

**Miller, Diane M.**

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**From:** Robert.Bistline@rf.doe.gov  
**Sent:** Monday, November 05, 2001 11:08 AM  
**To:** NIOCINDOCKET@CDC.GOV  
**Subject:** Comments on 42CFR82



Add Comments to  
42CFR82.doc

**Attached are additional comments to the "Methods for Radiation Dose Reconstruction Under the Energy Employees Occupational Illness Compensation Program Act of 2000; Interim Final Rule With Request for Comments".**

(See attached file: Add Comments to 42CFR82.doc)

Thank you for your consideration of our comments.

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United States Government

Department of Energy  
Rocky Flats Field Office

# memorandum

DATE: 11/05/2001  
REPLY TO:  
ATTN OF: Robert W. Bistline, Ph.D.  
SUBJECT: Comments on Proposed Rule 42CFR82  
TO: NIOSH Docket Officer

I wish to submit further comments to the Interim Final Rule on Methods for Radiation Dose Reconstruction Under the Energy Employees Occupational Illness Compensation Program Act of 2000.

We are concerned with how NIOSH plans to use the existing Dose-of-Record at DOE facilities for their Dose Reconstruction for Claimants under the Act. The questions below concerning the use of site Internal Dosimetry data do not appear to be answered in 42CFR82.

Does NIOSH plan to use the Doses-of-Record that the facilities have recorded for their workers that were calculated using the ICRP 26/30 model for internal doses?

How is NIOSH going to use the data for workers prior to 1989 when the ICRP 2 model was used and internal doses were expressed as Body Burdens and Lung Burdens?

How does NIOSH plan to assess the Lung Dose for those individuals before Lung Counters existed (this was 1964 for Rocky Flats)?

How does NIOSH plan to handle site Internal Dosimetry recorded before the ICRP 2 model existed?

Does NIOSH plan to go back to the original Urine and/or Fecal data and Lung Count data to re-calculate the doses using ICRP 60/66 which will give lower internal doses than those of record for these individuals? If this is done for each and every claimant, our experience shows this will be a major under-taking.

When missing External Dosimetry data exists in worker's files, why aren't co-worker doses used for assigning doses to workers? This is often more accurate than trying to reconstruct from area survey data which may vary greatly within a process area.

We have concern where a worker who has had one of the listed cancers and has an internal deposition of radionuclides must submit two claims; one claim for compensation review under the dose reconstruction/probability of causation and the other under the physician panel review process. Why can't one claim be submitted and if the person does not qualify

under the dose reconstruction/probability of causation process, then sent to the physician panel for review with consideration for the radiation combined with the various chemical exposures.

Thank you for your consideration of these comments.

Robert W. Bistline, Ph.D., Program Manager  
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