that made
18 them sick could have, not only on them and
19 their -- their spouses, but the children and
20 the future generations. If we had listened to
21 this doctor, you know, we all could have been
22 completely devastated. So I -- I -- you know,
23 I -- this is what kept me up for two hours last
24 night, and it's very painful to come forward
25 and talk about these things and to have to

1 remember and live -- relive the deaths of
2 parents and spouses and children and loved
3 ones. So -- and you know -- and if there's any
4 way this committee can -- can facilitate the
5 reimbursement or the -- the -- the
6 compensation, rather, for these workers and
7 their families, this is just a small amount of
8 money compared to the suffering that families
9 have been through and continue to go through
10 due to these secondary -- primary and secondary
11 exposures, and this is generations.

12 So this is why I called back tonight, and I
13 just thank you for letting me speak.

14 **DR. ZIEMER:** Thank you for sharing that with
15 us, Joanie.

16 Was there another gentleman on the line who
17 also wanted to speak?

18 **UNIDENTIFIED:** I would -- I would like (broken
19 transmission) briefly, sir.

20 **DR. ZIEMER:** Okay. Give us your name, please.

21 **UNIDENTIFIED:** Sure, my -- my name's John
22 (broken transmission). I worked in the (broken
23 transmission) building (broken transmission) to
24 1966 operating (broken transmission) man
25 (broken transmission) 20 (broken transmission)

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DR. ZIEMER: John, let me interrupt you.
You're -- you're breaking up on the phone. Are
you on a cell phone? We're not able to
understand what you're saying. Your phone --

UNIDENTIFIED: Can you hear me?

DR. ZIEMER: -- seems to be breaking up.

UNIDENTIFIED: Sir, can you hear (broken
transmission) -- sir? Can you hear me now
better?

DR. ZIEMER: Well, we can hear you, but we
cannot understand what you're saying very well.
I wonder if you could call back in on another --
-- just hang up and then call back in. Maybe we
can get a better line.

UNIDENTIFIED: Can you -- can you hear me, sir,
now?

DR. ZIEMER: No, really not understanding.

UNIDENTIFIED: Okay. Sir?

DR. ZIEMER: Okay. Well, go ahead and -- and
try it again, see if we can understand what
you're saying. Your line seems to be breaking
up a lot.

UNIDENTIFIED: Sir, I operated -- I -- I can
tell there is a very severe echo, sir. I might

1 as well not try to comment, as severe as the
2 echo is. I'm not on a cell phone, I'm on a
3 land line phone, but there is a very severe
4 echo. Can you understand me?

5 **DR. ZIEMER:** We're really having a great deal
6 of difficulty understanding what you're saying.
7 Do you want to hang up and try calling in
8 again?

9 **UNIDENTIFIED:** Can you understand me any
10 better? Sir?

11 **DR. ZIEMER:** Really having trouble
12 understanding what you're saying.

13 **UNIDENTIFIED:** Can you understand me any
14 better, sir?

15 **DR. ZIEMER:** I -- I can understand that phra--
16 what you're just asking me, but as you've -- as
17 you proceed, your voice continues to break up.

18 **UNIDENTIFIED:** I'm sorry, then. I'll back off,
19 sir. I'll -- I'll comment some other time.
20 Thank you.

21 **DR. ZIEMER:** Oh, okay. Thank you very much.
22 Any -- anyone else here this evening that
23 wishes to make com-- yes, ma'am.

24 **MS. TRUDEAU:** Yes, my name is Julie Trudeau --
25 do you need me to spell that? T-r-u-d-e-a-u.

1 And actually I've been processing claims on
2 behalf of my sister's surviving family. It's
3 gone from the radiation to the chemical and
4 we'll reopen the radiation exposure. The thing
5 that I've been finding are the DO-- the
6 Department of Labor's supposed to be handling
7 this because they were finding that the people
8 were -- were being blocked from a lot of
9 things; blocked from records, they seemed to be
10 inhibited from just getting their due justice
11 and that is getting their medical needs taken
12 care of and just -- just being compensated for
13 -- for torment, that's the only way I know how
14 to put it.

15 Now my sister had been there for a period of
16 time, '92 to '97, and she was a chem tech, and
17 you get the same generic letter from Department
18 of Labor, and that is denied -- denied, denied.
19 I just got one, you know, four weeks ago. Now
20 we're having a hearing coming up, so when I
21 talked to the investigator or whatever the --
22 the examiner and I asked her, I said where is
23 these specific documents, and I said who read -
24 - who read these medical claims? Who read the
25 medical documentation that I submitted? Who

1 read that? And she had no answer for me, so
2 here the examiner is passing off a denied --
3 recommended denied. It was the same thing that
4 I got through -- you know, through the NIOSH
5 portion of it. It's -- it's just a generic
6 form letter.

7 And my sister's deceased now, but there's a lot
8 of suffering people out here. And during her
9 employment when I met -- read the medical
10 records, and I've had a little bit of training,
11 what I could see was reproductive disorders
12 from beginning to end. And her mission at that
13 time -- and she started, you know, realizing
14 there were other women in the lab having these
15 same miscarriages, stillbirths and
16 endometriosis, always reproductive disorders,
17 and eventually she developed breast cancer --
18 which we do not have a family history. The
19 American Cancer Society states the difference
20 between the general population and familial
21 genetic can-- cancer is somewhere between two
22 up to 50 percent if you have a family history.
23 So there's a significant factor in between.
24 And toxins, lifestyle, radiation, those do
25 affect cancer genetic mutations, all of that.

1 So I believe that, you know, Kathy -- my sister
2 -- had all these problems because she worked
3 out there as a chem tech. And one thing I'm
4 running into is getting just Department of
5 Energy documentation -- thank you -- Dorothy
6 really is the person responsible for Freedom of
7 Information Act. She gave me an estimate,
8 after what I thought was wasting two hours -- I
9 gave her a very specific list. My sister had a
10 very specific chemical inventory list from
11 1998. It was a (unintelligible) [Name
12 Redacted] document. It was very specific, four
13 missing pages. They wasted the two hours that
14 I was allotted and didn't come up with
15 anything. She gave me an estimate to find
16 pages, as well as incident reports in the
17 laboratory at 222-S, which is a notorious lab;
18 half the people are dead in that lab. And she
19 gave me an estimate about 3850 -- \$3,850 --
20 just to get documentation that I should not
21 have to pay a dime for because my sister's
22 dead, and she wouldn't have been had she not
23 been working out there.
24 And so these hurdles that people are running
25 into, they should have this documentation

1 provided without harassment, without delay,
2 without standard letter forms and just, you
3 know, given what they need. My recommendation
4 would be to just pay off all the claims, and
5 any other claims from this point -- 'cause I'm
6 assuming that things have improved, that now
7 with new calculations, start from there. Pay
8 off all these people that have been tormented
9 for years and start afresh with new claims and
10 new calculations and -- and go on, because it's
11 been going on for way too long and it's
12 ridiculous and -- and I'm glad you guys are
13 here. I appreciate your time, and you're the
14 people that can do something about this. So
15 thank you very much for your time and if you
16 have any pull with the Department of Labor and
17 these people scheduling my hearing, they made
18 it a deliberate, out-of-town distance where
19 I've got to try to get witnesses there and I
20 can't do it. And you know, then they insist
21 that their policy states that I cannot have it
22 in the city of Richland where everybody works,
23 where Hanford is, so they're making it very
24 difficult even with scheduling of hearings and
25 so that is also another hurdle that I've got to

1 spend a lot of time. So if you have any pull
2 at Department of Labor, I would -- everyone
3 would appreciate it, to stop wasting time and
4 get this stuff done. Thank you.

5 **DR. ZIEMER:** Thank you, Julie.

6 **UNIDENTIFIED:** Sir? Sir?

7 **DR. ZIEMER:** Anyone else?

8 **UNIDENTIFIED:** Sir?

9 **DR. ZIEMER:** Yes.

10 **UNIDENTIFIED:** May I (broken transmission),
11 sir?

12 **DR. ZIEMER:** Has he called back -- is this the
13 same gentleman?

14 **UNIDENTIFIED:** Yes.

15 **DR. ZIEMER:** Okay, let's give it another try.
16 It sounds like it's breaking up again, but go
17 ahead and let's try it.

18 **UNIDENTIFIED:** (Broken transmission)

19 **DR. ZIEMER:** I think we're still having the
20 same problem. We hear just pieces of words and
21 we can't really understand, so --

22 **UNIDENTIFIED:** I'm sorry.

23 **DR. ZIEMER:** I'm -- I'm going to suggest that
24 if you -- if you do have some comments that you
25 want us to include that you could -- could mail

1 them to NIOSH, but I think it's going to be
2 very difficult for us, for some reason, to --
3 to hear your oral testimony tonight.

4 **UNIDENTIFIED:** I understand. Thank you.

5 **DR. ZIEMER:** Thank you. Thank you all for
6 being here tonight.

7 **UNIDENTIFIED:** Hey, I'd like to --

8 **DR. ZIEMER:** We appreciate the input --

9 **UNIDENTIFIED:** -- I would like to speak

10 **DR. ZIEMER:** -- that you've given us.

11 **UNIDENTIFIED:** Hello?

12 **DR. ZIEMER:** Oh, is there someone else on the
13 phone line?

14 **UNIDENTIFIED:** Yes.

15 **DR. ZIEMER:** Oh, I'm sorry.

16 **UNIDENTIFIED:** (Unintelligible)

17 **DR. ZIEMER:** Please identify yourself.

18 **MS. COLLEY:** Hi, I'm Vina Colley and (distorted
19 transmission). I spoke yesterday (distorted
20 transmission) --

21 **DR. ZIEMER:** Ma'am, are you on a cell phone?

22 **MS. COLLEY:** No, sir.

23 **DR. ZIEMER:** Because we're getting a lot of
24 echoes, you're very difficult to understand.
25 Again, it may -- the trouble may be at this

1 end, but --

2 **MS. COLLEY:** Okay, well, let me go try another
3 phone.

4 **DR. ZIEMER:** Okay. She may just be trying
5 another phone in her house. Anyone else here
6 in the meantime?

7 (No responses)

8 Okay.

9 **MS. COLLEY:** Hello? Is this (unintelligible)?

10 **DR. ZIEMER:** Are you back on the line, ma'am?

11 **MS. COLLEY:** Yes.

12 **DR. ZIEMER:** Okay, go ahead, let's see if we
13 can understand.

14 **MS. COLLEY:** Okay, my name (broken
15 transmission) Colley.

16 **DR. ZIEMER:** Wanda? Uh-huh.

17 **MS. COLLEY:** Vina -- Vina Colley.

18 **DR. ZIEMER:** Oh, Vina, oh -- okay.

19 **MS. COLLEY:** Okay? Portsmouth/Piketon
20 Residents for Environmental Safety and Security
21 and I co-chair national (distorted
22 transmission) workers for (broken
23 transmission). I did speak yesterday, but
24 there's (distorted transmission). I (broken
25 transmission) located in Piketon, Ohio.

1 According to (distorted transmission) report,
2 Piketon is (distorted transmission) to be the
3 worst site. I'm concerned over the dose
4 reconstruction because (distorted transmission)
5 testified in Congress that records were
6 falsified, destroyed, and there's no way that
7 you can actually (distorted transmission) how
8 much dose those workers had. Piketon is
9 considered (distorted transmission). Even as a
10 special (distorted transmission) site, workers
11 are (distorted transmission) denied (distorted
12 transmission) Energy Employees Compensation
13 Act. If we're a special cohort site, then
14 workers (broken transmission) be denied. I
15 (broken transmission) at other sites being
16 compensated. They're putting us through the
17 same bull crap that we have to go through. In
18 (broken transmission) one accident at Piketon
19 (distorted transmission) pounds of uranium
20 (distorted transmission) to the atmosphere, to
21 the land, to the workers and the community. To
22 this day that incident was compared to Three
23 Mile Island and there's never been a study
24 done. I'm not sure that when they did the dose
25 if that was added. We had 45,000 (broken

1 transmission) uranium (broken transmission)
2 released (broken transmission). (Distorted
3 transmission) areas, these workers' exposures
4 were so high they had to (distorted
5 transmission). I'm (distorted transmission)
6 contamination (distorted transmission) to my
7 family because we were at the site at one time
8 (distorted transmission) and then (distorted
9 transmission) to work in their street clothes
10 worked in 705 building. It was so hot and they
11 had their street clothes on and they wore them
12 home. Today [Redacted] can't have a child, and
13 I think because I brought contamination home
14 and I have to live with that. Besides being
15 sick and fighting this (distorted transmission)
16 for 20-some years, I have to live with the
17 thought of contaminating [Redacted]. In 1999 -
18 -

19 **DR. ZIEMER:** Vina?

20 **MS. COLLEY:** Yes?

21 **DR. ZIEMER:** Could I interrupt, please?

22 **MS. COLLEY:** Sure.

23 **DR. ZIEMER:** I'm going to suggest, if you
24 wouldn't mind, could you send us your testimony
25 in writing? We're just getting sort of like

1 every other word and having a great deal of
2 difficulty --

3 **MS. COLLEY:** I don't have --

4 **DR. ZIEMER:** -- I think the phone lines are
5 bad. But if you wouldn't mind, we can
6 certainly put this on the record and distribute
7 it to the Board. But could you -- could you
8 send us your -- your testimony in writing.

9 **MS. COLLEY:** Well, I don't have anything wrote
10 down (broken transmission). It's just
11 something that I've lived with all these years
12 and I know that workers are being denied
13 because of this -- this criminal act of the
14 dose reconstruction.

15 **DR. ZIEMER:** Okay.

16 **MS. COLLEY:** I never wrote anything down
17 tonight.

18 **DR. ZIEMER:** Right. We -- I -- I've been able
19 to track -- are you -- are you at Portsmouth?

20 **MS. COLLEY:** Yes, I (distorted transmission) --

21 **DR. ZIEMER:** Yes, I thought that --

22 **MS. COLLEY:** -- plant.

23 **DR. ZIEMER:** I -- I think we've gotten the gist
24 of it, but not all the details. But if you --
25 if you do want to send us those details in --

1 in writing, that -- we'd be glad to enter it in
2 the record. I think the court reporter here's
3 had a very difficult time trying to put -- get
4 the words for the public record, but I
5 understand --

6 **MS. COLLEY:** (Distorted transmission) give us a
7 call and we can (distorted transmission)?

8 **DR. ZIEMER:** Okay.

9 **MS. COLLEY:** Will that be okay?

10 **DR. ZIEMER:** Thank you very much. Thank you,
11 folks, for your time this evening. I do want
12 to let you know the Board will be convening
13 tomorrow again at 8:30, and we have the Hanford
14 petition on the agenda tomorrow. So I hope
15 many of you will be able to be with us at that
16 time.

17 (Whereupon, the meeting was concluded at 9:25
18 p.m.)

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CERTIFICATE OF COURT REPORTER**STATE OF GEORGIA****COUNTY OF FULTON**

I, Steven Ray Green, Certified Merit Court Reporter, do hereby certify that I reported the above and foregoing on the day of July 18, 2007; and it is a true and accurate transcript of the testimony captioned herein.

I further certify that I am neither kin nor counsel to any of the parties herein, nor have any interest in the cause named herein.

WITNESS my hand and official seal this the 20th day of Sept., 2007.

STEVEN RAY GREEN, CCR
CERTIFIED MERIT COURT REPORTER
CERTIFICATE NUMBER: A-2102

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