NIOSH Dose Reconstruction Project
Rollout Meeting for
Los Alamos National Laboratory Site Profile

Meeting Date:

June 18, 2005, 9:15 a.m.

Meeting with:

University Professional and Technical Employees Local 1663 at Northern New Mexico Community College, Española, New Mexico

Attendees:

Name	Organization
Jerry Leyba	UPTE
Peter Malmgren	Los Alamos POWs
Lenard & Zoe Trimmer	
Jonathan Garcia	ZIA
Hilario Romero	El RAEHA
Ken Silver	Consultant for NIOSH, East Tennessee State University
Buck Cameron	Center to Protect Workers' Rights
Karen Martinez	EEOICPA Resource Center, Española
Three additional attendees requested to remain anonymous.	

NIOSH and ORAU Team Representatives:

Sam Glover, PhD – National Institute for Occupational Safety and Health (NIOSH), Office of Compensation Analysis and Support (OCAS)
Jack Buddenbaum – ENSR – Site Profile Team Leader
William "Bill" Murray – Oak Ridge Associated Universities (ORAU)
Mark Lewis – Advanced Technologies and Laboratories International, Inc. (ATL)
Mary Elliott – ATL

Proceedings

Mark Lewis began the meeting at approximately 9:15 a.m. by thanking everyone for taking the time to attend. He said that Mary Elliott of ATL was present taking notes of the meeting and making a digital voice recording to ensure that their comments were captured accurately, not to identify who made the comments. The minutes would be sent to UPTE officials for concurrence.

Mr. Lewis explained that he works for ATL as an outreach specialist to get union input for Site Profiles. He is a 30-year union member at the Portsmouth Gaseous Diffusion Plant. Since most of the documents used by the site profile teams are provided by the contractors at the site or the Department of Energy (DOE), the purpose of these meetings is to get information from the workers regarding things like past work practices, accidents, dosimetry programs, etc.

At this point, Dr. Ken Silver, a consultant to NIOSH, initiated a fifteen minute discussion regarding privacy issues. He asked the participants if anyone present objected to the recording of the meeting, and several of them replied that they did since there had been incidents in the past where names were divulged and problems resulted. Dr. Silver expressed concern over

Freedom of Information Act releases if the recording became part of the public record. ORAU/NIOSH team members reiterated that the recording was for the sole purpose of accuracy of the minutes. The discussion culminated with all parties in agreement that the recording would be destroyed after the meeting minutes are finalized and that any participant who wished to remain anonymous would not be identified in the list of attendees.

Mr. Lewis introduced Jack Buddenbaum of ENSR, an ORAU subcontractor, as the Site Profile Team Leader for LANL. Mr. Buddenbaum said that a documents search of the archives had uncovered information from the early days of the program.

Mr. Lewis requested that the attendees introduce themselves and include a little information on their background.

Mr. Lewis also introduced Sam Glover, of NIOSH/OCAS, who talked about several NIOSH brochures which present information about the EEOICPA. Mr. Glover said that, although the meeting was not intended to discuss it, a Special Exposure Cohort (SEC) petition can be filed when there is not enough data available to support dose reconstructions. He indicated that if anyone had any questions about filing an SEC petition, he would be happy to talk with them after the presentation. He explained that NIOSH was currently attempting to get information from LANL to proceed with dose reconstructions.

Mr. Glover stated that anyone who did not want their name to become part of a government record should indicate it on the sign-in sheet. He introduced Bill Murray to give the presentation of the site profile.

Mr. Murray began by explaining the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), signed into law in December 2000. In July 2001, the Department of Labor (DOL) began accepting claims for radiation-induced cancer, silicosis and berylliosis. The cancer claims go to the National Institute for Occupational Safety and Health (NIOSH) for radiation dose reconstruction based on records that have been provided by the contractors and government regarding operating procedures and radiation exposures that occurred at the site. The NIOSH Office of Compensation Analysis and Support (OCAS) had been established to handle the dose reconstruction. Due to the high volume of claims, OCAS contracted with Oak Ridge Associated Universities (ORAU) in September 2002 to perform dose reconstructions and related tasks including constructing Site Profiles, performing Worker Outreach, and assisting in the Special Exposure Cohorts process.

He gave a brief description of the Subtitle B and Subtitle E Claims that are handled by the Department of Labor (DOL). Under Subtitle B of the Act, a claim for $150,000 can be filed by a worker who has contracted radiation-induced cancer, beryllium disease or silicosis (or the worker's survivors). If the claim is awarded, the claimant's medical expenses related to the disease are also covered from the day the claim is filed. He stated that the Subtitle E claims are for exposure to toxic chemicals, but the site profile information relates only to Subtitle B claims for radiation-induced cancer. Subtitle E is administered entirely by the DOL and came into effect in 2004.

Mr. Murray said that at one time there were over 450 people working on the project. To date, DOL has turned over more than 19,000 claims to NIOSH for dose reconstruction. By the end of the month, the dose reconstructions will be complete for the first 5,000 claims that were filed. About 9,000 claims have been processed to date.

Worker Outreach began when the Presidential Advisory Board on Radiation and Worker Health, which was formed to oversee the work of NIOSH and its contractors in the EEOICPA process, recommended that the site profiles needed more worker input. Mr. Murray said that he was present to talk about the development of the LANL Site Profile.

Question:
What's the denial rate?

Bill Murray:
I think about 25% of the claims are being awarded. There are 723 claims for Los Alamos and about 160 of them have been completed. I don't have the information on how many have been awarded, but it's probably around 25-30%.

Question:
I'm curious about money spent. You're talking about the tremendous workforce that has been marshaled to do this work. You're all highly skilled, and I assume highly paid. I'd like to see a breakdown on how much money has been spent since 2002 in the process of trying to get some justice for these workers versus the amount of money that has actually gone to pay claims.

Sam Glover:
Program-wide, including the SECs, over a billion dollars in compensation has been awarded.

Comment:
New Mexico must be getting the short end of stick. We have Native Americans here who are dying from working in the mines, and they're not getting paid. We've got LANL here, and we're not getting paid. People are putting in claims. Where are the billion dollars you're coming up with? It doesn't make sense. Somebody's getting the cream off the top somewhere along the line.

Comment:
The SECs got it right away.

Sam Glover:
The SECs obviously are a large portion of that. I know that getting the records for Los Alamos has not been easy. We have had to wait a long time to have enough information to be able to perform detailed dose reconstructions.

Comment:
If someone else comes in and takes over the Laboratory, you'll get your records. They've been covering things up for a long time. That's why they're trying to get someone else to come in with the University of California to help keep this covered up. Because they have lied and falsified documents right and left up there. Their documentation that you need to do your dose reconstruction is totally flawed. If you use it, you're not going to get good results. I brought a document from the Tiger Team that says that their whole system for doing radiation monitoring was flawed – the monitors were turned off, people weren't qualified to be doing the monitoring,

the equipment was never calibrated. How are you going to do a reconstruction up there? I think the Lab should lose by default. The Lab caused these people to get sick, they should be paid. If the government has to pay up, let them – maybe they'll pay attention next time.

I also have a document that the NRC wrote to give to Congress in 1990, stating that DOE cannot regulate Los Alamos National Laboratory and that they have no authority over them, and the University of California deliberately refused to carry out directives and orders. The numbers that Los Alamos will give you for your calculations are wrong. If you have bad data going in, you have bad data coming out.

Sam Glover:
Let's have Bill finish the presentation and then I think we can probably continue with this.

Question:
Did we address the question of how much this is costing as opposed to how much has been awarded?

Bill Murray:
I think that approximately $80 million has been paid toward ORAU's contract to date – that's since September 11, 2002.

Comment:
That would pay a lot of claims.

Comment:
The bureaucrats issuing these contracts are playing games.

Bill Murray:
It's more complicated than that. It's the way the Compensation Program Act is written. They said in order for a claim to be awarded, you had to show the probability of causation of the cancer was 50% or greater, based on the radiation dose. This is all run through the National Cancer Institute using radioepidemiologic studies. Congress said that the doses that are reconstructed had to be scientifically based, but they need to be claimant favorable. I'll give you some examples as we go along of how they're made claimant favorable.

Question:
Why do they stop it at 50%? Why not continue it and find out what else is wrong with you?

Bill Murray:
This part of the program only talks about cancer. If they put together a reconstructed dose and the computer program says that there is 50% or greater chance that your cancer is related to that dose, then your claim will be awarded. Sometimes when they make this assumption, they will only have to do one component, such as the internal dose, and that puts the probability over 50%. When this happens, they don't have to continue with the dose reconstruction because they are trying to get the claims processed as quickly as they can. NIOSH doesn't want to keep the claimants waiting.

Question:

What happens when the score is less than 50%? This happened to a friend of mine who has cancer. He worked at the Lab and was exposed to radiation, but his dose reconstruction came back 29%. I don't understand why it was denied.

Bill Murray:

They enter the data into a program call IREP (Interactive Radioepidemiologic Program). They use models based on studies that have been done worldwide. The National Cancer Institute put them together starting in the 1980s, and they've updated them since. They run a lot of repetitions when they use this program, and they try to determine the probability.

Comment:

But the information they're using is from the Hiroshima and Nagasaki survivors and not from the U.S. facilities.

Bill Murray:

That's a good point. The largest amount of data comes from the A-bomb survivors in Japan. However, there are studies that have been done here. Before I worked for ORAU, I worked at NIOSH in the group that did studies on workers at DOE sites for 7 or 8 years. So I know something about the studies that have been done on workers. If you look at the risk of getting a certain cancer, if you compare the US workers with the Japanese survivors, the risk estimates are not that different. You can do two studies on two different worker populations here in this country and you'll get slightly different answers – sometimes very different answers. They go through all the data to make sure what they have is scientifically a good study, and they put the data into these models. That's how they run that part of the program. Some of the doses are coming up very low at some of the Atomic Weapons Employer (AWE) sites. I know of one case in particular where the probability of causation was down around 3 or 4%. For certain cancers, there's not much chance that a cancer claim will be awarded. In males, prostate cancer is one of them because it's not really that closely connected to radiation dose.

Question:

Then what is it related to? Why is Los Alamos having so many people with prostate cancer?

Bill Murray:

Doctors say that all males will get prostate cancer if they live long enough.

Question:

Why?

Bill Murray:

I don't know the answer to that question, and I don't think anybody really does. It's a good thing to find out. They're starting to do more studies on it. They're studying different groups of men to determine if they should treat it. If it's going to be a slow-growing cancer, the person will probably die of something else first, but in some people it's much more aggressive. It's more aggressive in blacks than it is in whites.

Comment:

I came out of a group of TA-8 inspectors at the Lab. There were 30 of us there, mostly males. How many do you think had prostate cancer? Half – so you tell me that we're in the statistics because it's the norm. Fifty percent had prostate cancer… so what caused it? When you're doing your modeling, you are using a person's dosimeter, aren't you? I was around radiation sources. I was an x ray technician and my film badge always showed up zero, but in my ionization chamber it always showed up something else. But any place I worked, all the building dosimeters were always very hot. You're doing the models for the radiation dose and they're giving you the data, but the data's not true. Their dosimeter readings were false. Either from the experience of the person reading the film, or the equipment was not calibrated, or they were just plain lazy and didn't want to write a report.

Comment:

The Department of Energy did come up with a report saying that the data that Los Alamos was sending was not the correct data that the physicians' panel needed to do the dose reconstruction for claimants.

Bill Murray:

The physicians' panels are different from what we're talking about here. That's under the Subtitle E – that's not radiation.

Response:

But my point is that H2, the occupational facility for Los Alamos, was not sending the correct data to NIOSH for the physicians' panel. Therefore, the claimants were getting short-changed because the data that LANL was sending was not the data the physicians' panel needed to reconstruct the dose rate for the claimant.

Bill Murray:

The physicians don't do the dose information for the radiation.

Ken Silver:

What he's referring to is the 2004 report to Congress *Access to Information for Performance of Reconstructing Dose Reconstruction* in response to the Clinton Amendment. Part of it does touch upon Subtitle D claims, but most of it is on radiation claims. He hit the nail on the head. That report shows that the Lab is not coming through with the information that was required by NIOSH. Whether anything's changed since then, you'll have to tell us.

Jack Buddenbaum:

We have one thing that may be what you're talking about. What they originally sent for the claims was LANL's estimate of internal dose from the atomic ventilation, or whatever these folks were being monitored for internal contamination. NIOSH originally said in their letter, "We want the raw data. We want to know when someone was chest counted, or when people left urine samples. We want to know what those results were, not interpretations of what those figures represent." NIOSH wants to take that data and try to use the best science we have today to estimate what the doses are. We don't want to leave that to LANL to tell us what the doses were. Your point – how good is the bioassay data, how good is the radioanalytical data that they generated when they measured the concentrations in urine or how good is the whole body

counting data – that's something we're wrestling with. We're trying to use our best experience and our knowledge to see if it's reasonable.

Response:

If you're asking for the readout from the full body counts, instead of LANL's interpretation of that data, then you're on the right track. If you use the raw data, and you extrapolate it, then you know what you've got. It's like anything else at LANL, if you want documentation out of the Laboratory, you ask for the weekly reports, you don't ask for the one that filtered down through the Madison.

Jack Buddenbaum:

We want the raw data. There is some good news. For the last nine months or so, we have a couple people at the Lab creating a database from the data. It was in disarray, a lot of it was very difficult to work with. Jim O'Brien, a contractor to ORAU, has a lot of experience working with historical data at military bases because they had the same problems. We're starting to see results. We've got pretty good data on plutonium and americium. We're looking pretty good on tritium. Uranium is about half-way there. Fission product data is sparser than we'd like to see. They're telling us that they're giving us everything they've got, so Jim feels comfortable with the data he's getting from the Lab logbooks. We're not there yet, but we're getting some of that data now. That's encouraging, hopefully that we can do a better job with the current state of knowledge and health physics in calculating the doses – that we're doing it, not LANL. The only thing is, we do have claimants that don't have bioassay data, so we have to take other approaches and maybe Bill and Sam can talk about that more.

Response:

Jack, are you given access to classified data that's in the archives?

Jack Buddenbaum:

Yes, we are. After 9/11, things have changed a little bit. They have not denied any information to us, but they have hired former weapons complex employees to look at the reports before we look at it (for security reasons). There were a couple exclusions where they're trying to limit the number of people who can look at the secure information. But these instances are very few and far between. We are getting to look at the documents if we think the information is relevant.

Response:

You should be looking at documents from group leaders on down the chain of command. You'll come up with much better information, because you'll get the raw numbers and they're right.

Jack Buddenbaum:

We actually are doing that. I was trying to make the point that we're not being denied anything, but we do largely focus on what you're talking about. We're looking at Health Physics – they used to be called the Health Division – later called Industrial Hygiene and Health Physics. We've interviewed a former HP tech *(name withheld)* who worked at the Lab way back, what they called a monitor in those days. He's given us great guidance to the reports we should look at, and we're finding and retrieving some of those documents. There is a great deal of indoor air measurement data, actual counts on the instrument. We're looking at the data. Most of us have many years of experience and we know when things don't seem reasonable.

Bill Murray:

You've had a chance to look at the Site Profile. I have a few slides that provide an overview of it for those of you who haven't. Let me go through the slides quickly, to show you how the whole thing fits together.

Here we're going to talk about the Site Profile and what it's used for. We want your input. We're here to document any suggestions, information, concerns, issues, questions that you have. This document exists here today as Revision 00, but these are living documents. The Savannah River Site profile has been revised three times. Hanford and Y-12 have both been updated. These revisions are based to some extent on what we're getting at these meetings, as well as other information. We have a team that goes to federal records centers and to DOE sites to capture records. Site Profiles are technical handbooks used by health physicists to reconstruct claimants' doses. They don't go into great detail, because the dose reconstructor who does the claim is actually the one who gathers information specific to the claimant. The Site Profile gives the dose reconstructors basic technical data so they don't have to interpret the data, so each claim is treated the same way.

The Site Profiles are "living documents" that are revised as new information becomes available. There are five sections: Site Description, Internal Dosimetry, External Dosimetry, Occupational Environmental Dose, and Occupational Medical Dose. Those are two doses that will not be on your DOE record. They are two examples of how NIOSH is trying to be claimant-favorable – to get the doses as high as they can. When people got employer-required x rays, it didn't go into the dose.

The team was put together two years ago. It's taken a long time to complete due to the problems they encountered in getting records. As we find more information, these documents will be re-written. When the new information is discovered, the claims that were not approved will be revisited. With new information, the claim may be approved.

Question:

So the claims can be appealed?

Bill Murray:

There is an appeal process, but when these documents are revised, the claims will be revisited and the probability is recalculated. We want to award claims, but we have to go by the law. There are four Special Exposure Cohorts, the three gaseous diffusion plants and Amchitka Island, Alaska.

Comment:

DOE and LANL have sugarcoated their reports to try to keep LANL from becoming a Special Exposure Cohort.

Bill Murray:

NIOSH is looking at those things, too. If a petition is submitted to make any part of LANL an SEC, there will be an evaluation. There were two submitted for Y-12. At Y-12, the SEC petitions were for 1945-46, when it was the Tennessee Eastman Company and they had the

calutrons enriching uranium. NIOSH made a decision to expand the years to 1943-47, because it was the calutron era. They are trying to err on the side of the claimant.

Ken Silver:

I think really, that's the bottom line of this meeting. People here want a Special Exposure Cohort so much that Congressman Udall has introduced legislation to that effect. The earlier point about where's the money going – it's going to the sites that have SECs, where there were strong labor organizations that could document how the books were being cooked, that could take that evidence to Congress as the PACE union did many times. They got in on the ground floor when the legislation passed in 2000. I give you a lot of credit for coming out here, because this is really the first formal forum for Los Alamos working people to go on the record with concrete evidence of how the books were cooked. Some of these people here were on the radio in February of 2000, when this was just a glimmer in Bill Richardson's eye. A lot of the families met with David Michaels in a private meeting before legislation was even introduced. The fact that it hasn't benefited many families around here all turns on the fact that there is not yet an SEC. There has been a long procession of government people, no offense against anyone here today, saying "We have good data, we have technical degrees, we have things under control, we can reconstruct your dose scientifically."

Bill Murray:

One of the reasons that only 160 out of 725 claims have been processed is that this profile was not done, so they didn't have the technical information. They had some of the dose records, but they did not have the site profile. It has only been approved for a couple months.

Comment:

The best science is to talk to the employees that are sick.

Bill Murray:

You're absolutely right, and that's why we're here. We've heard the same thing at other sites. "The supervisor told us to take our badges off and leave it here while you go in to do the job." They did this because they didn't want them to go over the limit, so they didn't monitor the dose. When the dose reconstructors go back to look at the external dose record, they may see a pattern where numbers suddenly go to zero – they look at trends in the data to check for sudden departures in the trends. When they see this they go back and assign additional dose, or "missed dose." This happens frequently.

Comment:

At one time LANL had a contractor known as ZIA. When ZIA stepped out of the contract, the Health Division at the Lab hired summer students to purge the medical records. Ask the Lab what they did with those purged records. They purged all the information for the ZIA employees in case there were any legal issues when ZIA stepped out.

Bill Murray:

Are you saying that their dose records were purged, too?

Response:

I don't know what all they purged, but I know they purged records. I'm sure they purged the dose records also. They probably purged the dosimetry records too.

Bill Murray:

NIOSH did a study of the ZIA cohort. ZIA was here at LANL from 1945-85, and they hired a lot of people of Hispanic origin for maintenance. NIOSH got dose data on those people for the study.

Response:

I don't know what all they purged. I found out about it when one of the nurses in the Health Department told me she couldn't believe they were doing it.

Bill Murray:

Is she still alive? Do you think she would talk to us?

Response:

Yes, she's still alive. She's bitter about all of this, people run scared up here.

Comment:

There was a lady who worked in Dosimetry at the Lab in the early years. She was the one who kept the records. You should contact her.

Bill Murray:

If you can think of anything else while I continue my presentation, we can stay here to talk to them as long as you want.

The Site Description provides an overview. It doesn't go into great detail, because a lot has gone on here since 1943. This section documents what radioactive materials and radiation sources were at the site, what potential radiation exposures from both occupational and environmental radiation sources existed. A little more detail on the site description – the types of activities that have gone on there – criticality experiments, reactor research, waste disposal. Some of the radionuclides that were here are tritium, mixed fission and activation products, uranium, transuranics, noble gasses, and many more. The radiation sources are listed in one table, and the accidents and incidents in another table.

The section on the external dosimetry program includes information on sources of exposure, what dosimeters were used, what dosimetry practices they used, badge exchange, and if they made any adjustments to the dose. Most important, what the minimum detectable levels were, and if the levels detected were reasonable. They had technology for gamma and x ray in 1943, they did beta and neutron measurements starting in 1949. The exchange frequency is documented. We know about the workplace radiation fields and workers' locations around the sources. If a worker is wearing a badge on his collar and he's doing work at a glovebox, it won't get a very accurate reading. There are cases where there is a lot of glovebox work and people are standing with their backs to the glovebox. Dose reconstructors can make corrections for situations like this while they're calculation the dose. If zeros appear where there should be readings, a missed dose value, usually about half the minimum detectable level, can be put into the equation. If you consider that badges were generally exchanged weekly, this can sometimes be significant.

The same kind of information is given for internal dosimetry – methods and practices, radiation sources, minimum detectable activity for in vitro, urine samples, whole body counting, chest

counting, and what levels they reported, because sometimes they reported levels below the minimum detectable level. At Y-12, they found new information for 10,000 whole body counts for thorium where they reported levels of 10-15% of the actual minimum detectable level. Program bioassay started in 1944. They originally did nasal swipes, primarily for plutonium. They started urinalysis in 1944. Whole body counting for gamma radiation began in 1955 and lung counting began in 1970. They also did wound counting back to 1995.

The section on environmental dose is for workers who weren't monitored in a dosimetry program, but could still be exposed to radiation on the site – radioactive materials in the air, radiation sources in buildings, waste pits, etc. Radiation sources outside the body, such as an accelerator, reactor, x ray machine, giving off radiation into the body's tissues and giving a dose. There is site-wide monitoring data that can be used to calculate an external dose for unmonitored workers. This is not a very large dose – from 1971 to 2002 it went from 30 to 60 millirems. From 1965 to 1970, it went from 30 to 100 millirems. Although the site profile states that there was no data prior to 1965, the team has recently found data going back to 1959-60.

Question:

Are you aware that Los Alamos has one of the highest levels of thyroid cancer and thyroid disease around the country? It's something you should look into.

Bill Murray:

No, I didn't know that. At the request of Congress, the Centers for Disease Control and Prevention (CDC) did a study around 1988 looking at both thyroid cancer and thyroid disease around the Hanford site. Hanford had a high concentration of ^{131}I since they deliberately released about a million curies between 1945 and 1950 because they wanted to study its effects on the environment.

Response:

That's the case with Los Alamos. Back in the 1940's and 1950's, the construction contractors buried dump trucks and heavy equipment where the Larry Walkup Aquatic Center is located now. There is still a lot of radiation going into the Rio Grande Basin. The State of New Mexico Environmental has come down hard on LANL for over 2,800 hot sites that have been identified for clean-up. There are still a lot of hot sites to be identified.

Bill Murray:

That's a problem, as it is at all the sites. The problem is that you have to try to find out when there were high levels of internal and external radiation, because you don't really know where a person worked.

Comment:

DP West is going to be one of your hot sites.

Ken Silver:

Excuse me… It used to be a tongue-in-cheek remark about folks coming down from the Lab with PowerPoint slides. And the voices of the community would kind of drift away as the scientists went through. I know you worked very hard on this – I use PowerPoint a lot in my classes – but

can we cut to the chase? Content analysis of this audio tape would show that the voices of the community are not dominating this meeting, and it's more than halfway over.

Bill Murray:

I'll shut this off.

Sam Glover:

The slides show the kind of information that would be helpful to show how you use the data. When you go into our internal and external dosimetry, these are practices that affect how I'm going to interpret your dose record. These are things we need to share with you, so we can get the right information.

Mark Lewis:

This is Karen Martinez, the director of the Department of Labor Resource Center.

Karen Martinez:

Are you going to tell us which years are missing in the data? There is a group that wants to do an SEC petition, and it would be helpful to them if you could give us that information.

Ken Silver:

Is this going to be an endless quest to locate missing data, or at some point will NIOSH say "People are dying. We are missing data and these are the years we need. We can't find it." Is there a date certain when you can say that you're missing these data for these years?

Bill Murray:

If you really believe that, the best way to handle it is to apply for Special Exposure Cohort status for certain groups of workers for certain years.

Sam Glover:

I will say that NIOSH has been aggressive with this. They started taking claims before our office (OCAS) was ever formed. Our highest priority has been handling the first 5,000 claims for the past three months, because of the time. We strongly feel that there is a timely answer to these claims, and we're trying to cut that down. If the sites can't get us the information in a timely fashion, we have to say we can't do these dose reconstructions. And this is part of the SEC process.

Mark Lewis:

That might be one of the questions NIOSH could answer for these people. How much time does it take to answer these claims?

Response:

Will there still be money to pay the claims if it takes a long time to get the information?

Sam Glover:

There is no limitation on the money available to pay claims. If the probability of causation is above 50%, these claims get paid.

Bill Murray:

We're meeting with three unions Monday afternoon about Sandia. The Sandia Site Profile hasn't been started yet. The kind of information we want workers to provide us:

- Did people wear badges?
- What types of radiation did the badges measure?
- How often were the badges exchanged?
- Where were the badges worn? Were they worn in places on the clothing to effectively monitor exposure?
- How did they record data for lost or missing badges?
- Were there problems with badges?

I'll tell you where to send the information.

Ken Silver:

Send it, or do you want it on the record today?

Mark Lewis:

They can tell us here too, can't they?

Comment:

I used to wear my film badge on my coveralls in TA-54. In the winter, I wore my jacket over my coveralls. I'd get on the dozer to bury the gloveboxes and all that dust would fly into my face. And I would just be wearing a dust mask. They didn't change the masks or even inspect them periodically. They were all cracked and weather-beaten.

Bill Murray:

NIOSH assumes that no respirators were worn.

Response:

They didn't tell us to wear them.

Bill Murray:

It doesn't matter if you wore them. When they reconstruct your dose, they assume you didn't. I'm not sure if that is across all the sites.

Sam Glover:

It's pretty broad. NIOSH doesn't put much faith in the respirator practices.

Comment:

When they used to get our badges, they picked them up, laid them on the desk, and sometimes they were there for two or three weeks. The urine samples may have been there for a month or two before they were picked up. Sometimes, we had to ask them to do nose swipes. There was no regular pattern to the programs.

Sam Glover:

Was there a plutonium bioassay program – urinalysis?

Response:

Yes, but it wasn't done regularly. I was working at TA-54 and burying every kind of radiation there was. Pigs, monkeys, everything they were doing testing on, I had to bury them. Half the time, there were no air monitors while I was working. People stole the batteries. There was no good monitoring program.

Ken Silver:

If NIOSH does not take into account the use of respirators, why in Chapter 5 Internal Dosimetry is there mention that workers that were involved in the decommissioning of TA-21 all wore respirators *(citing an official Lab report).* Didn't you work on that? Tell us about the respirators.

Response:

We didn't have to wear them. I carried them with me, but I didn't have to wear them.

Ken Silver:

Why is there even mention of the respirators if you don't even take them into account in reconstructing the doses?

Comment:

I worked as a Radiological Control Technician (RCT) in 1977 at TA-55, the plutonium facility. We wore TLDs and finger badges, but I felt there were discrepancies in exposure rates. When you work in TA-55 in the gloveboxes with ^{238}Pu, ^{239}Pu, ^{241}Am, ^{137}Cs and ^{60}Co, and the reports come back with readings of 0.001 millirem – how could the results be so low? When you're doing glovebox changes, you know that it has to be higher than that.

When I worked at CMR (Chemistry and Metallurgy Research), the chemical and mineralogy center, they took 35 truckloads of materials that were buried in the basement of CMR and moved it so the Tiger Team wouldn't see it. There was a lot of exposure, chemical, toxic substances and radiation. But when the RCTs got their reports, the exposure rates were very low. An example is the stacks at CMR – I was personally instructed not to turn in the filter for count if it was over a certain level, to just dispose of it in the trash can. I worked with the different instruments that were used, the Alpha 11139, the E530 for beta and gamma, the Bonner sphere for capturing neutrons, calibrating these instruments in the basement. I asked for – and was not given – a lead apron. When we removed the radiation sources from the dead pigs, the exposure was high.

Jack Buddenbaum:

Were you wearing dosimeters during those operations?

Response:

Yes, we wore thermoluminescent dosimeters (TLDs), but the results were always low.

Comment:

I was a radiographer, an inspector, and worked at TA-8. I worked monitoring machines where there were sources of cobalt (150 curies) and iridium (100 curies). The dosimeter readings were always zero. They just can't be. You used a remote control to send the source out and bring it back. This was in the field. I worked in the tunnels in Nevada, too, with iridium and cobalt sources. My inhalation chamber would be up, but my film badge was always zero.

Comment:

They always had two sets of badges in the plutonium facility. One set was kept overnight in a cabinet. If you want to know the real numbers, where are the numbers for the badges that stayed overnight in the cabinet?

Question:

What about the ones on the wall? There used to be packets on the wall, in an ionization chamber, that had a film badge, a Kelly badge, and all kinds of things in it. It was supposed to be in plain sight. When they took readings from those, they showed something, but you being there working in that same area, in that same place, always zero. You'll have another problem with people in the range from 60 to 70 years of age, the ones who worked in the Rover program. We ingested a lot of enriched uranium. I don't know what it's done to me. I know that my lungs didn't look good during my examination, but I'm not beryllium or asbestos sensitive. They suspect that it may be enriched uranium, but they can't do anything about it. I used to blow my nose and it would be black, uranium mixed with graphite from the fuel rods.

Comment:

They used to dump the graphite containing uranium at TA-54 in the dumpsters. It was a just a black cloud when I got on the bulldozer, and it would go out in the air to White Rock down below.

Comment:

Bandelier Monument is right across from area T-54, is it contaminated? Does the barbed wire fence stop contamination?

Comment:

It's right across from TA-54, from Area G, with just a canyon in between. If the wind was blowing, that stuff went flying – all the way down to Bandelier.

Comment:

CMR is a place that needs to open up and fall into the ground. It's a very dirty building. Wings 3, 5, 7, 9, when we went into Wing 9 and took the gloveboxes apart, they were super hot. Even when we went in with SCUBA (filtered air) for a certain amount of time, when we did bag-outs or when we had to clean out the trash that was going to be going to WIPP (Waste Isolation Pilot Plant) – the gloves, the coveralls, the tools – there was a lot of exposure. A lot of the RCTs were really upset with the readings they were getting.

Comment:

When they closed DP West, they took a lot of stuff out in barrels and buried it out in Area G. They figured nobody would open the barrels up to see what was inside. They contracted Benchmark to write reports and keep the records. If you ask for the records, you can't get them. If you ask Benchmark, they say "You can't have them, they belong to the Lab." If you ask the Lab, they say "Benchmark has them."

Comment:

I hope you can go away from the meeting with the understanding that it's not so much about the compensation, but the outrage at what has been done to us.

Mark Lewis:

Are there other sources of information that would be pertinent? This is the first time that some of these things have been related to us. Do you have other information for the team?

Comment:

Yes, if you want more information, go to Germantown DOE Records, and look at the CDs. I found information on the animals that were buried from around Area G – squirrels, deer, rabbits – they were hot. The documentation isn't at Los Alamos. DOE is keeping it at Germantown.

Mark Lewis:

This is good information for the team. We're listening.

Response:

They took samples from the dead animals and then I took them out to be buried in the middle of the night.

Ken Silver:

So this implies that the environmental occupational dose – if you look at the Lab surveillance reports and there's nothing wrong – why were they throwing away the hot elk and the hot vegetables?

Response:

They took tissue samples, like the tongue, and parts of the intestines, and then I'd dump the rest of the animal down one of the shafts.

Sam Glover:

Most of the laboratories collected dead animals and took tissue samples. It was a common practice.

Response:

Birds would fly over TA-54 and drop dead. I had no idea I was getting high exposure, because they never told me.

Comment:

I have a document that said they buried tritium at TA-54. They put it in vermiculite to help grab the gas. A report was written when they wanted to expand Area G that said "Tritium is buried in barrels, which are leaking, and the shafts will continue to leak for many years," and there's no way to stop it. When you look at the monitors, they don't show it. Area G had "sniffers" that weren't on.

Comment:

The radiological reports vary from group to group, too.

Bill Murray:

What I'm getting out of this is that it's unfortunate we haven't talked to you before. The site profiles were started before the outreach program began. The Advisory Board recommended to NIOSH that our program be set up as a way to go out to the workers and get more information for the site profiles. The outreach team went to its first meeting in November 2003, after the first few profiles were complete or in progress. Now we go out as the profiles are being written. It's important to talk to the workers, who are the site experts, to find out what really happened at the sites – the internal dose programs, the external dose programs, the air monitoring, urinalyses, whole body counting, environmental doses, medical dose, etc. We can find some of this in the

records. If you want to put together a group of seven or eight people, and make a list of questions, observations and issues, we can come back and meet with you.

Comment:

Here's a copy of the Tiger Team Report. You'll find a lot of information in it. I marked some important things I think you should know.

Jack Buddenbaum:

That's why we're here – to get information that will make the Site Profile more complete.

Comment:

A month before the Tiger Team came, we filled three big pits with material that the Lab wanted to hide.

Jack Buddenbaum:

I was told that they didn't keep records for what was taken to Area G for a long time, but they started keeping logs at some point. When did they start?

Response:

They were keeping logbooks in 1976 when I started.

Jack Buddenbaum:

When did they finally put a guard shack up there?

Response:

They had a small trailer there, like a camper, but it didn't have a shower so you could get cleaned up. As I said, I started working in 1976.

Jack Buddenbaum:

I've seen logbooks from the 1960s, but the problem I'm having with them is they are very general. We would like to have more specific information about what is buried there.

Response:

Go to Area G and tell them you want the logbooks. I have a document that said they buried asbestos and polychlorinated biphenyls (PCBs). I saw PCB oil that was taken out of the VASON facility dripping out of a truck.

Response:

One of the boxes at DP, when they were putting everything in plywood boxes, leaked all the way from LANL to TA-54. They had to shut down the whole place so it could be cleaned up.

Comment:

The logbooks are very important. The RCTs kept logbooks and made daily entries using the E530 and had to post the results every day. All the information is in the logbooks, and you should have access to those logbooks, especially if they are in the archives.

Jack Buddenbaum:

We have some of that already. CDC is making an effort to get the latest set of records that were pulled out of the Lab for another study.

Comment:

The Tiger Team found a lot of stuff going on at DP and at LANL at the time that I was there. I had a memo at one time when LANL began to have safety meetings on hazardous materials and toxic chemicals. I was there 20 years, and I don't recall ever having a safety meeting on the use of chemicals. This is a very good indication. My claim has more to do with Subtitle E.

I wore a film badge when I performed maintenance on the accelerator in the basement at Los Alamos Neutron Science Center (LANSCE). Sometimes I had to sit directly on the steering magnets to change out isolation valves. The film badge was on my lapel, but I was sitting directly on the radiation source. That doesn't return a very accurate reading. I did this many times, and the reading would be between 35 and 40 millirems.

Jack Buddenbaum:

It wouldn't be the best measurement. Did you do the maintenance during shutdown? Did you go into the target area? Was there a health physics technician?

Answer:

Yes, we did. It was so hot we had to go in and out. There were six targets. Target 6 was reading about 6 rems at times. When you sit on the radiation source, a film badge on your collar isn't going to pick it up correctly.

Jack Buddenbaum:

What part of the accelerator did you actually sit on? Was that in the target area?

Answer:

That would be the 805, and they have the steering magnets throughout the experimental areas.

Sam Glover:

It's certainly not going to pick up the beta radiation. The beta radiation will be attenuated.

Jack Buddenbaum:

Yes, we missed that, but it would certainly pick up some of the gamma radiation.

Mark Lewis:

This is what I mean when I talk about getting the rest of the story. This is a very complicated site. The people feel a lot of frustration here.

Jack Buddenbaum:

I'm hoping that it will be helpful, that it will be of value down the road. I'll make an effort to pursue this.

Mark Lewis:

I want this to make a difference. We've asked these people to open their hearts, their homes, and their communities to us. They've put a lot into this and I want them to feel like some progress will come out of this.

Karen Martinez:

There have been a lot of people coming into the Resource Center who want to talk to you, but couldn't be here today. They don't want to come into a big setting. They want to just come in and share their 15 minutes of what they worked with and what happened to them.

Jack Buddenbaum:

If our timing isn't convenient for some of them, phone calls may be another way to talk with them.

Response:

Some of these elderly people don't want to talk on the phone.

Karen Martinez:

Some of these people worked in the 1940s and 1950s, and that probably wouldn't work for them.

Bill Murray:

We can set up a meeting in a place where people will be comfortable – perhaps the Resource Center, or a hotel.

Ken Silver:

Before people buy into an agreement to meet again, I think folks in northern New Mexico have to ask whether they want to enable a sixty million dollar process that is not necessarily in the best interest of the four hundred people who came out in March of 2000, or the three hundred people who came out in May of 2002 at the Conventa. Until a few questions are answered… I've read this Site Profile as closely as I could and one of my major categories of questions is that only certain official documents were cited. You said you had seen the Tiger Team Report – why is it not cited anywhere? Why are so many of the footnotes and citations official Lab reports, and not this sterling, independent, thorough, blue-chip report about Los Alamos? Why has that not been cited?

Jack Buddenbaum:

Some of the reports have come in since this was published. This is a living, breathing document.

Ken Silver:

Well I think it has bad breath at the moment. Health Division progress reports are available after 1960. The Human Studies Project Team in their 31 notebooks released in 1995 had several from 1963-64. *(Participant's name omitted)* and I have discussed many times about Health Division progress reports being issued as late as the 1970s, yet in Chapter 2 you say they're not available after 1960. In Chapter 6, there's a graph of the number of workers monitored. I checked it in a hasty fashion against the Annual Report of Radiation Exposures for DOE and DOE Contractor Employees, an annual series that DOE, and before that ERDA, and before them AEC, issued on a regular basis, and the Lab's numbers as you have in your report are high by a factor of 10% compared to what they were claiming to have measured in the 1970s and 1980s. Where did they find these extra 1000 or 2000 people all of a sudden? The source you give is a 2004 Lab document which hasn't even been assigned a publication number. So how can we see behind the contradictions? NIOSH is a part of the CDC, the top federal public health agency. I would think the population dose – how many people were being monitored – is a pretty fundamental question for a public health agency, right? … ten percent discrepancy between these two official sources of information.

Another one of my major concerns with the document is that there is contradictory information between certain chapters. In Chapter 2, ^{131}I is tied to the Omega West Reactor. In Chapter 5, it says explicitly that Omega West Reactor was not a source of ^{131}I. Wing 9, which *(participant's*

name omitted) mentioned among the list of Wings and the Rover program which *(participant's name omitted)* mentioned is covered in more detail than I've seen in one of these official government documents in Chapter 2 with a list of KIWI experiments up at the Nevada Test Site, but there's no mention of the fact that the "hot" fuel rods were brought back to CMR building. In Chapter 6, you mention that irradiated uranium and plutonium were handled in the hot cells, but you don't mention the screaming hot fission products. In Chapter 5 you concede that there was fission product chemistry going on, but folks here have talked about what was going on in the CMR building, and many folks not here have talked about it as well. With all those contradictions among the different chapters of the report, I still smell something and it's starting to smell like fish. I could go on for quite a while.

There are unofficial Lab documents that are not mentioned: Jack Nyhan's report (which I gave *(name withheld)* and then to Chem Risk in 1998) describes salamander incinerators in Tech Area 21. They're bigger than a giraffe, but smaller than a basketball hoop. There's a lot of concern about unmonitored emissions from the salamanders. But, consistent with the fact that you only cite official Lab documents, Nyhan's report isn't cited, so there's no mention of these salamanders.

And, frankly, worst of all, the occurrence reports collection doesn't seem to have been accessed. Do you have EXCEL on your computer? This is primary data collected during my doctoral dissertation, it's not classified, it never had a clearance. It's a long list of occurrences that I gathered in the vault at Tech Area 35. I look at the list of incidents in two sections of your report and they're puny compared to the hundreds of occurrences in the vault. So, folks, there are serious flaws with this document as it currently stands. However, many hundreds of thousands of dollars have gone into it up to now. You've got to ask, "Do you want to enable this process with more meetings?" or can you give us a date certain at which you're going to tell us "We've gathered all the data that we can and we either can or can't reconstruct your dose."

Bill Murray:

That won't get done until an SEC application is submitted.

Ken Silver** (Hands Bill Murray a jump drive)**:

Do you see a file 'silveroccurrences.xls' on there?

Karen Martinez:

Did you just hear what this gentleman said? That's probably the wisest piece of information they could give you right now. If you could repeat what you've just said…

Bill Murray:

I'm saying if your goal is to have an SEC application submitted, go ahead and submit one.

Karen Martinez:

How many are on file right now for LANL?

Bill Murray:

I don't know the answer to that.

Karen Martinez:

I think it's zero.

Sam Glover:

It's zero.

Bill Murray:

I think there are only 30 total – aren't there something like that?

Sam Glover:

It's something along those lines.

Karen Martinez:

At the Town Hall Meeting, they asked that question. Someone from the NIOSH staff called the office, then came back and said there are no petitions on file right now for LANL.

Sam Glover:

There was a Town Hall Meeting held just a few days ago where we actually had a Worker Outreach.

Mark Lewis:

If you want to look at SEC, there are some petitions on the OCAS website. You can look at some sites that have turned one in – Weldon Spring, Iowa Army Ordnance Plant. We're not here to talk about SEC, but it can be a community action.

Bill Murray:

You need to remember that Special Exposure Cohort only covers 22 cancers that are considered to be radiogenic cancers.

Ken Silver (referring *back to EXCEL document)***:***

In just one decade (the 1970s), there are several hundred occurrence reports, many of them involving worker exposure, right there in the vault in TA 35. If you look at the two tables of occurrences that are in the draft site profile, it's barely a quarter of the size of my list in one decade. Not all these are worker exposures, but many of them are. I just don't understand the discrepancy.

Sam Glover:

First of all, let's talk about something first. I want to reconstruct your dose – ***your*** dose. We recognize that there have been a number of accidents, and those accidents have been listed. But I need to make sure that those accidents are in your file, or that you make mention of them during the CATI interview, so I can take into account those accidents. Having just a list of accidents doesn't help me reconstruct your dose. And as I'm doing your dose reconstruction … *(sentence interrupted).*

Comment:

Could I interject and take a minute to talk about someone who is not here? His name is *(name withheld)* and the last time I saw him was about 3 years ago when I did an interview. He was a pipefitter and he had a number of bad things happen to him over a period of years, and some of it was based on his heroism working at the Lab. The first thing was a criticality accident that happened in 1959, in which the victim was pulled out with 1000 r and died in the hospital. This man volunteered to go in and drain off the tank that had gone critical. And it all happened at night, so people wouldn't know about it. He said if it had happened today, the whole Lab would have been shut down and all of northern New Mexico would have had a heart attack. But at that

time, it was like a military operation. The higher-ups came in and talked to the people who had the plumbing skills to be able to handle it and said "You have to volunteer, this is much too dangerous to give the assignment to just anybody who wants to do this." And he and his partner were crazy enough to go and take care of it, so he had a huge exposure there. And as his working life went on, there were many more incidents that came out during the course of the interview. After a 40-year career – and he was always a Lab loyalist, he was not critical of the Lab in any way, but he took a lot of hits – he decided to go get his medical records. After so many exposures, he had nothing on paper. When he went to ask for his record, they came out with a single sheet of paper, and on that sheet of paper were figures from nose swipes and a few other things that were completely distorted, many times smaller than what he remembered. He said "I've been a loyal Lab employee, worked hard all my life and now they're treating me like a criminal." The feeling that he came away with from that meeting in the office was that he was suspect because he asked for his medical files – as if they expected he was going to sue them, and that offended him more than anything else. Does he not exist to you folks who can only go on the basis of all this missing information? I failed to mention that when they came out of the Lab after solving this criticality problem where they were all heavily exposed, someone said, "Let's take the badges and throw them in the trash (like a macho thing}. We've gotten through this night and saved the lab, we don't pass along this information. Let's just take them off and throw them away." And they all followed suit, so there were no readings from the incident. At the end of his whole lifetime of work, he doesn't exist to people who would judge him only on the basis of what is in his medical files. He doesn't have the proof of all these extraordinary things that occurred to him. How can you reconstruct his dose?

Comment:

I have a document in my files that says that workers at the Lab are not considered general public. In other words, we're expendable. This is written by the Laboratory, one of their documents. It says that if you get contaminated, tough. That's part of the job.

Comment:

Another point I want to bring out, when we go to see doctors in the public, doctors in Española, Santa Fe and Albuquerque, there is favoritism here. The Lab has enough power to put the doctors out of business if they don't do things the Lab's way. We need doctors that are not biased. We need doctors here who are not intimidated (by the Lab) in their careers.

Comment:

You have to go to Denver before you can find somebody who is going to be clean, who will give you the straight scoop. You can't stay in northern New Mexico at all.

Sam Glover:

We're not asking the doctors to determine whether your radiation caused your cancer. We want to make sure that they have diagnosed you fairly with the cancer type that you have.

Comment:

Yeah, just like when they brought the Johns Hopkins Institute here to Española. My friend's father has cancer. When he worked for ZIA as a painter, they painted over the beta and gamma radiation on the floors with lead paint to let it sleep – I saw it with my own eyes. But the painters

were getting exposed. When he came here for the evaluation with the Johns Hopkins doctors, they told him there was nothing wrong with him. A majority of the people that went were told that nothing was wrong with them. Now, that was fishy to me, and then they ended the program. We need doctors here who can make diagnoses and not be intimidated by the Laboratory's power.

Ken Silver:

While the patient is still alive, get on the phone and call Occupational Medicine and demand the records. The cancer patient sits in the doctor's office on conference call, and gets Occupational Medicine. That's a role that independent occupational physicians could play around here towards the Lab. I realize that a cancer diagnosis is a cancer diagnosis, but while the patient is still alive they'd have an advocate.

Comment:

I had a physical a month before they diagnosed me with leukemia – I had a physical in Los Alamos with the government and they didn't tell me a thing that was wrong with me. Nothing – a month later I had leukemia. They knew. I couldn't even get life insurance. They refused me. They wouldn't tell me why until afterwards when I found out that I had the leukemia. Then I started investigating and they finally told me "There's something wrong with your blood. That's why we didn't want to sell you insurance." And the Lab knew. They terminated me right away when they found out I had leukemia.

Comment:

He's not the first one. The Lab does this. They target you, they single you out. Once they find out you're a problem, you're going to get terminated. I'm a very outspoken person for employee rights, and I'm for these people who are sick. The Lab does whatever they want, with whomever they want, whenever they want. We need doctors in northern New Mexico who can help the claimants, not help the Laboratory. Please.

Comment:

When I blew the whistle on them, they gave me a physical and I was told everything was fine. Freedom of Information Act (FOIA) requests were issued by my attorney and my medical records showed up. After looking through them, there's a document in my medical file that I have from the Lab, through FOIA, that says that my cholesterol was 700. They wanted me to have a heart attack. They lied. They said "Patient was informed to see his own medical physician." And they never said a word to me. I found it in my files. In other words, they are blowing smoke and they should be taken to task for it. These reconstructions… the Lab's documentation is false. The reason is because they caused the problem and they're trying to cover it up. That's the only conclusion NIOSH could come off with, and these people should be awarded these claims. If they falsified the records, they are responsible for it. They've failed. You don't have a choice. If the numbers were true, we'd go along with it, but we know the numbers are not true. We're showing you that right here.

Comment:

They're playing with peoples' lives.

Sam Glover:

If a person is monitored for plutonium, and there are plutonium bioassay results, we can calculate a dose. Whatever air monitoring data was, we're going to do our best. External dosimetry has been mentioned – that people threw their badges away. If somebody falsified data, if they were biased in some fashion, or if records were deleted, that's certainly going to bias our result – absolutely. When the reconstruction process begins, we have a claimant phone interview. Some of the hardest interviews are the ones where the workers have passed away and the relatives try to give what their work experience is. In that case, things like you've talked about, where you've captured someone's history or memory will certainly help.

Comment:

What gets me is trying to convince you people that there are so many of us coming forth and saying "Hey, this is what happened. The records do not show this, and when you do get the numbers, they're not right. And you're sitting there telling us "We're going to use those numbers anyway." And you've got to tell these people (the Lab), "These numbers aren't right, you've falsified them."

Sam Glover:

We have to go in, look at the external dosimetry data, and see if there's a problem. We have a scientific test – what's the hypothesis? We're going to verify if it makes sense. Do the people with this type of occupation have an exposure – a radiographer, for example – and then we ask "Does this person have an exposure that makes sense?" That would require allegations that there are problems, here are specific incidents.

Ken Silver:

The Tiger Team Report makes it quite systematic – for example, the internal dosimetry bioassay program – the time to analyze some of the samples was too long, there was no internal audit, the standards used in the lab tests can't be traced to National Institute of Standards of Technology (NIST), failure to complete the chain of custody records, all kinds of things are documented in Chapter 4 of the Tiger Team Report that a widow isn't going to know, and even if the worker's alive, he's not going to know it.

Sam Glover:

I think we've already agreed that this is something we definitely need to address.

Ken Silver:

There are many people whose jobs were never evaluated for inclusion in the bioassay program, including plutonium and depleted uranium workers.

Sam Glover:

We specifically look at what the monitoring practices are, and some of these sites have changed dramatically since the TBDs have been written. As we have said, these are "living documents," and when practices are found to be inadequate, we take that into account.

Comment:

This just sounds like more runaround to us, because we've gone through this so many times. They're going to do scientifically this and that. What it all boils down to the fact that the Lab is

all going to keep it quietly in the background until we're all dead. Then they won't have to pay anything.

Sam Glover:

The compensation doesn't come out of the Lab's budget.

Comment:

I don't think that you, or anyone else in here, would like to have the disorders that I have to live with daily. When the program began, way back in 2000, I believe that the Senate appropriated the funds for these workers. What happened that it took a turn around, as far as trying to find scientific facts, and on and on?

Bill Murray:

It's not an entitlement, and that's a very important distinction. If it was an entitlement, then everybody would just have to apply and prove they worked there to get an award. But it was passed as a compensation program, you have to have an injury or illness and you have to show some sort of a cause for that. But this was not passed as an entitlement program, and there has been a lot of misunderstanding about that. It is the Energy Employees Occupational Illness Compensation Program Act. I understand your concern, and I understand that perhaps you were told differently. The only way to remedy that is through Congress. They put in a provision for a Special Exposure Cohort process. Ken thinks that sometimes sharing information may impede that process. That may be true. The only reason you can be declared a Special Exposure Cohort is if NIOSH thinks that it cannot do a dose reconstruction. I do not know how the three gaseous diffusion plants and Amchitka Island got to be SECs.

Comment:

You know how… they did it with the help of their Congressmen, their Senators, their constituents, through political power.

Ken Silver:

(It was done with) smoking gun documentation. You can pull the House and Senate hearings from the late 1990s, assembled by PACE Union with the help of Dr. Rick Byrd and Dr. Steven Markowitz, occupational physicians, on the record of what I call 'the board of directors of the DOE complex,' the U.S. Congress. Once that was on the record, PACE was easily able to convince David Michaels and Bill Richardson that the government had a moral obligation to workers who were kept in the dark. We've never had a forum to formally put the same kinds of evidence on the record here. It's coming late in the game. I don't feel that sharing information reduces the likelihood of getting a Special Exposure Cohort, but I do know that continuing to jawbone these issues endlessly with ever-widening circles of people telling anecdotes does postpone getting a Special Exposure Cohort.

Bill Murray:

There are two ways that you can get SECs, and I know there are a lot of Atomic Weapons Employer sites up in the western New York area, in the Buffalo-Niagara Falls area. They are very active – I know the people and their Congressional delegations – Senators Schumer and Clinton, Representatives Slaughter and Quinn and some of the others. They may choose to introduce legislation that makes them (the AWE sites) SECs. That could be done here with your

Congressional delegations. The other way is you can apply like they have at several sites for SEC status. That can be as few as one person or it can cover the whole plant, but the thing you have to keep in mind is, that even at the gaseous diffusion plants, if it's not one of those twenty-two cancers they still have to do a dose reconstruction. That's the way the law is written. We have to do our work based on the regulatory legislation.

Question:

Are you saying there are no limits on the cancers now in Subtitle B? I thought there were always limitations from the beginning. You're saying that this is a disadvantage because it's a limitation on the number of cancers that are subsumed under that. But I thought when it was originally explained to us by Senator Bingaman that there were limitations to the cancers included in the original Subtitle B. Isn't that the case?

Sam Glover:

Skin cancers are not covered under the SEC. They are covered as part of the dose reconstruction process.

Bill Murray:

I believe the only cancer not covered is chronic lymphocytic leukemia, because all of the scientific evidence available to date says that it is not related to radiation.

Mark Lewis:

With SEC status, there are twenty-two kinds of cancer where the award is automatic if the claimant was employed at the facility for 250 days. No dose reconstruction has to be performed. You can file a claim under EEOICPA for any cancer, but dose reconstructions have to be performed.

Question:

But the chance of our getting this status is really contestable, isn't it? Let's be realistic. We're all tired. We've been working on this for five years. Before we would launch into some other effort, we need to be realistic about whether there is anything to be gained.

Ken Silver:

Here's the paradox. The argument has to be that doses can't be reconstructed because certain information was never collected, or it's missing. A lot of what I've heard, going back the last 10 years or so, meets that premise. A lot of the information was never collected or missing, and with a draft site profile that ignores things like the Tiger Team Report, doesn't delve into never-published LANL documents like the Nyhan Report, and doesn't squeeze the occurrence reports collection for all it's got. There's still a lot of information missing, and what's the excuse? There have been millions of dollars put into ORAU's work over the last four years. Why isn't that in their draft report now? Draw the line. Is there a date certain by which they'll meet certain criteria?

Comment:

I don't think that's feasible.

Sam Glover:

I can't give you a date. I can't speak for my upper management.

Question:

Is there anyone brave enough to say to the Lab "The data you're giving us is flawed. What are we going to do about it?" Has anyone approached that? No. You're telling us that you never have. You're saying that you've taken reconstruction material and done it and then putting in a fudge factor because some information is missing. If it's missing, it's missing.

Sam Glover:

We did tell them they gave us the wrong data. The bioassay data they gave us to begin with was not adequate.

Comment:

Is there somebody above you who can make a decision who can say "The stuff we're getting from the Laboratory, or any place that we can do reconstruction, is not true and the books are cooked, and now where do we go folks?" Don't you think the laws need to be changed? We can't do this. We've tried, but we've been stopped every time.

Sam Glover:

At the Mallinckrodt facility, there was an SEC petition. Our decision was that the data was flawed and, therefore, was not acceptable for dose reconstruction. We agreed with the SEC petition and wrote a letter stating that an SEC should be formed. That is how we can interact. If we can get additional data, we want the rest of the data. If the data is wrong, we can say that we can't do dose reconstruction. And we have done that.

Question:

Where does it go from there?

Sam Glover:

The SEC petition process – and NIOSH can identify SECs – is

- NIOSH receives the petition and makes a decision that the petition does or does not support a Special Exposure Cohort
- NIOSH decision is reviewed by the Presidential Advisory Board
- If the Advisory Board finds favorably, both the Board and NIOSH send their recommendations to the Secretary of Health and Human Services
- The Secretary of HHS reviews the letters and makes his recommendation to Congress
- Congress must then make its decision and respond within time constraints.

Question:

How many of these petitions have been favorable for SEC status?

Sam Glover:

The three that have gone to the Advisory Board are the Mallinckrodt facility, Iowa Army Ammunition Plant – we have added facilities.

Question:

Only three?

Mark Lewis:

This just started.

Bill Murray:

It didn't start until October.

Sam Glover:

We're not talking about a long time period. These are things that have come in. There is a qualification process, and some of the petitions don't introduce information which supports the formation of an SEC.

Comment:

I've been saying that there have been falsified documents for six or seven years. It's a blind eye to a deaf ear.

Ken Silver:

I want to compliment you. In Chapter 5, you admit that the rest of the chapter is based on speculation. That was really up front, I thought. On page 11, you say that at the time of this Technical Basis Document (1) LANL had submitted bioassay data for only a few individuals, (2) only summary reports, (3) plutonium only, and (4) an interim format excerpted from the database. So you're waiting for those four things in December 2004 and the rest of the chapter is based on the speculation that you'll get it.

Jack Buddenbaum:

That data is coming right now.

Ken Silver:

All four things?

Jack Buddenbaum:

I've got to talk to Jim O'Brien, who is working with LANL to develop the Oracle database. The bioassay information was in disarray, and we have yet to make the final determination on those records. We're getting bioassay data, which is what we wanted in the beginning – the actual analytical data, not LANL's best guess as to what the doses were. I can't give you the answer right now, but it's being worked on as we speak.

Sam Glover:

I wouldn't say that the rest of the chapter is made up. It includes MDA data.

Ken Silver:

No, I understand. It was based on the assumption that you would get those four things. Your word is "speculation." I didn't say it was made up.

Jack Buddenbaum:

We were pushing to get this out the door, but we wanted to be honest about what we had and didn't have.

Question:

What else do we need to cover?

Mark Lewis:

If there are any other sleepers out there, you can contact Bill or me and tell us who to talk to. I realize that some people didn't feel comfortable coming here today.

Comment:

There's an intimidation factor. People are afraid they'll lose their jobs. They ask "Who's going to take care of your family when you die?"

Mark Lewis:

I know there are a lot of emotions involved here, and I appreciate that everyone has kept cool.

Vice President, UPTE:

I want to thank Mark and Bill and everybody that came out to listen to us.

Bill Murray:

If anyone has documents that they want to share, we will send someone to scan them into a database that we can provide to Jack.

Mark Lewis:

Karen (Martinez) is a very valuable resource, being from the community and working at the DOL Resource Center. The people you know from the early years would be valuable, too. We're heading in the right direction the way we're doing this.

Bill Murray:

If people have information that they are concerned might be classified, NIOSH can make arrangements for personnel with clearances to meet with those people at a site that DOE selects, because it has to be a secure area. They will also have the right to review the transcripts of the classified interviews. They did this at the Iowa Plant, and I will grant you that DOE or NNSA reviewed the transcripts. But at least the Site Profile Team Leader and the NIOSH representative can listen to it. I understand your frustration. I haven't seen this kind of anger toward the site at any other site.

Comment:

The situation here is historic. They came in here and took sacred lands from the Pueblos and land grants from the Hispanics to establish that Laboratory in the first place. The government gathered workers with low skills to do the most dangerous work, and those were people from our families. I buried two padrinos that worked there in 1945, right out of World War II, right into the lab – I buried the last one last year. They were both loyal to the Lab -- they wouldn't say a word against it. They died for that reason, I believe, and all their secrets died with them. Anything they could have told us today is buried with them. Those are just two out of the thousands that are gone now. Since we started working on this back in 1994-95, we have lost close to 200 people that are not here with us around this table. Some of their offspring are here now to talk on their behalf. They are "silent voices" – can no longer speak for themselves. When you have an operation with unlimited financial resources that comes in like that, it can just waste and waste and do these kinds of things. That's exactly what it has done. Everything that they do is secret and they want it to be that way. What happens is that all of the things that we are trying to do, that the CDC is trying to do in terms of the document discovery, is like pulling teeth. They don't want to release anything besides their plutonium and their tritium into the air and the water and the land. That has gone on from Day One, and that's not going to change because we don't have the power as long as the government backs them up.

Comment:

We have the University of California and NNSA, and the people in charge are ex-military or good old boys. There is no stability at LANL, no constant. There is continuous change and the stress levels are high. Now we're going through this contract issue, and it's hard to concentrate and it's hard to stay in focus. It's creating a lot of mental and physical health problems.

Comment:

If you're Native American, or Hispanic, or native New Mexican, the Lab looks down on you. You do the dirty work, you're the grunt.

Comment:

Look at the mortality rates, the highest percentage of the fatalities are Hispanic. Scientists have died, as well as custodians, technicians, security guards – look at the real numbers.

Comment:

Don't look at the ethnic background – look at where they're from.

Comment:

Many people who were very sick remained loyal to the Lab. They had steady jobs, they were supporting their families well, and they couldn't believe that anyone would deliberately put them in that kind of danger.

Comment:

I love America. I was born in Santa Fe, New Mexico, United States of America. I'm proud to be an American. I'm loyal, but I want the Government, when it comes time, to take care of me also. I would give my life. I am a veteran. I was in the military. I did my time and now it's time for the United States Government to take care of us.

Bill Murray:

I put an offer on the table, and I haven't gotten a response. Do we want a continuing dialogue? If we do, we'll try to arrange it. Talk among yourselves and decide. We are more than willing to come back and continue the dialogue.

Mr. Lewis concluded the meeting at 11:45 a.m., thanking everyone for attending.