



Alliance of Nuclear Worker Advocacy Groups

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FAX TRANSMITTAL FORM

To: NIOSH Docket Office

From: Terrie Barrie

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Date Sent: April 18, 2011

Number of Pages: 4

Message:

Please see attached comments to NIOSH Docket Number 194.

Sincerely,

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**ANWAG**

Alliance of Nuclear Worker Advocacy Groups

April 18, 2011

NIOSH Docket Office
Mail Stop C-34
Robert A. Taft Lab
4676 Columbia Parkway
Cincinnati, OH 45226

RE: Docket No. NIOSH-194

To Whom It May Concern:

The Alliance of Nuclear Worker Advocacy Groups (ANWAG) respectfully submits the following comments regarding NIOSH's Ten Year Review reports on Customer Service and Quality of Science.

Despite the small number of people that were interviewed for the Customer Service report, ANWAG can assure NIOSH that the issues identified by the authors are common to the advocates and the claimants we represent. Specifically, the two most common complaints the advocates hear from claimants include: 1) that the dose reconstruction report is often incomprehensible, and 2) that information given during the CATI interview is either ignored or glossed over. ANWAG concurs with the authors' observations and recommends that their suggestions for improving customer service be implemented as soon as possible.

ANWAG is also impressed with the Quality of Science report. However, there are a few issues that still need to be addressed, such as whether the Monte Carlo method is truly claimant friendly and whether the ICRP model used by NIOSH is the best available model to use for nuclear weapons workers.

However, ANWAG considers some of the authors' recommendations (pages 39 through 41) as further evidence that NIOSH cannot reconstruct dose with sufficient accuracy, as required by law. The authors' recommendations, which validate ANWAG's long-standing position that NIOSH cannot reconstruct dose with sufficient accuracy, are that NIOSH should:

- Reexamine its policy on peer review of dose reconstruction documentation; seek an external review of documents that have not been reviewed by the Advisory Board on Radiation and Worker Health; consider stakeholders review of site-specific technical documents; and ensure that all reasonable attempts for gathering information have been exhausted.

- Develop methods to validate exposure methods by providing "reasonable evidence" that the methods are bounding.
- Refrain from using data from sources other than the facility in question, if possible.
- Since DCAS's technical documents "...may not adequately support claimant-favorability...", DCAS should "consider future research to better characterize the degree of claimant-favorability that is afforded by current methods for adjusting doses for measurement biases, including the bias from exposures below detection. Moreover, the current comparison between substitution and maximum likelihood methods shown in ORAUT-OTIB-0020 lacks the scientific rigor necessary to fully support the assertion of claimant-favorability. .."

ANWAG historically and consistently has objected that NIOSH a) did not consider all worker testimony when developing technical basis documents; b) ignored evidence contrary to its preconceived notion regarding work practices at a given facility; c) was eager to use surrogate data or co-worker models in order to deny a Special Exposure Cohort petition; and d) may not have used the most claimant friendly scientific method to reconstruct dose.

Some past examples that ANWAG members or other stakeholders have provided to DCAS regarding information that were not included in technical basis documents include the following:

- DCAS failed to evaluate the underground utility tunnels at the Linde Ceramics site despite DCAS's knowledge of this information as far back as July 2006;
- DCAS was unaware that plutonium was present at Rocky Flats Building 440 post-1997 or that the Building 771 incinerator caught fire in 1980;
- DCAS "...was unaware of the existence of the 10" (10 inch) Bar Mill building at the time..." the Bethlehem Steel Lackawana Plant site profile was approved (cdc.gov/NIOSH/OCAS/pdfs/d11/ewalker0606pdf);
- DCAS failed to address problems with the Pu-238 neutron program in SM-Building at Mound from 1961-1968.

While we agree with the majority of the Quality of Science report's recommendations, ANWAG remains concerned about the length of time DCAS will need to implement these recommendations. In our letter dated October 11, 2010, we raised the issue that NIOSH will need to review and possibly revise its method to reconstruct dose for claimants exposed to high fired oxides after the International Commission on Radiological Protection (ICRP) finalizes its report. In a communication with the ICRP, ANWAG has also learned that the ICRP is currently:

...developing a new set of documents on Occupational Intakes of Radionuclides to replace the current ICRP reports providing dose coefficients for the inhalation and ingestion of radionuclides by workers (ICRP Publications 68 and 78). This revision is addressing a number of aspects of the

improvements to be made. These include the use of updated nuclear decay data, and the replacement of mathematical phantoms with voxel phantoms to calculate energy deposition in tissues. They also include revision of aspects of the Human Respiratory Tract Model (HRTM), which applies to all radionuclides of practical interest and to all chemical forms of radionuclides. This wide-ranging revision will be applicable to "high fired plutonium oxide" but is not specific to it.

Additionally, the ICRP anticipates that:

[t]he first part of the new ICRP series of reports on occupational intakes of radionuclides will be completed shortly and should be available later this year or in 2012. It describes the changes being made to the HRTM. Subsequent reports will include dose coefficients for individual radionuclides: plutonium isotopes are currently scheduled for inclusion in part 3 which will probably be completed next year for publication in 2013.

Moreover, ANWAG does not believe it would be claimant friendly for claimants to wait another year or more for DCAS to revise its methodology or procedures to comply with this report's recommendations or the expected ICRP's reports.

In conclusion, ANWAG appreciates the authors' time in researching this issue. We respectfully request that NIOSH affirm that, at present, DCAS is unable to fulfill its statutory obligation to reconstruct dose with sufficient accuracy.

Accordingly, due to the deficiencies identified in this report and in order to comply with the law to compensate claimants in a fair and timely manner, ANWAG recommends that all facilities be awarded Special Exposure Cohort status without further delay.

ANWAG appreciates the opportunity to submit these comments to the Docket.

Thank you for your time and consideration of these issues.

Sincerely,



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